



Reinventing the Behavioral Health Workforce: Implementing Innovative Solutions

AGENDA

Sunday, October 28, 2018

9:00 - 1:30 Pre-Conference: Is A.I. (Artificial Intelligence) or AI Assisted Therapy the Next Evolution of the Behavioral Health Workforce?

Artificial Intelligence or AI is used by virtually everyone. From the Google Assistant on your Android Phone/Tablet to Siri on your I-Phone/IPAD to Cortana for Windows computers, to online customer support, to Netflix and Pandora---AI is the software that underlies and supports these applications. The last decade has seen the rise of the development of numerous applications (apps) that use AI to support or carry out many tasks in arguably more efficient and effective ways than ever before.

The behavioral health field is not exempt from the adoption and utilization of AI. A variety of applications have been developed to support or provide increased access to behavioral health care. These applications range from those developed to be used in conjunction with behavioral health care providers and that are used to supplement care all the way to apps designed to deliver direct self-care to individuals. Some apps connect individuals seeking care to therapy services where they are matched with a therapist, and therapy is conducted via text. Some apps use Avatars of behavioral health professionals that interact with Avatars representing individuals seeking care as a means of providing counseling and therapy. Some apps are fully automated and self-guided. The development of this range of apps poses intriguing questions: Could it be that apps utilizing AI principles can help to address workforce issues that affect the behavioral health field? Can computer generated programs be used to effectively, efficiently and safely to support therapy, or at the other end of the spectrum provide therapy and counseling to individuals seeking care? What are the pros and cons and what is the usefulness of such approaches?

Participants attending this pre-conference will have an opportunity to see demonstrations of a variety of applications that have been developed to address and/or support behavioral healthcare needs. Discussion will focus on the use of applications as well as the use of virtual counseling and therapy supported by apps to expand the ability of individuals to access care. Discussion will also focus on the pros and cons of these approaches as well as on factors that should be considered before adopting these approaches.

Speakers: James Dunaway (Moderator), NDBH; Brian Grady, MD, Director, TelePrimary Care/TeleMental Health Hub, (VA); Rini Gahir, MBA, Co-Founder and CDBO, MOZZAZZ Corporation (Canada); Brett, Atwood, MA, Senior Manager, Marketing, Linden Labs (WA); Beacon Health Options (TBA); Magellan Health (TBA); Optum- Blaine Bergeson, BS, Vice President Business Development Optum Behavioral Health Public Sector.

Monday, October 29, 2018

8:30 - 8:40 Welcome and Introductions - Mary E. Smith PhD, NDBH President

8:40 – 9:00 Conference Overview

9:00 – 12:00 How can one “resource shift” and better utilize the current workforce?

The shortage of health force workers, including behavioral health has been documented as an on-going and increasing problem across the United States, Europe, Australia, South America and other countries. According to the Hogg Foundation in its policy brief entitled The Texas Mental Health Workforce: Challenges and Sensible Strategies...” reduced access to mental health and substance use professionals typically will not decrease costs to the state. Often, costs are transferred to more expensive alternatives such as incarceration, hospitalization, emergency department admissions, and homelessness”. How then does one take a positive approach to using and expanding behavioral health workers intellectual resources and retaining the workforce so that the behavioral health needs of individuals are appropriately addressed? How can behavioral health staff be utilized more effectively and efficiently to provide services to individuals and communities today and tomorrow? This session will focus on strategies that are being used now to better utilize the skills and competencies of the current behavioral health workforce with an eye toward using these strategies and lessons learned to address behavioral health workforce needs of tomorrow.

Speakers: Gary Belkin MD, Executive Deputy Commissioner, New York Department of Mental Hygiene; Kasey Moyer, BA, Executive Director, Nebraska Mental Health Association; Michael Woolman, BA, Police Captain, Lincoln Police Department (NE)

12:00 – 1:30 LUNCH (on your own)

1:30- 4:30 How can one use technology and telehealth as workforce extenders, especially in rural areas?

