



MENTAL HEALTH WORKFORCE DEVELOPMENT

- Training the Next Generation of Integrated Health Care Providers
- Improving Access to Peer Supports
- Developing a Pathway for Baccalaureate-Level Behavioral Health Support Specialists



Training the Next Generation of Integrated Health Care Providers

Brittney Neidhardt-Gruhl, LICSW

OVERVIEW OF CHALLENGE

- Access to care
 - In 2018, Mental Health America reported that 55.6% of adults in Washington State with a mental health diagnosis did not receive treatment of any kind.
 - Of the adults who were actively seeking treatment, 23.5% reported being unable to access it.
- We have more people in need of services and not enough mental health professionals to meet the need.

OVERVIEW OF CHALLENGE

- In WA State, 35 of 39 counties are federally designated as Mental Health Professional Shortage Areas.
- By county, the ratio of behavioral health providers ranges from 1 for every 262 people to 1 for every 3,378 people
- Stigma continues to be an issue when considering treatment and stops some from seeking it.
- True mental health parity has not been realized yet, which creates another roadblock for those seeking life saving care.

<https://www.doh.wa.gov/Portals/1/Documents/1000/SHA-AccessstoBehavioralHealthProviders.pdf>



PROGRESS TO DATE

Medicaid 1115 Waiver (2017)

- One managed care plan and one payer covers both physical and mental health
- Includes behavioral health integration as a required focus
- This integration is mandated to take effect by 2020

Bree Collaborative (Established in 2011)

- In 2016, the collaborative chose to focus a work group on integration of behavioral health into primary care.
- The group developed eight common elements that outline a minimum standard of integrated care.
- <http://www.breecollaborative.org/topic-areas/previous-topics/behavioral-health/>

Models of integration: PCBH, Collaborative Care (CoCM) and Stepped Care*

- We are learning that a “stepped-care” or blended approach to behavioral health integration can be an effective way of providing integrated care rather than picking just one model to follow.
- Combining CoCM and PCBH allows an organization to provide a wider range of options for treating mental health conditions.
- HealthPoint in King County is a great example of the stepped care model working effectively.

* <https://aims.uw.edu/stepped-model-integrated-behavioral-health-care>

MOVING FORWARD

Long term - I would like to see a blended or stepped care model be more fully developed and training in the model be available to those wishing to implement it in a way that is accessible to everyone.

Short term- I would like to create a workshop that introduces existing models of behavioral health integration to clinics and systems who would like to implement it.

Additionally, I would like to have a virtual supportive space for those practicing integrated behavioral health care to access in real time. This may look like a virtual support group once per month, or something different.

TAKING ACTION

To move forward, we need feedback - what would be the most helpful and reasonable approach to training more mental health professionals in an IBH model?

- Virtual training or in-person?
- Would a virtual support group be helpful?
- What are some barriers to implementing this model that you foresee or have experienced?

VISION

- Any individual that needs to access mental health care will be able to do so by having access to the right care at the right time.

My hope is that we can create additional access to mental health care, which will lead to improved health outcomes and increased health and wellbeing of our communities.

By implementing integrated behavioral health into primary care, we can reduce stigma by normalizing mental health as part of our whole health. As mental health practitioners, we will become part of the person's treatment team, not just "specialty care."

HOW YOU CAN GET INVOLVED

- I have experience utilizing an integrated behavioral health model in primary care and would like to help create content for trainings.
- I would like to know more about integrated behavioral health in primary care.
- I am interested in the idea of attending a virtual support group held monthly to support mental health professionals who are utilizing integrated care and would like to provide feedback on how this could best be done.
- I would like to offer feedback to this workgroup on what kind of training would best meet my needs (in person vs virtual training).



Improving Access to Peer Supports

Tashau Asefaw, Manager, Community Linkages program

Keith Henry, Wellness and Recovery Coordinator

Community Health Plan of Washington (CHPW)

Peer Support Services

Peer support is one person sharing their lived experience with another to instill hope and support emotional, social, and practical needs.

Peer Support Services

Peer Support can:

- Increase engagement in self-care and wellness
- Increase sense of hope and inspiration
- Reduce hospital admission rates
- Decrease substance use and depression

Strengthening the peer support workforce can increase access to support vital for recovery.

Implementation of IMC

In Washington, Integrated Managed Care (IMC) integrates physical and behavioral health services through Managed Care Organizations (MCO) for the Medicaid population

- **Challenge:** Increase access to peer support services, especially for vulnerable populations served by Medicaid.
- **Opportunity:** Collaborate to support workforce needs and facilitate access to services.

