

**Proposed Recommendation
On Behavioral Health Workforce Development
Appendix G**

Office of Mental Health and Addiction Services
Draft Recommendation for Governor's Mental Health Taskforce
May 27, 2004

Behavioral Health Workforce Development

Background

National trends suggest that the emerging workforce is not prepared to deliver services in the current behavioral healthcare environment. This is due, in part, to dramatic changes in the behavioral healthcare field and the difficulty of academic training programs to keep pace with these changes. Oregon is no exception to the workforce problem. Informal surveys of academic programs and community-based behavioral health agencies found a gap between what is actually being taught in those programs and the knowledge and skills that are necessary to work effectively in behavioral health settings. In particular, little or no training is provided in most academic settings or behavioral health provider organizations with regard to current concepts of substance abuse treatment, co-occurring disorders, effective case management, the recovery model, the application of evidence-based approaches, models of care for lifelong or persistent conditions, and other emerging or promising practices.

Recommendations

In order to address the gaps between training and current knowledge, academic programs and community-based behavioral health programs need to actively prepare and maintain workers for employment in the current and future health care environment. A committee of concerned academics, policy experts, and behavioral health program administrators from within the state of Oregon is completing a report that recommends that these needs should be addressed by **the development of core competencies and skill sets** for four areas, with corresponding strategies for their successful implementation and sustenance. These areas are:

1. **Graduate training** specific to those degrees and disciplines associated with behavioral health, including psychiatry, social work, psychology, nursing, licensed counseling, certified alcohol and drug counseling, occupational therapy, recreational therapy, and other

- graduate programs that qualify individuals as qualified mental health professionals (QMHP)
2. **Undergraduate and academic based training for paraprofessionals**, including community college programs
 3. **Continuing education** for workers from both professional and paraprofessional disciplines
 4. **Employment-based training for line-staff, consumers, and advocates**

The committee recommends that key policy makers be made aware of the training needs essential to successfully improve the workforce for professionals and others working with persons with mental health and substance use disorders. The urgency of the need for improving the quality and relevance of the various training programs is made evident through state and national trends, such as the incidence of co-occurrence of mental health and addictive disorders. Noted clinical and academic researchers, who have observed this trend, also observe that graduate training programs have not kept pace with recent changes in the field. In combination, these factors highlight the need for state and local leaders to become proactive in the development and support of training models suitable for the changing behavioral healthcare landscape.

The committee hopes that the Governor's Mental Health Taskforce will include proposed behavioral health workforce development goals and actions in its recommendations. Specifically, **the committee recommends that the Governor and legislature take affirmative action to support the development and implementation of minimum standards for core curricula associated with specific behavioral health disciplines and core competencies required for specific behavioral health functions.**

A correlated and critical process recommendation will be to **convene a conference of key stakeholders**, including a broad representation of academic leaders, behavioral health administrative and clinical leaders, policy makers, and those persons who are active in advocating for improved care, especially consumers and family members. This conference will review the committee's report and recommendations, leading to as broad agreement as possible on the standards that can be applied to this workforce development initiative.

The committee's recommendations with regard to graduate education, paraprofessional training, continuing education, and employment-based training, have been modified from those developed by the Annapolis Coalition on Behavioral Health Workforce Education and Training. The main themes of the recommendations are:

- The need to provide the knowledge and skills necessary to practice in the current healthcare environment, including exposure to the major paradigms of service delivery, evidence-based practices, and to balance quality of care for individuals with efficient use of resources to meet the needs of target populations.
- Instruction methods that are evidence-based, practicum-based, and sustainable.
- Treatment experiences that are inclusive of diverse clinical modalities and diverse populations of focus.
- Faculty competencies that are supported by and which reflect sufficient practical experience in contemporary clinical practice.
- The formal inclusion of consumers and families and their experiences in training.