

REGION 6 WORKFORCE DEVELOPMENT SURVEY
AUGUST 2012



UNIVERSITY OF NEBRASKA MEDICAL CENTER
Behavioral Health Education Center of Nebraska

SURVEY DEVELOPMENT

The survey was developed using the same general questions distributed in the Region 3 survey. Survey questions were revised to reflect the services and county areas of Region 6 Behavioral Healthcare and questions were added regarding the integration of primary and behavioral health care.

SURVEY DISTRIBUTION

The survey was distributed and remained open during June - August 2012 to 55 organizations, schools, hospitals, and advocacy groups in the Region 6 geographical area including Cass, Dodge, Douglas, Sarpy, and Washington counties. The survey was sent via email to one or more representatives at these agencies with a request to distribute the survey among their staff and to send it to their peers. An additional 155 letters were sent to licensed behavioral health professionals in Cass, Dodge, and Washington counties in an attempt to increase the representation outside of Douglas and Sarpy counties.

Prior to the survey distribution, a flyer and presentation was provided at the Region 6 Provider Network Meeting and introductory emails were sent to larger organizations such as the Nebraska Department of Health and Human Services, Omaha Area Health Education Center, NAMI, and Nebraska Families Collaborative with a request to send the survey to their stakeholders as well as employees. Four \$50 gift cards were offered as an incentive to participate in the survey. The gift cards recipients were randomly selected from those who wished to be included and the recipients were Juli Trout – Region 6, Monica Meier – Heartland Family Services, Susan Feyen – Omni Behavioral Health Services, and Dr. Donna Polk – Nebraska Urban Indian Health Coalition.

SURVEY RESPONSE

One hundred forty three responses were received. The response was lower than anticipated but may be attributed to the time of year. Individuals responded from Cass, Dodge, Douglas, Sarpy, and Washington counties with the majority of respondents from Douglas County. The respondents represent a broad range of licensure including MD, LADC, JD, CPSWS, APRN, RN, LMHP, PLMHP, LIMHP, ILMHP, LCSW. The majority of the respondents were female (74%) and white (92.6%). In some instances the data was reviewed by the primary role and it is important to note there are a small number of respondents in the nursing and education categories.

Figure 1

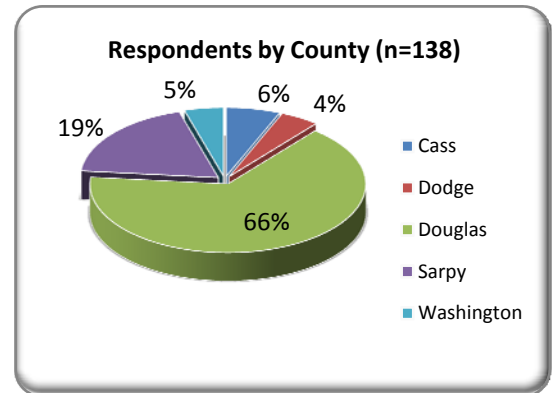
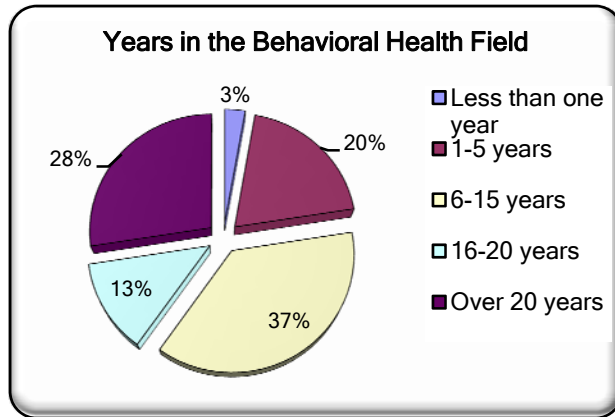


Table 1: Respondents by Primary Role

Primary Role	% of Respondents (n=141)
Management (Supervisor, Administrator)	41.5%
Direct Service (Counselor, Intake, Assessment)	32.4%
Education	8.5%
Nursing	2.1%
Other	15.5%
<i>Other response types include law enforcement, peer specialists, physician, psychiatrist, Board of Mental Health, and executive assistant.</i>	

Figure 2



SURVEY FINDINGS

STAFF RECRUITMENT & RETENTION

Fifty percent of the respondents said they did not have difficulty filling open positions for behavioral health staff. For those answering yes, they were asked why there was a difficulty filling positions. An insufficient number of applicants who meet minimum qualifications was one of the top reasons provided. Direct service respondents also indicated that the reputation of the agency is a key reason for difficulty filling positions (44.4%). Only 5.9% of management indicated the agency reputation as a reason. Entry level positions are considered the most difficult to fill. When answers were reviewed by county, Douglas and Sarpy counties indicate the top reason positions are difficult to fill as insufficient number of applicants who meet minimum qualifications. Cass, Dodge, and Washington counties gave a small applicant pool as the top reason.

