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IBHP
Integrated Behavioral Health Project

Training Needs in Integrated Care

INTEGRATED CARE WORKFORCE ISSUE BRIEF **#3**

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PRODUCED BY:
CalMHSA Integrated Behavioral Health Project
Karen W. Linkins, PhD, Jennifer J. Brya, MA, MPP, Gary Bess, PhD, Jim Myers, MSW, Sheryl Goldberg, PhD, MSW
AGD Consulting
Alaina Dall, MA

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KEY CONSIDERATIONS FROM THIS ISSUE BRIEF

The Integrated Behavioral Health Project (IBHP) team fielded a workforce survey to physical and behavioral health students and workers to better understand barriers to integration. This brief, the third and last in the series, focuses on workforce training priorities related to integrated care. The workforce survey was **completed by 590 students and professionals**, including nurses, physicians, social workers (SWs), marriage and family therapists (MFTs), and alcohol and other drug (AOD) professionals.

To identify training needs in integrated care, respondents in each of the provider groups were asked to rate their level of interest in a variety of topics in six key training areas. The top three training categories are shown below, with the #1 ranked training topics indicated by provider group.

Linking Physical and Mental Health - top training topic by profession:

- *Impact of physical disorders on mental health* (physicians and nurses)
- *Understanding and addressing the physical side effects of psychotropic medication (*SWs, MFTs and AODs)
- *Understanding and addressing the psychiatric effects of medications for physical conditions* (psychologists)

Clinical Practices and Approaches - top training topic by profession:

- *Understanding the short- and long-term effects of non-prescribed prescription drug use* (nurses and psychologists)
- *Effectively addressing co-occurring substance use/mental health issues* (SWs, MFTs and AODs)

Screening Tools and Procedures - top training topic by profession:

- *Screening for substance use issues* (nurses)
- *Screening for mental health issues* (SWs and MFTs)
- *Recognizing common physical conditions and when to refer to primary care* (psychologists)
- *Developing infrastructure for referrals and referral feedback/follow-up* (AODs)

Organizations can use these findings to inform and develop targeted and responsive training/technical assistance strategies that promote integrated care based on the needs, interests, and knowledge gaps of the current and future workforce.

BACKGROUND

In an effort to advance integrated behavioral health care in California, the Integrated Behavioral Health Project (IBHP) conducted an environmental scan of the training and capacity-building needs across the primary care, mental health, and substance use sectors. The IBHP project was administered by the California Mental Health Services Authority (CalMHSA) with funding from the Mental Health Services Act's Prevention and Early Intervention component. As part of this effort, IBHP researchers developed integrated care workforce surveys for behavioral health and physical health professionals to better understand:

IBHP Workforce Issue Briefs

1. Stigma and Attitudes Toward Working in Integrated Care
2. Health Reform and the Transformation of the Delivery of Care
3. **Training Needs in Integrated Care**

1. Attitudes about and preparedness for working in integrated care settings;
2. Experience coordinating care with providers and staff from other fields of practice;
3. Use of information technology and outcome measurement;
4. Knowledge of health reform and the changing care delivery system; and
5. Priorities and interest in relevant integrated behavioral health training topics.

The broad purpose of this analysis was to identify tangible issues that need attention in order to break down stigma within and across professional groups; to reduce stigma as a barrier to care among patients/clients with behavioral health needs; and to increase knowledge and competency in integrated behavioral health care in California.

Workforce capacity-building is critical to advancing integration and reducing stigma. Since workforce issues are widely identified as barriers to integration, the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) has targeted workforce and development issues related to the provision of integrated behavioral health and general healthcare as one of its major initiatives.[1] Some of the workforce issues identified as barriers to integration include:

- Attitudes and issues related to ***stigma within and across provider groups about working in integrated settings,*** as well as negative attitudes about persons with mental health and substance use problems;
- ***Reluctance to change practice patterns*** in the context of health reform and the transformation of the delivery of care; and
- ***Training needs*** or inadequate skills for integrated practice.[2]

The IBHP team fielded a workforce survey to physical and behavioral health students and workers to better understand these barriers to integration, and they created a series of briefs

highlighting the survey findings. This brief, the third and last in the series, focuses on workforce training priorities related to integrated care. The other two briefs describe 1) Stigma and Attitudes toward Working in Integrated Care; and 2) Health Reform and Transformation of the Delivery of Care. This paper highlights responses from various groups of physical and behavioral health professionals about their level of interest in specific training topics. Findings will inform future training and technical assistance interventions in California that promote integrated behavioral health care.

IMPROVING WORKFORCE CAPACITY FOR INTEGRATED CARE

Stakeholders across the integrated behavioral health field frequently cite "workforce issues" (i.e., adequacy in terms of numbers, training, and skills) as major barriers to integrated care. Significant workforce gaps in both the current workforce and the training and preparation of the "pipeline" interfere with the provision of integrated behavioral health and primary care services. Education and professional training programs that focus on integrated care models are extremely limited.[3] The vast majority of providers working in integrated care settings receive on-the-job training. They face a steep learning curve adjusting to differences in organizational culture, and learning new screening, referral and treatment protocols that address the full range of patient/client physical, mental health and substance use needs.

