

The Thirty-first Annual  
Rosalynn Carter  
Symposium on Mental  
Health Policy



THE CARTER CENTER

*HELP WANTED: RESHAPING THE  
BEHAVIORAL HEALTH  
WORKFORCE*

# Opening Keynote

**Gail Stuart, Ph.D., A.P.R.N., FAAN**

*Dean and Distinguished University Professor, School of Nursing  
Medical University of South Carolina*

*President, Board of Directors  
The Annapolis Coalition on the Behavioral Health Workforce*



# *The Behavioral Health Workforce: Evolution, Transformation or Revolution?*

31<sup>st</sup> Annual Rosalynn Carter Symposium  
November 12, 2015

Gail W. Stuart, PhD, RN, FAAN

Dean, Medical University of South Carolina, College of Nursing  
Board President, Annapolis Coalition for the Behavioral Health Workforce

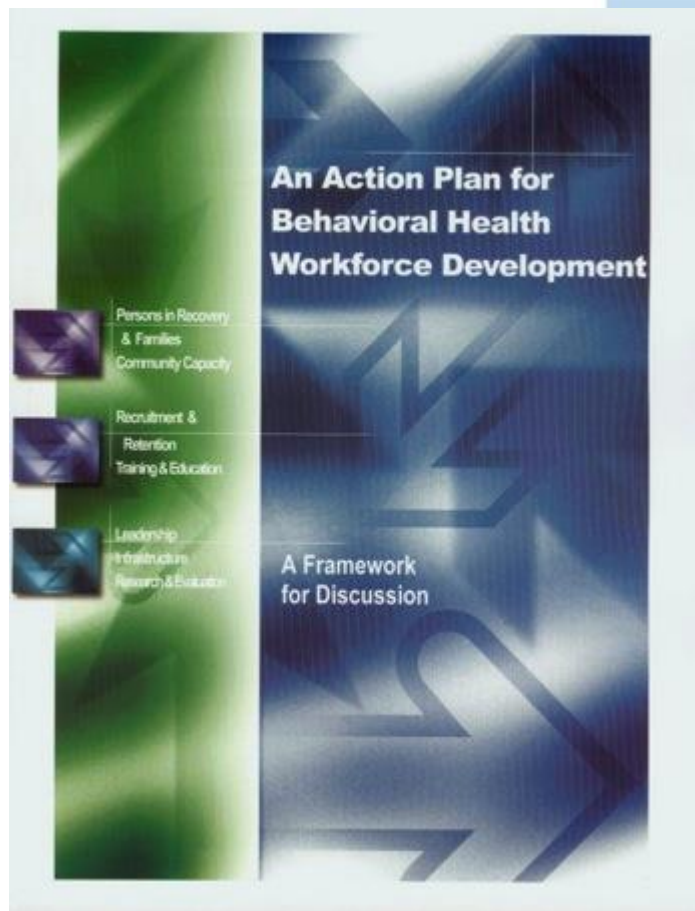
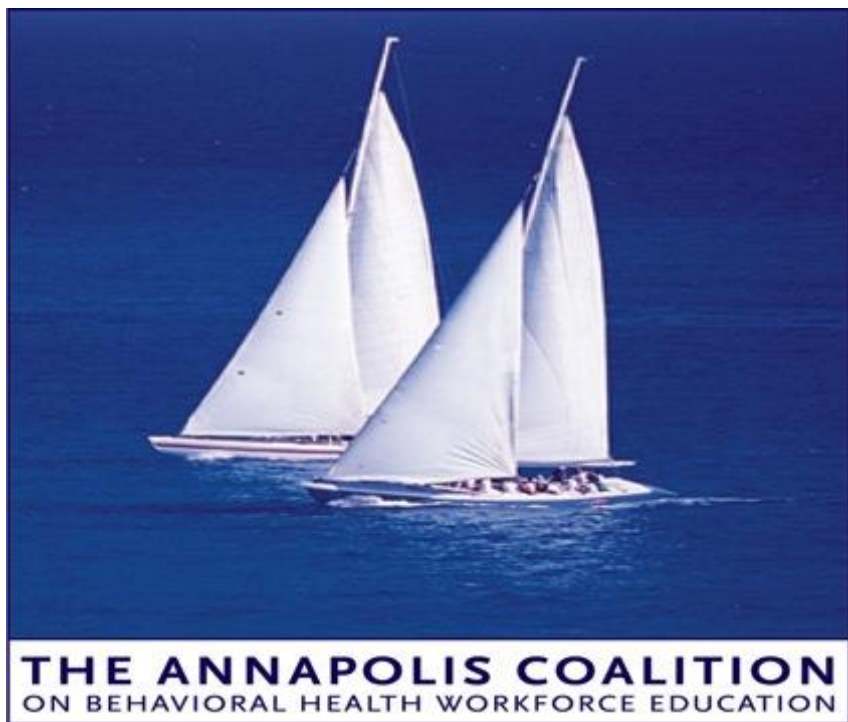
Taking Nursing to a



# Life in our Field



Taking Nursing to a Higher Level



# National Action Plan - 2007

- Two years & 5,000 participants
- Federally funded
- Mental health, addictions, treatment & prevention
- Identified:
  - A core set of strategic goals & objectives
  - High priority **ACTION** items by **stakeholder**
- A planning resource with **levers of change**
- Call to action

# Seven Goals

1. Expand the role of **individuals in recovery**, & their **families**
2. Expand the role and capacity of **communities**
3. Implement systematic **recruitment/retention** strategies
4. Increase the relevance, effectiveness, and accessibility of **training and education**
5. Actively foster **leadership development**
6. Enhance the **infrastructure** for workforce development
7. Implement a national **research and evaluation agenda**

