



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Workforce Development Part 1: Recruitment and Retention of Behavioral Health Providers

November 28, 2017



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Moderators:

Andrew Philip, PhD, Deputy Director, CIHS

Roara Michael, Senior Associate, CIHS



Before We Begin

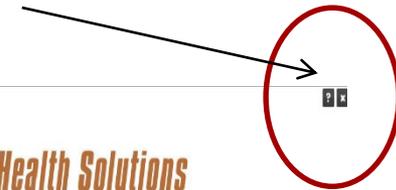
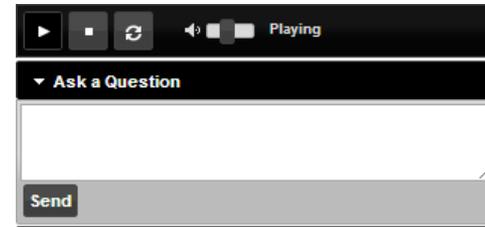
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Bandwidth	 Passed	Your connection speed is approximately: 4,513 Kbps Your current bandwidth connection is ready to go!
Media Playback Test	 Passed	
Slide Display Test	 Passed	Your system is ready to go!
Advanced Info	User Agent: Mozilla/5.0 (Windows NT 6.1; WOW64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/33.0.1750.117 Safari/537.36 Tech info: Windows 7 Google Chrome 33 BW: 4,513 Kbps AFP v.12.0.0 WMP v. Not installed or disabled IP: 98.141.87.70 RSA: 173.228.128.107 Screen Res: 1920 x 1080 Compatibility Mode Enabled: NA Cookies Enabled: Yes Click here for the advanced system test Time: Thu Feb 27 16:23:17 GMT+00:00 2014	

Before We Begin

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Center for Integrated Health Solutions

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4772)

Disclaimer:

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).

Learning Objectives

During the webinar, you will learn:

- Recognize the importance of considering unique characteristics of integrated behavioral health environments in hiring and retention practices
- Identify the core competencies required for staff to practice in integrated behavioral health settings and how to apply these during the hiring process
- Apply tools for decreasing provider burnout and creating a sustainable behavioral health workforce

Today's Speakers

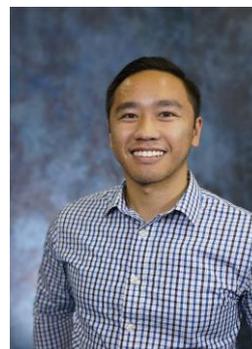
Virna Little, PsyD, LCSW–R, MBA, SAP
Associate Director of Strategic Planning,
Center for Innovation in Mental Health at
City University of New York



Craig Kennedy, MPH
Executive Director, Association of
Clinicians for the Underserved



Daniel Do, LICSW, MPH
Program Director, Lynn Community Health
Center



Poll Question 1

1. I am a:

- a) primary care clinician
- b) behavioral health provider
- c) clinic administrator
- d) health system or health center director/executive
- e) other



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Workforce and PPS

Virna Little, PsyD, LCSW-r, SAP,
CCM

Virna Little, PsyD, LCSW-R, MBA, SAP

Director Strategic Planning, Center for Innovation of Mental Health



Dr. Little is a nationally and internationally known specialist in the integration of health and behavioral health services. Dr. Little speaks nationally on topics surrounding integration, the development of viable behavioral health services in community settings and strategies to implement effective depression identification and treatment programs in health settings. Dr. Little is currently the national depression expert for HRSA Geriatric Education Centers with locations around the country. Dr. Little has worked as part of the evidenced based depression care model, Project IMPACT, as part of the international consulting team since 2004. Dr. Little has worked with many primary care associations around the country including Ohio, New York, New Jersey and Alaska and internationally in Singapore. Dr. Little has served as a speaker and trainer for the National Health Service Corps since 2009 in the area of behavioral health and practicing in integrated settings. Dr. Little has been instrumental in promoting the use of electronic health technology in behavioral health settings, particularly in the utilization of physician portals to involve community organizations in patient care and coordination. Dr. Little has assisted organizations in obtaining patient centered medical home status , NCQ certification and has helped to lead the health home and accountable care organization efforts in her organization.