NATIONAL INITIATIVES AND TRAINING NEEDS

The ***Agency for Healthcare Research and Quality's (AHRQ's) Academy for Integrating Behavioral Health and Primary Care*** works to advance behavioral health and primary care integration through various workforce capacity-building efforts. According to the AHRQ Academy, "***A sufficiently and adequately trained workforce with the competencies and skills necessary to deliver care across the physical and mental health of the patient is critical to the success of integration.***"[4] The academy is supporting the Integrated Workforce Functions and Competencies project, in which an expert panel is developing a national strategy for addressing and improving issues related to integrated behavioral health and primary care, as well as defining workforce competencies. In addition to clinical challenges and gaps in knowledge across disciplines, providers working in integrated practices face operational challenges including teambuilding, adapting to culture changes, incorporating the use of information technology, and tracking and measuring care outcomes.[5] Trainings are needed that:

- Improve clinical capacity
- Clarify the important roles various providers play across the service system
- Prepare providers to communicate across sectors to coordinate care
- Increase provider comfort and expertise using technology for quality improvement and outcome tracking, and
- Educate providers about expectations under health reform

Workforce issues are widely identified as barriers to integration and care coordination. The Substance Abuse and Mental Health Services Administration (SAMHSA) and Health Resources and Services Administration (HRSA) joint **Center for Integrated Health Solutions** (CIHS) has targeted workforce and development issues related to the provision of integrated behavioral health and general healthcare as one of its major initiatives.[6] CIHS recommended action steps under the "Training and Education" strategy area that include providing evidence-based training, faculty and trainer development, higher education curriculum reform, core competency development (i.e., disseminating core competencies on integrated practice tailored to general healthcare, behavioral health, and peer support), and core curriculum development.

CALIFORNIA INITIATIVES AND TRAINING NEEDS

In California, the **Workforce Education and Training** (WET) component of the Mental Health Services Act (MHSA) allocates funding for mental health training. Categories of WET funding include workforce support, training, and technical assistance to upgrade skills among the current workforce, as well as mental health career pathway programs to build career pipelines.[7] Core values that guide development and implementation of WET programs include promoting multi-disciplinary care, as well as education and training activities that increase expertise in treating co-occurring physical, mental health and substance use disorders.[8]

Across California, universities and professional graduate programs with MHSA contracts support training new social workers, psychologists, marriage and family therapists, psychiatrists, nurses, nurse practitioners, psychiatric nurse practitioners, and physician assistants. MHSA stipends have been provided to approximately 1,500 students in these programs in exchange for a commitment to work in the public mental health community after graduation.[9]

However, additional training is needed across various disciplines to achieve patient-centered integrated care.[10] A recent needs assessment of California's mental health and substance use service systems was conducted as a condition of California's 1115 Medicaid waiver, also known as the "Bridge to Reform." The assessment found gaps in knowledge and skills for professionals working in integrated care, as well as structural, information/data sharing, and financial barriers to integration in California counties.[11] Researchers posited that ***requirements for effective integrated care include a trained workforce, a developed health information technology infrastructure, a shift in provider attitudes, and cross-provider collaboration.***[12]

Workforce Survey Goals and Areas of Focus

The IBHP Team fielded the workforce survey broadly to the pipeline of students and recent graduates, as well as to the current workforce, using a "viral" or snowball approach to reach nurses, physicians, social workers (SWs), marriage and family therapists (MFTs), psychologists, and alcohol and other drug professionals (AODs). A range of academic programs, professional organizations and associations, and licensing bodies were identified as sources for obtaining potential survey respondents. The process of contacting the various universities and organizations also served to create visibility for survey efforts. The IBHP team pilot-tested the surveys, and in some cases modified the survey based on stakeholder input. The contact organizations helped to disseminate the survey to their students, alumni, or members, by sending emails and by advertising the survey on their websites with an electronic link to the questionnaire. They also publicized the survey in their newsletters and encouraged their members to complete the tool online. The surveys were customized to each professional group, and members answered the questions online using *SurveyMonkey*. A total of 590 surveys were completed (see **Table 1** for the number of respondents by profession).

> The workforce survey was completed by 590 students and professionals, including nurses, physicians, social workers, MFTs, and alcohol and other drug professionals.

Table 1: Number of Individuals Completing the Survey, by Professional Group

Professional Groups	Number	Percentage
Nurses	75	12.7%
Physicians	40	6.8%
Social Workers	188	31.9%
MFTs	83	14.1%
Psychologists	56	9.5%
AOD Professionals	148	25.1%

(n = 590)

With the exception of alcohol and other drug professionals, fewer than half of all respondents worked or interned in integrated care settings (see Figure 1). Three-quarters (75%) of the **AOD professionals** indicated that they were currently working/interning in an integrated care setting such as a residential or outpatient substance abuse treatment program

that included mental health and/or primary care services. Close to one-half of the **nursing professionals** (45%) was working or interning in an integrated care setting such as acute care hospitals, federally qualified health centers (FQHCs), and inpatient psychiatric units. More than one-third (38%) of **social workers** were employed or interned in integrated care settings, including medical clinics with behavioral health services, social service organizations offering mental health services, and school-based clinics. Approximately one-third (33%) of **MFTs**, and one-quarter (25%) of **psychologists** had experience working in integrated settings such as acute psychiatric inpatient facilities, FQHCs, and school-based health centers. Respondents from integrated care settings reported devoting most, if not all, of their time to direct service tasks. This was the case for 73% of social workers, 71% of nurses, 67% of MFTs, 64% of psychologists, and 51% of AOD professionals.

