

# Implement Behavioral Health Training Programs to Address a Crucial National Shortage in Community Health Care Settings

Thursday March 9<sup>th</sup>, 2023

12:30-1:30pm Eastern / 9:30-10:30am Pacific

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# National Training and Technical Assistance Partners (NTTAP) Clinical Workforce Development

Provides free training and technical assistance to health centers across the nation through national webinars, activity sessions, learning collaboratives, trainings, publications, etc.

To learn more, visit weitzmaninstitute.org/nca

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### Speakers

- Tim Kearney, PhD, Chief Behavioral Health Officer, Community Health Center, Inc. (CHCI)
- Chelsea McIntosh, PsyD, Training Director for the Postdoctoral Residency Program, Program Director for the Graduate Professional Education (GPE) Grant, Community Health Center, Inc.



### Objectives

- 1. Address the current landscape of the behavioral health workforce projections.
- Describe the benefits to sponsoring an in-house behavioral health training program (masters and doctoral level therapy trainees).
- Understand how a health center can establish a behavioral heath student and/or postgraduate clinical psychology residency program.
- 4. Review program structure, design, and curriculum; the role of supervisors; the recommended resources.



# Behavioral Health Training Levels at Community Health Center, Inc. (CHCI)

#### Practicum

- Still in training program prior to receiving degree
- In placement as part of their training
- Each discipline has a different variation

### Internship

- Completed all training with the exception of dissertation
- Nationally competitive program
- APA Accredited internship

### Residency

- Completed training and received terminal degree, but in order to get licensed, you need additional supervision to qualify for licensure
- APA Accredited Postdoc Residency program



### Behavioral Health Workforce Projections

- There are shortages in 6 out of the 12 behavioral health professions reported currently including adult psychiatrists, child and adolescent psychiatrists, psychologists, addiction counselors, mental health counselors, and marriage and family therapists.<sup>1</sup>
- Training programs help with recruitment by creating a pathway of highly qualified future applicants ready to work in integrated clinics.
- Explore Workforce Projections: <a href="https://data.hrsa.gov/topics/health-workforce/workforce-projections">https://data.hrsa.gov/topics/health-workforce/workforce-projections</a>

<sup>1.</sup> https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Projections-Factsheet.pdf



# What are your drivers for a behavioral health training program?

For the common good

For the good of your health center

For the good of the trainee



### For the Common Good

To develop staff to address behavioral health needs of our clients, particularly those trained to an integrated model of primary care and behavioral health







### For the Good of Your Health Center

- Influx of new energy and enthusiasm with the most recent evidence based knowledge
- Increased staff satisfaction
  - ➤ Professional development:
    - Learning to supervise
    - Increasing skill of clinical teaching
  - Recognition of skill
  - ➤ Passing on knowledge
  - > Improved retention
  - Increased access for clients
  - Opportunity to build a strong talent pool from which to hire through training pipeline
  - May generate income based on billing





### For the Good of the Trainee

- Prepares trainees to work with complex patient populations in an FQHC setting
- Builds confidence within a clinical setting to become an independent clinician with enhanced treatment abilities and leadership skills
- Learn by doing and introject a picture of the role of a behavioral health provider in an integrated care setting that informs professional self image at the start of a career
- Prepares the student for the next steps in professional development
- Increases competitiveness in the job market for those who do not remain at their training site by providing a broad clinical exposure



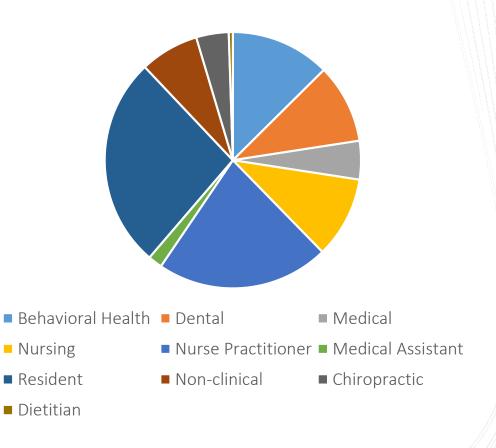


# Community Health Center, Inc. (CHCI) Breakdown



### CHCI Student & Resident Overview: 2022

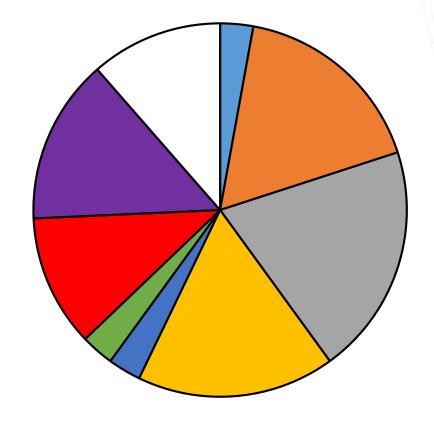
- 390 Students and Residents completed their placements at CHCl in 2022
- Student disciplines include non-clinical research, resident, and medical
- Placements primarily hybrid