The Threshold Visit

- Should be primary visit type
- A few exceptions but not the rule
- Threshold visit provider types
- It's all about threshold visit
- Efficiency counts more than ever



Efficiency and Optimization

- Scheduling Optimization (Workforce Part II Webinar)
- Staffing Optimization
- Billing and Coding
- Contracting



Medicaid Adult & Child QBP Bonus Measures

Acronym ¹	Measure	Measure Steward ²	QBP Eligible Measures	Required QBP Measures
FUH-AD	Follow-Up After Hospitalization for Mental Illness (adult age groups)	NCQA/HEDIS	Yes	Yes
FUH-CH	Follow-Up After Hospitalization for Mental Illness (child/adolescents)	NCQA/HEDIS	Yes	Yes
SAA-AD	Adherence to Antipsychotics for Individuals with Schizophrenia	NCQA/HEDIS	Yes	Yes
IET-AD	Initiation and Engagement of Alcohol & Other Drug Dependence Treatment	NCQA/HEDIS	Yes	Yes
NQF-0104	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	AMA-PCPI	Yes	Yes
SRA-CH	Child and Adolescent MDD: Suicide Risk Assessment	AMA-PCPI	Yes	Yes
ADD-CH	Follow-Up Care for Children Prescribed ADHD Medication	NCQA/HEDIS	Yes	No
CDF-AD	Screening for Clinical Depression and Follow-Up Plan	CMS	Yes	No
AMM-AD	Antidepressant Medication Management	NCQA/HEDIS	Yes	No
PCR-AD	Plan All-Cause Readmission Rate	NCQA/HEDIS	Yes	No
NQF-0710	Depression Remission at Twelve Months-Adults	MPC	Yes	No

¹ CMS-developed acronyms, except NQF-0104 and NQF-0710. CH refers to measures in the 2015 Medicaid Child Core Set, AD refers to measures in the 2015 Medicaid Adult Core Set.

² The measure steward is the organization responsible for maintaining a particular measure or measure set. Responsibilities of the measure steward include updating the codes that are tied to technical specifications and adjusting measures as the clinical evidence changes. This list may change based on the current measurement landscape.

Abbreviations: AMA, American Medical Association; CMS, Centers for Medicare & Medicaid Services; HEDIS, Healthcare Effectiveness Data and Information Set; MPC, Measurement Policy Council; NCQA, National Committee for Quality Assurance; PCPI, Physician Consortium for Performance Improvement

Why Quality Dollars:

- In addition to PPS rate
 - Start small or as a pilot
 - Don't let perfection block progress
 - Paves readiness for VBP
- If you are not talking about quality dollars with payers...



Coding is Key

- Helps with quality dollars
- Demonstrates complexity of population and services
- Additional codables like testing, crisis and transitions of care



Don't Forget Other Payers

- Consider:
 - Medicare
 - Third Party



Changing Staffing

- Filling holes for services previously billable- Case Management/ Coordination
- Hiring practices- not hiring non-billable staff...
- Example:
 - CM vs LMSW



Poll Question 2

1. Which integrated care core competency do you most often look for when hiring new staff:

- a) Strong collaboration and teamwork
- b) Intervention skills
- c) Cultural competency
- d) Other

Recruitment Strategies

- Focus on team based
- Work as part of a team
- Interview as part of a team
- Job Description/Posting
- Virtual job fairs NHSC
 - www.clinicians.org
 - www.peacecorps.gov



Workforce Retention

- Be clear on expectations (integrated setting)
- Quality indicators – shared accountability
- Visit /volume expectations
- Collaborative documentation
- Balancing Retention vs. Efficiency

CRAIG A. KENNEDY, MPH

Executive Director, Association of Clinicians for the Underserved



Craig joined ACU in 2013 after many years in leadership positions on Capitol Hill and in non-profit association management. He has management responsibility for all aspects of the Association and reports directly to the Board of Directors. ACU's mission is to improve the health of America's underserved populations and to enhance the development and support of the health care clinicians serving these populations. ACU was founded by alumni of the National Health Service Corps and ACU's commitment to that program continues today. Craig previously served as the top lobbyist for the National Association of Community Health Centers (NACHC) during the 2009 Stimulus and 2010 Affordable Care Act negotiations. He also led the negotiations on the 2008 reauthorization of the National Health Service Corps and the Health Centers' programs. He began his tenure at NACHC working to double the Health Centers program (the REACH Initiative) and subsequently drafted the current growth plan, ACCESS for All America. During the 13 years Craig worked at NACHC, the program grew from \$875 million in annual funding to \$5.1 billion today. Prior to working at NACHC, Craig worked on Capitol Hill and in the Oregon State Legislature. His work on Capitol Hill included a stint in the Senate Finance Committee, which has jurisdiction over all health, tax and trade issues. He also served as the Senior Legislative Assistant for a member of the House Appropriations Committee, and later as the Legislative Director for a member of the House Rules Committee. He received his Masters in Public Health from the George Washington University School of Public Health in Washington, DC, and has a Bachelor's of Science from Willamette University in Salem, Oregon. Craig currently serves on the governing boards for First Focus Campaign for Children, the National Nurse Practitioner Residency Training Consortium and the Coalition for Health Funding.



