



REGIONAL PLANNING CONSORTIUM

RPC CO-CHAIRS & STATE AGENCIES MEETING

October 29, 2020

Behavioral Health Workforce

The Availability, Attainability, and Sustainability of the Behavioral Health Workforce:

Peers, Care Managers, Therapeutic Practitioners, and CASACs

- Co-Chairs:** Kirsten Vincent- Recovery Options Made Easy
Scott Ebner- Circare
Sharon MacDougall- Cortland Co. DCS
Amanda Pierro- Mental Health Association of Columbia-Greene
Tim Ruetten- Jefferson County
Steve Helfand- NYC RPC
- RPC Staff:** Emily Childress- Southern Tier Coordinator
Katie Molanare- CNY Coordinator
Tiffany Moore- WNY Coordinator
Marcie Colon- Mid-Hudson Coordinator



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The Availability, Attainability, and Sustainability of the Behavioral Health Workforce:

- **Availability: *How do we invite them to the table?***
 - Changes in Peer Certification, Regulations, and Billing
 - Therapeutic Practitioners Educational & Training Needs
- **Attainability: *How do we open the door for them?***
 - Dual OMH/OASAS Certification process opportunity
 - CASACs Challenges (i.e. Supervisor Sign Offs, Completing Number of Hours, Recruitment)
- **Sustainability: *How do we keep them coming back?***
 - Build the volume Peer workforce
 - Employment type linked to barriers to SSI/SSD benefits
 - Billing barriers in Article 31 Clinics related to Peers
 - Centralized Care Mgt Training and Certification
 - Adjusted salaries



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The Availability, Attainability, and Sustainability of the Behavioral Health Workforce:

Current Regional Issues Being Discussed

Dual OMH/OASAS Peer Certification Opportunity

- Can individuals who wish to become certified as both an OMH CPS and OASAS CRPA have the opportunity to complete credentialing courses on a "fast track?"

A Centralized Training/Certification for Care Management Practices

- How can a pilot like this be sustainable financially?
- Should this be incorporated into all Health Homes, as a standardization of information?

Financial Sustainability of Peer Services & Peer Workforce

- How to make peer services billable within OMH Clinics?
- How to increase the rates to be more comparable to other services?



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The Availability, Attainability, and Sustainability of the Behavioral Health Workforce:

Current Issue: Dual OMH/OASAS Peer Certification Opportunity

Can individuals who wish to become certified as both an OMH CPS and OASAS CRPA have the opportunity to complete credentialing courses on a "fast track?"

Nearly 8 million adults have co-occurring mental and substance used disorders in the United States ([NIDA](#))

Those in recovery of both disorder types can be extremely beneficial to many programs and organizations across NYS

During the Academy of Peer Service's *A Tale of Two Peer Certifications: CPS and CRPA*, Joe Swinford (previous Manager, NYPSCB) and Ruth Riddick (Community Outreach and Communications, ASAP) shared that there were discussions between the two agencies of a fast track, allowing individuals to forego duplicative coursework.



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*Behavioral Health
Workforce*

The Availability, Attainability, and Sustainability of the Behavioral Health Workforce:

Current Issue: Dual OMH/OASAS Peer Certification Opportunity



Addiction Issues



Mental Health Issues

Image Credit: Joe Swinford, Former Director of the NYS Peer Certification Board



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Current Issue: Centralized Training/Certification for Care Management Practices

Quick Recap from 2019

- CNY RPC partnered with Syracuse University to develop a Care Coordination Certificate program; grant funded by CNY Care Collaborative (CNYCC)

Background on Pilot

- The pilot consisted of **29 care managers** recruited from 6 local behavioral health agencies. Each agency could recruit up to 6 care managers.
 - *Liberty Resources, Circare, Oswego Health, The Neighborhood Center, Oswego County Opportunities, and Children's Consortium.*
- The pilot was **10 weeks**, starting in January 2020 and completed in April 2020
- The pilot was taught by an Assistant Professor of the School of Social Work
- Classes were mainly held in-person on Syracuse Universities campus; classes switched to virtual during the pandemic