### Behavioral Health Student and Trainee Overview

Discipline	Students
MS Mental Health Counseling	1
PsyD	6
PMHNP Student	7
MSW Student	6
Art Therapy & Counseling	1
Psychiatry Fellow	1
PMHNP Resident	4
Post Doctoral Resident	5
BH Doctoral Interns	4
TOTAL:	35





## The Road to Developing a Student Training Program

- Answer the question: What are your drivers for a behavioral health training program?
- Identify requirements of training: discipline/level
- Assess your own resources (physical, human, financial)
- Secure board, leadership, and clinical buy-in
- Develop financial and strategic plan including potential partners
- Costs and benefits:
  - Direct and indirect costs
  - > Return on Investment: immediate and longer term
  - Benefits beyond the financial return





# Considerations in Selecting Training Students vs. Post Graduates

### **Students**

Student program builds a relationship with local programs and community partnerships

Promotes relationships for engagement in residency programs or being hired on as staff

Typically no salary

Follows academic year

#### **Post Graduate Trainees**

Less intensive supervision

Resident can carry larger case load, take on a wider range of responsibilities

Hired as employees

12 month program



# Considerations in Selecting Training Students vs. Post Graduates

### **Students**

Fewer hours

Prioritization of face-to-face time

Selective didactic programming

School requirements

#### **Post Graduate Trainees**

Tailoring training to specific training goals

Promoting leadership opportunities

Increased breadth of training experiences

External accreditation and licensing standards



### Stories from the Field

- Jodi Anderson: Licensed Professional Counselor Clinician in New London, CT, Virtual Group Therapy Coordinator, Former Student
- Rosarimar Rodriguez: Current Postdoctoral Resident

#### Questions:

- 1. Why did you choose CHCI?
- 2. How did your training experience at CHCl shape your career?

3. What were the top benefits of completing your training at an health center?



# Key Elements to Training Programs



### Recruitment

- Building community partnerships and relationships with local schools
- Outreach email
- Website presence
- Attending academic placement fairs
- Postdoc: Association Psychology Postdoctoral and Internship Centers (APPIC)
- Alumni network



### Selection

# Interviewing Candidates

- Who is your selection group?
- What qualities are you looking for in a candidate?
- How will you assess that?

# Interview Components

- Group vs. individual interviews
- Case discussion
- Mock client simulation
- Clinical writing sample



### **Building Professional Competencies**

- Example: <u>American Psychological Association (APA) Postdoctoral</u>
   Competencies
- CHCI developed a set of competencies specific our setting (e.g. professional competency, telehealth, primary care integration work, OUD/SUD care)
- Be training setting specific



### Elements of the Training Program

### Didactic types:

- OUD/SUD Treatment,
- Multicultural Considerations
- Integrated Care
- Treating Chronic Health Conditions
- Providing Telebehavioral Health
- Conducting Group Treatment

Group and individual supervision

Leadership training opportunities

Additional training opportunities

Clinical exposure and scaffolding



### **Example: CHCI Postdoctoral Training Content**

#### Direct clinical care

- In integrated care settings, school based health centers, and homeless/domestic violence shelters
- Minimum of 900 visits/year
- Goal of three groups/week
- Full age range

#### WHOs

- Real time consults: reactive and proactive, face-to-face or remote
- Brief screening with care planning

#### Supervision

- Meets CT licensing requirements
- 2 hours individual, 1 hour group
- Multidisciplinary teams (peer supervision)





# Example: CHCI Postdoctoral Training Content (cont.)

- Quality Improvement Training
  - Program development and methods of change
  - Integrated quality improvement project
  - Participation in quality improvement initiatives,
     Performance Improvement committee,
     BHQI committee
- Weekly didactic seminar
- Individualized training opportunities
  - IRB, school-based, Project ECHO
- Supervision of practicum students with supervision of supervision