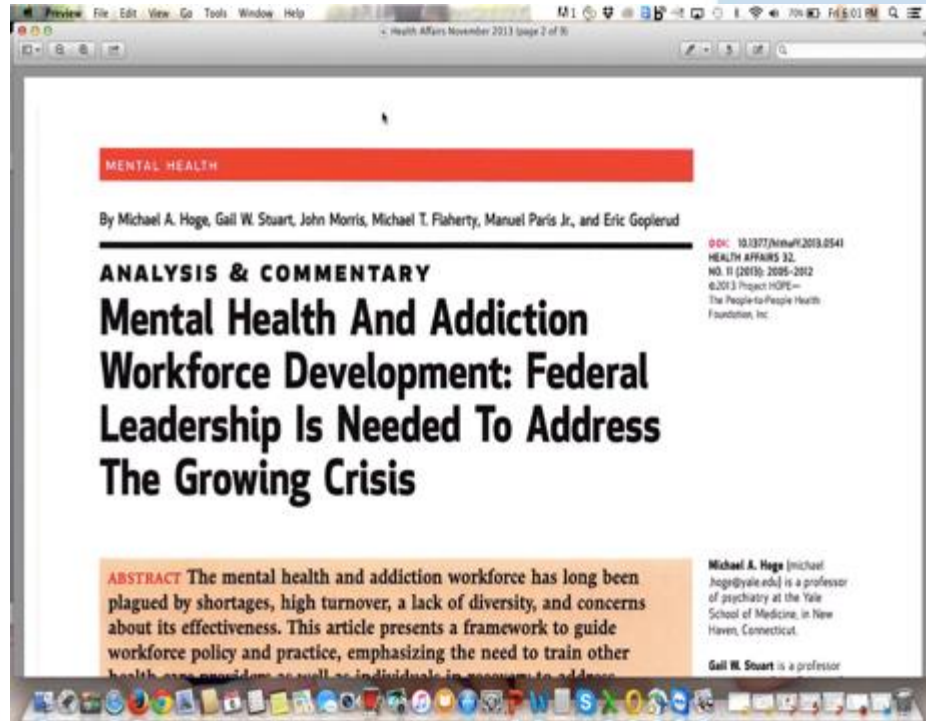


# What We Learned

- Potential for endless “process”
- 1000 points of “No”
- All solutions are flawed
  - Narrow: more effective, less overall impact
  - Broad: potential for greater overall impact, yet outcomes more uncertain
- Need to pair workforce development and organizational change strategies

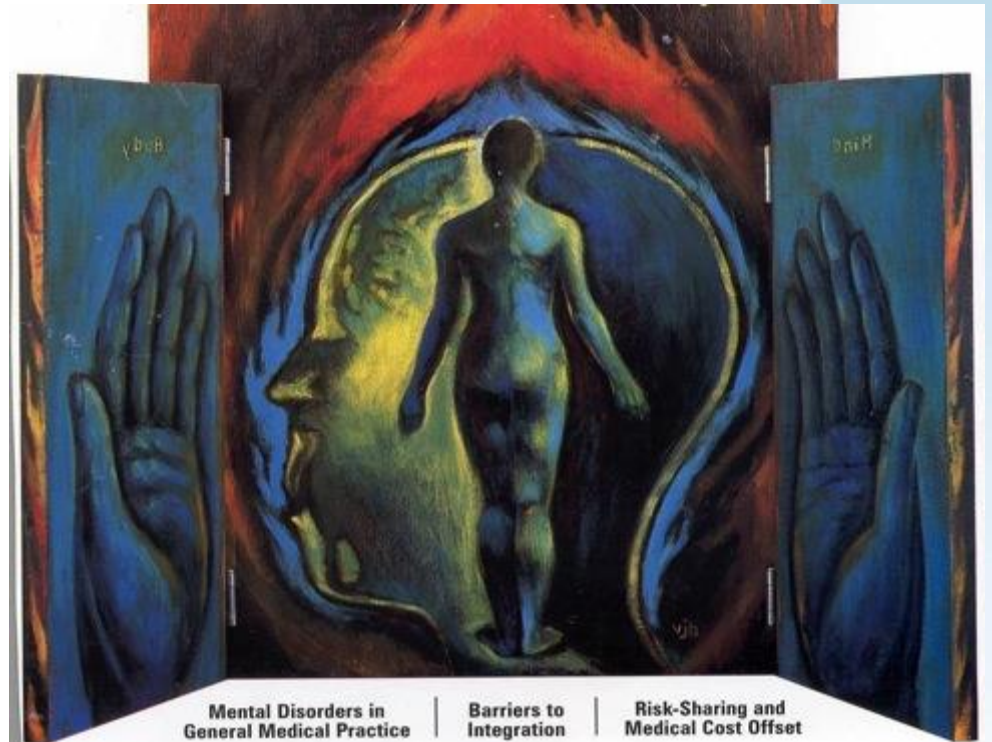
# Since the Report

- Technical assistance to 13 states:
  - AK, CA, CT, IA, LA, MD, NJ, NM, NC, NY, VT, WA, WI
- Developed Alaska Core Competencies for Direct Care Workers with WICHE





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**Mental Disorders in  
General Medical Practice**