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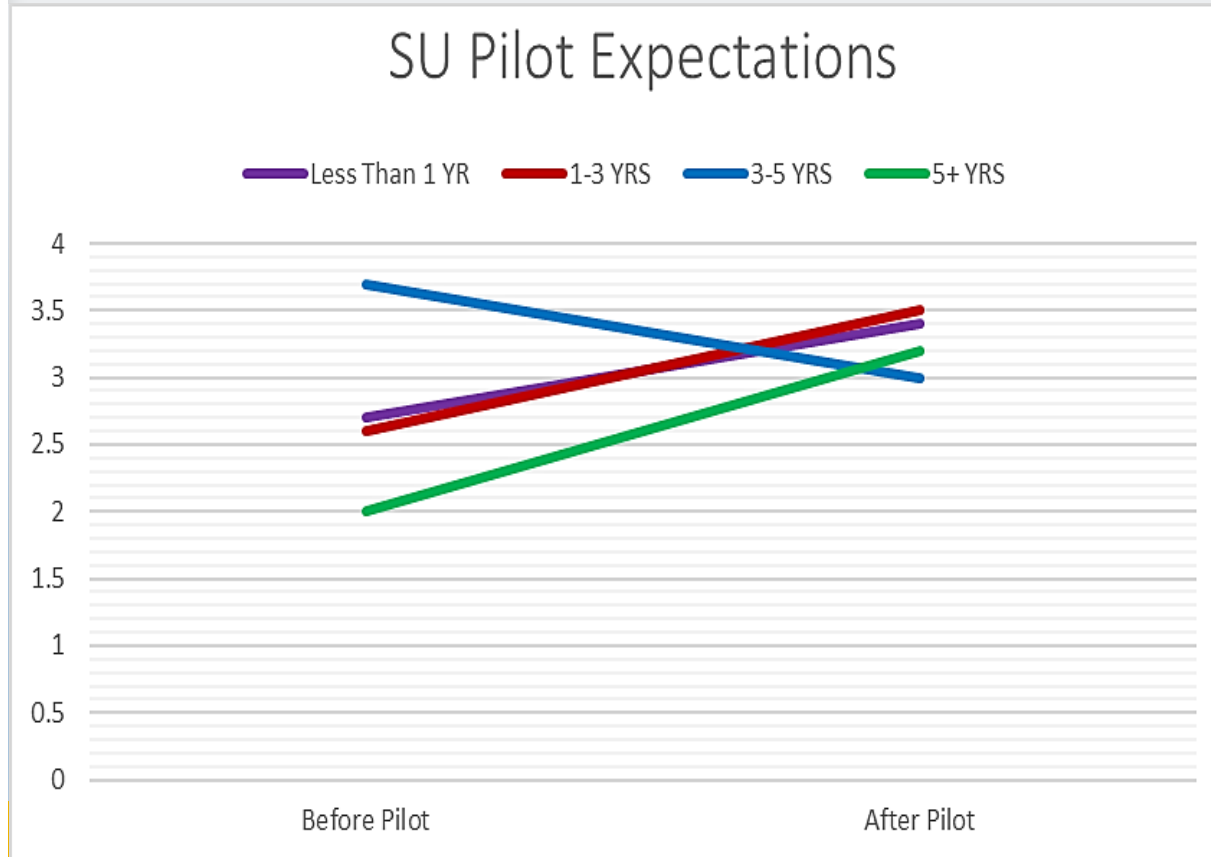
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The expectations of the class overall had an **increase of 20%.**

Common Statements Made Regarding Expectations:
“Learned more than I expected to, touched on the basics, but not ultimately relevant to actual client work.”



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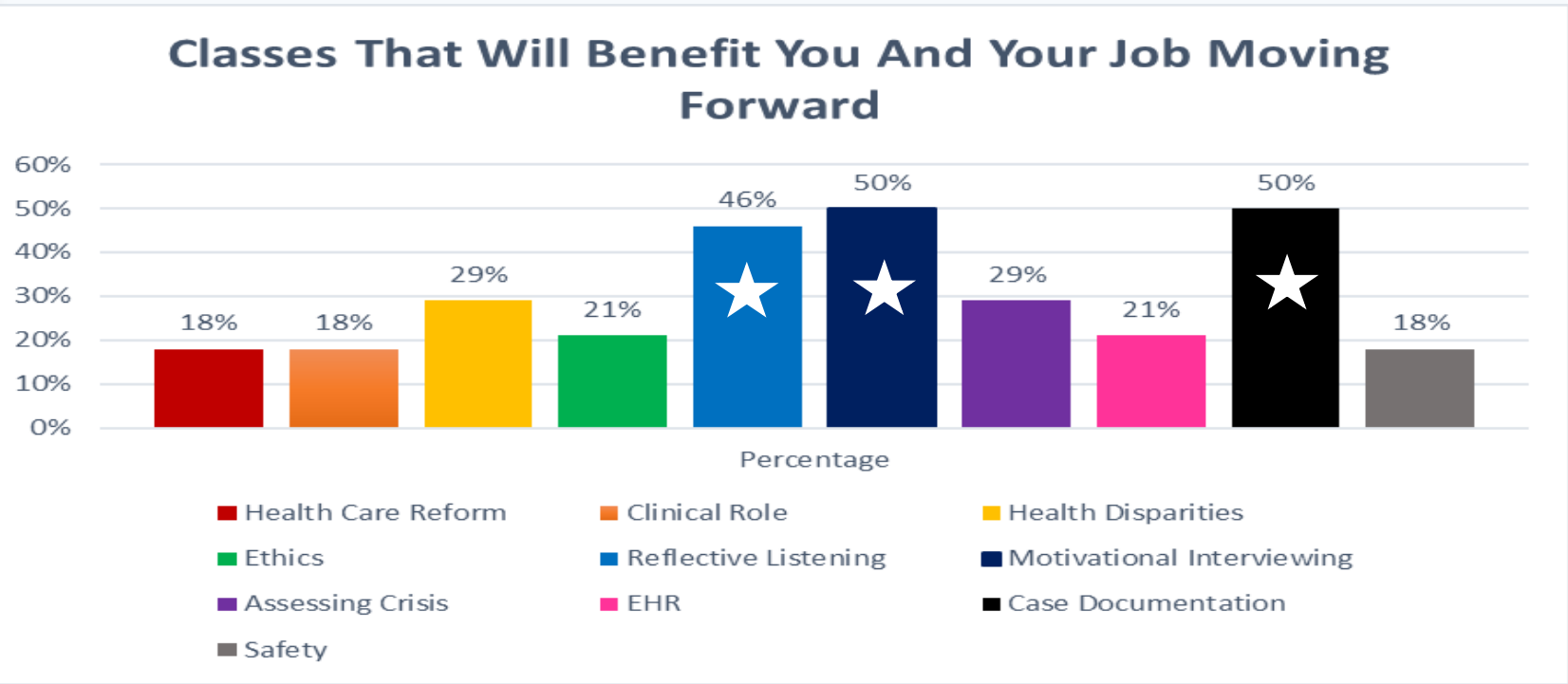
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The top 3 classes that were identified as being the most utilized in their job was **Reflective Listening, Motivational Interviewing, and Case Documentation**