Table 2: Difficulty Filling Open Positions

Top 3 Reasons - All Respondents (n=28)	Top 3 Reasons – Management (n=17)	Top 3 Reasons – Direct Service (n=9)
Insufficient number of applicants who meet minimum qualifications (60.7%)	Insufficient number of applicants who meet minimum qualifications (70.6%)	Lack of interest (66.7%)
Lack of interest in the position (50%)	Small applicant pool (52.9%)	Insufficient number of applicants who meet minimum qualifications (44.4%)
Small applicant pool (46.4%)	Lack of interest (41.2%)	Reputation of the agency (44.4%)

Table 3: Positions with Shortage of Applicants – By County (N=77)

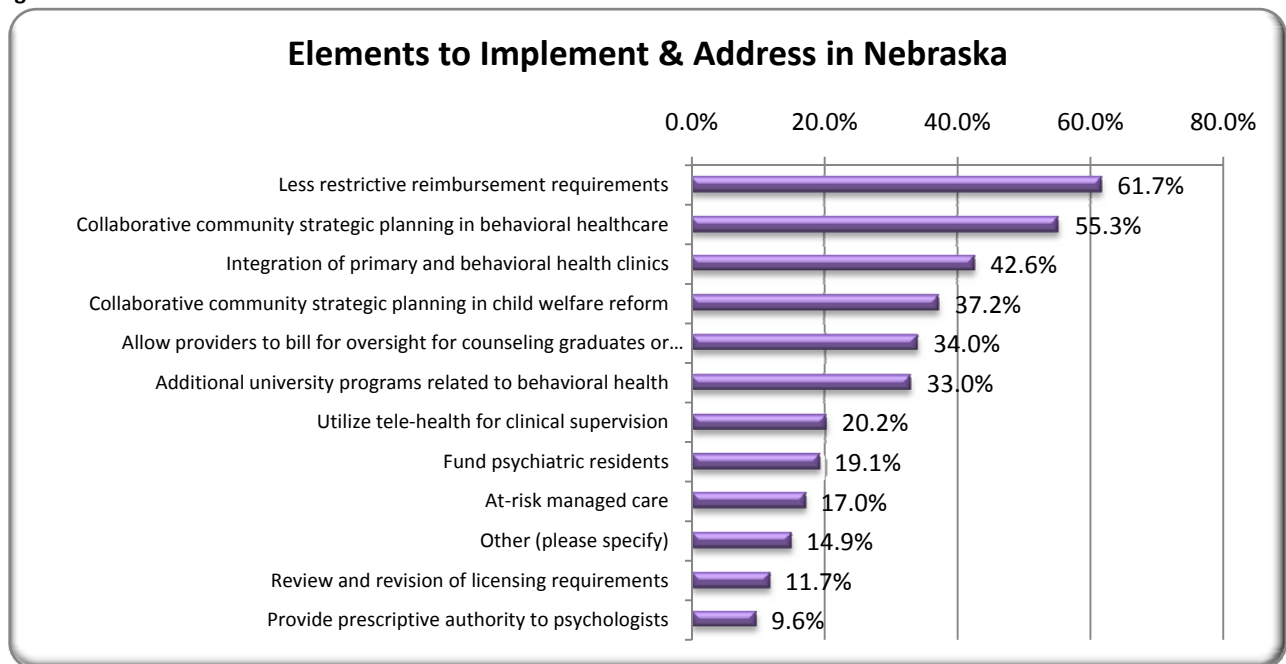
County	Positions with a Shortage
Cass	Mid-level (55.6%)
Dodge	Mid-level (42.9%)
Douglas	Entry level (50.7%)
Sarpy	Entry level (58.8%)
Washington	Mid-level (50%)

When asked what qualifications or skills applicants are lacking, the top 3 answers are little or no experience in the behavioral health field, insufficient or inadequate education and training, and don't know. Individuals in Cass, Dodge, and Washington Counties also gave lack of appropriate certification as a top reason. When asked in an open ended question, "what strategies are used to recruit co-workers", answers include providing good benefits (11%), appropriate pay (7%), and providing bonuses (7%).