**Barriers to  
Integration**

**Risk-Sharing and  
Medical Cost Offset**

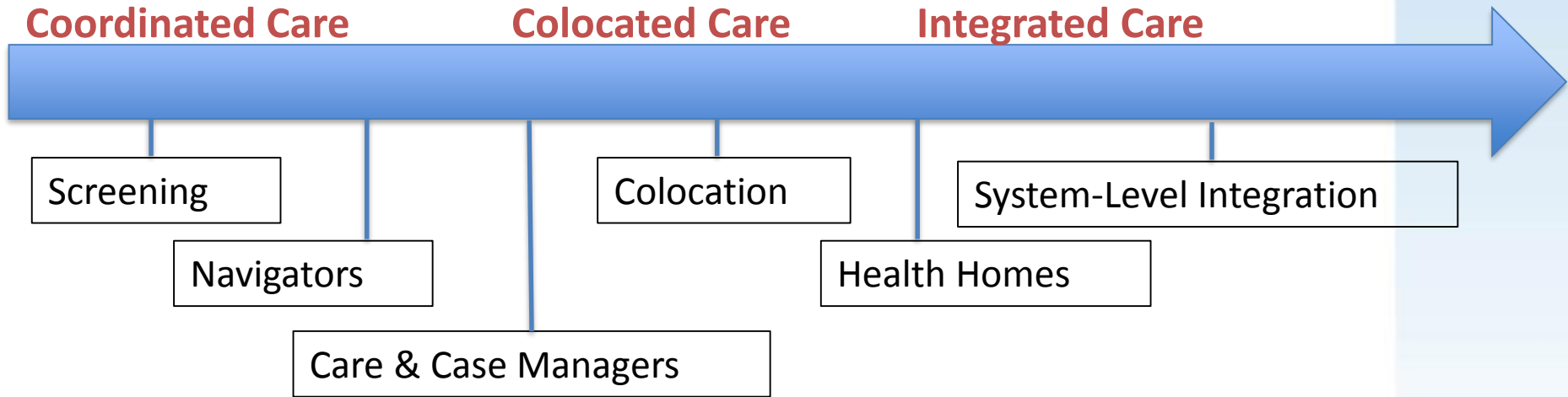
# Integrated Care

- Care rendered by a practice of primary care and behavioral health providers, working together with patients and families and using systematic and cost-effective approaches to provide patient-centered care

# Integrated Care Models Vary

- Team members
- Spatial arrangements
- Patient protocols for detection, treatment and follow-up
- Collaborative care
- Primary care behavioral health
- Behavioral health primary care
- Co-located primary care and behavioral health

# Continuum of Physical and Behavioral Health Care Integration



# Successful Integrated Care Programs

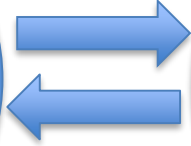
- ACT – Advancing Care Together
  - The Colorado Health Foundation
- Intermountain Healthcare
- Collaborative depression care
- Stepped care
- VA clinical programs
- IMPACT – focused on elderly



# Integrated Care: Evidence

- Improved process of care
- Better clinical outcomes for *common* medical and behavioral health problems
- More preventive services
- Understudied and needs much more research
- Lack of widespread adoption and “scaling up”

Primary  
Care  
Setting



Behavioral  
Health  
Setting

# Integrating *Behavioral Health* in Primary Care Settings: Evidence

- Reduced psychosocial barriers to care
- Lifestyle changes to improve physical health
- Focus on mental health and addiction problems
- Needs addressed of patients with chronic conditions

# Integrating *Primary Care* in Behavioral Health Settings: Evidence

- Reduced medical barriers to care
- More preventive services
- Most common medical focus is often on metabolic syndrome
- Only some needs addressed of patients with chronic conditions

# A QUICK START GUIDE TO BEHAVIORAL HEALTH INTEGRATION FOR SAFETY-NET PRIMARY CARE PROVIDERS

Integrating behavioral health (mental health and substance use) services into a primary care system involves changes across an organization's workforce, administration, clinical operations, and more. Providers adding behavioral health services as part of a developing integrated care system have many options to explore and paths to take.

Behavioral health integration encompasses the management and delivery of health services so that individuals receive a continuum of preventive and restorative mental health and addiction services, according to their needs over time, and across different levels of the health system.<sup>1</sup> Successful integration involves more than increasing access to behavioral health services through enhanced referral processes or co-location; the system of care delivery is transformed.

The following decision chart points health care providers wondering where to begin, or seeking more information about implementing a specific aspect of integrated care, to available resources.

**SAMHSA-HRSA**  
**Center for Integrated Health Solutions**

**NATIONAL COUNCIL**  
**FOR BEHAVIORAL HEALTH**  
18 STATE ASSOCIATIONS OF ADDICTION SERVICES  
*Stronger Together.*



[www.integration.samhsa.gov](http://www.integration.samhsa.gov)



Around the time that my bipolar condition was identified, I was diagnosed with kidney disease. Between the two disorders, it was a pretty upsetting time in my life... My doctors, dialysis clinic staff, and mental health case manager are well-connected. They take a team approach, and they each check on the status of my health... Today I have control over my health; it doesn't have control of me. The coordinated care allows me to feel like I can go out and be a part of the community."

Cassandra McCallister  
Board Member, Washtenaw  
Community Health Organization,  
Ypsilanti, MI

1. WHO definition of Integrated Care – [http://www.who.int/healthsystems/service\\_delivery\\_techbrief1.pdf](http://www.who.int/healthsystems/service_delivery_techbrief1.pdf)

## CORE COMPETENCIES FOR INTEGRATED BEHAVIORAL HEALTH AND PRIMARY CARE



**SAMHSA-HRSA**  
**Center for Integrated Health Solutions**

**NATIONAL COUNCIL**  
FOR QUALITY CARE  
AND PATIENT SAFETY  
Healthy Minds. Strong Communities.



[www.integration.samhsa.gov](http://www.integration.samhsa.gov)

JANUARY 2014

# Core Competency Categories

1. Interpersonal communication
2. Collaboration & teamwork
3. Screening & assessment
4. Care planning & care coordination
5. Intervention
6. Cultural competence & adaptation
7. Systems oriented practice
8. Practice-based learning & quality improvement
9. Informatics