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86% said they'd recommend the course to a colleague

*Those that indicated that they would NOT recommend the course were in the **3-5 years** worked cohort.*

100% indicated that this course should be taught at a
Community College/SUNY setting.



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- **Summary of Final Thoughts from Participants**
 - Should be taught by someone in the Care Management field
 - Very Informative
 - Community presenters would be helpful
 - Those with very little experience would benefit from course
 - Certification of completion is needed
 - More relevant readings and instructions
 - Needs restructuring
 - Presented well



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How can a pilot like this be sustainable financially?
Should this be incorporated into all Health Homes, as a standardization of information?

- **Financial Sustainability**
 - Previous pilots typically do not continue past the grant-funded time frame
 - Costs for a program like this range from **\$300-\$350 per person** and that is without the program being credit-baring
- **Incorporation into Health Homes**
 - While 100% of participants agreed that a program like this should be housed within a SUNY/Community College setting, is that most appropriate?
 - Should Health Homes coordinate with State offices to standardize and update core Care Management trainings?
 - Could the State Office & Health Homes develop a platform for Care Managers to seek out continuing education, certificates, and skill building courses?



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Current Issue: Financial Sustainability of Peer Services & Peer Workforce

How to make peer services more effectively billable within OMH Clinics?
How to increase the rates to be more comparable to other services?

Providers have reported difficulty sustaining employment of peers in this setting due to the current billing mechanism.

Peer services are highly effective in supporting a person's recovery, yet peer services are not always billable.

Changing the billing mechanism would increase engagement of peers with individuals, both in clinic and the community.



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Future Conversations

CASAC Challenges

- Access to Supervisors to Sign Off on Hours
- Recruitment Challenges for Rural Areas
- Number of Hours Needed to Complete

Therapeutic Practitioners' Training & Education Needs

- Follow Up From 2019 WNY Survey
- Focuses on Provider Trainings for LMSWs, LCSWs, LMHCs, etc.
- Do the Educational Teachings Align with Provider Trainings & Needs Within the Behavioral Health Field.

Peer Support Services COVID –19 Telepractice Survey

Purpose: Impact of telepractice on delivery of peer support services

Survey Recipients: Peers, Certified Recovery Peer Advocate (CRPA/CRPA-P)

Dissemination Platform, Body and Date: Survey Monkey, FOR-NY and NYCB, October 9/21-10/16

FINDINGS

212 peers, 12% of all CRPAs/CRPA-Ps, completed the survey. All NYS regions responded with NYC having the highest response rate of 33%.

- **Peer Employment:** Majority have fulltime hours, few had increased hours.
- **Delivery of Peer Services:** Demand for peer support services increased. Most requested services: self-care and coping strategies, developing recovery treatment goals and crisis support. In-person is most successful means to deliver services followed by phone service.
- **Barriers Experienced:** Lack of phone minutes, data and wi-fi most common barrier faced by participants. Few peers noted lack of language services and hesitance to use personal device as barriers.
- **Trends:** Identified addiction use and overdose increase. 33% of peers still work 100% in person providing Medicated Assisted Treatment services.

SOLUTION

- Technical assistance to identify lack of resources, reason for increase in addiction. Determine future of peer support services via Telepractice.
- Advocate for [Lifeline Program](#) to address phone barriers.
- Create peer employment linkages in regions.