Respondents were asked what could be done to improve the retention for competent behavioral staff and the top answer is more frequent salary increases. When reviewed by primary role categories, more frequent salary increases were the top answer for management, direct service, education, and other. When reviewed by county, more frequent salary increases was the top answer for Cass, Douglas, and Sarpy Counties. Dodge and Washington counties gave increased communication as the top retention method. In an open ended question asking what strategies are used to retain co-workers, the top responses include providing support (22%), providing recognition (18%), and providing good benefits and pay (17%). When asked in an open ended question why staff generally leave answers by county and primary role all have similar responses including burnout, low salary, and low growth opportunity.

Respondents were given the opportunity to identify systemic elements they would like to see addressed and implemented in Nebraska. The areas that most respondents would like to address are less restrictive reimbursement requirements and collaborative community strategic planning in behavioral healthcare. The third and fourth areas selected are integration of primary and behavioral healthcare and collaborative community strategic planning in child welfare reform.

Figure 3



TRAINING & EDUCATION NEEDS

Respondents were first asked if their graduate program prepared them for the realities of practice in a real world setting. Fifty-five percent said yes with examples such as:

- Practicum experiences helped prepare them,
- Real world experiences were integrated into their projects and assignments, and that
- Programs were good at teaching clinical models.

Comments about the lack of preparation acknowledge that it can be difficult to prepare for the realities within an academic setting. Some comments include

- Lack of education on business aspects of practice including operations, billing, supervision, and management
- Lack of education related to the political nature of the various systems and the impact of things such as Health Care Reform
- Lack of education on the amount of paperwork involved in practice
- The academic world does not move/change as quickly as the “real world” does
- Academia is out of touch with what is experienced in practice

Respondents were given the opportunity to suggest training topics in an open-ended question format, a question allowing the selection of top 3 choices from a pre-defined list of categories, and a question allowing a selection of 5 specific evidenced based practice training topics from a pre-defined list. Evidence based therapeutic interventions, trauma informed care, and supervision/management training are identified most often as training needs. Trauma Focused Cognitive Behavioral Therapy is an area that many individuals would like more training, selected by 4 of 5 counties and those in a primary role of management or direct service.

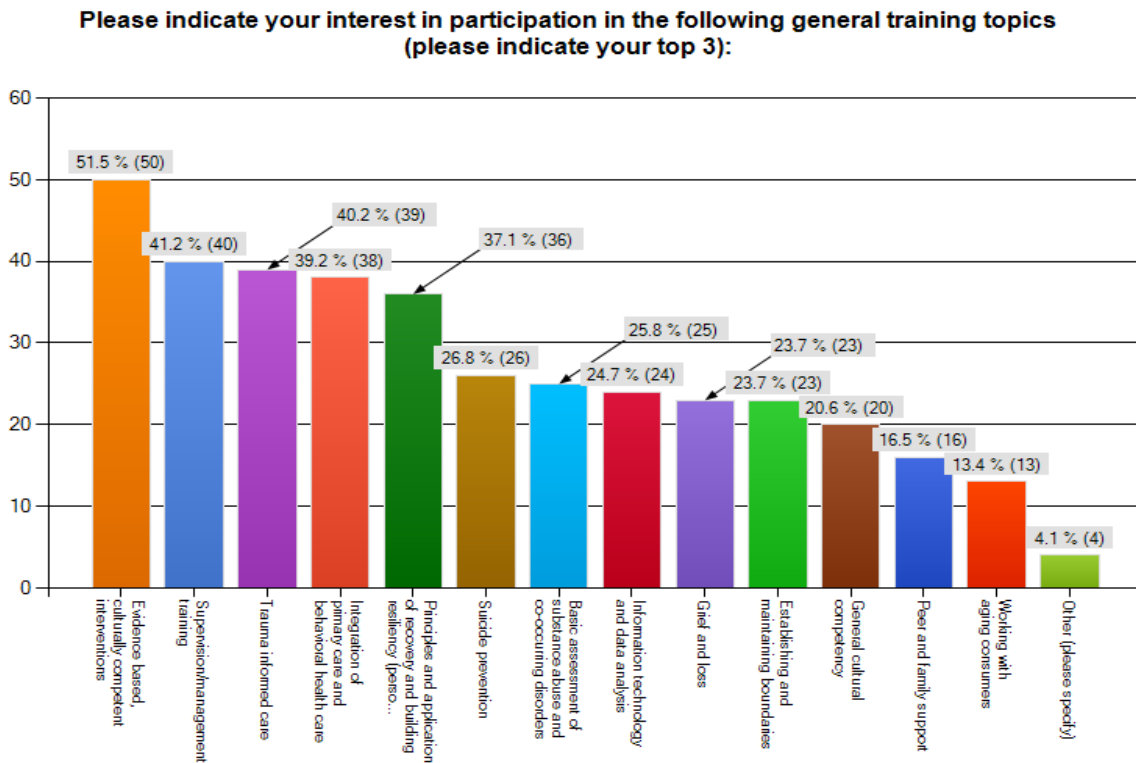
Tables 4 & 5: Open Ended Training Need Responses

