

Current Workforce Development Priorities for Training and Technical Assistance for Integration of Behavioral Health Services in Medical Settings

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Abstract

Aim: Explore Region 10 workforce perspectives of key training and technical assistance needs to support workforce efforts to integrate behavioral health services in primary care. Herein, results are described of an online needs assessment survey completed by addiction workforce members in Health and Human Services (HHS) Region 10.

Methods: Seven survey items concern practices specific to integrating behavioral health services in primary care, for which importance as a workforce development priority was rated on a five-point Likert scale (1=Not At All, 5=Extremely). A lone inclusion criteria for survey respondents, recruited via the Northwest Addiction Technology Transfer Center (Northwest ATTC) website, was current employment as a health professional in an HHS Region 10 state (i.e., AK, ID, OR, WA).

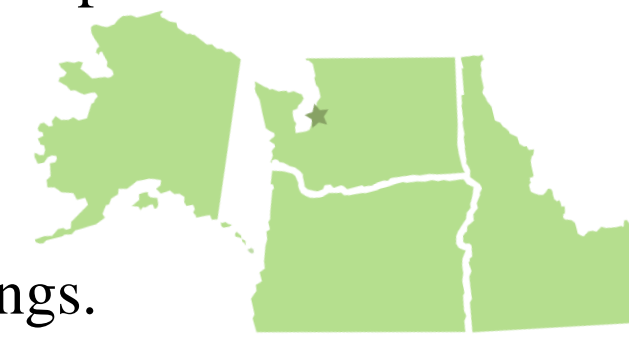
Results: Among this addiction workforce sample (N=306), the three practices most highly-rated as integration workforce development priorities were: 1) multidisciplinary staff teamwork to meet the clinical challenges (M=4.31, SD=.89), 2) orientation to substance use disorders as a form of chronic illness (M=4.23, SD=.89), and 3) referral processes to link persons to longer-term treatment (M=4.20 SD=.89).

Conclusions: Findings identify targets the Region 10 workforce members see as most important for integrating behavioral health services into primary care. These findings suggest a need to focus on providing training and technical assistance to promote skills related to multidisciplinary staff teamwork, orientation to substance use disorders (SUD) as a form of chronic illness, and referral processes to link persons to longer-term treatment. This will inform future efforts by the Northwest ATTC, and others similarly seeking to address workforce development issues, around integration of addiction services into primary care settings.

Introduction

For 27+ years, SAMHSA's national ATTC network has served as a vehicle to facilitate adoption and implementation of evidence-based practices. Increasingly, the ATTC network emphasizes the role of technical assistance, encompassing a rubric of educational and consultative services beyond initial training exposure. To support such efforts, it is critical that addiction workforce perspectives be gathered to identify training and technical assistance targets they see as priorities.

Herein, the Northwest ATTC offers integrated treatment findings from an online needs assessment survey eliciting addiction workforce perspectives in HHS Region 10, the illustrated four-state catchment area that encompasses **Alaska, Idaho, Oregon and Washington**. Findings note HHS Region 10 workforce development priorities for training and technical assistance specific to integrating behavioral health services in medical settings.