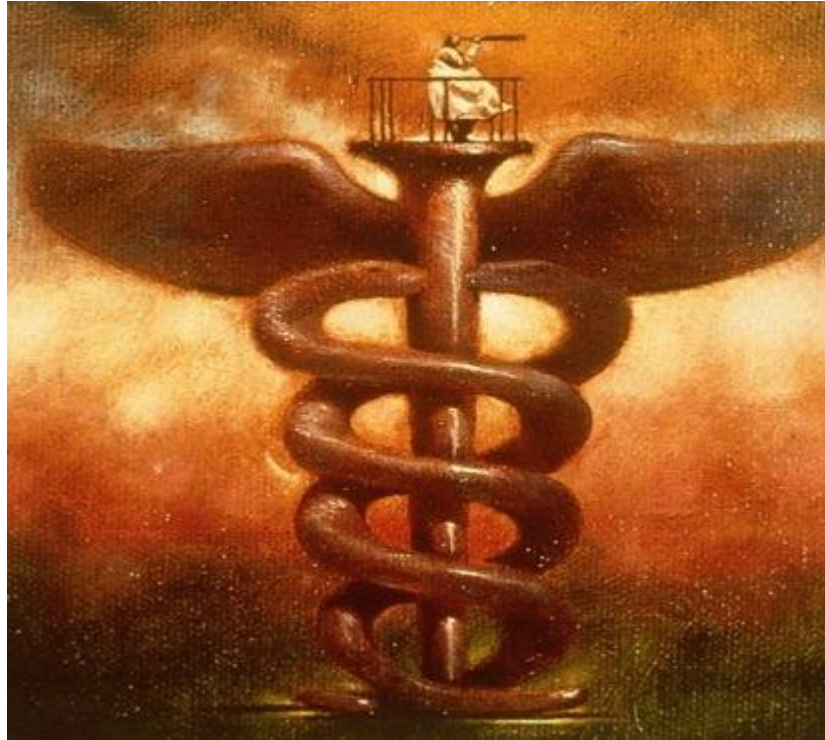
Medical Model

Population Health

Public Health Model



# *Revolutionary Targets and Strategies*



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## ORGANIZATIONAL CULTURE

# The Smart-Talk Trap

by Jeffrey Pfeffer and Robert I. Sutton

FROM THE MAY-JUNE 1999 ISSUE



SAVE



SHARE



COMMENT



TEXT SIZE



PRINT



BUY COFFEE

**C**onsider two stories, both sadly true and sadly typical.

- An international metals and oil company was posting terrible numbers—sales and profits were down, as was share price. The company's senior executives were mortified by the results; they knew major changes in strategy and operations were imperative. Their response: to spend at least half their time in darkened rooms, watching elaborate presentations about the company's performance.
- Faced with a worryingly slow time-to-market for its new products, a large furniture company conducted a careful benchmarking study. The results were clear: a project-based organizational structure would help solve the problem. But more than a year later, the company had not instituted a single change. Senior executives, although uniformly supportive of the idea of restructuring the organization, were still discussing it in meetings that ended with...decisions to have more meetings.

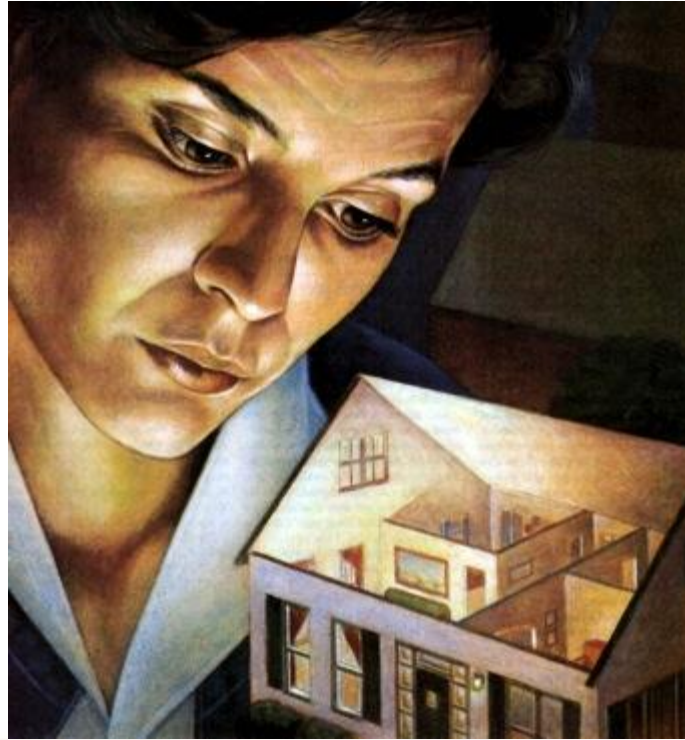
## WHAT TO READ NEXT

[Get Your Team to Do What It Says It's Going to Do](#)[Evolution and Revolution as Organizations Grow](#)[The Necessary Art of Persuasion](#)**Harvard  
Business  
Review**FREE INNOVATION  
ARTICLES

DOWNLOAD NOW

# 1) Setting: Where Do We Practice?

- Hospitals
- Clinics
- Homes
- Medical Homes




# Emerging Technologies



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# Revolutionary Strategies - Settings

- Schools
- Churches
- Community centers
- Telehealth
- Retail stores



The screenshot shows the MinuteClinic website interface. At the top, there are navigation tabs for 'CVS.com', 'MinuteClinic', 'Photo', and 'Optical'. A search bar is located in the top right corner. Below the navigation, there are links for 'Clinic Locator', 'Services', and 'Insurance & Billing'. The main content area features a large image of a smiling female doctor in a white lab coat with a stethoscope. To the left of the image, the text reads 'Your neighborhood medical clinic' followed by bullet points: 'Quality medical care on your schedule' and 'Most insurance accepted'. A 'Learn More' button is positioned below this text. To the right of the image, there is a 'Find a clinic' search box with a 'Get My Location' button, an '-OR-' separator, and a text input field for entering a ZIP code, city and state, or street address. A 'Find a Clinic' button is located at the bottom of the search box.