Topics with More than 10 Responses
Specific Therapeutic Interventions
Trauma Informed Care
Leadership, Management, Supervision

Topics with 5-10 Responses	
Ethics	Technology, Electronic Records
System Collaboration	Medical Issues, Psychopharmacological Issues, Pain Mgmt
Evidenced Based Practices - General	EMDR
Substance Abuse Treatment	Engaging Consumers
Childhood Disorders, Autism	Integration of Primary Care and Behavioral Health Care
Insurance, Funding, Billing, Obtaining Funding	

Top Responses from Pre-defined Training Topics (n=97)

Figure 4



The top 5 training topics by management respondents are:

- Supervision/management training (highest at 60%)
- Principles and applications of building resiliency
- Evidenced based, culturally competent interventions
- Trauma Informed Care
- Integration of primary care and behavioral health care

Top 5 topics for Direct Service respondents are:

- Trauma Informed Care (top at 55.6%)
- Principles and applications of building resiliency
- Evidenced based, culturally competent interventions
- Establishing and maintaining boundaries
- Integration of primary care and behavioral health care

Evidence based, culturally competent intervention training was the most selected topic for respondents from Douglas County (52.4%) and Sarpy County (60%). Supervision and management training was the most selected topic from Cass County (60%), Dodge County (62.5%), and Washington County (71.45%).

Top Evidence Based Program Training Topics (n=92)

Figure 5

Please indicate your interest in participating in the following specific evidence-based program training topics (indicate your top 5):