NHSC 101



Poll Question 3

1. True or false: Available loan repayment options can help attract and retain qualified candidates
 - a) True
 - b) False

THE NATIONAL HEALTH SERVICE CORPS

THE NATIONAL HEALTH SERVICE CORPS (NHSC) builds healthy communities by supporting qualified health care providers dedicated to working in areas of the United States with limited access to care.

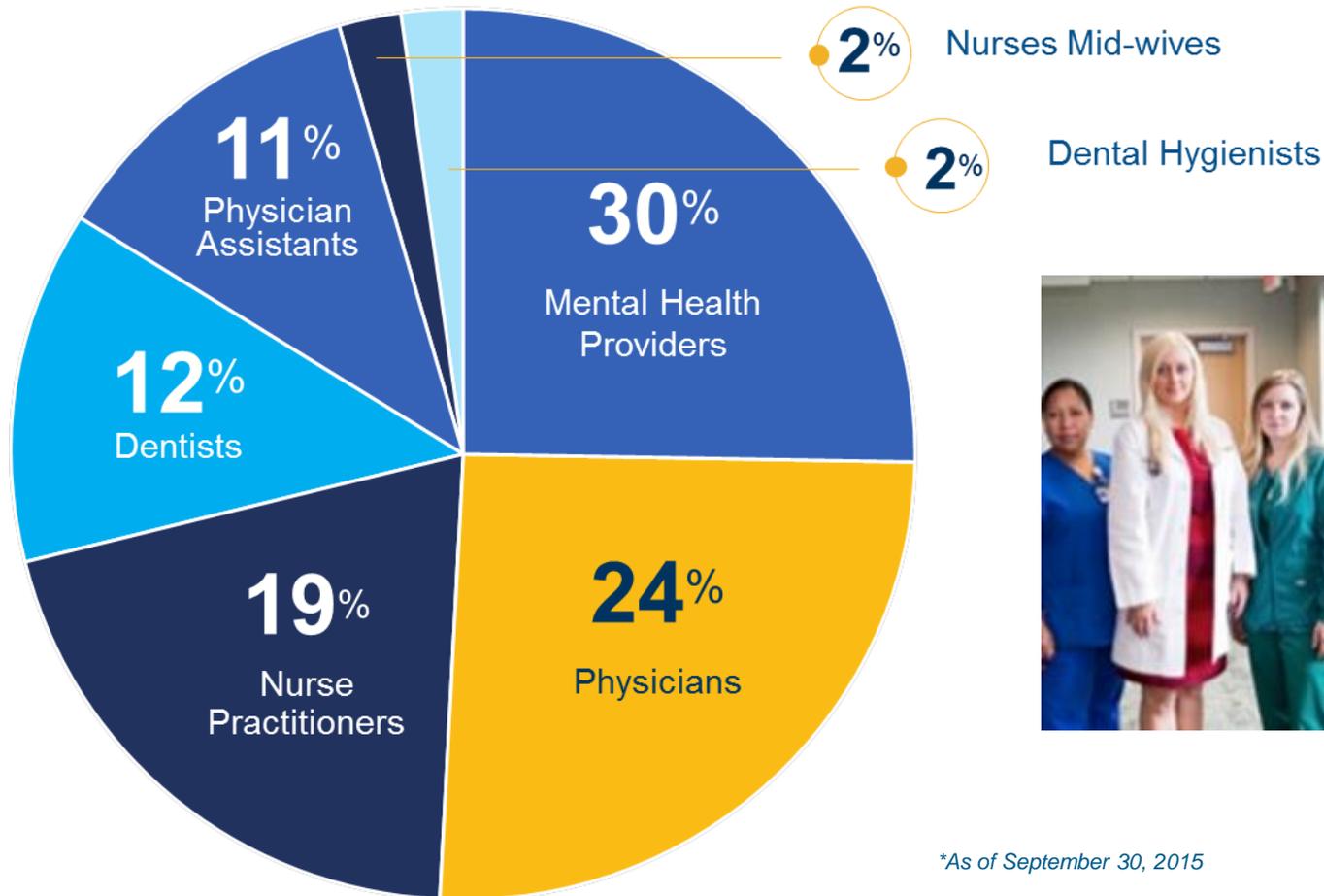
The NHSC is part of HRSA's Bureau of Health Workforce (BHW).