## 2) Providers: Who is our Workforce?

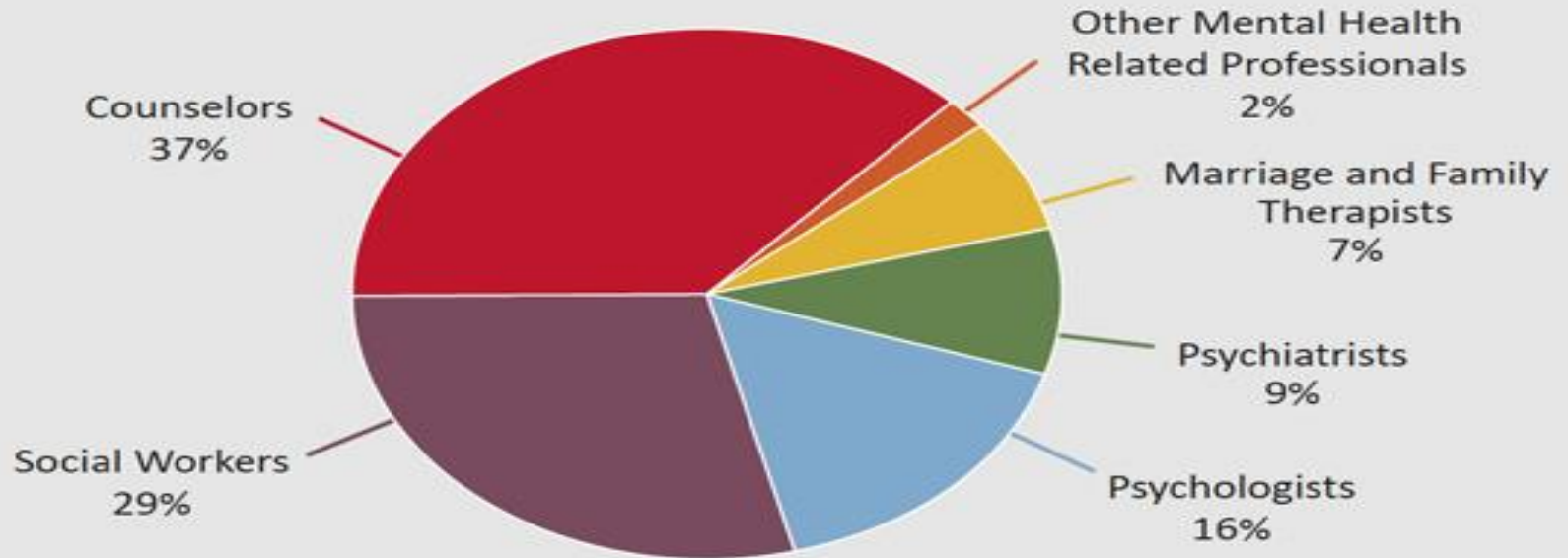


# Our Future Workforce?



# Behavioral Health Workforce

**Behavioral Health and Other Related Providers, by Field<sup>6</sup>**



Source: Centers for Medicare and Medicaid Services, National Provider Identifier (NPI) Database (2014)



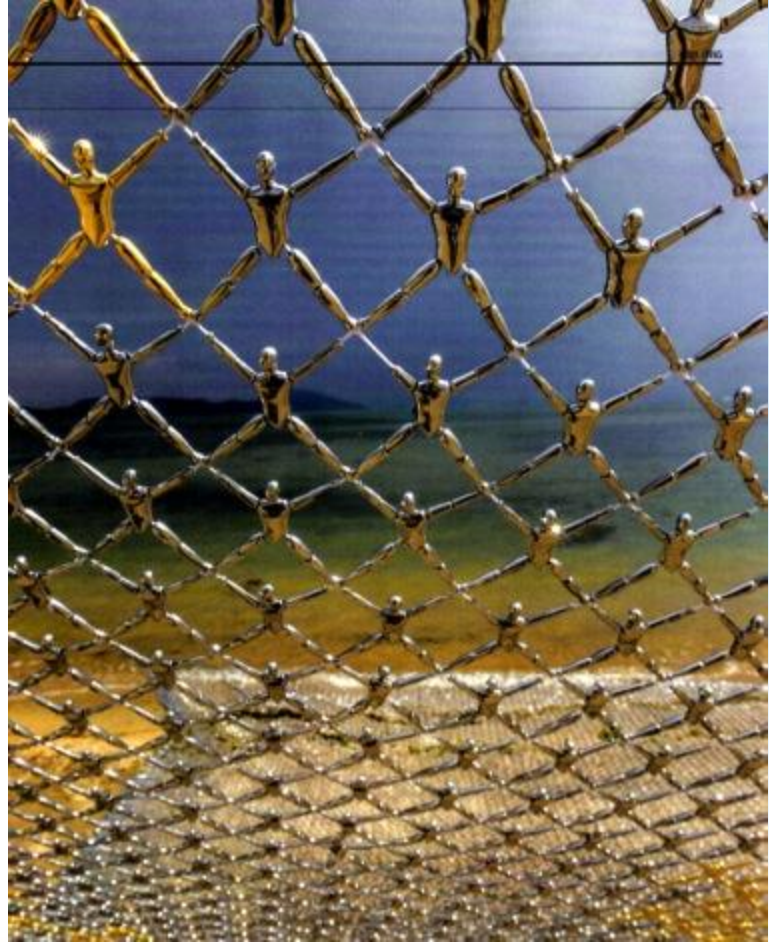
# So Where Are the Nurses?

- 17,000 Psych APRNs
- 82,000 RNs working in mental health settings
- 3.8 million RNs



# And Where Are the

- Peers and consumers
- Families and friends
- Lay community workers



# Can We Learn Lessons from Other Countries?



- Stepped care for depression in primary care in Nigeria
- Lay workers deliver problem-solving therapy in Zimbabwe
- Web-based screening effective in the UK
- Mental Health Nurse Incentive Program - Australia



**mhGAP** Mental Health Gap Action Programme

## Scaling up care for mental, neurological, and substance use disorders



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# What We Can Learn From the “Low and Middle Income Countries”

