

Workforce Development Strategies

Work to Date

The Workforce Development subgroup has met individually and with OMHAS staff and has also obtained feedback from the full Mental Health Clinical Round Table group. The subgroup has conducted a literature review to inform its summary of current challenges and recommendations. The subgroup has also obtained state-wide provider data from the Government Resource Center (GRC). This data was compiled using NPI numbers, and thus does not include all providers. Despite these limitations, this list can provide some insight into the numbers and type of mental health providers by county.

Challenges Identified

Note: These challenges are specific to Ohio, but have also been cited in the literature as national trends

1. Provider shortage across multiple disciplines
2. Regional disparities
3. Limited access to evidenced-based interventions
4. Poor perception of the field of community mental health
5. Reimbursement

Selected Efforts to Address Workforce Development in Ohio

Through work funded in part by the Medical Technical Assistance and Policy Development Program (MEDTAPP), as well as from other projects, Ohio has engaged in several efforts to address workforce development. These include, but are not limited to:

- Summit County (MEDTAPP recipient)—program to increase training in evidence-based practices
- Ohio State University Department of Public Health (MEDTAPP recipient)—program to improve training for mental health professionals working in integrated primary care settings
- Building Mental Wellness (MEDTAPP recipient)—program to improve training to primary care practitioners caring for children with mental health problems
- Use of General Revenue funds to enhance training for specific disciplines (e.g., Psychiatry, Nurse Practitioners)
- HRSA and OMAS grant repayment programs

The breadth of these interventions is seen as a significant strength. Development opportunities include: dissemination, sustainability, and communication between projects. Program recipients have also reported limited opportunities for clinical sites, due in part to productivity requirements.

Recommendations

1. In considering workforce development, focus efforts on the full spectrum of providers
 - a. Psychiatry, Social Work, Mental Health Technicians, Psychology, Medical Assistants, Advanced Practice Nurses, Registered Nurses, Licensed Practical Nurses, Primary Care, Allied Health, Physician's Assistants, and Peer Supports
 - b. Provide a uniform accreditation process for interprofessional education (e.g., similar standards for psychiatry, nurse practitioners, psychologists, social workers, etc.) in order to improve the dissemination of training opportunities
 - c. Allow for cross-license supervision to enhance access to clinical training sites
2. Reduce the stigma associated with MH careers
 - a. Catch people early to peak their interest mental health-related fields
 - b. For current practitioners, identify reasons why people choose mental health fields and what makes people stay in their current career, so that those factors can be amplified

- c. Re-examine salary standards for community mental health providers
 - d. Engage the media in promoting mental health fields (e.g., public service announcements)
- 3. Increase incentives for trainees to enter mental health fields
 - a. Public sector “payback”
 - b. Tuition forgiveness
- 4. Engage educators
 - a. Increase exposure to mental health in high school and higher education programs
 - i. Address mandatory rotations and minimal standards
 - ii. Create standards for and promote interprofessional education
 - b. Increase GME funding
 - c. Provide appropriate expectations to trainees to help with job retention
- 5. Include mental health careers in job retraining programs
- 6. Address reimburse challenges
 - a. Incentivize activities (e.g., quality improvement work and supervising trainees) which are difficult to engage in given the current productivity model and documentation requirements