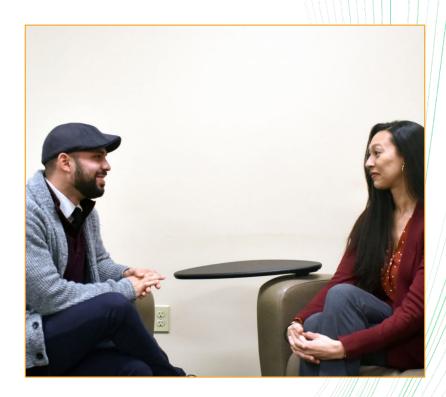


# Considerations Throughout the Year



### A Year in the Life of a Training Program Getting Ready

- Minus 3 months: Leadership retreat to plan for coming year and recruitment one year out
- Minus 2 months: Review training materials, ensure placements and supervisors are finalized, plan orientation
- Minus 1 month: Make individualized templates for client scheduling, plan individualized schedules (time and place at each site), match outgoing trainee's clients with incoming trainees (when applicable)





# A Year in the Life of a Training Program *Trainees Arrive!*

### September

- Joint orientation with shared training and tracks for each specialty
- Individual and group training goals set
- Shadow medical staff and supervisors
- > Start seeing clients (ramp up starting with intake, transfers and warm-handoffs)





# A Year in the Life of a Training Program Trainees Ramp-Up

### October – February

- Building a caseload
- Assignment to specialized training and other duties
- Recruiting for the next cohort begins in the fall
- Monthly supervisor meetings
- First written evaluation in December
- ➤ Halfway through! structured feedback session or survey with trainees in February
- Trainees participate in interviews for next year's class
- Tentative discussions begin about interest in staying on post residency as the budget process for the next fiscal year gets underway in February





# A Year in the Life of a Training Program The Trainees Settle In

#### March – June

- Residents each lead one didactic seminar December to February (This is now the second half of the year)
- Established relationships with medical providers lead to increased confidence
- Deepening relationships with cohort. Program should provide ways to encourage this
- Focus on skill development and self awareness as soon to be independent psychologists
- Second formal written evaluation occurs in April for Postdocs, final evaluation for students, students end placement
- New classes are finalized
- Interviews for CHCI positions which will be open or created in the fall occur and job offers for those staying on are made





# A Year in the Life of a Training Program Preparing to Move On

### July & August

- Future plans at CHCI or elsewhere are finalized
- Those accepting academic appointments may need to plan to leave earlier than end of August
- For some states EPPP may be taken when supervised hour requirements are met even prior to completion of postdoc
- Transfer and termination of clinical cases completed
- Third and final written feedback completed by supervisors and reviewed with Residents
- Program ends last week in August
- Graduation celebration for residents and families, supervisors, and clinical staff





### Lessons Learned

- 1. The importance of collecting data
- Trainees improve processes and systems by providing feedback to staff about workflow issues
- 3. Supervision training is needed
- 4. One day per week for didactics, supervision, and cohort activity is invaluable
- 5. Be very clear about expectations and what you can and cannot offer



### Questions?



## Explore more resources!

#### National Learning Library: Resources for Clinical Workforce Development

National Learning Library



CHC has curated a series of resources, including webinars to support your health center through education, assistance and training. CLINICAL WORKFORCE
DEVELOPMENT
Transforming Teams, Training the Next Generation

The National Training and Technical Assistance Cooperative Agreements (NCAs) provide free training and technical assistance that is data driven, cutting edge and focused on quality and operational improvement to support health centers and look-alikes. Community Health Center, Inc. (CHC, Inc.) and its Weitzman Institute specialize in providing education and training to interested health centers in Transforming Teams and Training the Next Generation through;

National Webinars on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FOHCs.

Invited participation in Learning Collaboratives to advance team based care or implement a post-graduate residency training program at your health center.

Please keep watching this space for information on future sessions. To request technical assistance from our NCA, please email NCA@chc1.com for more information.

Learn More

https://www.weitzmaninstitute.org/ncaresources

### Health Center Resource Clearinghouse



https://www.healthcenterinfo.org/



### **Contact Information**

For information on future webinars, activity sessions, and learning collaboratives: please reach out to <a href="mailto:nca@chc1.com">nca@chc1.com</a> or visit <a href="https://www.chc1.com/nca">https://www.chc1.com/nca</a>