Core Components of a Framework for Ensuring a Quality Workforce in Children’s Mental Health

Joan M. Dodge, Ph.D.
Courtney M. Holland, M.A.

25th Annual Children’s Mental Health Research and Policy Conference
March 5, 2012
Background

- Educating, training and retaining a quality behavioral health workforce is a major challenge for state agencies, community organizations and professional associations.
- Workforce development is currently seen as a “lever of change” in transforming our service delivery systems.
- Nationwide there are exciting and innovative efforts at the community, state and national levels to address the behavioral health workforce crisis.
Background (cont’d)

• In 2005, two scans were developed and implemented by the Georgetown University National Technical Assistance Center for Children’s Mental Health
  – Conducted as part of the national effort to impact workforce capacity for behavioral health led by the Annapolis Coalition
  – Queried the state children’s mental health directors on critical issues in building infrastructure
  – N=31 states
  – Results led to the development of a National Strategic Plan
Current Project

• Building on this previous work, the current project explores at more depth the key questions related to infrastructure issues within the workforce

• Purpose of the scan is to provide general information about the status of workforce development activities in children’s mental health across the states

• Focus of the scan is around core components of a framework for ensuring a quality workforce in children’s mental health

• Results will provide guidance for technical assistance (TA) to states and encouragement for peer-to-peer dialogue around workforce development issues
Current Project (cont’d)

• Additions and edits to the scan were made by:
  – CYF Workgroup on Leadership and Workforce
  – Individuals with special interest in child psychiatrists, the Affordable Care Act, military outreach and training, and co-occurring substance use and mental health disorders

• Draft scan was piloted by a CYF member

• SurveyMonkey was used to conduct the scan

• Data was collected from February 2011 – May 2011

• N=33 responses
Core Component Areas

1. Role and priority for workforce development
2. Workforce development plan for children’s mental health
3. Leading structure to ensure system development around workforce issues
4. Leading structure with responsibility for training and TA to build workforce
5. Set of core competencies for mental health disciplines
6. Recruitment and retention issues
Core Component Areas (cont’d)

7. Uses of data

8. Fiscal resources and funding for workforce development activities

9. Collaboration and training for integrated treatment for children with substance use and mental health disorders

10. Special topic areas:
   • Affordable Care Act and workforce development issues
   • Role of child psychiatrists
   • Military outreach and training
   • Succession planning
Core Component One: Role and Priority for Workforce Development

- Children’s directors from responding states would like **more support from colleagues** around prioritizing workforce development
  - A large majority (87.9%) of respondents indicated workforce development was very or extremely high on their priority list (n = 29)
  - Less than half (42.5%) thought workforce development was a very or extremely high priority for others in their state’s public Mental Health Authority (n = 14)
Core Component Two: Workforce Development Plan for Children’s Mental Health

- 62% of states have either created a separate statewide children’s mental health workforce plan (13.8%), or have incorporated children’s mental health workers as part of a larger state plan (48.3%) (n = 29)
Core Component Two: Workforce Development Plan for Children’s Mental Health (cont’d)

• Standards and contract language are the most common ways to ensure a quality workforce and to ensure use of evidence-based practices (EBPs)

• Important to encourage prioritizing cultural diversity in the workforce
  – 50% respond that state plan includes goal of recruiting culturally diverse workers
  – 48% respond that workforce development plans include goal of training workforce in diversity issues
Core Component Two
Workforce Development Plan for Children’s Mental Health (cont’d)

Strategies Used to Ensure a Quality Workforce (n = 33)

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards</td>
<td>85%</td>
</tr>
<tr>
<td>Contract Language</td>
<td>85%</td>
</tr>
<tr>
<td>Licensing</td>
<td>79%</td>
</tr>
<tr>
<td>Credentialing</td>
<td>68%</td>
</tr>
<tr>
<td>MOUs</td>
<td>49%</td>
</tr>
<tr>
<td>Legislation</td>
<td>27%</td>
</tr>
</tbody>
</table>
Core Component Three: Leading Structure to Ensure System Development Around Workforce Issues

