

MIDD 2 Initiative SI-04: Workforce Development

How does the program advance the adopted MIDD policy goals?

This initiative addresses the adopted MIDD policy goal of “increase culturally appropriate, trauma-informed behavioral health services.”

The behavioral health workforce is in crisis. The behavioral health system is struggling to recruit and retain trained, licensed and qualified staff to provide services to those in need. Providers statewide report difficulty hiring and retaining the staff they need to meet demand. Behavioral health integration highlights the need for continuing education. Clients benefit when clinical staff are trained on the full spectrum of behavioral health conditions and how to best intervene. Coordinating services with primary care also requires training and education; this again will help clients receive optimal services. Factors to be used to determine the most effective training programs to develop and support the workforce may include the following: types and sizes of workforce shortages, evolving clinical needs and/or equity and social justice.

1. Program Description

◇ A. Service Components/Design (Brief)

Given the integration of mental health and substance use disorder treatment, the present work shortages and growing demand for services, this MIDD 2 initiative will focus on a sustainable, systems-based approach to supporting and developing the behavioral health workforce, in collaboration with the MIDD Advisory Committee and stakeholders. The development of this new approach will consider workforce needs, equity and social justice factors, primary care integration, federal mandates related to opioid prescription, ways to maintain qualified and sustained clinical staff, evidence-based practices, and train-the-trainer programs.

◇ B. Goals

The initiative’s goals are to increase and retain the number of staff working in the King County behavioral health workforce, and enhance their skill sets; increase capacity to provide quality behavioral health services in King County; and to increase adoption of evidence-based, best, or promising practices.¹⁸⁶

¹⁸⁶ Since both initiatives aim to improve client care by strategically supporting the community behavioral health system and/or its workforce, the redesign and implementation of this initiative will be coordinated with MIDD 2 Initiative SI-03.

◇ C. *Preliminary Performance Measures (based on MIDD 2 Framework)*¹⁸⁷

1. *How much? Service Capacity Measures*

To be determined concurrently with initiative revision.

2. *How well? Service Quality Measures*

To be determined concurrently with initiative revision.

3. *Is anyone better off? Individual Outcome Measures*

To be determined concurrently with initiative revision.

◇ D. *Provided by: Contractor*

2. Spending Plan

Year	Activity	Amount
2017	Behavioral health workforce development, project management and stakeholder coordination activities continue	\$743,125
2017 Annual Expenditure		\$743,125
2018	Behavioral health workforce development, project management and stakeholder coordination activities continue	\$762,446
2018 Annual Expenditure		\$762,446
Biennial Expenditure		\$1,505,571

3. Implementation Schedule

◇ A. *Procurement and Contracting of Services*

Procurement of revised programming for this initiative under MIDD 2 is expected to be completed during the fourth quarter of 2017. Services funded under this initiative are expected to be delivered through contracts with providers, organizations and/or trainers or formal reimbursement mechanisms, as appropriate. Requests for Proposals (RFPs) may be necessary.

¹⁸⁷ Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

◇ *B. Services Start date (s)*

2017 contracts follow the MIDD 1 allocation model for this initiative. The revised services for this initiative are planned to begin in the first quarter of 2018.

4. Community Engagement Efforts

Feedback from providers will be sought in the third and fourth quarter of 2017. Ongoing feedback mechanisms will be established so the system can continually improve and adapt to evolving needs.