The shortage of mental health clinicians in many parts of the nation has led states and provider organizations to explore ways to extend the reach of clinicians they do have. A range of strategies, including tele-mental health and on-demand psychiatric consultation, exists to support primary care providers and people working in other service systems to meet the mental health needs of the people they serve. In addition, technology can be used to complement traditional mental health services by extending an in-person therapy session, reinforcing new skills, or providing ongoing support through videoconferencing, email, or texting. Some technologies – the internet, social media, and smartphone apps – offer new ways for people to access help, monitor progress, and increase understanding of mental wellbeing through connection with professional mental health providers. Technology also can be used to promote self-care, peer support, and other strategies to bypass or complement traditional mental health services.

This session will focus on the following questions:

- *What strategies can we implement to extend the reach of existing behavioral health providers?*
- *How can we enhance the capacity of other service systems to effectively meet the mental health needs of people they serve?*
- *What role can technology play in accomplishing these goals?*

- How do we “think outside the box” to address workforce shortages (e.g. self-help apps, social media)?

Speakers: Brian Grady MD, TelePrimary Care/TeleMental Health Hub, (VA); John Straus MD, Medical Director, Special Projects, Massachusetts Behavioral Health Project and Founding Director of the Child Psychiatry Access Program; Brett Atwood, MA, Senior Manager, Marketing, Linden Labs (WA)

4:45- 6:00 Reception- Renaissance Arts Hotel Art Gallery

Tuesday, October 30, 2018

8:30 – 11:45 Session 1: How can one optimize the use of peer specialists, family caregivers, school counselors, primary care providers, and providers in the child welfare and criminal (and juvenile) justice systems?

Community members and as well as numerous agencies and programs interface with individuals needing behavioral health services and supports. Public behavioral health awareness and education programs with the goal of building community competence can help improve behavioral health literacy of community members and augment available behavioral health services. These programs and efforts promote healthier communities, support crisis prevention/intervention and decrease stigma around mental health and substance use issues.

Behavioral health workforce shortages exist across the country and the gaps between the historical clinical workforce and the community needs is widening. Opportunities exist to expand the traditional clinical behavioral health workforce by training a broad array of community members to identify, support and offer referrals to individuals in need of services. These community members include per specialists, family caregivers, school counselors, teachers (primary, secondary and higher education), law enforcement officers and other first responders, health care providers, human services workers, day care providers, faith-based organizations, individuals with behavioral health disorders interested in supporting their peers, and many other community members. While the training and roles of these various community members will vary and need to be defined, the value potential of this extended behavioral health workforce and support system is substantial.

Numerous resources exist to build and expand community competence in behavioral health awareness and supports today and into the future. Suicide prevention efforts are supported by a variety of gatekeeper training opportunities, and through resources such as the Suicide Prevention Toolkit for Primary Care Providers. Providing important tools and information to primary care practices enables identification of patients at risk for suicide, assures appropriate planning to establish safety for these patients and strengthens integration with existing behavioral health services. Similar resources also exist for teachers, law enforcement officers and the general community. Developing community behavioral health competence can decrease stigma, support earlier interventions and improve health outcomes.

Speakers: Harvey Rosenthal, Executive Director, New York Association of Psychiatric Rehabilitation Services, Inc.; Beacon Health Options- Lori Szczygiel, MA, Vice President and CEO Beacon Connecticut; Magellan Health (TBA); Optum- Stephanie Guthrie, MBA, Manager, Recovery & Resiliency, UnitedHealthcare

Session 2: Workforce Skills needed to address the opioid epidemic

The opioid epidemic affects every stratum of the United States population. What skills are needed by the behavioral health workforce to provide effective treatment? Are there new practice methods that provide alternatives to pain management other than the use of opioids? How is treatment best provided in urban and rural settings? What is the role of harm reduction from a medical standpoint?

