



YES Workforce Development Report: Strategy Groups

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IDHW/DBH

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Purpose

To document achievements and recommendations of the workforce development strategy groups from November 2019 through October 2020, and report recommendations for next steps to the leadership team.

Background

In November 2018, the original YES Workforce Development workgroup completed its tasks. The workgroup regrouped in February 2019 to establish new goals based on the BSU Report, *Gaps Analysis 2018*. In this report, sixteen (16) recommendations were put forth to help remedy gaps within the YES workforce (See Appendix A). Medicaid/Optum stated they would take on nine (9) of the recommendations that relate to the current Optum network of providers, and DBH set out to accomplish three (3) of the recommendations that would provide education and training to the upcoming workforce and those who are not within the Optum network. The Workforce Development workgroup chose to establish short-term goals that could be accomplished sooner rather than later, given our resources, and that were not being done by other groups (e.g., the ITI, Medicaid/Optum, the PMO team). We want to emphasize sustainability going beyond the scope of the Optum network.

As the group itself changed and evolved, by November of 2019 new players were invited to the table and a new phase was ushered in by establishing four (4) Strategy Groups which allowed for more to be accomplished simultaneously:

Strategy Group	Purpose
1. Professional Awareness of YES	To introduce professional associations to the YES system of care
2. Partnerships with Higher Education	To develop education and training methods that inform undergraduate and graduate students across multiple child-serving disciplines (e.g. criminal justice, school counselling, counseling, education, community health, school nurses, psychology, social work) to increase sustainability of a trained workforce
3. Incentivize Internship Programs	To increase the capacity of the workforce to deliver YES services and supports while learning best practices
4. Advance Education and Training of Adjunct Professionals (Paraprofessionals)	To expand the workforce to include those with lived experience (e.g. CFSPs, youth peer workers) who may not hold a clinical license

Rather than maintain the Workforce Development workgroup and monthly meetings, the Strategy Groups would report their work and accomplishments to the IGT via one main facilitator. The facilitator had been invited to the IGT a few times and attended, but the IGT meetings were unable to accommodate time for reporting. This report can be sent to the IGT.

Accomplishments

The Professional Awareness strategy group - The Professional Awareness strategy group completed its mission by creating a letter and sending it to approximately 55 associations across the state that work with children and families, such as, the School Nurses Association, the Idaho Education Association, the Family Resource and Training Center, Idaho Counseling Leadership, Girl Scouts and CATCH. This letter introduced each association to YES and YES services, as well as provided links to the YES website, YES resources, and a link to the YES newsletter. A contact person was included in case they had questions or wanted more information. All letters were sent by the end of February 2020, and again in July when the YES website was updated.

Partnerships with Higher Education and Incentivizing Internship Programs strategy group – A Higher Education work group that was comprised of regional staff across the state, providers and university personnel started working together in March 2020. It was important to glean what universities thought to be the best strategy for incorporating YES materials into graduate and undergraduate coursework and any other ideas or methods the group members believed to be the most effective for educating the workforce coming from colleges and universities. The strategy group, Incentivize Internship Programs, was combined with the Higher Education group since internships are a major component of earning a degree.

This combined strategy group met monthly from March through September 2020 to determine the best methods to accomplish its goal. Realizing that each department within each university has its own priorities and set of accreditation requirements, we embarked on a letter writing campaign contacting chairs/deans of the various Departments within three universities in the state (one from each hub of the state): the University of Idaho, Boise State University and Idaho State University. We established core components for a YES curriculum:

- *Principles of Care *Access Model *Practice Manual *Intro to CANS *Intro to TCOM
- *Child and Family Team *Person-Centered Planning *Supports and Services

We envisioned several ways that we might partner with universities regarding educating students from various disciplines on YES:

1. Add a YES/CMH certificate program earned as a minor or a stand-alone certificate
2. Add a YES/CMH elective course taken by students across multiple disciplines
3. Provide YES/CMH materials, trainings to professors and guest speakers for an established course
4. Incentivize internships and practicum classes by providing YES/CMH materials and guest speakers

Thirty-six (36) letters requesting each recipient's input on how to partner with IDHW/DBH went to chairs/deans inviting them to contact us. Follow-up phone calls and emails were made, first to those who showed interest, and then to all others. Meetings were held with five different departments within the three main universities. With the information we gathered regarding what would work for

each university department, we developed recommendations and they are part of this report. The group also discussed how to incentivize internship programs and how to recruit high school students into the social services field. These recommendations, along with the recent YES Implementation Plan and the tasks of the Idaho TCOM Institute, will inform the trajectory of the division's workforce development efforts.

Findings from our data gathering:

- Each department within a university or college has a different method for acquiring approval for adding information to curricula.
- Curricula must meet accreditation standards, and these should be met first before instructors add anything more.
- The four methods mentioned above are feasible with the certificate option requiring high level approval and the third option taking the least amount of time and resources. Additional methods besides these four that could be employed include:
 - add YES information as a unit in a course
 - train the instructors to provide the information for their courses
 - pilot a course or special topic within a department
 - add a required course for all child-serving disciplines
 - add a weekend seminar for one or two credits
 - additional coursework about YES could provide the training needed for an endorsement to a current certificate (e.g., Family Studies)
 - add a guest speaker to current career courses or develop a career class (include caregiver and youth)
- Colleges look for ways to make their students more successful and more employable once they graduate. Having knowledge about the YES system of care is one reason they bought in to the idea of meeting with us, working with us and supporting the cause.
- University staff were excited and eager to partner with DBH to solidify strategies and implement methods to include YES information in their curricula and courses. A presentation was provided to a teacher education practicum class just before this report was written.
- Instructors were very interested in best practice models and information for continuing education classes.