BHW improves the health of underserved populations by strengthening the health workforce and connecting skilled professionals to communities in need.



27% of **BHW** funding supports the **NHSC** and other programs that improve the distribution of health professionals to underserved areas.

NATIONAL HEALTH SERVICE CORPS: NOW*



**As of September 30, 2015*

IMPACT OF THE NHSC

MORE THAN
10,000

NHSC
members
are currently
providing
care to more than...

11 MILLION
PEOPLE IN THE UNITED STATES

87% of NHSC members continue to serve in areas of greatest need after completing their service obligation.

NHSC LOAN REPAYMENT PROGRAM



PROVIDERS RECEIVE LOAN REPAYMENT IN ADDITION TO A COMPETITIVE SALARY FROM THEIR EMPLOYERS

1

Providers find a job
at an NHSC-
approved site

THEN

2

Apply to the
NHSC for
loan repayment



Watch the NHSC Site Video on the "HRSATube" YouTube channel.



Find positions at NHSC-approved sites using the [NHSC Jobs Center: http://nhscjobs.hrsa.gov](http://nhscjobs.hrsa.gov)

UP TO \$50,000 FOR 2 YEARS SERVICE

Offers fully trained primary care clinicians loan repayment in exchange for service in an area of greatest need, called a Health Profession Shortage Area (HPSA).

Higher Score = Higher Need



Applicants working at NHSC-approved sites with higher HPSA scores are given priority.

LOAN REPAYMENT AWARD

The **NHSC Loan Repayment Program** offers priority funding to applicants who work at NHSC-approved sites in high-need areas, as defined by a Health Professional Shortage Area (HPSA) score.

INITIAL AWARD AMOUNTS

UP TO
\$50,000
FOR 2 YEARS
Full-time



UP TO
\$25,000
FOR 2 YEARS
Half-time

In FY15, awards were given to applicants working at sites with HPSA scores of 14 and above.



ELIGIBILITY



U.S. citizen or national

Currently work, or applying to work, at an NHSC-approved site

Have unpaid government or commercial loans for school tuition, reasonable educational expenses, and reasonable living expenses, segregated from all other debts

Licensed to practice in state where employer site is located

Must be licensed in one of the following eligible disciplines:

Physician (MD or DO)
Nurse practitioner (primary care)
Certified nurse-midwife
Physician assistant

Dentist (general or pediatric)
Dental hygienist
Psychiatrist
Psychologist (health service)

Licensed clinical social worker
Psychiatric nurse specialist
Marriage and family therapist
Licensed professional counselor



- Lucia Lopez, Physician
Assistant, Winston Salem, NC



“I’m working, I’m getting my salary, I’m getting loan repayment,
and I’m doing what I love.”



NHSC SCHOLARSHIP PROGRAM



STUDENTS PURSUING
CAREERS
IN PRIMARY CARE CAN
RECEIVE

A SCHOLARSHIP NOW AND SERVE LATER



THE SCHOLARSHIP* INCLUDES:



Payment of tuition and
required fees (tax-free)



Some other tax-free
educational costs (books,
etc.)



A monthly living stipend
(taxable)

