

BRING THE KIDS HOME WORK GROUP WORKFORCE DEVELOPMENT COMMITTEE

In order to bring kids home who have been sent out of state for services and successfully keep them home or prevent other kids from leaving the state, the capacity to serve them in Alaska needs to be further developed across a continuum of care including prevention, early intervention, treatment and ongoing support services. This position paper outlines the major working principles that must be in place to improve the workforce serving children and youth in Alaska.

Standard Practice in Alaska

First, workforce effectiveness and efficiency is dependant on a well-articulated standard philosophy of practice and “being” as a professional helper that shapes training, credentialing and scope of practice of each helper. The articulation of a standard includes common language, ideals and accountability components and must precede structural or pragmatic changes. Standard practice in Alaska should include and address:

Framework for Competency: Although an effective system allows for the consumer to be the primary judge of competency the following core principles constitute a general framework for competency:

Core Principles

1. Child-centered
2. Family-focused
3. Community-based
4. Multi-system, seamless
5. Culturally competent
6. Least restrictive/least intrusive, prevention (i.e., social interventions are tried before drugs are used)
7. Strength-based
8. Trauma sensitivity

Enhancing Family-Professional Partnerships

1. Ethical rules
 - Competence
 - Integrity
 - Professional & scientific responsibility
 - Respect for people’s rights and dignity
 - Concern for other’s welfare
 - Social responsibility
2. Level of Ethical Principles
 - Non-maleficance – “above all do no harm”
 - Autonomy – freedom to act in accordance with beliefs
 - Beneficence – duty to contribute to the good of others and to offer interventions with most benefits at the lowest cost

3. Level of Ethical Theories

Confidentiality

Potential conflicts

Resolving conflicts

4. Promoting Ethical Practice

Professionals – knowledge of code of ethics; communicate effectively; family-focused care; the risk of negative treatment effects should be minimized; constructive alliance between professionals and families

Parents – indicate they want to make informed choice about services provided; expect to be involved in child's treatment; find another clinician if individual and family work is not conducted; be informed about family therapy; ask directly about the clinician's background and orientation

Children's Bill of Rights

Preamble: Children are Alaska's most valuable resources; some children may be Alaskan's most vulnerable citizens. Programs and services for children must be based on several overriding values and beliefs shared by families and child-serving systems. To promote consistency and understanding among children, their families and child-serving systems, special rights for children in Alaska must be recognized. Rights for children will make the state accountable for special responsibilities.

Guiding Principles:

1. Families know best the needs of their children. Child-serving systems must interact with families as partners in designing and providing services for children.
2. Each family is unique. Child-serving systems must provide support to families, based on choice, and assure flexibility to accommodate family circumstances.
3. Integrity of family life is fundamental to the development, well-being and health of children. Child-serving systems and their programs and services must be community-based, easy to access, timely, responsive to the child's and family's needs, culturally competent, comprehensive and coordinated.

Prevention and Early Intervention: In keeping with the recommendations from the 2003 report from the *President's New Freedom Commission on Mental Health*, prevention and early intervention are common practice. Not only does quality screening occur in settings where there exist high levels of risk for behavioral health problems (i.e., the child welfare system, juvenile justice), it also takes place in accessible, low-stigma settings (i.e., schools, primary care facilities). To keep problems from escalating and to improve outcomes for kids, early intervention occurs at the first sign of difficulties.

Role of Alternative or Traditional Healing: Six basic premises, which have been used worldwide for centuries, appear to have direct relevance to workforce development activities; 1) the family and community are meaningfully involved in treating the individual; 2) the problem is defined as "outside" the individual; 3) the individual is defined in a positive way; 4) the treatment is task oriented and explicitly aimed at solving a specific problem; 5) the individual's metaphors are transformed into practical behaviors; and 6) the healer is committed to curing the individual.¹

¹ Stone, George, "Preventing the Hospitalization of Children and Youth"

Although providing alternative or traditional healing sounds easy, it represents a huge paradigm shift from current practice, which works from a diagnostic, medical model.