PROGRESS TO DATE

- CHPW has outreached to organizations and convened stakeholders
 - Since September, 3 stakeholder meetings to:
 - Broaden stakeholder participation from peer organizations, MCOs, and BH-ASOs
 - Identify barriers/challenges and goals
 - Gauge interest in goals via initial poll to group participants

Initial Poll Results

Goal Area	Priority Ranking
Increase collaboration between MCOs/ASOs and peer agencies	1
Exploring new funding possibilities, including with MCOs	2
Increase training and awareness of Peer Services	3
Increase recognition of Peer's scope and value within team-based approaches	4
Better support for SUD agencies and operationalizing Medicaid-covered peer supports	5

MOVING FORWARD

Short-Term

- Build on stakeholder discussions to identify the highest needs and priorities
- Create and execute initial priority action plans

Long-Term

- Connection to regional forums supporting peer work
- Develop resources to sustain action plans

HOW YOU CAN GET INVOLVED

Opportunities for involvement

- ✓ Join Peer Support Access email distribution list to receive information about meetings and notes
- ✓ Participate in Peer Support Access Stakeholder meetings
- ✓ Let us know specific areas of Peer Support Access interest and/or expertise to connect to action plans
- ✓ Provide input to the Peer Support Access Poll to help develop priority areas and action plans

VISION

Individuals have state-wide access to stigma-free, whole person focused peer support.

Peers as a partner with an individual's care team and peers fully supported in their role.

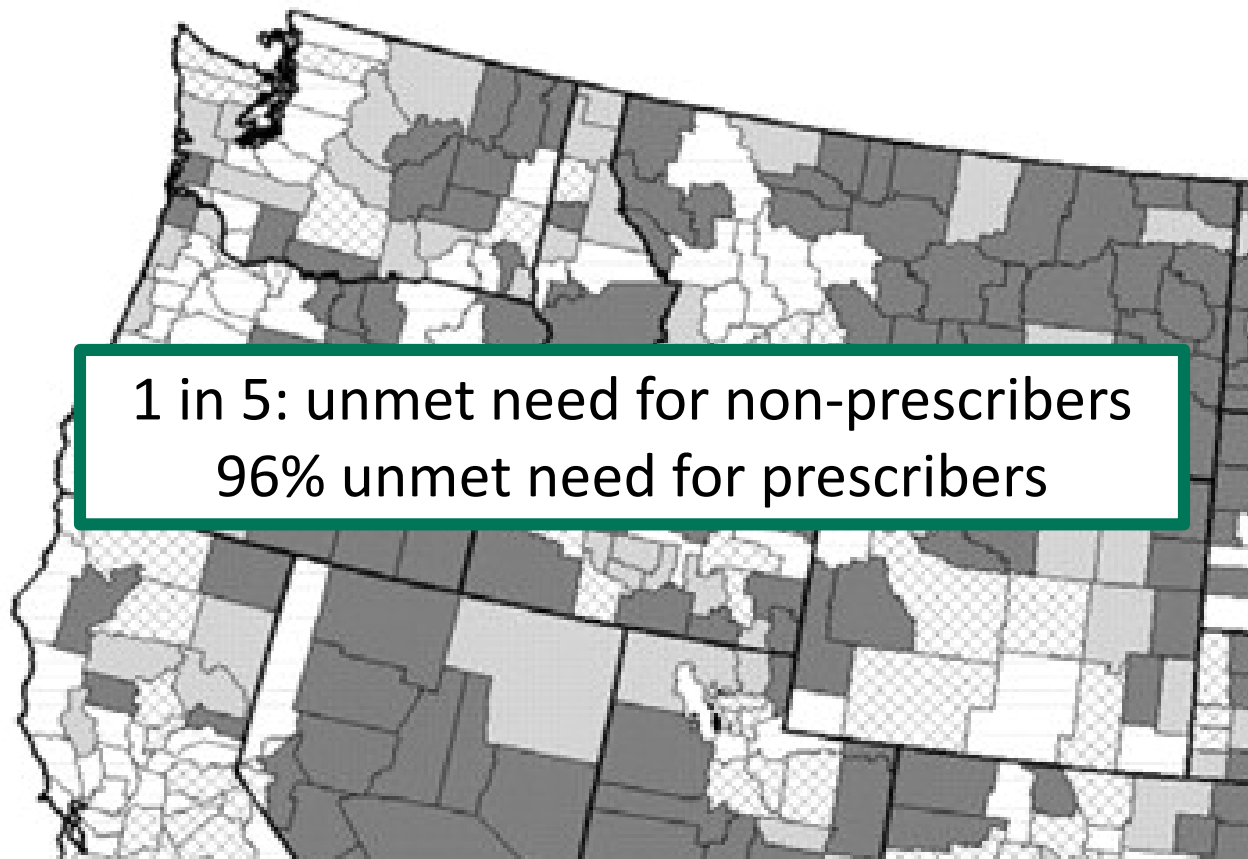


DEVELOPING A PATHWAY FOR BACCALAUREATE-LEVEL BEHAVIORAL HEALTH SUPPORT SPECIALISTS

Brenna Renn, PhD








*UW Partners: Anna Ratzliff, MD, PhD, Patrick Raue, PhD,
Patricia Areán, PhD, Diana Sampson, MA*

BEHAVIORAL HEALTH WORKFORCE NEEDS



BEHAVIORAL HEALTH TRAINING PROGRAMS



-  Chemical Dependency, AAS (13 Public)
-  Human Services, AAS (8 Public)
-  Human Services and Social Work, (6 Pub., 3 Private)
-  Mental Health Counseling, MA (3 Public, 8 Private)
-  Marriage and Family Counseling MA (4 Private)
-  Social Work, MSW (3 Public, 2 Private)
-  Clinical Psychology, Ph.D. (2 Public, 3 Private)