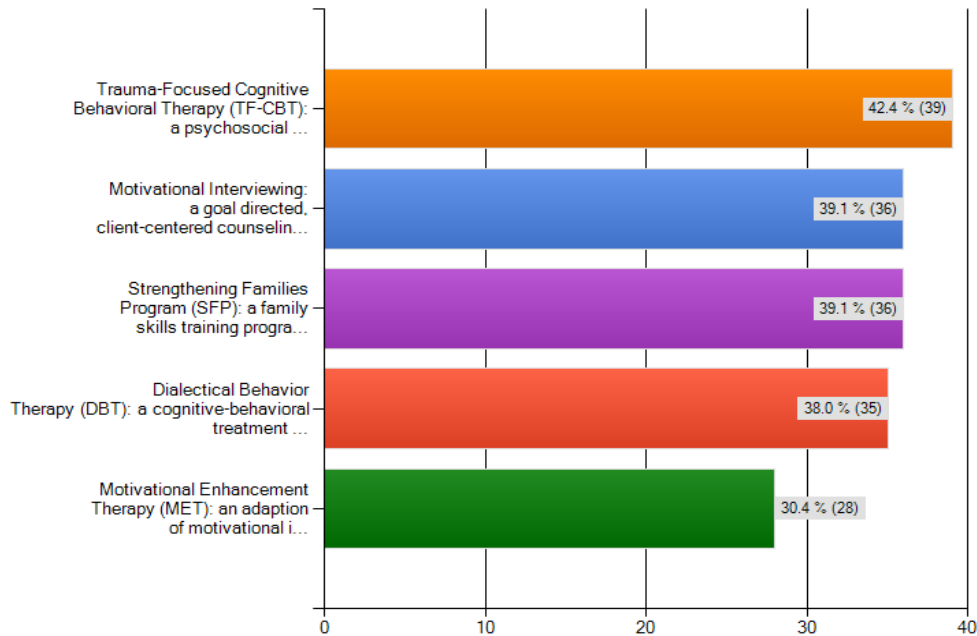


Table 6: Evidence Based Practice Topics by Respondent Category

Category of Respondents	Evidence Based Practice with Most Responses
<i>By County</i>	
Cass County	<ul style="list-style-type: none"> Strengthening Families: 62.5%
Dodge County	<ul style="list-style-type: none"> TF-CBT (Trauma Focused Cognitive Behavioral Therapy): 66.7%
Douglas County	<ul style="list-style-type: none"> Motivational Interviewing: 42% TF-CBT (Trauma Focused Cognitive Behavioral Therapy): 42%
Sarpy County	<ul style="list-style-type: none"> Strengthening Families: 47.1% TF-CBT (Trauma Focused Cognitive Behavioral Therapy): 66.7%
Washington County	<ul style="list-style-type: none"> PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial): 60% TF-CBT (Trauma Focused Cognitive Behavioral Therapy): 60%
<i>By Primary Role</i>	
Management	<ul style="list-style-type: none"> TF-CBT (Trauma Focused Cognitive Behavioral Therapy): 46.3%
Direct Service	<ul style="list-style-type: none"> TF-CBT (Trauma Focused Cognitive Behavioral Therapy): 54.3%
Education	<ul style="list-style-type: none"> Strengthening Families: 57.1%
Nursing	<ul style="list-style-type: none"> 1 Respondent with categories of Dialectical Behavior Therapy, Prevention & Management of Alcohol Problems in Older Adults, Brief Strengths Based Case Management for Substance Abuse
Other	<ul style="list-style-type: none"> BSST (Cognitive Behavioral Social Skills Training): 57.1%

Note: Education, Nursing, and Other have small n's. See full report for details.

Eighty one percent of respondents are satisfied or very satisfied with the amount of training available to them however, 64.9% stated that cost is a barrier and 59.6% said that time is a barrier in attending trainings.

TELE-HEALTH AND ON-LINE CONFERENCING

The majority of respondents (92.9%) do not currently use tele-health technology. Those that do utilize tele-health primarily use it for medication management and training. Respondents indicate they would use tele-health for staff training, following up with individuals after discharge, and clinical supervision. They would be least likely to use it for geriatric psychiatric services, counseling sessions, and in assisted living facilities. Barriers to using this technology were split evenly between cost, equipment, and accessibility. Additional comments indicate concerns with practicality, developing a rapport with consumers, a lack of knowledge in using the technology. Seven respondents currently use tele-health in the areas of medication management, training, and clinical supervision.

More respondents have used technology for online meetings and conferences. Seventy-one percent of respondents have participated in webinars and 32.5% in webcasts. GotoMeeting and Microsoft Office Live Meeting are two other meeting formats used by respondents. Equipment and cost are considered barriers to using online meeting services

INTEGRATION OF PRIMARY AND BEHAVIORAL HEALTH CARE

As illustrated in the charts above, the integration of primary and behavioral health care is a topic of interest for the survey respondents. In addition to desiring more training in this area, 33% of respondents said they currently provide integrated services. Sixty-three percent of those who have integrated services have integrated treatment teams that include the behavioral health provider and the primary care provider. Forty-four percent have shared records and 33.3% share the development of a treatment plan.

