The Workforce Crisis: A National Perspective

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Workforce issues not unique to North Carolina

- Workforce shortages in behavioral health, intellectual and developmental disabilities, and aging are endemic
- There is growing recognition that there are common themes across disabilities
- Strategies for addressing workforce issues should be coordinated and complementary

Something that IS unique to North Carolina

- Decision to use technical assistance from the Centers for Medicaid and Medicare Services (CMS) to think about NC's problems in a comprehensive, cross-disability fashion:
- Elders: Paraprofessional Healthcare Institute
- ID/DD: University of MN and CDS
- MH/SA: the Annapolis Coalition

An Action Plan for Behavioral Health Workforce Development

Persons in Recovery & Families
Community Capacity

Recruitment & Retention
Training & Education

Leadership
Infrastructure
Research & Evaluation

A Framework for Discussion

The national context: Paradoxical concerns

- Training programs continue to teach for a world that no longer exists
- The individuals who spend the most time with clients or consumers receive the least training
- Training is often conducted in ways that are not effective in changing or shaping behavior
- Training continues to occur in silos, while practice is increasingly collaborative

Paradoxes continued

- Service recipients are given few tools to manage their own disorders, and training programs don't use the lived experiences of clients to help train others
- The demographics of the country are changing dramatically, and yet there are significant disparities in representation of minorities in different levels of service delivery

Paradoxes continued

- Too much training rewards attendance over competence
- Retention and recruitment strategies are often haphazard
- Clinical supervision is disappearing
- There is insufficient attention to career ladders
- Incompetent systems can impede competent workers

Is the picture totally bleak!?

- There are many promising avenues to address the issue
- We have to think more comprehensively and longitudinally
- Money is a problem, but not the only or even most pressing problem
- NC has started in exactly the way that we think has most merit.

The Desired Results – Focused Action

- Federal level – SAMHSA & federal partners
- National level – through collaboratives, coalitions, etc.
- **State level**
- Regional, county,& local level
- Organizational level (providers, associations, training orgs)
- Individual level

Goals 1 & 2

Broadening the Concept of "Workforce"

Goal 1: Persons in Recovery & Families

Objectives:

- Increased educational supports
- Shared-decision making
- Expand peer & family support
- Greater employment as paid staff
- *Formal* engagement as educators of the workforce

"Transformational" in nature

Goal 2: Communities

Objectives:

- Competency development with communities (assessment, capacity building, planning, implementation, evaluation)
- Competency development of the behavioral health workforce in community collaboration
- Strengthening connections between behavioral health organizations and their communities

Goals 3, 4, & 5

Strengthening the Workforce

Goal 3: Recruitment & Retention

Selected Objectives:

- Implement & evaluate interventions:
  - Salary, benefits, & financial incentives
  - Non-financial incentives & rewards
  - Job characteristics
  - Work environment
- Develop career ladders
- “Grow your own” workforce
- Cultural & linguistic competence
- Public relations campaign

Goal 4: Training: Relevance, Effectiveness, & Accessibility

Objectives:

- Competency development
- Curriculum development
- Evidence-based training methods
- Substantive training of direct care workers
- Technology-assisted instruction
- Addiction and co-occurring competencies in every staff member
- Systematic support to sustain newly acquired skills

Effective Teaching Strategies

"No magic bullets"

- Interactive sessions
- Academic detailing / outreach visits
- Reminders
- Audit and feedback
- Opinion leaders
- Patient mediated interventions
- Social marketing

Goal 5: Leadership Development

Objectives:

- Identify leadership competencies tailored to behavioral health
- Competency-based curricula
- Formal, continuous leadership development in all sectors beginning with supervision
- Succession planning

Goals 6 & 7

Structures to Support the Workforce

Goal 6: Infrastructure

Selected Objectives:

- A workforce plan for every agency
- Data-driven CQI on workforce issues
- Strengthen HR & training functions
- Improve the economic market for services
- Improve IT support for training, workforce support, & tracking
- Decreased paperwork burden: variable, redundant or purposeless reporting

Goal 7: Research & Evaluation

Objectives:

- Federal and state inter-agency research collaboratives
- Technical assistance to field on evaluation of workforce practices

Implications for NC

- Workforce change is indispensable for system change
- 80% of what we spend, and 100% of what we do is related to PEOPLE
- The citizens of North Carolina don't care what sector or specialty or discipline we represent:

They just want competent care for themselves and their loved ones—whether they have one diagnosis or six…

Visit us on the web

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