OVERVIEW OF CHALLENGE

The National Health Services' *Improving Access to Psychological Therapies* (IAPT)

- Stepped-care model that increased access to psychotherapies in the United Kingdom
- Certified bachelor-level staff in low-intensity psychosocial interventions for patients with mild-to-moderate symptoms of common mental health conditions


Coventry and
Warwickshire Partnership
NHS Trust

Improving Access to
**Psychological
Therapy**

(IAPT) A service for people who
are feeling stressed, anxious,
low in mood or depressed.

 WASHINGTON
MENTAL
HEALTH
SUMMIT

PROGRESS TO DATE



- 1. Inspiring Innovations:**
Behavioral Health Workforce Summits
- 2. Survey of existing BA programs in WA State:**
Developed curriculum crosswalk
- 3. Created & taught innovative curriculum:**
Foundations of Behavioral Interventions
- 4. Planning for Washington State Integrated Care Conference (April 2020)**

MOVING FORWARD

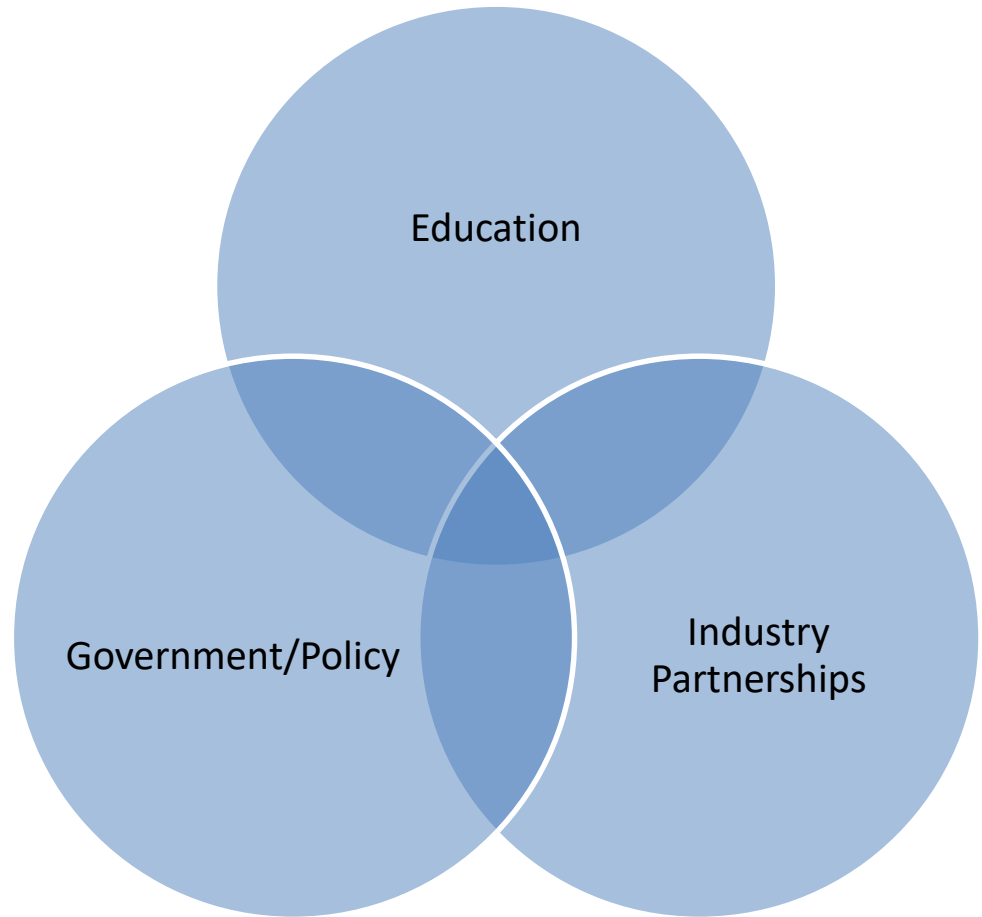


Develop a baccalaureate-level *Behavioral Health Support Specialist*

1. Meeting with university partners across WA State
2. Identifying clinic/industry partners

TAKING ACTION

- Expand
- Innovate
- Partner



VISION

Increase access to evidence-based behavioral healthcare in primary care through training and credentialing of bachelor's level *Behavioral Health Support Specialists*



HOW YOU CAN GET INVOLVED

- What we don't want to happen:

If you're not at the table, you're on the menu

- Input!
 - Gather public comments on job description, scope, and title
- Join the dialogue
 - Attend Washington State Integrated Care Conference
 - Friday April 24, 2020 at Cedarbrook Lodge



MENTAL HEALTH WORKFORCE DEVELOPMENT PANEL

- Annie Bruck, Senior Lecturer, UW Bothell
- Cori Garcia-Hansen, Director, Area Health Education Center for Western Washington