Figure 1: Percentage of Respondents Indicating They Worked or Interned in an Integrated Care Setting, by Professional Group

Profession	Percent	Examples of integrated care settings
AOD Professionals	75%	Residential or outpatient substance abuse treatment programs that included mental health and/or primary care services
Nursing Professionals	45%	Acute care hospitals, FQHCs, and inpatient psychiatric units
Social Workers	38%	Medical clinics with behavioral health services, social service organizations offering mental health services, and school-based clinics
MFTs	33%	Acute psychiatric inpatient facilities, FQHCs, and school-based health centers
Psychologists	25%	Acute psychiatric inpatient facilities, FQHCs, and school-based health centers

KEY FINDINGS

TRAINING NEEDS IN INTEGRATED CARE

To identify training needs in integrated care, respondents in each of the provider groups were asked to rate their level of interest in a variety of topics in six key training areas:

1. Linking physical health and mental health
2. Working with substance-using individuals
3. Screening tools and procedures
4. Clinical practices and approaches
5. Data collection, outcomes measurement, and quality improvement
6. Strategies for local collaborations

The IBHP team converted the responses from a four-point scale (1=No Interest, 2=Little Interest, 3=Moderate Interest, 4=High Interest) into a total mean score for each topic. These scores were then ranked so that the highest mean score was ranked "1," and the lowest mean score was ranked last in terms of provider interest in the training topic. The top 3 training topics in each category for each profession are presented in this section. Respondents were also invited to recommend additional training topics for each section in the survey, and these are included as well.[1] Rankings for all training topics in each category are provided in the attachments. Abbreviations used in reporting results are shown in the **sidebar.**

Abbreviations

AODs = alcohol and other drug professionals

MFTs = Marriage and Family Therapists

MH = mental health

PC = primary care

SBIRT = Screening, Brief Intervention, Referral and Treatment

SUD = substance use disorder

SWs = social workers

[1] Physicians were only asked questions related to the first training category, "linking physical health and mental health;" they were not asked the open-ended question about interests in additional training topics.

1. Linking Physical Health and Mental Health

Providers were asked to rate their interest in training topics related to *"linking physical and mental health"* (see **sidebar** for the list of training topics). **Table 2** shows the top three topics of interest for each profession, with detail of all rankings shown in **Attachment 1A**.

The following topics were ranked #1 by the indicated providers:

- *Impact of physical disorders on mental health* (physicians and nurses)
- *Understanding and addressing the physical side effects of psychotropic medication (*SWs, MFTs and AODs)
- *Understanding and addressing the psychiatric effects of medications for physical conditions* (psychologists)

Other top 3 topics across all professions were:

- *Addressing behavioral health components of physical disorders*
- *Impact of mental disorders on physical health*
- *Chronic pain management (primary care, mental health and substance use disorder perspectives)*

New topics requested by providers under this training area included:

- Blending the medical model with recovery-based models of treatment (SW)
- Awareness about the process of dying and hospice (SW)
- The law and ethical issues (SW)
- Poverty and its impact on mental and physical health (MFT)
- The impact of stress (MFT)
- Politics preventing collaboration of medical and mental health in rural communities (MFT)
- Working with the stigma of drug and alcohol treatment in rural communities (MFT)
- A general training course on the future of the integration of SUD and mental health (AOD)

"Linking Physical Health and Mental Health"

Training Topics Rated by Providers

A. Addressing behavioral health components of physical disorders
B. Impact of mental disorders on physical health
C. Impact of physical disorders on mental health
D. Cultural differences between mental health and physical health and how to bridge them
E. Recognizing common physical health disorders and when to refer to primary care
F. Role of spirituality in mental and physical health recovery
G. Understanding conditions associated with metabolic syndrome
H. Understanding and addressing the physical side effects of psychotropic medication
I. Understanding and addressing the psychiatric effects of medications for physical conditions
J. Chronic pain management (primary care, mental health, and substance use disorder perspectives)

- Psychotropic medications and street drugs and their effects on behavior/mental health (AOD)
- Stigma reduction for mental health disorders and psychotropic medication usage (AOD)

Table 2: Top 3 Rankings by Profession in *Category 1: Linking Physical Health and Mental Health*

	Physicians	Nurses	Social Workers	Psychologists	MFTs	AODs
#1	C. Impact of physical disorders on mental health	C. Impact of physical disorders on mental health	H. Understanding and addressing the physical side effects of psychotropic medication	I. Understanding and addressing the psychiatric effects of medications for physical conditions	H. Understanding and addressing the physical side effects of psychotropic medication	H. Understanding and addressing the physical side effects of psychotropic medication
#2	A. Addressing behavioral health components of physical disorders	I. Understanding and addressing the psychiatric effects of medications for physical conditions	I. Understanding and addressing the psychiatric effects of medications for physical conditions	H. Understanding and addressing the physical side effects of psychotropic medication	C. Impact of physical disorders on mental health	B. Impact of mental disorders on physical health
#3	I. Understanding and addressing the psychiatric effects of medications for physical conditions	B. Impact of mental disorders on physical health	B. Impact of mental disorders on physical health	C. Impact of physical disorders on mental health	I. Understanding and addressing the psychiatric effects of medications for physical conditions	J. Chronic pain management (primary care, mental health, and substance use disorder perspectives)

2. Working with Substance-Using Individuals

Providers were asked to rate their interest in training topics related to *"working with substance-using individuals"* (see **sidebar**). **Table 3** shows the top three topics of interest for each profession, with detail of all rankings shown in **Attachment 1B**.