Task - sharing → Task - shifting

Rational distribution of tasks among health care  
workforce teams

Task - retention → Task - withholding

Restrict scope of practice of other professionals



# Liberian Mental Health Program

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THE CARTER CENTER

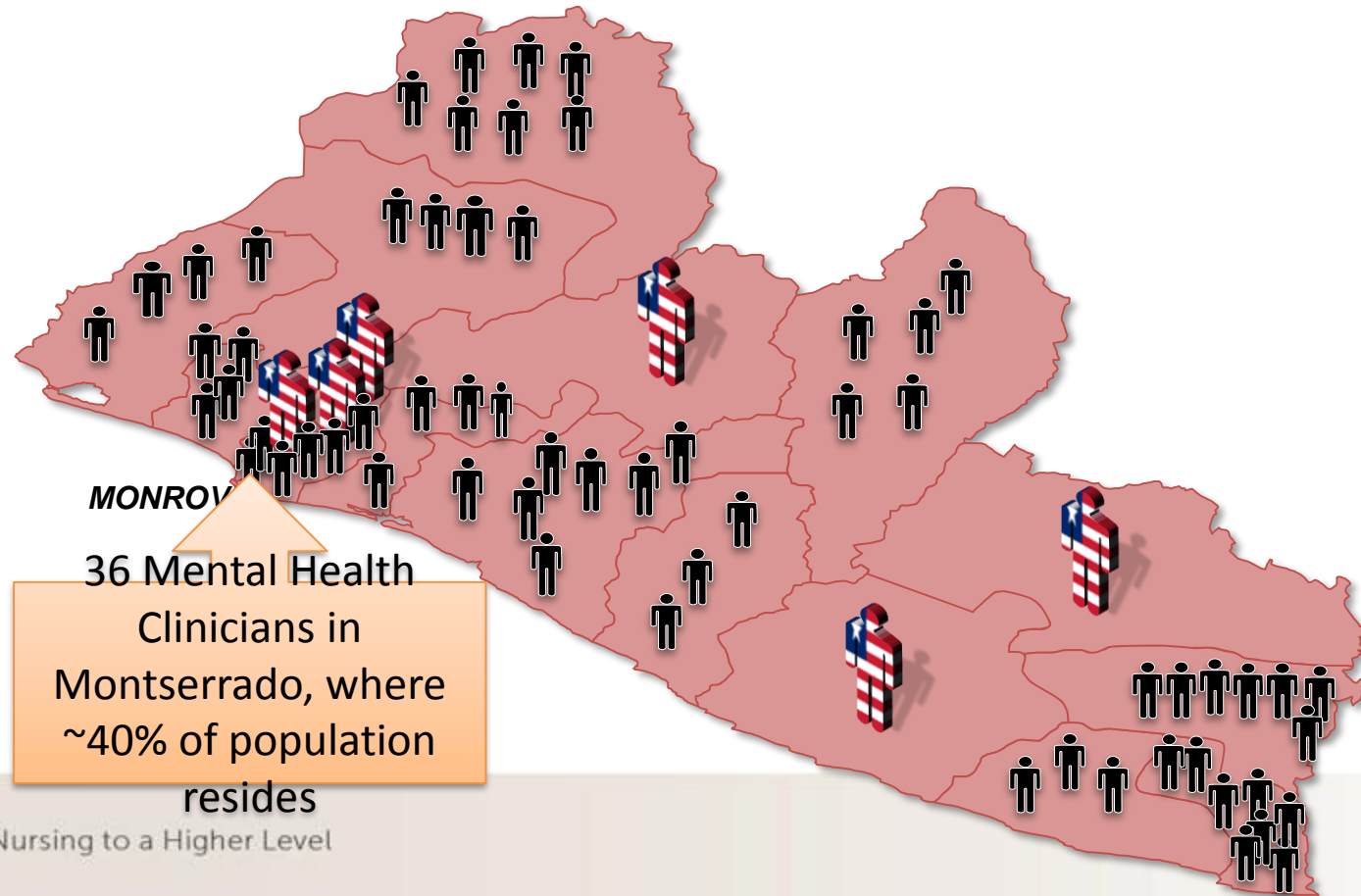
Waging Peace. Fighting Disease.  
Building Hope.

# Curriculum Overview

- Six months length of study
- Classroom study - 440 hours
- Clinical practice/supervision - 300 hours
- Specific end of course competencies
- Multiple evaluation strategies - tests, clinical demonstrations, class discussions

# Liberia

## *Distribution of Credentialed Mental Health Clinicians 2015*





# Helping Families in Mental Health Crisis Act – HR 2646

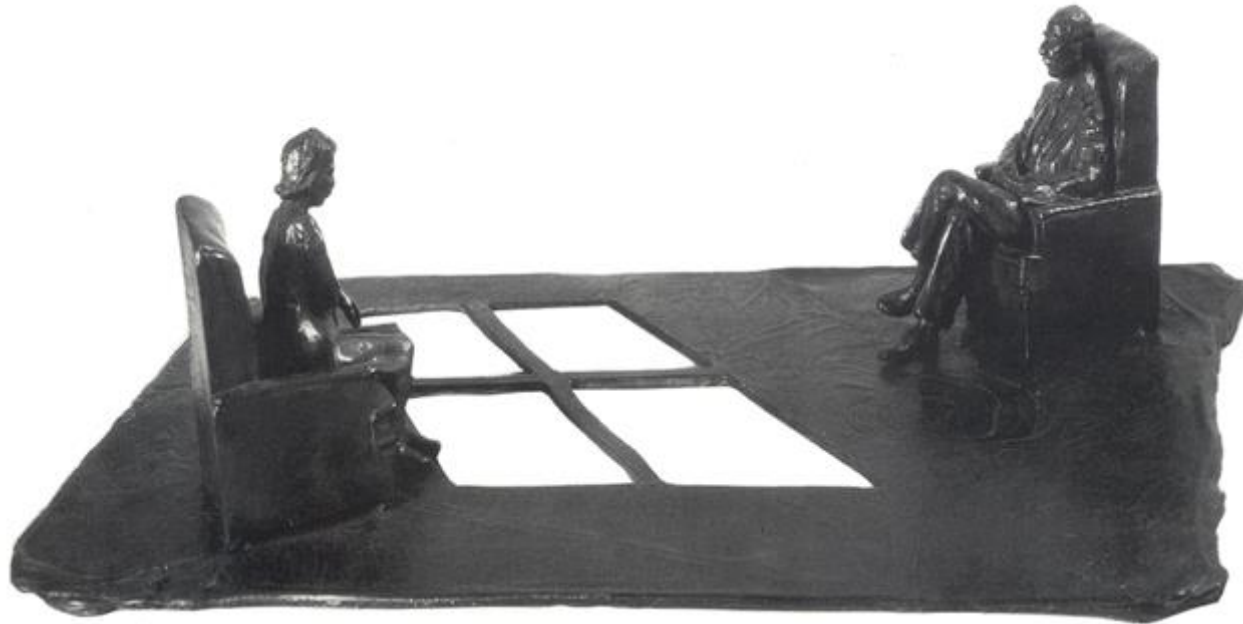
- SEC. 207. Workforce development. Telepsychiatry and primary care **physician** training grant program
- Implications for SAMSHA, Assisted Outpatient Treatment, Legal Rights
- Endorsed - APA, MHA, ApA, NAMI