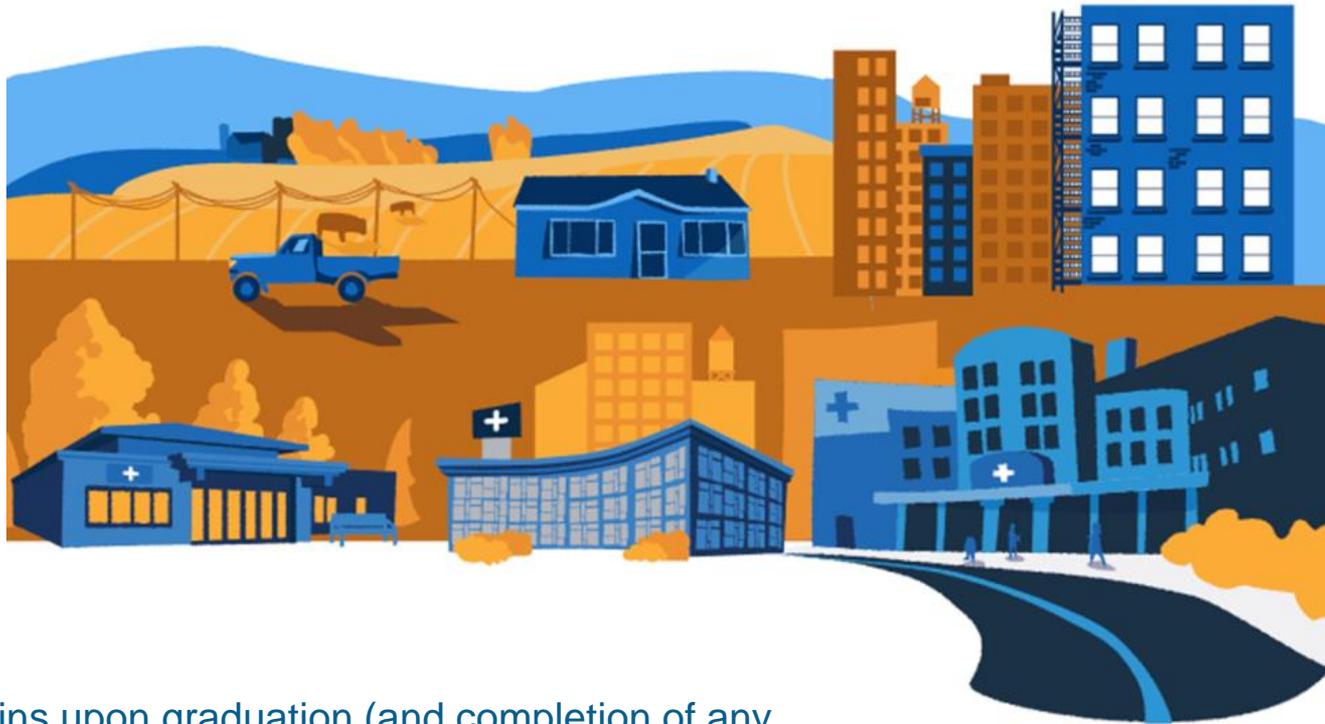
**Available for up to 4 years*

YEARS OF
SUPPORT
=
YEARS OF
SERVICE

Scholars commit to serve at an NHSC-approved site in a high-need area upon completion of their training: at least two years of service.



NHSC SITES



Service begins upon graduation (and completion of any required primary care residency). **The NHSC helps Scholars find a practice site** that's right for them. When in service, Scholars earn a competitive salary paid by their site.

ELIGIBILITY



U.S. citizen or national



Full-time student at an accredited school, pursuing a degree in:

Medicine (DO or MD)

Dentistry (DMD or DDS)

Nurse practitioner

Certified nurse-midwife

Physician assistant (primary care)



STUDENTS TO SERVICE PROGRAM

UP TO
\$120,000
FOR 3 YEARS
Full-time Service



UP TO
\$120,000
FOR 6 YEARS
Part-time Service

The NHSC offers **up to \$120,000** in tax-free loan repayment for 3 years of full-time service or 6 years of half-time service. Loan repayment begins during residency.

With continued service, eligible providers may be able to pay off all their student loans.

ELIGIBILITY



U.S. citizen or national



Full-time student in the final year at an accredited school, pursuing a degree in Medicine (MD or DO)



Planning to complete an accredited primary medical care residency in an NHSC-approved specialty (Internal Medicine, Family Practice, Pediatrics, OB/GYN, Psychiatry and Geriatrics)



Have unpaid government or commercial loans for school tuition, reasonable educational expenses, and reasonable living expenses, segregated from all other debts

STATE LOAN REPAYMENT PROGRAM



**37 STATES
ARE GRANTEES**



Provides cost-sharing grants to states to operate their own loan repayment programs for primary care providers in underserved areas.

Eligible disciplines vary but may include physicians, nurse practitioners, physician assistants, dental professionals, registered nurses, mental health professionals, and pharmacists.

SUPPORT FOR PROVIDERS



SUPPORT FOR YOU IN YOUR REGION

Dedicated BHW staff located in 10 regional offices provide dedicated contacts for your area.



SUPPORT FOR YOU AT YOUR SITE

NHSC Ambassadors help educate and inform current and prospective members.

RESOURCES FOR PROVIDERS



- View job vacancies at thousands of NHSC-approved sites nationwide.

Google Maps technology allows users to view the surrounding community (e.g., schools, restaurants, parks, places of worship, shops)

Narrow your job search by:

- Field of Practice
- Specialty
- HPSA Score
- Site Name
- Zip Code
- Sites with Open Positions

NHSC FUNDING

**FY 2018
AND
FY 2019**

The President's budget included a proposal to fund the NHSC at \$310 million for the next two years.