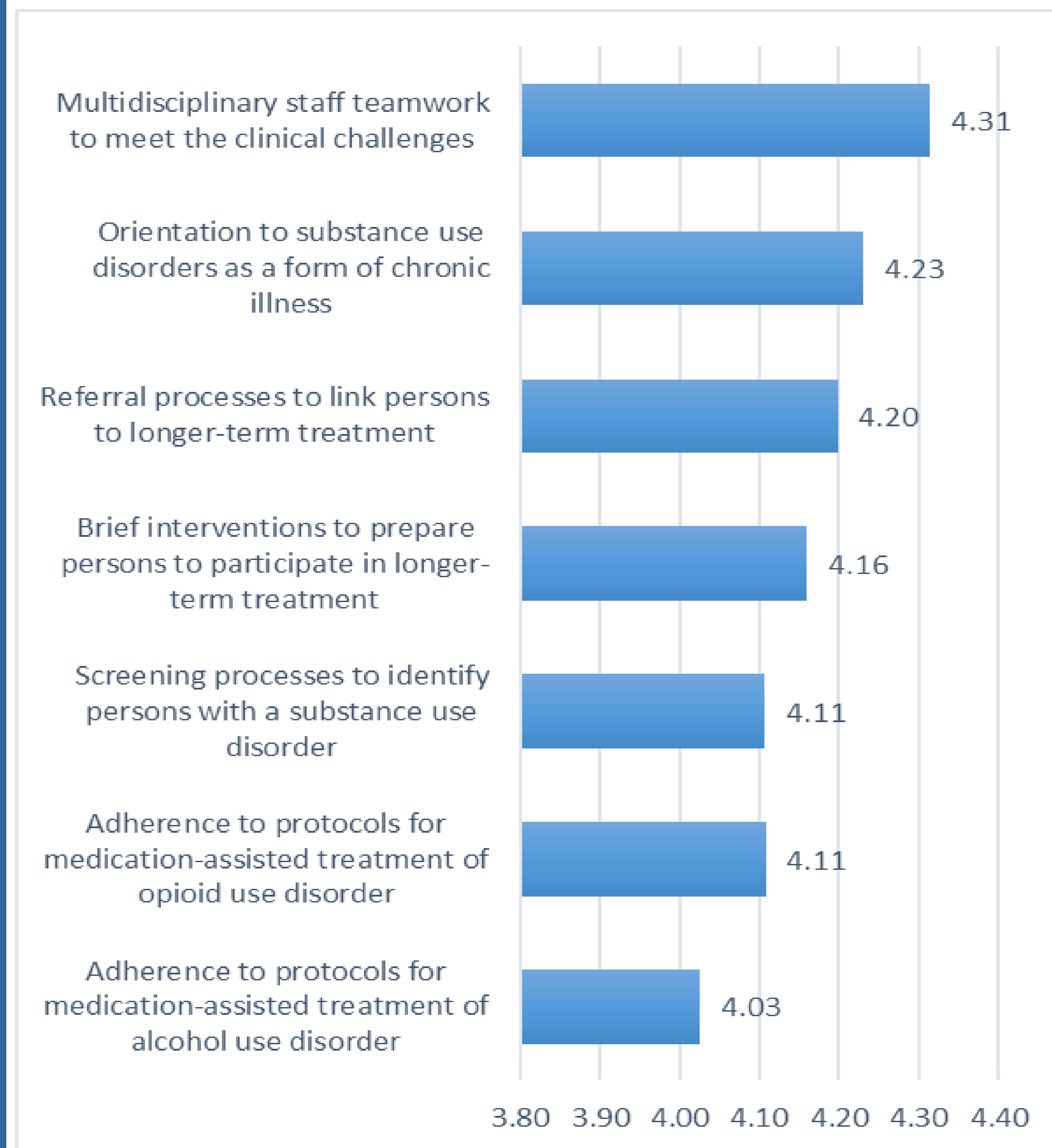
Methods

Survey content was iteratively refined by multidisciplinary Northwest ATTC staff, with input from its 15-member regional advisory board. In addition to respondent demography and professional background, survey items included a five-point scale (1=Not At All, 5=Extremely) to rate the importance of training and technical assistance for integration of behavioral health services in medical settings. The seven services represented in the survey were: 1) orientation to SUDs as a form of chronic illness; 2) screening processes to identify persons with a SUDs; 3) brief interventions to prepare persons to participate in longer-term treatment; 4) referral processes to link persons to longer-term treatment; 5) multidisciplinary staff teamwork to meet clinical challenges; 6) adherence to protocols for medication-assisted treatment of opioid use disorder; 7) adherence to protocols for medication-assisted treatment of alcohol use disorders. In February 2018, a survey link was posted on a publicly-available website where it remained for eight months. The Survey Monkey data collector disallowed multiple responses, to prevent persons from completing the survey more than once. Of the 324 total respondents, 306 affirmed current employment as health professionals in an HHS Region 10 state.

Results

A generalized linear model (GLM), confirmed that a pattern of training and technical assistance priorities was robust across respondent work settings, including primary care clinics, as well as the four HHS Region 10 states. Descriptive statistics for the full sample's ratings are depicted in Figure 1.

Figure 1. Mean Rating of Workforce Priorities for Integration of Behavioral Health in Primary Care Service Areas



Discussion and Conclusions

On average, the 306 members of the regional addiction workforce prioritized rated each of the seven integration service areas as 'very' to 'extremely' important as topics for training and technical assistance. Among the specific integration service areas, the three that were the most highly-prioritized in this sample were:

- 1) multi-disciplinary staff teamwork to meet the clinical challenges;
- 2) orientation to substance use disorders as a form of a chronic illness; and
- 3) referral processes to link persons to longer-term addiction treatment.

Taken together, these needs assessment data identify key targets for future integration-focused training and technical assistance efforts. These should inform efforts to be undertaken by the Northwest ATTC, as well as by other intermediary purveyor organizations in the region. To what extent the prioritized integration service areas noted here generalize to the addiction workforce outside of HHS Region 10 awaits future study.

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Conflict of Interest Statement

The authors declare that no financial or nonfinancial conflicts of interest exist.