The following topics were ranked #1 by the indicated providers:

- *Understanding the short- and long-term effects of non-prescribed prescription drug use* (nurses and psychologists)
- *Effectively addressing co-occurring substance use/mental health issues* (SWs, MFTs and AODs)

Other top 3 topics across all professions were:

- *Organizational culture differences between PC, MH and SUD and how to bridge them*
- *Recovery model and stigma reduction*
- *Understanding the short- and long-term effects of illicit drug use*

"Working with Substance-Using Individuals"

Training Topics Rated by Providers

A. Recovery model and stigma reduction
B. Effectively addressing co-occurring substance use/MH issues
C. SBIRT (screening, brief intervention, referral and treatment) protocols
D. Organizational culture differences between PC, MH, and SUD and how to bridge them
E. Understanding the short- and long-term effects of alcohol abuse/addiction
F. Understanding the short- and long-term effects of illicit drug use
G. Understanding the short- and long-term effects of non-prescribed prescription drug use

New topics requested by providers within this training area included:

- Psychosocial recovery model for mental health and substance abuse (nurse)
- Understanding applications of harm reduction (nurse)
- Family systems impacts and interventions (SW)
- Using spiritual practices in treatment plans (SW)
- Holistic wrap-around services (SW)
- Role of mindfulness or meditation practice in substance abuse and addiction (psychologist)
- Role of early childhood trauma (developmental trauma disorder) (MFT)
- Effective SUD treatment strategies with criminal justice populations (AOD)

Table 3: Top 3 Rankings by Profession in *Category 2: Working with Substance-Using Individuals*

	Nurses	Social Workers	Psychologists	MFTs	AODs
#1	G. Understanding the short- and long-term effects of non-prescribed prescription drug use	B. Effectively addressing co-occurring substance use/MH issues	G. Understanding the short- and long-term effects of non-prescribed prescription drug use	B. Effectively addressing co-occurring substance use/MH issues	B. Effectively addressing co-occurring substance use/MH issues
#2	B. Effectively addressing co-occurring substance use/MH issues	G. Understanding the short- and long-term effects of non-prescribed prescription drug use	B. Effectively addressing co-occurring substance use/MH issues	G. Understanding the short- and long-term effects of non-prescribed prescription drug use	D. Organizational culture differences between PC, MH, and SUD and how to bridge them
#3	A. Recovery model and stigma reduction	F. Understanding the short- and long-term effects of illicit drug use	F. Understanding the short- and long-term effects of illicit drug use	F. Understanding the short- and long-term effects of illicit drug use	A. Recovery model and stigma reduction

3. Screening Tools and Procedures

Providers were asked to rate their interest in training topics related to "*screening tools and procedures"* (see **sidebar**). **Table 4** shows the top three topics of interest for each profession, with detail of all rankings shown in **Attachment 1C**.

The following topics were ranked #1 by the indicated providers:

- *Screening for substance use issues* (nurses)
- *Screening for mental health issues* (SWs and MFTs)
- *Recognizing common physical conditions and when to refer to primary care* (psychologists)
- *Developing infrastructure for referrals and referral feedback/follow-up* (AODs)

Other top 3 topics across all professions were:

- *SBIRT protocols*

New topics requested by providers within this training area included:

- Screening for suicide (MFT)
- Screening for sensory processing issues (attention deficit and hyperactivity disorder, learning issues that can result in behavioral problems) (MFT)

"Screening Tools and Procedures"

Training Topics Rated by Providers

A. Screening for mental health issues
B. Screening for physical health issues
C. Screening for substance use issues
D. SBIRT (screening, brief intervention, referral and treatment) protocols
E. Developing infrastructure for referrals and referral feedback/follow-up
F. Recognizing common physical conditions and when to refer to primary care

Table 4: Top 3 Rankings by Profession in *Category 3: Screening Tools and Procedures*

	Nurses	Social Workers	Psychologists	MFTs	AODs
#1	C. Screening for substance use issues	A. Screening for mental health issues	F. Recognizing common physical conditions and when to refer to primary care	A. Screening for mental health issues	E. Developing infrastructure for referrals and referral feedback/follow-up
#2	A. Screening for mental health issues	C. Screening for substance use issues	A. Screening for mental health issues	C. Screening for substance use issues	C. Screening for substance use issues
#3	D. SBIRT protocols	D. SBIRT protocols	C. Screening for substance use issues	F. Recognizing common physical conditions and when to refer to primary care	A. Screening for mental health issues

4. Clinical Practices and Approaches

Providers were asked to rate their interest in training topics related to "*clinical practices and approaches*" (see **sidebar**). **Table 5** shows the top three topics of interest for each profession, with detail of all rankings shown in **Attachment 1D**.