Figure 6

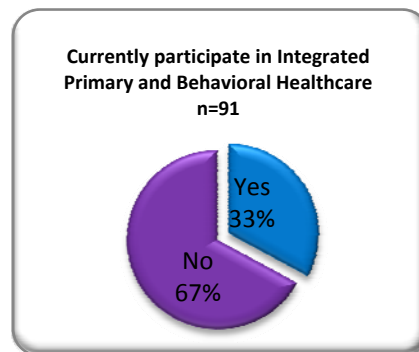


Figure 7

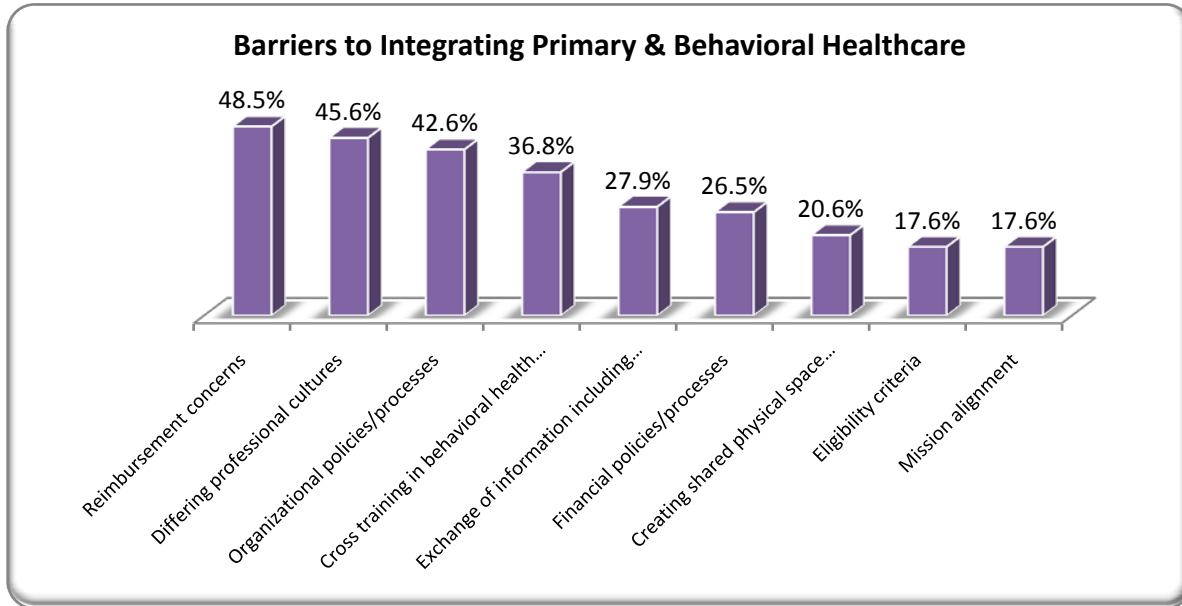
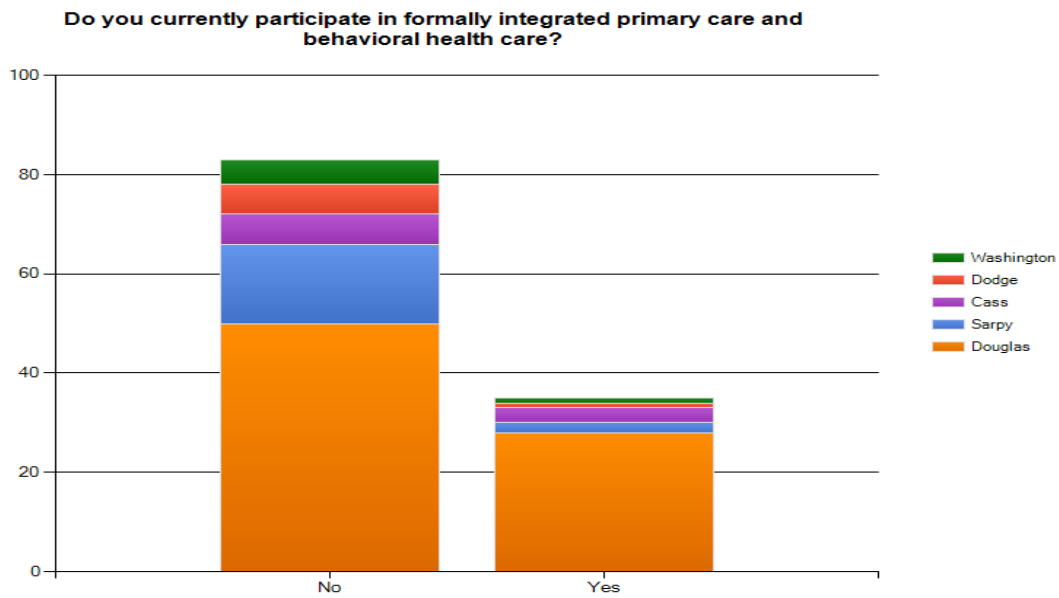