# *Revolutionary Strategies - Providers*

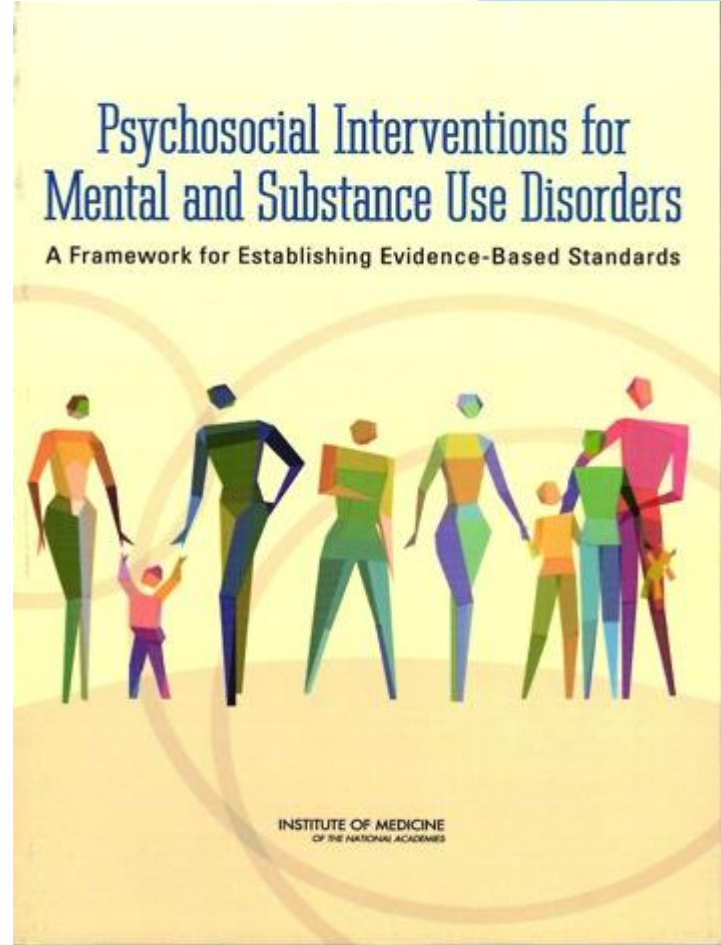
- ✧ Allow for full scope of practice for all licensed/credentialed clinicians
- ✧ Allow for reimbursement by all licensed/credentialed clinicians
- ✧ Fully utilize non-behavioral health providers as core behavioral health service providers – nurses, peers, lay community workers

# 3) Practice: What is our Focus of Care?



# Treatment/Interventions

- Move beyond medications
- Identify “active ingredients” of psychosocial interventions
- Develop quality structure, process and outcome measures
- Effectively train providers in these interventions



# *Revolutionary Strategies - Practice*

- ✧ New roles/functions for behavioral health care providers – half of their practice time needs to be devoted to:
  - Consultation
  - Training of generalist providers
  - Education of patients and families
  - Supervision of generalist providers
  - Quality assurance activities

# *Revolutionary Strategies - Practice*

- ✧ Implement simplified screening tools
- ✧ Standardize screening tools across settings
- ✧ Triage patients based on symptom severity and type and intensity of service needed
- ✧ Specify treatment pathways/interventions
- ✧ Establish clear referral guidelines

# *Revolutionary Strategies - Practice*

- ✧ Change the nature of our research
  - Evidence base of psychosocial research
  - Focus on quality measures for treatment
  - Health services/delivery model research
  - Implementation science
  - u19 – research partnerships and scaling up
  - Workforce data that can lead to forecasting