Congress is currently debating the funding for FY2018. The House-passed legislation included \$310 million for FY17 & FY18 for the NSHC. It is currently in committee in the Senate awaiting further action.

OTHER LOAN REPAYMENT & SCHOLARSHIP PROGRAMS

BUREAU OF HEALTH WORKFORCE

NURSE CORPS

Caring for communities in need

**NURSE CORPS:
Loan Repayment Program
Scholarship Program**



Native Hawaiian Health Scholarship Program

Faculty Loan Repayment Program

Scholarships for Disadvantaged Students

Questions





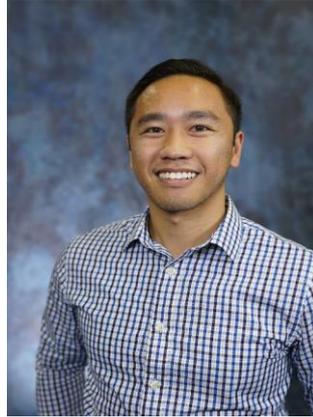
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Lynn Community Health Center

Daniel Do, LICSW, MPH

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Program Director, Lynn Community Health Center



Daniel Do, LICSW, MPH is currently a Program Director at the Lynn Community Health Center (LCHC) for the Primary Behavioral Health Care Integration grant through the Substance Abuse and Mental Health Services Administration (SAMHSA). Dan is originally from Ohio and found his way to Boston to complete his Masters in Social Work and Masters in Public Health degrees at Boston University. In between those cities, Dan spent a year in Seattle with City Year. Having spent the past five years in integrated settings, his passions revolve around the facilitation and creation of “the culture of integration” as a way to improve patient care, access to care, and whole person health. This work combines the tools and values of both social work and public health. His team would like to add that his passions revolve around learning, travel, and chocolate.

Lynn Community Health Center



Founded in 1971 as a storefront mental health clinic in Lynn, MA in response to the community's need

One of the founders was a pioneer in integrated health and recognized the need to hire a primary care provider

Lynn Community Health Center

Today LCHC is an accredited Federally Qualified Health Center offering

- Primary Care
- Behavioral Health
- Substance Abuse
- Pediatric
- OB/GYN
- Dental
- HIV and HepC
- Refugee Care
- Eye Care
- Onsite Labs and Radiology
- Onsite Pharmacy
- Additional Specialty Services

We have over 600 dedicated staff, including 150 licensed medical, behavioral health, dental, eye care, and pharmacy providers

We have 20 locations, including 13 School Based Health Centers

In 2016, we provided 283,281 visits for 40,009 individuals—more than 40% of Lynn residents.

Poll Question 4

1. Which of the following best describes your organization's relationship to healthcare training:

- a) We have a robust relationship with a university or training institution and accept trainees regularly and participate in educational opportunities
- b) We have a formal or informal relationship with a university/training institution and offer presentations or courses to their students
- c) We are aware of a local training program and working to establish a relationship
- d) We have no training affiliations

Recruitment and Retention: Lessons Learned from Integration

Scope and Frame for Discussion

Retention

- Culture, Diversity and Environment
- Bringing it back to theory

Recruitment

- Characteristics and styles
- “Goodness of Fit”
- Training the next generation of social workers, therapists, psychologists



Poll Question 5

1. Following this webinar, I plan to:
 - a) review my current staffing strategies
 - b) hire new staff utilizing a core competency approach
 - c) deploy new marketing strategies for hiring

Questions ?



Additional Resources

- Workforce Connections newsletter: www.hrsa.gov/subscribe
- LinkedIn: www.linkedin.com/company/national-health-service-corps
www.linkedin.com/company/nurse-corps
- Twitter:
twitter.com/HRSAgov twitter.com/NHSCorps
- Facebook:
facebook.com/HHS.HRSA facebook.com/nationalhealthservicecorps
facebook.com/HRSANURSECorps

CIHS Tools and Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org

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WORKFORCE



Core Competencies for Integrated Behavioral Health and Primary Care



- [FULL REPORT](#)
- [USING THE CORE COMPETENCIES](#)
- [CORE COMPETENCIES](#)

The following competencies are universal in a variety of setting and workforce disciplines.

- [Core Competencies for Integrated Behavioral Health and Primary Care](#)
- [Primary and Behavioral Health Integration: Guiding Principles for Workforce Development](#)
- [Building cultural competence in healthcare](#)
- [Sample Job Descriptions](#)



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