The following topics were ranked #1 by the indicated providers:

- *Motivational interviewing* (nurses and AODs)
- *Treating co-occurring disorders* (SWs, psychologists and MFTs)

Other top 3 topics across all professions were:

- *Team-based care*
- *Improving cultural competence*
- *Problem-solving therapy*

New topics requested by providers within this training area included:

- Cognitive-behavioral therapy (AOD, SW, psychologists, MFT)
- Harm reduction (AOD)
- Family therapy/systems (psychologists) (MFT)
- Trauma-focused therapy/trauma-informed care (SW, MFT)
- Seeking safety (AOD)
- Biofeedback (psychologist)
- Evidence-based treatment for criminal justice populations (AOD)

"Clinical Practices and Approaches"

Training Topics Rated by Providers

A. Treating co-occurring disorders
B. Motivational interviewing
C. Team-based care
D. Problem solving therapy
E. Brief solution-focused therapy
F. Improving cultural competence

Table 5: Top 3 Rankings by Profession in *Category 4: Clinical Practices and Approaches*

	Nurses	Social Workers	Psychologists	MFTs	AODs
#1	B. Motivational interviewing	A. Treating co-occurring disorders	A. Treating co-occurring disorders	A. Treating co-occurring disorders	B. Motivational interviewing
#2	A. Treating co-occurring disorders	B. Motivational interviewing	F. Improving cultural competence	B. Motivational interviewing	D. Problem solving therapy
#3	C. Team-based care	D. Problem solving therapy	B. Motivational interviewing	F. Improving cultural competence	A. Treating co-occurring disorders

5. Data Collection, Outcomes Measurement, and Quality Improvement

Providers were asked to rate their interest in training topics related to "*data collection, outcomes measurement, and quality improvement"* (see **sidebar**). **Table 6** shows the top three topics of interest for each profession, with detail of all rankings shown in **Attachment 1E**.

The following topics were ranked #1 by the indicated providers:

- *Information sharing: Understanding confidentiality requirements for care coordination* (SWs, psychologists, MFTs and AODs)
- *Using data to drive clinical decision-making* (nurses)

Other top 3 topics across all professions were:

- *Identifying relevant outcome measures and collecting data*
- *Population health management*
- *Strategies to facilitate stepped care*

"Data Collection, Outcomes Measurement, and Quality Improvement"

Training Topics Rated by Providers

A. Identifying relevant outcome measures and collecting data
B. Information sharing: Understanding confidentiality requirements to enhance care coordination
C. Using data to drive clinical decision-making
D. Strategies to facilitate stepped-care
E. Population health management
F. Using registries and E.H.R.s to assess the effectiveness of clinical interventions

Recommendations related to "*data collection, outcomes measurement, and quality improvement"* mostly included critical commentary, rather than suggestions for actual training topics. For example:

- *"I'm a little guarded about data-driven and evidence-based approaches in delivering recovery based services."* (SW)
- *"The politicization of data collection and use, the influence of pharmaceutical companies and insurance companies on decisions about what data to collect and how to interpret it- The whole subject of bias is a concern."* (psychologist)
- *"I feel this is a waste of time in rural communities that are built on relationships and the healing value of person-to-person care…"* (MFT)

Table 6: Top 3 Rankings by Profession in *Category 5: Data Collection, Outcomes Measurement, and Quality Improvement*

	Nurses	Social Workers	Psychologists	MFTs	AODs
#1	C. Using data to drive clinical decision-making	B. Information sharing: understanding confidentiality requirements to enhance care coordination	B. Information sharing: understanding confidentiality requirements to enhance care coordination	B. Information sharing: understanding confidentiality requirements to enhance care coordination	B. Information sharing: understanding confidentiality requirements to enhance care coordination
#2	A. Identifying relevant outcome measures and collecting data	C. Using data to drive clinical decision-making	C. Using data to drive clinical decision-making	C. Using data to drive clinical decision-making	C. Using data to drive clinical decision-making
#3	E. Population health management	A. Identifying relevant outcome measures and collecting data	A. Identifying relevant outcome measures and collecting data	A. Identifying relevant outcome measures and collecting data	D. Strategies to facilitate stepped care

6. Strategies for Local Collaborations

Providers were asked to rate their interest in training topics related to "*Strategies for Local Collaborations*" (see **sidebar**). **Table 7** shows how each profession ranked the three topics, with detail of all rankings shown in **Attachment 1F**.

"Strategies for Local Collaborations"

Training Topics Rated by Providers

A. Working with specialty mental health resources

B. Working with local primary care resources

C. Incorporating peer specialist/ promotores/community health workers into the system of care

The following topic was ranked #1 by ALL providers:

- *Working with specialty mental health resources*

New topics requested by providers within this training area included:

- Working with SUD resources (AODs)
- Working with social service, housing and employment programs (psychologists)
- Working with other community agencies for indigent patients (psychologists)
- Case management (MFTs)
- Developing coordination between service providers for shared clients (MFTs)
- Developmental disability/mental health/substance abuse treatment collaboration (MFTs)

Table 7: Top 3 Rankings by Profession in *Category 6: Strategies for Local Collaboration*