## 4) Education: Living in the Nostalgia District



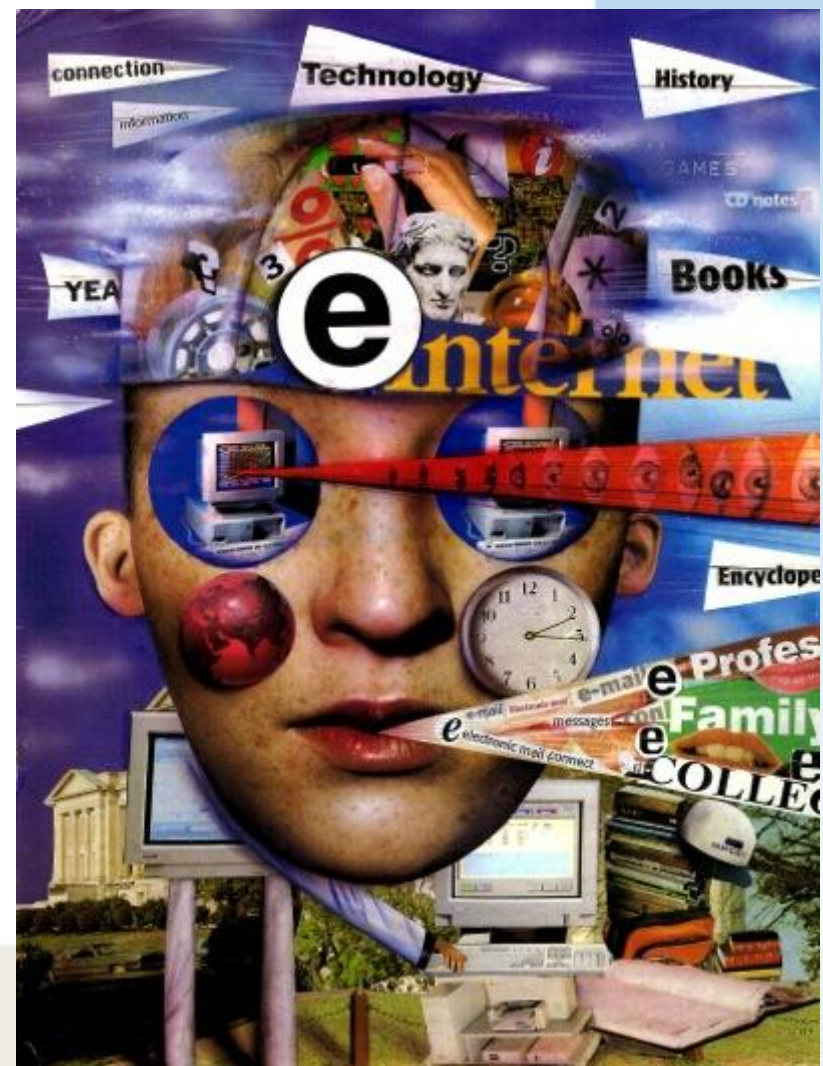


# Are We Really Teaching to Collaborate and Be Team Members?



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# This is the Real World!





## Enhancing Health Professions Education through Technology: Building a Continuously Learning Health System

Proceedings of a conference chaired by  
**Gail Stuart, PhD, RN, FAAN** and **Marc Triola, MD, FACP**  
April 2015 | Arlington, Virginia

October 2015

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[www.macyfoundation.org](http://www.macyfoundation.org)



# Revolutionary Strategies - Education

- ✧ All pre-service health care students need essential behavioral health skills:
  - How to screen, triage and refer – “6<sup>th</sup> vital sign”
  - Mental Health First Aid – like CPR and BLS
  - Motivational interviewing
  - Stress, Trauma, Crisis intervention and De-escalation
  - Suicide prevention
  - Brief interventions - SBIRT, CBT

# *Revolutionary Strategies: Education*

- ✧ Take down specialty and disciplinary silos
- ✧ Teach only evidence-based interventions
- ✧ Focus on how to do task-shifting/sharing and delegation
- ✧ Utilize technology for anytime, anywhere learning
- ✧ Create “virtual learning pods”
- ✧ Develop “certificates” for specialty areas – PTSD, Trauma
- ✧ Work with accreditors/regulators to remove barriers

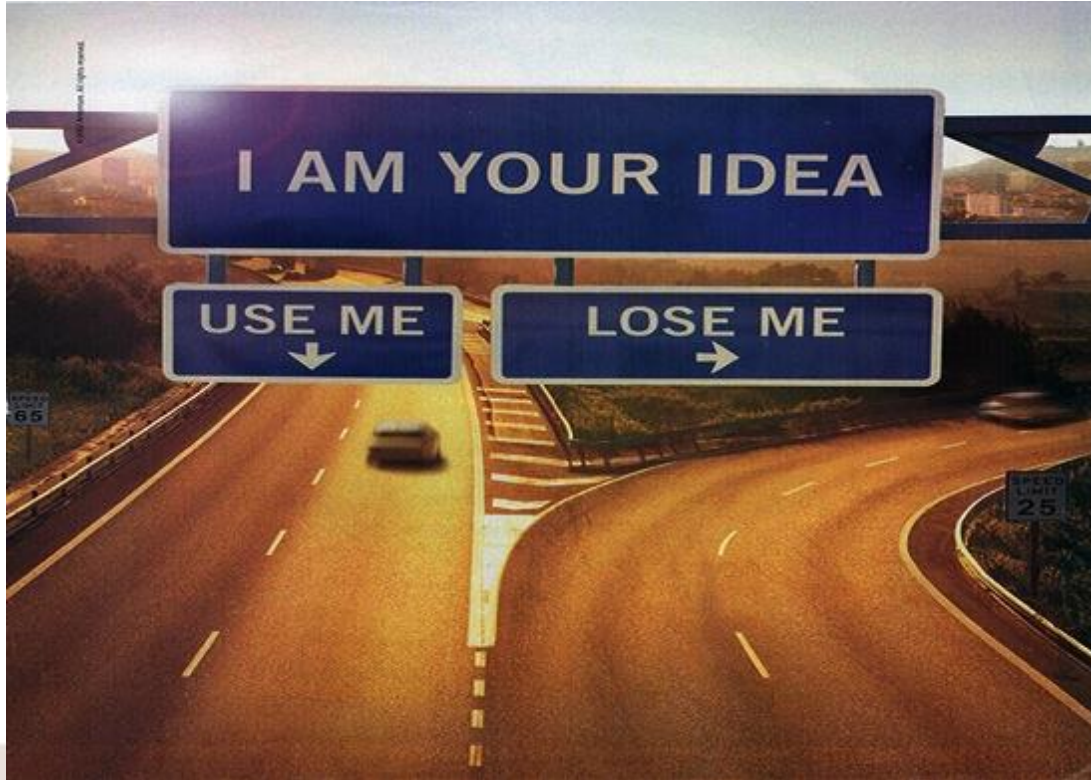
# Summary: Our Revolutionary Call

*We need the **right workers**  
with the **right skills**  
in the **right place**  
doing the **right thing***

Defy the *Odds*



“Insanity: doing the same thing over and over again and expecting different results.” A. Einstein



# Thank You