Advance Education and Training of Adjunct Professionals (Paraprofessionals) – No strategy group was established since the tasks of this group are being provided through peer conferences for Certified Family Support Partners via the Jannus/Empower Idaho contract (currently there are no other paraprofessionals for YES). Contract obligations through the Idaho Federation of Families for Children's Mental Health contract offer trainings for parents and youth who are involved in the YES system of care processes. Other opportunities should also be pursued.

Recommendations

- Develop programs, infrastructure and protocols with the stakeholders who are affected by the training process and outcomes (e.g., educators, trainers, certification administrators, providers, include caregivers and youth as needed).

- Work with the universities and colleges throughout the state utilizing their current education and training methods (i.e., internship classes, professional development workshops, community education, workforce development departments, career fairs).
- Provide both in-person and online classes with CEUs.
- Implement a summit for relevant university and college staff to attend to discuss details of implementing YES information and materials into their curricula across disciplines as outlined in the findings of this report. The summit would culminate in a plan on how to make this happen.
- Develop instructional videos and/or packets of materials for instructors and/or students regarding YES. These could be produced by DBH, a contractor or a contract with a university.
- For counseling and social work degrees, make the CANS, trauma education and treatment planning a focus of the curriculum.
- Establish clear Core Competencies for each YES provider type using best practices and accreditation standards.
- To inform the process, review the Crossover Youth Practice Model (CYPM) from Georgetown University especially the multi-disciplinary teams (MDTs) and joint case planning that are being used with Bannock, Oneida and Power County's Juvenile Justice Departments in collaboration with Family and Children's Service and Children's Mental Health. Offer a course that would focus on setting up and facilitating MDT meetings and how to work with other disciplines to come up with joint treatment plans and performance/goal evaluations throughout the duration of the youth's involvement in the service systems similar to Wraparound. This course might also contain a piece on family engagement as it relates to youth who are navigating the YES program.
- Tap into the already established relationship between the three IDJC facilities' clinical departments and higher education throughout the state.
- Collaborate with licensing boards in Idaho to establish a YES/CMH endorsement.
- As more adjunct professionals are added to the system of care, trainings and supervision should be developed and provided for each provider type.
- Implement systemic and grassroots recruitment and retention strategies.
- Train interns in rural areas and help them see the benefits of staying there.

Immediate Next Steps

- Submit report to DBH Leadership Team and to IGT
- Review the new Implementation Plan when approved to ascertain how the plan informs the trajectory of the work of this work group.
- If approved, develop information materials for guest speakers regarding YES. In the meantime, we will provide guest speakers as requested.
- If the capacity is there, develop a short video about YES to be used at the higher education level for guest speakers, instructors, etc.

Appendix A: 16 Recommendations from the Gaps Analysis Report from BSU, 2018

6.1. Developing Idaho's Current Mental Health Services Workforce for Youth

1. Support the Idaho mental health provider network in developing competencies to deliver YES services by providing training within a sustainable, value-added approach built around credentialing.
2. Make YES training efforts sustainable by partnering with institutions of higher education to develop curriculum materials and certificate programs that meet the State's needs.
3. Support providers in delivering new YES services by providing training in practice management and billing and by ensuring that all aspects of YES services are reimbursable.
4. Provide frequent, low-cost training to providers in EBPs across the State with an emphasis on areas of low penetration.
5. Reduce the geographic maldistribution of mental health service providers for youth.

6.2. Increasing the Supply of Mental Health Professionals to Deliver YES Services and Supports

6. Leverage federal workforce development funds to increase the supply of mental health providers for youth in Idaho.
7. Create an Idaho State behavioral workforce incentive program that provides stipends, loan repayment, and/ or tax credits to professionals who deliver YES services in targeted areas of the State for a specified period of time.
8. Incentivize clinical training sites in targeted areas to train graduate student interns and trainees in YES service delivery models.
9. Increase the non-profit behavioral health workforce by obtaining federal grants and contracts that directly deliver community-based services to youth.
10. Expand the mental health workforce for youth by increasing funds for family peer support training and supervision and by exploring service integration with schools and other service systems (e.g., juvenile justice).
11. Confirm the competitiveness of reimbursement rates for services so that mental health providers for youth can earn competitive salaries relative to other professions.
12. Work with licensing boards to allow telehealth for clinical supervision in remote areas and craft similar guidelines for supervision of YES services at all levels.

6.3. Enhancing Future YES Workforce Development Efforts

13. Implement a robust, standardized workforce data-collection process that ensures timely, useful data is available for planning.
14. Develop sustainable methods of assessing youth need/ demand for mental health professionals that serve youth.
15. Develop an estimate of projected changes in the supply and demand for YES services to further aid workforce planning.
16. Partner with other Idaho State agencies, such as the Idaho Bureau of Labor to inform workforce development.