	Nurses	Social Workers	Psychologists	MFTs	AODs
#1	A. Working with specialty mental health resources	A. Working with specialty mental health resources	A. Working with specialty mental health resources	A. Working with specialty mental health resources	A. Working with specialty mental health resources
#2	C. Incorporating peer specialist/promotores/ community health workers into system of care	C. Incorporating peer specialist/promotores/ community health workers into system of care	B. Working with local primary care resources	C. Incorporating peer specialist/promotores/ community health workers into system of care	C. Incorporating peer specialist/promotores /community health workers into system of care
#3	B. Working with local primary care resources	B. Working with local primary care resources	C. Incorporating peer specialist/promotores/ community health workers into system of care	B. Working with local primary care resources	B. Working with local primary care resources

TOP TRAINING PREFERENCES ACROSS ALL CATEGORIES

When looking at the ratings across all broad training **categories**, respondents were most interested in training topics related to *"Category 1: Linking Physical Health and Mental Health,"* and least interested in topics related to *"Category 5: Data Collection, Outcomes Measurement and Quality Improvement."* The rankings by training category are shown in **Table 8**. Perhaps it is not surprising that in a survey about integrated physical behavioral health, *"Category 1: Linking Physical and Mental Health"* was ranked #1. The fact that *"Category 5: Data Collection, Outcomes Measurement, and Quality Improvement"* ranked last could be because behavioral health providers may not view this as a priority in their practice setting. For many psychologists and MFTs working in private practice, many of the components addressed in this survey, such as using registries for quality improvement, team-based care, and cross-provider communication and collaboration, are not directly applicable to their service delivery context.

Table 8: Ranking of Preferred Training Categories Overall, for all Professions

Rank	Training Category
#1	Category 1: Linking Physical and Mental Health
#2	Category 4: Clinical Practices and Approaches
#3	Category 3: Screening Tools and Procedures
#4	Category 6: Strategies for Local Collaboration
#5	Category 2: Working with Substance Using Individuals
#6	Category 5: Data Collection, Outcomes Measurement, and Quality Improvement

The top ranking preferences for each training category by profession are shown in **Table 9**. The table shows that for most training categories, no more than two training topics reached #1, which suggests consistent interest across professions in key training topics. "*Category 3: Screening Tools and Procedures"* was the exception, showing the greatest variability.

Organizations can use this information in a variety of ways. For example, an agency that wants to offer training that would interest the most professionals in "*Category 4: Clinical Practices and*

Approaches," could look at the fourth row and see that *"motivational interviewing"* and *"treating co-occurring disorders"* were the #1 training topics. An organization or agency interested in developing trainings for social workers could look at the column under "social workers" and see the topics that had the top ranking for each of the training categories.

Table 9: Training Preference #1 for Each Training Category, by Professional Group

Training Category	Nurses	Social Workers	Psychologists	MFTs	AODs
Category 1: Linking Physical and Mental Health	C. Impact of physical disorders on mental health	H. Understanding and addressing the physical side effects of psychotropic medication	I. Understanding and addressing the psychiatric effects of medications for physical conditions	H. Understanding and addressing the physical side effects of psychotropic medication	H. Understanding and addressing the physical side effects of psychotropic medication
Category 2: Working with Substance Using Individuals	G. Understanding the short- and long-term effects of non-prescribed prescription drug use	B. Effectively addressing co-occurring substance use/MH issues	G. Understanding the short- and long-term effects of non-prescribed prescription drug use	B. Effectively addressing co-occurring substance use/MH issues	B. Effectively addressing co-occurring substance use/MH issues
Category 3: Screening Tools and Procedures	C. Screening for substance use issues	A. Screening for mental health issues	F. Recognizing common physical conditions and when to refer to primary care	A. Screening for mental health issues	E. Developing infrastructure for referrals and referral feedback/ follow-up
Category 4: Clinical Practices and Approaches	B. Motivational interviewing	A. Treating co-occurring disorders	A. Treating co-occurring disorders	A. Treating co-occurring disorders	B. Motivational interviewing
Category 5: Data Collection, Outcomes Measurement, and Quality Improvement	C. Using data to drive clinical decision-making	B. Information sharing: understanding confidentiality requirements to enhance care coordination	B. Information sharing: understanding confidentiality requirements to enhance care coordination	B. Information sharing: understanding confidentiality requirements to enhance care coordination	B. Information sharing: understanding confidentiality requirements to enhance care coordination
Category 6: Strategies for Local Collaboration	A. Working with specialty mental health resources	A. Working with specialty mental health resources	A. Working with specialty mental health resources	A. Working with specialty mental health resources	A. Working with specialty mental health resources

DISCUSSION

There was a remarkable consistency in the #1 choices for training topics, and even further down in the rankings across training categories. Interest in a training topic was influenced by a provider's education, practice setting, and likelihood of needing to apply the information with their patient or client population. For some items, physical health providers (nurses and/or physicians), mental health providers (social workers, MFTs and psychologists) and alcohol and other drug providers, approached training items from the unique perspectives of each of their broad groups. For example:

- In "*Category 1: Linking Physical Health and Mental Health,"* physicians and nurses ranked ***"impact of physical disorders on mental health"*** as their #1 priority. This may be because they wanted more information about how patients they see with chronic diseases or other health issues may have a propensity for mental health challenges. Other professions also had an interest in this topic, but it didn't rise to the top like it did with these physical health providers.