- The majority of states (71%) have a leading structure to ensure policy and system development around children’s mental health workforce development.
Core Component Four: Leading Structure with Responsibility for Training and TA to Build Workforce

• The current workforce appears to value and prefer face-to-face, one-on-one strategies

• The most common strategies used for knowledge dissemination and skill development are
  – Site trainings and conferences (95.2%)
  – Supervision/coaching/mentoring (81%)
Core Component Four: Leading Structure with Responsibility for Training and TA to Build Workforce (cont’d)

Strategies Used by Training and TA Structures for Knowledge Dissemination and Skill Development (n = 21)

- On-Site Training/Conferences: 95%
- Supervision/Coaching/Mentoring: 81%
- Webinars: 66%
- Peer Supervision/Consultation: 66%
- Train-the-Trainer Models: 66%
- Website: 51%
- Learning Communities/Collaboratives: 51%
- Distance Learning: 47%
- Peer Supervision/Consultation: 33%
- Self Study: 14%
- All Other Responses:
Core Component Five: Core Competencies for Mental Health Disciplines

• 10 of the responding states have a set of core competencies used for mental health disciplines; 7 of those states said the core competencies are focused at the direct service provider level \((n = 12)\)*

* Although only 10 respondents said that their state had a set of core competencies, 12 states responded to this question about where core competencies are focused.
Core Component Seven: Uses of Data

- 28.6% of responding states assess the number of individuals comprising children’s mental health workforce

- States often involve other child-serving agencies when they assess training needs
  - Most frequently with community providers or organizations (52.6%)

- States use a variety of strategies to evaluate the effectiveness of training
  - Most often use session evaluation forms (63%) or surveys (52%)
### Core Component Seven: Uses of Data

Strategies used to Evaluate Effectiveness of Activities and Trainings (n = 27)

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session Evaluation Forms</td>
<td>63%</td>
</tr>
<tr>
<td>Surveys</td>
<td>52%</td>
</tr>
<tr>
<td>Focus Groups</td>
<td>30%</td>
</tr>
<tr>
<td>No Strategies Employed</td>
<td>18%</td>
</tr>
<tr>
<td>Interviews</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>11%</td>
</tr>
</tbody>
</table>
Core Component Seven: Uses of Data
Collaboration with Other Agencies to Assess Training Needs (n = 19)
Core Component Eight: Fiscal Resources and Funding for Workforce Development Activities

- Most responding states receive funding for children’s mental health workforce infrastructure development and for training and TA activities from state mental health agency funds, federal grants, and state block grants.

- The vast majority of states (89.3%) did not feel they had significant resources to ensure a high-quality workforce.
Core Component Eight: Fiscal Resources and Funding for Workforce Development Activities

Fiscal Resources for Workforce Infrastructure Development (n = 28)

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Mental Health Agency Funds</td>
<td>75%</td>
</tr>
<tr>
<td>Federal Grants</td>
<td>65%</td>
</tr>
<tr>
<td>State Block Grants</td>
<td>46%</td>
</tr>
<tr>
<td>Child Welfare Funds</td>
<td>32%</td>
</tr>
<tr>
<td>Foundation Grants</td>
<td>32%</td>
</tr>
<tr>
<td>State Grants</td>
<td>18%</td>
</tr>
<tr>
<td>Other</td>
<td>18%</td>
</tr>
</tbody>
</table>
Core Component Eight: Fiscal Resources and Funding for Workforce Development Activities

Fiscal Resources for Training and Technical Assistance Activities (n = 28)
Discussion Questions

• What do you see as the major issues or trends around workforce issues to support children with mental health challenges and their families in states and communities?

• Do you see any kind of systematic efforts at the state or community level that are helping to build a competent and quality workforce based on systems of care values?
Contact Information

• For more information, please contact:
  – Joan M. Dodge, Ph.D., Senior Policy Associate, at dodgej@georgetown.edu or (202) 687-5054
  – Courtney Holland, MD, Research Coordinator, at cmh78@georgetown.edu or (202) 687-8617

Thank you!