

# Workforce Development Large Group Priority Areas Of Focus

Challenge! Large Group: In the area of Workforce Development, what would be important for the Division to focus on? What should our goals be?

*\*Note: numbers that follow each item reflect the last group exercise, in which individuals placed stickers on areas that they thought should be priority areas of focus for the Division Plan. Wording preserves the language of participant work sheets.*

- Develop Co-occurring Certification as a license - 4
- Provider incentive for dual licensed agencies: either physical or financial incentives – 1
- Division support to increase availability of certified people within agencies – 2
- Plan, look toward the future to improved access to medication and medical through APNs and psychiatrists – 3
- Division should provide training and support to agencies on how to use and support peer providers – 3
- Make information on the web, and access to care user/consumer friendly – 6
- IT needs to have performance measures and outcomes particularly for direct care staff – 1
- Use HIE – 5
- There should be standardization of language and services definitions – 2
- Pair credentialing and scope of practice with what is needed by MBHO – 5
- Develop policies to end discrimination toward clients of agencies.
- Trauma Informed Training – 10
- Client oriented care
- Education accessibility for consumers – 2
- Training for administrators, for agencies, counties – 2
- Reform regs for RHCs, require skill building connections with other agencies – 5
- Have cohesion in all DMHAS training.
- DMHAS should develop guidelines for use of multi-disciplinary approach – 4
- DMHAS should support and educate agencies on clinical supervision -14
- Increase Learning Collaborative
- Use Peer Providers in all aspects of treatment and recovery – 12
- Sustained critical core competencies – 1
- Obtain reimbursement for Peer Services in agencies – 1
- Put Peer services on equal footing as the service provided by other credentialed workers – 4
- Have competencies consistent (by policy) across the system
- Develop mechanism and train on shared communication and data system to share resources across agencies – 12
- Develop mechanisms to defray agency training costs – 2
- Bring Peer operated services into Division communication
- Train all staff in the system on crisis, de-escalation techniques, intervention – 3
- Obtain certification for those using/implementing EBPs – 7
- Look at ICRC as a standardized model for dual credential – 8
- Expand Peer provider opportunities – 7

Expedite the Credentialing process – 9

Connect compensation to proficiency in workforce – 7

Streamline the renewal process for credentials and end duplication – 8

Define core competencies consistently across the system, at all levels, within all fields of discipline – 19

Increase availability of transportation – 4

Work with Universities on curriculum development to ensure competencies learned are appropriate for need – 5

Fiscal reimbursement for supervision for LCADCs – 8

Wider recognition of credentials – 2

Increase awareness and competencies with tobacco throughout system – 7

Training on how to work with criminal justice clients coming into the system – 5

Integrate the workforce (MH, SA > BH) – 8

Create credentialing opportunities for new hires – 3

Succession planning -5

Increase consumers in the workforce – 3

Train direct care staff specifically in WRAP, wellness and recovery, Advance Directives, Trauma – 4

Look at grandfathering to increase retention – 5

Increase the workforce – 2

Develop training package with practice guidance on medical marijuana – 2

Training on working with individuals with disabilities – 1

Expand internships – 2

Partner/link agencies to cover gaps: find out who does what, where and bring together in regional meetings – 15

ID who does EBPs and what they do

Examine shortages across the country and obtain strategies on what to do – don't reinvent

Use dual licensed people as consultants to improve the process

Adopt outcome measures and tie training to them – 11

Train on the use of integrated assessments and technology – 3

Eliminate preconceived ideas – use common language – 2

Educate on service availability (the "Macy's Model) – 2

We're using the language – it's time to change hearts

We've lost a lot of history – develop an archive of what works VS what doesn't – 2

Integrate new processes – be PROactive

Use a tiered system for staff assignment and funding – 3

Teach agencies how to go after RFPs, funding, resources, measure outcomes – 1

Measure staff competency based on objective measures, duties and attitudes – 3

Create No Wrong Door – teach agencies how to operate in a system – 7

In all roles, we all need to ask: "How can I make it seamless?" – 4

It's nice to say: "I want this system?" How will you operationalize it? – 3

Use agencies and peers to define core competencies across the system – 2

Figure out retention – 2

Enlist peers to help define and refine customer service – 3

Develop Workforce Development Centers of Excellence – 15  
Survey staff and consumers to target areas for workforce development and improvement – 5  
Use consumers as curriculum developers and trainers – 8  
Train from the top down  
Put credentials like the psycho-ed on equal footing/recognition  
Cultural competence throughout the system – 21  
Develop an agency “Gold Standard” – 3  
Cross training – 16  
Incorporate staff issues (burnout, vicarious traumatization) – 4  
Structure workforce development and training around the ASO – 8  
Agencies should put training into their budgets -8  
Have Peers assess the sensitivity, status of customer service, and make recommendations, develop curriculum, provide feedback on success – 9  
Circulate resource data base/clearinghouse information on where to go for training  
DMHAS should model and guide on integration – 4  
Increase liaison between system/fields of discipline and DMHAS  
Develop an advanced Peer Certification =- 4  
Develop guidelines on how to merge – if we’re merged at the top we should be merged as a system.  
Hold regional co-occurring specialist meetings – 2  
INTEGRATE! MERGE! – 4