- Also in Training Category 1, the mental health providers and AODs were much more interested in ***"understanding and addressing the physical side effects of psychotropic medication."*** They ranked this topic #1 or #2, whereas the physical health providers ranked it #4-5. This may be because physicians and nurses were already informed about this topic area, whereas behavioral health providers felt they needed more information.

- In "*Category 3: Screening Tools and Procedures,"* AOD professionals were the only provider group to rank ***"developing an infrastructure for referrals and referral feedback/follow-up"*** as their #1 training priority; all other providers ranked this as one of the lowest priorities for training. This may be because AODs are generally more reliant on referring their clients to community agencies since it is unlikely all needed alcohol and drug services are provided under one roof.

The behavioral health providers ranked ***"screening for physical health issues"*** as a lower priority for training, even though chronic medical conditions for individuals with mental health and substance use conditions tend to be areas of concern. Despite being ranked as a lower priority for training, more primary care providers will need to develop treatment referral and follow-up protocols to improve care coordination, especially if they increase their screening rates for mental health and substance use issues and therefore need to interface more with behavioral health professionals. Most treatment organizations will not have sufficient capacity to address the full range of physical and psychosocial needs identified through routing

screening protocols, which makes communication, referral and follow-up processes so important to maintaining care quality and continuity.

Interestingly, nursing professionals were the only provider group not to choose ***"information sharing: understanding confidentiality requirements to enhance care coordination"*** as their highest priority in *"Category 5: Data Collection, Outcomes Measurement and Quality Improvement*." In fact it was the lowest priority for nurses. New models of "complex care management" for high risk patients are emerging throughout California, many of which include nurses at the core of the care management team with responsibility for sharing information with other providers and for coordinating care transitions. Nurses will be in a position of needing to understand and navigate various confidentiality requirements in this model, so they will need to be competent in this area.

Overall, the topics of ***"population health management,"*** and ***"using registries and EHRs to assess the effectiveness of clinical treatment,"*** which are part of Training Category 5, were the least prioritized training topics (though nurses ranked "*population health management"* higher at #3). Experience and comfort using technology to track clinical outcomes is still very new for many providers, and shifting the mindset from managing individual patient health to population health is newer still. As the reimbursement environment moves from being service- to outcome-based, with incentives for quality and outcomes, providers will need to rely on these technologies to demonstrate the clinical effectiveness of their work. Although not viewed as a high priority from the field of practitioners surveyed, these areas are priorities for payers. Providers and organizations will need to increase their expertise in these areas to meet the demands of an increasingly competitive market under health care reform.

Key Findings

In an integrated care environment, additional training will be needed in the following areas:

- Behavioral health providers will need training on **screening for physical health issues**.
- Primary care providers will need to **develop treatment referral and follow-up protocols to improve care coordination**, especially if they increase their screening rates for mental health and substance use issues and therefore need to interface more with behavioral health professionals.
- Providers will need to become adept at using technology to track clinical outcomes, and will need to shift their mindset from patient health to population health. All professions will need training in these areas.

The survey responses and written comments under Training Category 5 suggest there are ample opportunities to educate the workforce on the rationale for and purpose of data collection, and how data can be used to improve clinical care quality and the patient experience. There is still a great deal of apprehension across professions about the use of technology and being accountable for patient outcomes, which creates potential opportunities for training.

CONCLUSION

IBHP researchers conducted a workforce survey with various physical and behavioral health care providers to learn about their level of interest in training topics relating to integrated care. This scan of provider interest and attitudes identifies gaps in or needs for additional skills training and technical assistance resources across a variety of topic areas for different providers. ***Findings show remarkable consistency in the #1 ranked training topics across categories, as well as lower down the rankings in many cases.***

The three **top-ranked training categories** were:

1. *Category 1: Linking Physical and Mental Health*
2. *Category 4: Clinical Practices and Approaches*
3. *Category 3: Screening Tools and Procedures*

The **training topics that were ranked #1** by at least one professional group are shown in the **sidebar** (in no order).

Organizations can use these findings to inform and develop targeted and responsive training/technical assistance strategies that promote integrated care based on the needs, interests, and knowledge gaps of the current and future workforce. Many organizations interested in learning about the expressed training needs of the workforce will be able to apply this information in developing or enhancing their own training programs, such as state level organizations working on integrating behavioral health and primary care (i.e., the California Institute for Mental Health and the California Primary Care Association's Behavioral Health Network), academic programs, MHSA-funded training programs (for example, California Social Work Education Center), and county agencies, among others. By collaborating whenever possible, these entities will be able to leverage their training efforts and support a comprehensive integrated care training agenda to build workforce capacity in California.