Role of the Individual, Family, Community and Culture in Service Delivery: Although experts largely agree that partnerships with families, cultural competence in service delivery, comprehensive cross agency interventions and individualized care and home and community-based approaches work, rarely do professionals receive training in the values, skills and attitudes consistent with these practices.² Professionals should be trained “to have attitudes, behaviors and skills that are congruent with the changing children’s mental health field. These include:

- Collaborating respectfully with caregivers, so families are viewed as the experts on their children
- Honoring caregivers and their cultural traditions
- Recognizing and harnessing family strengths and abilities
- Listening, reflecting and synthesizing from a “system’s thinking” as well as family-focused perspective
- Working effectively in cross agency service planning teams
- Striving toward cultural and linguistic competence when serving diverse ethnic and racial groups
- Valuing cross-agency collaborations to organize and deliver services in more creative, flexible and effective ways
- Taking a broader view of who are service providers for children and families, including non-traditional and culturally specific providers
- Increasing respect for the ideas and decision-making skills of front-line, direct care staff
- Promoting and using evidence-based mental health practices
- Increasing application of advances in information technology to improve services”³

Team-oriented Service Delivery: Research generally shows that hierarchical authority stymies creativity, forces over-utilization of resources and is less effective.⁴ Standard practice in Alaska needs to change so direct care staff are recognized as equal partners in the delivery of children’s behavioral health workforce and are trained to effectively participate in both individual-level and systems-level planning and implementation activities.

Community Development: “Workforce development must re-train existing providers to improve their ability to provide effective community-based care AND train a much larger set of people to take important roles, including paraprofessionals, family members, home-and-school-based staff, pre-school staff, and early childhood consultant. All must be prepared to utilize the ‘transforming principles.’ The President’s *New Freedom Commission on Mental Health* identified the following key principles as critical for its proposed ‘transformation’ of the mental health system:

² Huang, Larke et al., “Transforming the Workforce in Children’s Mental Health,” p.4 cited in Koppleman, “The Provider System for Children’s Mental Health: Workforce Capacity and Effective Treatment,” National Health Policy Forum, the George Washington University, October 26, 2004 , p.13

³ Georgetown University Center for Children and Human Development Issues Brief “Transforming the Workforce in Children’s Mental Health, February 2005, p. 3

⁴ Fort Bragg study on psychology

- Care is consumer and family-driven
- Care is oriented toward recovery and resilience – toward hope
- Disparities in the care of racial and ethnic minorities are reduced and care is culturally competent
- A broad array of community-based alternatives to traditional care is accessible in the community, based on evidence-based and best practices
- Care is individualized and flexible, utilizes child and family strengths
- Care is coordinated across all child and family serving systems
- Children’s developmental differences are recognized, especially for groups of children with specialized needs, such as those with co-occurring disorders
- Technological advances are used effectively”⁵

Structural Change, Face Validity, Data and Research: Although a body of evidence-based practices for the delivery of behavioral health services for kids is only beginning to emerge, “experts largely agree “systems that (a) are family-driven, (b) create care plans that incorporate parents’ needs, (c) are culturally and linguistically competent, (d) use case managers appropriately, and (e) employ staff who can work well across various agencies (schools, juvenile justice, child welfare, special education, public mental health) are considered quality systems.”⁶ In order for these and other evidence-based approaches to be practiced in Alaska, information about them should widely disseminated and incorporated in professional pre-service and in-service education, training for families and youth and community development activities. Attention should also be paid to identifying and replicating Alaska-grown evidence-based practices.

Alaska’s Workforce Development System

Second, the whole system does not need to be re-invented nor do the professional or helper ranks need to be populated anew. Although certain specialty groups are limited or lacking in Alaska and will need to be addressed through recruitment, education and/or public-private partnerships, there are many capable and partially trained individuals available in Alaska – even in remote villages. Alaska’s workforce development system should include and address:

Collaboration with the University: Since Alaska’s public university system has the responsibility to address state needs through education, training and research, it is essential that university curricula and coursework are complementary to the long-term direction the behavioral health system of care for children and youth is heading. University curricula and coursework should reflect the standard of practice articulated earlier. State and local agency staff, families and youth need to be involved in shaping university programs and in teaching classes and courses. A series of conversations among stakeholders to help translate science to practice and practice to science is recommended, including a discussion of how the university can better prepare people to

⁵ Georgetown University Center for Children and Human Development Issues Brief “Transforming the Workforce in Children’s Mental Health, February 2005, p. 3

⁶ Huang, Larke et al., “Transforming the Workforce in Children’s Mental Health,” p.10 cited in Koppleman, “The Provider System for Children’s Mental Health: Workforce Capacity and Effective Treatment,” National Health Policy Forum, the George Washington University, October 26, 2004 , p.13

understand the literature. Partnerships should also be developed with providers, professionals and family advocacy organizations to develop and co-teach courses and provide ongoing coaching and consultation.