Speakers: Rochelle Head-Dunham, MD, FAPA, Executive Director/Medical Director, Metropolitan Human Services, New Orleans LA.; Chelsea Rainwater, BA, Executive Director, No Overdose Baton Rouge, LA

11:45 – 1:30 LUNCH (*On your own*)

1:30 – 4:30 How can one build effective behavioral health community collaboratives?

There is increasing recognition that one sector of health or social services cannot by itself bring about significant, long-term needed changes. While agencies may be separate and distinct, various aspects of a person's life are not so easily compartmentalized. In the world of behavioral health, this has resulted in the need for stronger collaborations with schools, child welfare, primary care, housing and employment agencies, jails, and criminal justice and juvenile justice agencies. Also, in a world of limited resources, without such collaborations, there is often cost-shifting from one agency to another, and the focus is often on persons who have become the most severely ill and dysfunctional instead of on interventions that promote health and well-being.

Community collaboratives are a mechanism to develop community-wide solutions by getting different sectors to work together to achieve a common goal, especially for issues that are challenging and require collaboration to be meaningfully addressed e.g. the high-school dropout epidemic, teen pregnancy, youth unemployment. Behavioral health problems are increasingly being identified as a priority for community interventions, and across the country, there are experiments in place with the development of behavioral health community collaboratives.

Community collaboratives allow problems to be addressed at a population versus individual level. This allows for some problems to be addressed in an early intervention and prevention framework resulting in "mentally healthy" communities instead of communities that are addressing problems associated with severe mental illness. Community collaboratives look beyond individual programs and are finding ways to move the needle for the whole community.

This session will provide an overview of behavioral health community collaboratives operating across the country and will address issues of involvement and engagement of key stakeholders, use of data to set agendas and monitor outcomes over time, and define the core elements that have contributed to their success.

Speakers: Gina Brimner, MSW, Senior Consultant, Western Interstate Commission on Higher Education (WICHE); Grant Drawve, PhD, Associate Professor, Department of Criminal Justice and Sociology, University of Arkansas; Sonja Gaines, MBA, Deputy Executive Commissioner, Health and Human Services Commission, Texas; Connie Goodson, MSW, Director, Coordinated System of Care, Office of Behavioral Health, Louisiana Department of Health; Sheila Jordan, MBA, Louisiana Coordinated System of Care Family Lead, Office of Behavioral Health; Kathy Coenson, MSW, Magellan Vice- President of Clinical Care Services and the Program Director for the Louisiana Coordinated System of Care

Wednesday, October 31, 2018

8:30 – 12:05 What are effective funding and reimbursement strategies to support needed workforce initiatives?

The major challenge to support the workforce initiatives discussed at the conference going to scale are effective funding and reimbursement strategies. Currently, funding strategies are tied intimately with a clinical/treatment model; making the shift to a multi-agency model that incorporates “resource shifting”, peer supports, behavioral health expertise in criminal justice, law enforcement, primary care, housing, employment, schools, community collaboratives, etc., requires new funding strategies at two levels: first, how these new models and interventions will be funded; and, second, how education and training for the professionals and staff required in these new models will be funded and reimbursed.

Clearly, more funding for existing models is NOT the solution. As the prior presentations at the conference have indicated, new funding and reimbursement strategies are emerging in local and special initiatives. This session will review these new funding strategies and will discuss various options within the evolving healthcare environment to implement them in a systematic way at the systems-level from the perspectives of both funders and managed care organizations. This session recognizes that these initiatives need to be built and developed over the long-term but that these need to begin NOW.

Speakers: James E. Hussey MD, Deputy Assistant Secretary Office of Behavioral Health, Louisiana Department of Health; Janice Williams Petersen PhD, Office of Behavioral Health, Louisiana Department of Health; Kristin Savicki PhD, Office of Behavioral Health, Louisiana Department of Health; Beacon Health Options (TBA); Magellan Health (TBA); Optum- Blaine Bergeson, Vice President Business Development Optum Behavioral Health Public Sector.

12:05 – 12:15 Final discussion, wrap-up and adjournment