#1 Training Topics

(In no order)

- *Impact of physical disorders on mental health*
- *Understanding and addressing the physical side effects of psychotropic medication*
- *Understanding and addressing the psychiatric effects of medications for physical conditions*
- *Understanding the short- and long-term effects of non-prescribed prescription drug use*
- *Effectively addressing co-occurring substance use/mental health issues*
- *Screening for substance use issues*
- *Screening for mental health issues*
- *Recognizing common physical conditions and when to refer to primary care*
- *Developing infrastructure for referrals and referral feedback/follow-up*
- *Motivational interviewing*
- *Treating co-occurring disorders*
- *Using data to drive clinical decision-making*
- *Information sharing: understanding confidentiality requirements to enhance care coordination*
- *Working with specialty mental health resources*

ATTACHMENT 1: RANKINGS OF TRAINING TOPICS BY CATEGORY

ATTACHMENT 1A: ALL RANKINGS FOR *CATEGORY 1: LINKING PHYSICAL HEALTH AND MENTAL HEALTH*

Training Category 1: Linking Physical Health and Mental Health	Physicians	Nurses	SWs	Psych	MFTs	AOD
A. Addressing Behavioral Health Components of Physical Disorders	2	8	9	7	6	8
B. Impact of Mental Disorders on Physical Health	4	3	3	4	4	2
C. Impact of Physical Disorders on Mental Health	1	1	4	3	2	6
D. Cultural Differences Between Mental Health and Physical Health and how to Bridge them	6	6	5	9	5	5
E. Recognizing Common Physical Health Disorders and when to Refer to Primary Care	8	9	8	6	7	7
F. Role of Spirituality in Mental and Physical Health Recovery	10	7	10	10	10	9
G. Understanding Conditions Associated with Metabolic Syndrome	7	10	7	8	9	10
H. Understanding and Addressing the Physical Side Effects of Psychotropic Medication	5	4	1	2	1	1
I. Understanding and Addressing the Psychiatric Effects of Medications for Physical Conditions	3	2	2	1	3	4
J. Chronic Pain Management (Primary Care (PC), Mental Health (MH), and Substance Use Disorder (SUD) Perspectives)	9	5	6	5	8	3

ATTACHMENT 1B: ALL RANKINGS FOR *CATEGORY 2: WORKING WITH SUBSTANCE-USING INDIVIDUALS*

Training Category 2: Working with Substance-Using Individuals	Nurses	SWs	Psych	MFTs	AOD
A. Recovery Model and Stigma Reduction	3	6	4	5	3
B. Effectively Addressing Co-occurring Substance Use/MH Issues	2	1	2	1	1
C. SBIRT (Screening, Brief Intervention, Referral and Treatment) Protocols	4	5	6	7	7
D. Organizational Culture Differences between PC, MH, and SUD and how to Bridge them	6	7	5	6	2
E. Understanding the Short- and Long-term Effects of Alcohol Abuse/Addiction	5	4	3	4	6
F. Understanding the Short- and Long-term Effects of Illicit Drug Use	3	3	3	3	5
G. Understanding the Short- and Long-term Effects of Non-Prescribed Prescription Drug Use	1	2	1	2	4

ATTACHMENT 1C: ALL RANKINGS FOR *CATEGORY 3: SCREENING TOOLS AND PROCEDURES*

Training Category 3: Screening Tools and Procedures	Nurses	SWs	Psych	MFTs	AOD
A. Screening for Mental Health Issues	2	1	2	1	3
B. Screening for Physical Health Issues	5	6	4	4	6
C. Screening for Substance Use Issues	1	2	3	2	2
D. SBIRT (Screening, Brief Intervention, Referral and Treatment) Protocols	3	3	5	5	4
E. Developing Infrastructure for Referrals and Referral Feedback/Follow-up	6	5	6	6	1
F. Recognizing Common Physical Conditions and when to refer to Primary Care	4	4	1	3	5

ATTACHMENT 1D: ALL RANKINGS FOR *CATEGORY 4: CLINICAL PRACTICES AND APPROACHES*

Training Category 4: Clinical Practices and Approaches	Nurses	SWs	Psych	MFTs	AOD
A. Treating Co-Occurring Disorders	2	1	1	1	3
B. Motivational Interviewing	1	2	3	2	1
C. Team-Based Care	3	6	5	6	4
D. Problem Solving Therapy (PST)	5	3	4	4	2
E. Brief Solution-Focused Therapy	4	5	6	5	6
F. Improving Cultural Competence	6	4	2	3	5

ATTACHMENT 1E: ALL RANKINGS FOR *CATEGORY 5: DATA COLLECTION, OUTCOMES MEASUREMENT, AND QUALITY IMPROVEMENT*

Training Category 5: Data Collection, Outcomes Measurement, and Quality Improvement	Nurses	SWs	Psych	MFTs	AOD
A. Identifying Relevant Outcome Measures and Collecting Data	2	3	3	3	4
B. Information Sharing: Understanding Confidentiality Requirements to Enhance Care Coordination	6	1	1	1	1
C. Using Data to Drive Clinical Decision-Making	1	2	2	2	2
D. Strategies to Facilitate Stepped-Care	4	4	4	4	3
E. Population Health Management	3	6	6	5	5
F. Using Registries and EHRs to Assess the Effectiveness of Clinical Interventions	5	5	5	6	6

ATTACHMENT 1F: ALL RANKINGS FOR *CATEGORY 6: STRATEGIES FOR LOCAL COLLABORATION*

Training Area 6: Strategies for Local Collaborations	Nurses	SWs	Psych	MFTs	AOD
A. Working with Specialty Mental Health Resources	1	1	1	1	1
B. Working with Local Primary Care Resources	3	3	2	3	3
C. Incorporating Peer Specialist/Promotores/Community Health Workers into System of Care	2	2	3	2	2

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