Figure 8



ADDENDUM 1: ADDITIONAL RESPONDENT DEMOGRAPHICS

Figure 9

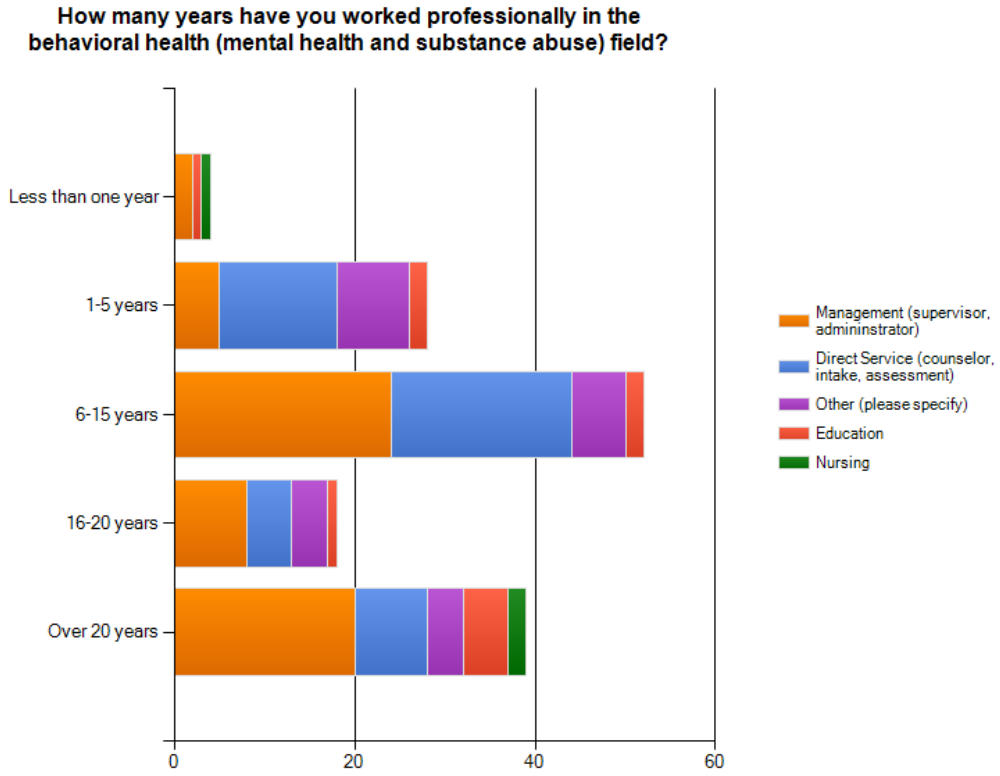


Figure 10

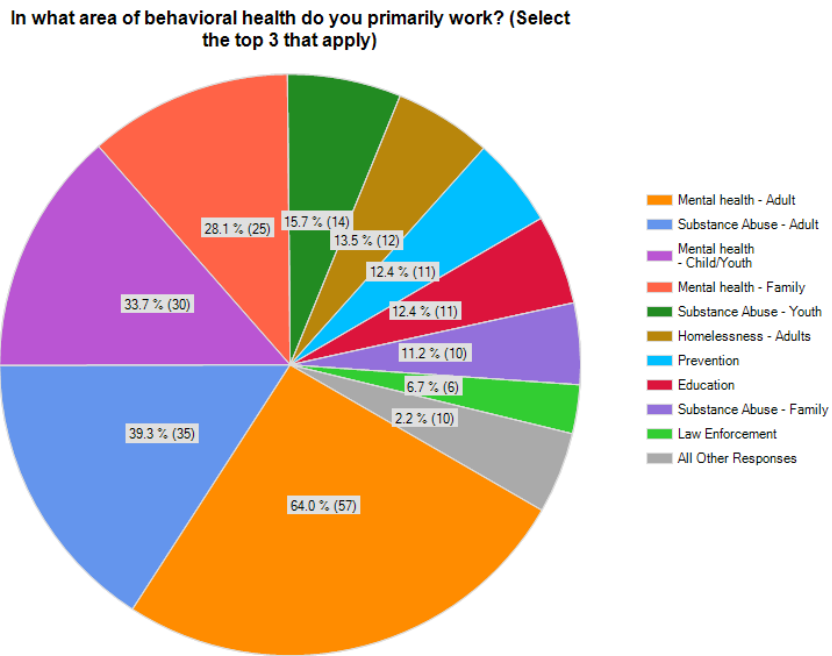
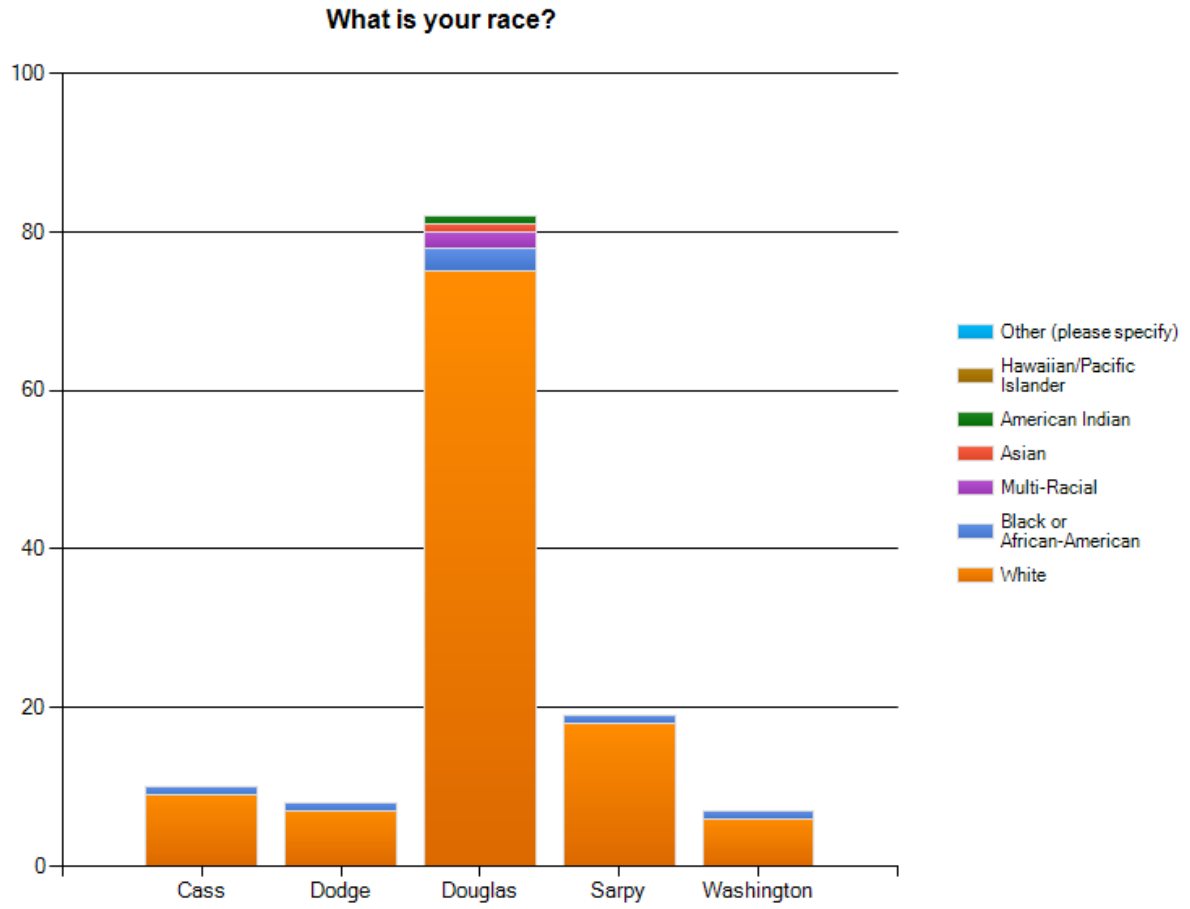