Recruitment and Retention: Funding mechanisms are woefully inadequate in attracting and retaining people who work in a difficult profession. A variety of strategies should be explored to increase wages and improve benefits, including but not limited to:

- Placing particular emphasis on increasing the wages of direct care staff since these positions have the highest turnover
- Investigating other states that have been successful in receiving wage and/or benefits increases for direct care staff to learn more about their strategies and applicability to Alaska
- Developing a comprehensive legislative strategy presented in “bottom line” business terms as well as human services terms

A variety of other recruitment and retention strategies should also be implemented, including but not limited to:

- Promoting scholarship and internship opportunities to address professional shortages
- Offering university loan and loan repayment programs for work in the field of children’s behavioral health
- Implementing marketing strategies to interest high school students and people from underrepresented groups
- Recruiting and supporting students from diverse ethnic, racial and ethnic backgrounds
- Offering incentives for practices in areas with underserved populations
- Offering pay increases for meeting identified competencies
- Offering a range of incentives for ongoing staff development

Supervision, Coaching and Mentoring: Since there are a variety of models for providing supervision, common principles and ethics should direct practice and supervision. A collegial orientation and a multi-disciplinary team approach that work with and for the individual, family and community are worthy discussion points for making structural change. Ways to increase and fund “live supervision” (i.e., the supervisor is still seeing individuals but communicates to the supervisee rather than to the individual and also teaches skills, kindness and compassion) through distance should be explored. Training for supervisors is needed to help them better coach and mentor their employees. A mechanism for providing hands-on coaching and consultation for direct care staff needs to be developed as does the capacity to develop coaches, perhaps in tandem with planning for the Behavioral Health Training Academy.

Training Technology: A variety of training technologies should be explored, including but not limited to distance delivery (e.g. web-based instruction, tele-communications, video conferences, and on-site traveling training and consultations). In addition, small cohorts of students could be moved together under a consistent tutelage and program.

Cross-discipline Training: Training should be consistent and complementary across disciplines since there are a number of agencies and organizations at both the state and local level involved in bringing and/or keeping kids home. Opportunities for cross-training should be identified and actively promoted, including the availability of university credit across disciplines, including but not limited to behavioral health, education, social work, psychology and nursing.

Integration and Use of Existing Workforce Development Resources: Workforce development activities should be aligned with complementary resources, including those available through professional organizations and family advocacy organizations. A survey should be widely disseminated and a matrix developed that compares core competencies to areas being addressed by existing resources to identify niches, who is doing what, gaps and areas of need. A directory and clearinghouse of training, technical assistance and information resources should also be developed.

Collaboration with Service Providers: Transforming the workforce to bring and keep the kids home depends on the ability of providers to develop new models of service delivery. Staff will need to be trained to have attitudes, knowledge and skills consistent with the changing children's behavioral health field. Providers may also need training and technical assistance on making organizational change. Public-private partnerships to address workforce issues and assist providers to make fundamental changes across all levels of their agencies are essential.

Training Programs and Curricula: Service providers working in the children's behavioral health field need a wide variety of skills and knowledge to bring and keep the kids home. Some gaps have been identified (e.g., on-demand just-in-time training, and accurate diagnoses and differentiated treatment and services for children and youth with FASD or traumatic brain injuries). Professional development plans that line up with competencies, career advancement and certification should be developed and supported.

Broad Stakeholder Collaboration: The Alaska Mental Health Trust Authority, state human service agencies, the University of Alaska, service providers, professional associations and organizations, family advocacy organizations and other stakeholders should collaboratively invest in an ongoing commitment to gap analysis and quality assurance. Funding should be provided for ongoing competency review and assessment, and training and technical assistance.

Coordination with Overall Bring the Kids Home Initiative

Finally, workforce development activities need to be developed in concert with the overall intention and vision of the Bring the Kids Home work group. A clear articulation of the vision will enable the workforce development committee to identify the components it can affect, outline those components outside its power and state the realities of barriers that cannot be hurdled but must be accommodated (e.g., lack of funding flexibility under Medicaid, inadequate wages and benefits).

DRAFTERS

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