White Paper on Workforce Development for Integrated Behavioral Health in Primary Care
New England Integrated Behavioral Health in Primary Care Learning Community
Julie Schirmer, LCSW, Bill Gunn, PhD, Judy Steinberg, MD, MPH, Justin Nash, PhD,
Beth Tanzman, MSW, Robert Cushman, MD

Purpose: This study *focuses on the development of each New England state's existing workforce*, **highlighting the medical and behavioral health providers.** We recognize that the "scope" of the integrated behavioral workforce is very broad and includes everyone from the front office staff to chief executive officers and all personnel in the clinical, financial, operational arenas. This study addresses the other "circles" in the concept map as they are included in team based care and interprofessional education training initiatives.

Our goal is to come up with strategies to strengthen the drivers, to weaken the restrainers, and to recommend specific, concrete strategies and recommendations to develop a high quality, well-trained integrated behavioral health workforce. Results will be published and reported to state, regional and national policy makers and trainers.

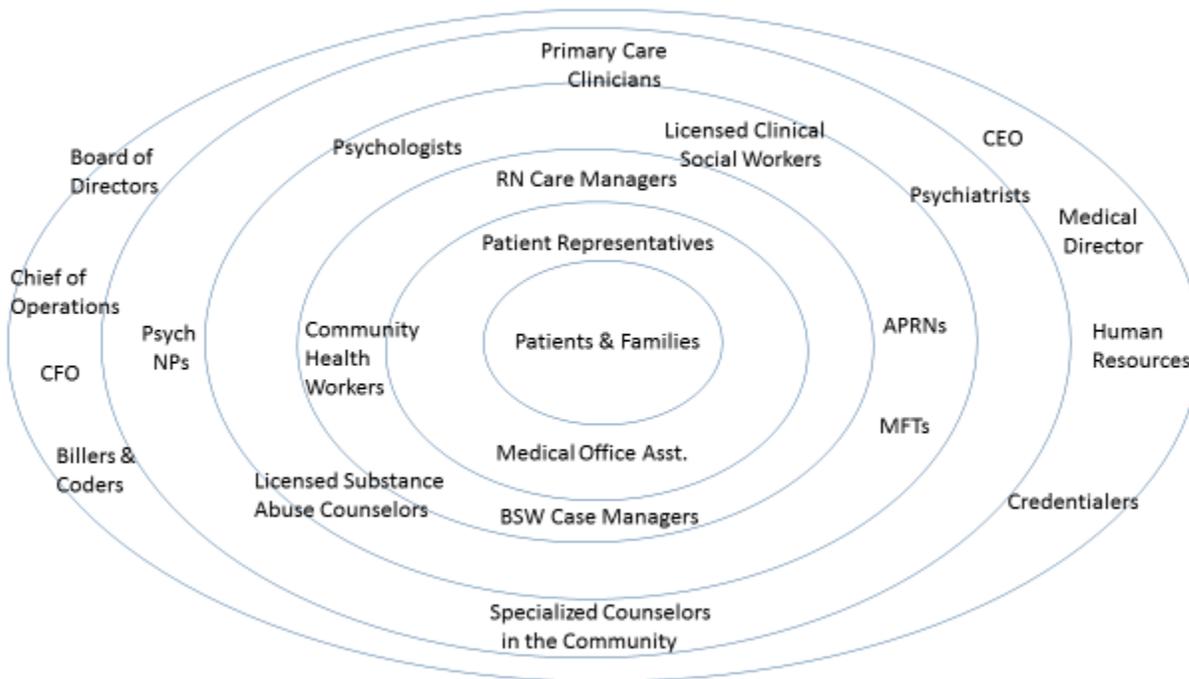**Process:** A 75-90 minute focus group will take place to brainstorm:
- additions/modifications of reported information on workforce efforts
- the drivers and restrainers, summarized in large group or small group discussions, depending on time allowed and number of participants.
- Recommendation large group discussion to follow.

Questions:
1) What is the *current situation* of major integrated behavioral health workforce development in your state? Consider who, is doing what, with/for whom, how and any measurable outcomes available. Organize into state/local initiatives, large systems initiatives, and any major post-secondary school initiatives for behavioral health or primary care clinicians.

2) What are the restrainers of integrated behavioral health workforce development that push your state to the worst situation?
   Restrainer definition: existing social, funding or policy efforts or conditions that have a negative influence on the issue. Identify who does what.

3) What are the systemic drivers of integrated behavioral health workforce development that push your state to the ideal case?
   Driver definition: existing social, funding or policy efforts or conditions that have positive influence on the issue. Identify who (organization or initiative) does what.

4) What are your recommendations to weaken restrainers or strengthen the drivers? Consider what drivers or restrainers can be more easily influenced or changed. This will become more robust as we brainstorm with different groups.

5) Where are the gaps in what you need to know to answer these questions for your state?

6) Are there identified state level IBH workforce task forces/leads who you/others could facilitate a force field analysis conversation (individual or group)?

Concepts: The following concept map defines the different members of the IBHPC team, with patients and families at its core. The personnel with the most frequent contact with patients and families are placed in closest proximity to them, which may differ depending if it is a behavioral health or patient centered medical home.

**Concept Map of the
Integrated Behavioral Health and Primary Care Workforce***

Primary Care Clinicians

Psychologists — Licensed Clinical Social Workers — CEO

Board of Directors — RN Care Managers — Psychiatrists — Medical Director

Patient Representatives

Chief of Operations — Psych NPs — Community Health Workers — Patients & Families — APRNs — Human Resources

CFO

MFTs

Billers & Coders — Licensed Substance Abuse Counselors — Medical Office Asst. — Credentialers

BSW Case Managers

Specialized Counselors in the Community

*Adapted from discussions with Lisa Letourneau, MD, MPH, Executive Director of Maine Quality Counts.