Figure 11



ADDENDUM 2: SURVEY DISTRIBUTION

Agencies Receiving Survey

BHECN Survey sent to at least one agency representative via email:

Agencies were asked to forward the survey to their employees, co-workers, peers, and other organizations they work with. Initial emails with the survey were distributed 6/11/12 – 6/15/12 with reminder/thank you emails sent on 6/27/12.

Catholic Charities
BHECN
KVC
Building Bright Futures
Boystown
Nebraska Families Collaborative
Paradigm
Division of Behavioral Health
Children and Family Services
Alegent Immanuel
Alegent Lasting Hope
BAART
Lutheran Family Services
Heartland Family Services
Nebraska Urban Indian Health Coalition
Nova
Salvation Army
Telecare (Recovery Centers)
Region 6
AHEC – Omaha
NAMI
Project Harmony
Community Alliance
Friendship Program
KVC Nebraska
Nebraska Family Support Network
Christian Heritage
One World Community Health Center
UNO School of Public Administration
Nebraska CASA Association
Better Living Counseling Services
Relationship Connections
Owens
OMNI Behavioral Health
Bellevue Public Schools
Bennington Public Schools
Douglas County West School
Elkhorn Public Schools
Gretna Public Schools
Millard Public Schools

Omaha Public Schools
Papillion-La Vista Public Schools
Ralston Public Schools
South Sarpy District 46
Westside Community Schools
UNMC Department of Psychiatry
UNO Department of Sociology- all professors
UNO Department of Psychology – all professors
Additional Agencies from the Emergency Task Force List
Nebraska Medical Center
UNMC
City of LaVista
Douglas County (general)
City of Bellevue
VA
Tenet Health (Creighton)

In addition, 150 letters including the survey link were sent to individuals without email contact information. Letters were distributed 6/16/12 – 6/20/12.

Email Sent With Survey Link

Region 6 Behavioral Healthcare is partnering with the Behavioral Health Education Center of Nebraska (BHECN) through the University of Nebraska Medical Center to conduct a workforce development survey for those individuals working in and with the behavioral health field. This includes those in the mental health and substance use fields and professionals in other areas that have an impact in behavioral health such as primary health care, university training programs, schools, law enforcement, and community advocacy groups.

We hope that you will take some time and complete the survey by clicking on the link below. Individual survey responses will not be identifiable. This survey will ultimately help us

- Understand how to enhance the skills of the behavioral health workforce in Cass, Dodge, Douglas, Sarpy, and Washington Counties
- Increase staff retention
- Recruit more individuals into the field
- Provide interdisciplinary training and staff development opportunities

Please distribute this survey to your organization’s staff and encourage them to complete it. We hope to get a broad representation so we are also asking that you forward it to peers, community partners, and other professionals working with you. If you would like to complete the survey but do not have access to the web-link, contact me and I will send you a hard copy. Feel free to contact me if you have any questions.

Thank you for sharing your voice!