

Mississippi Behavioral Health Workforce: An Assessment of Training Needs

Summary of Focus Groups and Key Informants Input

Prepared for:
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Mississippi Behavioral Health Workforce: An Assessment of Training Needs

Introduction

The Mississippi Department of Mental Health (MSDMH) has long recognized the professional development needs of the substance use and mental health disorders workforce in Mississippi. This year, in a continuing effort to address the workforce needs, MSDMH selected the Mississippi Public Health Institute (MSPHI) to build a workforce development program, which has been branded the Mississippi Behavioral Health Learning Network (MSBHLN). The MSBHLN is housed at the Mississippi Public Health Institute, a non-profit organization established in June, 2011, to engage in partnerships and activities that improve the health of Mississippians. The MSBHLN will offer behavior health specialists a comprehensive array of current and evidence-based continuing education opportunities through in-person, online and regional modalities.

The MSDMH, Bureau of Alcohol and Drug Services (BADs), administers the public system of substance use assessment, referral, prevention, treatment and aftercare/continuing care support services for the individuals it is charged to serve. It is also responsible for establishing, maintaining, and evaluating the network of service providers, which includes state-operated facilities, regional community mental health centers, and other nonprofit community-based programs. The overall goal of the state's substance use service system is to provide a continuum of community-based, accessible services, including prevention, outpatient, detoxification, community-based primary and transitional residential treatment, inpatient and recovery support services. The Bureau includes two divisions, the Division of Prevention Services and the Division of Treatment Services.

The Community Mental Health Centers (CMHCs) are the foundation of the substance abuse prevention delivery system. Mississippi has 14 regions that make up the community mental health center (CHMC), intellectual/developmental disabilities and substance use disorder center service areas. See Appendix A—MSDMH Service Area Map.

Behavioral Health Workforce Crisis

Serious workforce shortages exist for mental health and substance use treatment professionals and paraprofessionals across the United States (SAMHSA, Report to congress on the nation's substance abuse and mental health workforce issues, 2013). Congress has called it the “workforce crisis.” Currently, 62 million people (20-23%) of the U.S. population live in rural or frontier counties, and 75% of these counties have no advanced behavioral health practitioners. In 2012, the turnover rates in the addiction services workforce ranged from 18.5% to more than 50%. These shortages are affecting Mississippi at an alarming rate. In fact, 77 of the 82 counties in Mississippi are designated Health Professional Shortage Areas for Mental Health (U.S. Department of Human Services, 2017).



The need for an educated and seasoned workforce stems not only from demand, but high turnover rates, a shortage of professionals, aging workers, and low compensation (SAMHSA, 2014). Several resources document the fact that the behavioral health workforce is one of the fastest growing workforces in the country (Occupational Outlook Handbook, 2015). Employment projections for 2020, based upon data from the U.S. Bureau of Labor Statistics, forecast a rise in employment for substance abuse and mental health counselors with a 36.3% increase from 2010 to 2020. This anticipated growth is far greater than the 11% projected average for all occupations (Occupational Outlook Handbook, 2015), and is centered on an expected increase in insurance coverage for mental health and substance use services brought about by passage of healthcare reform and parity legislation and the rising rate of military veterans seeking behavioral health services.

Demographics of Mississippi indicate a clear disparity of young adults entering the mental health and substance abuse workforce. In fact, more students begin using cigarettes, alcohol, marijuana and other drugs each year than those that enter the behavioral health workforce (SAMHSA, Behavioral Health Barometer, Mississippi, 2015).

Currently in Mississippi, only 9% of the mental health and substance abuse workforce is between the ages of 21-29 (MDMH, 2012-2017). However, according to the latest census data, just over 20% of the population is comprised of young adults ages 21-29. This data suggests that this particular age group is underrepresented in the workforce. Additionally, over 60% of those in this age range that need mental health or substance use treatment are not receiving appropriate services (SAMHSA, Behavioral Health Barometer, Mississippi, 2015).

While young adults in Mississippi are lacking in the workforce, over 45% of the mental health workforce is over the age of 50 (MDMH, 2012-2017). Within the next decade, many of these workers will likely leave the profession due to retirement. Without an effort on the State's part to disseminate accurate information regarding the careers available to our youth, the worker shortage in Mississippi will unfortunately worsen. This workforce crisis is coupled with an increase in demand for services as evidenced by the recent attention given to the opioid crisis across our nation. Sadly, this crisis will likely become more evident as our need for services will increase due to the influx of infants suffering with neonatal abstinence syndrome. In fact, the number of infants born addicted to drugs has increased by 500% over the past decade (Patrick, Davis, Lehman, & Cooper, 2015). Furthermore, Mississippi is among the four states with the highest rate of neonatal abstinence syndrome (Davis et al., 2015).

In Mississippi, over 45% of the mental health workforce is over age 50. (MDMH, 2012-2017)

In response to this crisis, BADS is taking SAMHSA's lead and further addressing the need to strengthen the behavioral health workforce with enhanced workforce development strategies. These strategies, with input from behavioral health stakeholders and informed by this needs assessment, will help build the behavioral health workforce and assist and support those who need services. This commitment is evident in BADS' 2012-2017 Substance Abuse Prevention and Treatment Workforce Development Plan, which will be updated to include more responsive strategies to address current workforce needs.



Purpose

As stated in SAMHSA's *Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues* (2013), an adequate supply of a well-trained workforce is the foundation for an effective service delivery system. Consequently, BADS collaborated with the MSBHLN to conduct an assessment of the training needs of Mississippi's behavioral health workforce.

BADS also concurs with The Center for Health and Learning, which states that there is an identified need for prevention, intervention, and treatment and recovery providers to operate together more seamlessly at the community level and to be more visible in their collaborations. Further, this underscores the importance of increasing opportunities for professionals to build collaboration skills and develop a common understanding of how each level of the continuum needs to work with the others to be effective and identify common skill development needs.

The Mississippi behavior health workforce is made up of diverse professionals, including:

- Physicians
- Psychologists
- Social workers
- Advanced practice psychiatric nurses
- Marriage and family therapists
- Certified prevention specialists
- Addiction counselors
- Mental health/professional counselors
- Psychiatric rehabilitation specialists
- Psychiatric aides and technicians
- Paraprofessionals in psychiatric rehabilitation and addiction recovery fields (such as case managers, homeless outreach specialists, parent aides, etc.)
- Peer support specialists and recovery coaches

There is an identified need for prevention, intervention, and treatment and recovery providers to operate together more seamlessly at the community level and to be more visible in how they work together.

(The Center for Health and Learning)

Through focus groups and key informant surveys, MSBHLN learned more about the training needs, challenges and expectations of the aforementioned behavioral health workforce representatives. The findings are summarized in this report.



Methodology

To ensure that the approach to the needs assessment aligned with the Bureau of Alcohol and Drug Services' (BADS) vision, the MSBHLN team met with BADS' staff—Melody Winston, Bureau Director, Thia Walker, Prevention Coordinator – Epidemiologist – SEOW Project Director and Pam Smith, Director, Substance Use Disorder Treatment Services.

During this meeting on September 25, 2017, MSBHLN gained insight about BADS' expectations and requirements for professional development for behavioral health specialists. This information is discussed in more detail in the *BADS Perspective* section in this report. The BADS team reviewed MSBHLN's potential focus group and key informant questions and provided feedback. There was consensus that focus groups would be more appropriate for prevention specialists and online, in-person and telephone interviews best for substance use disorder treatment specialists since they are not as available to leave their work settings. BADS agreed to provide MSBHLN with contact lists for prevention and substance use disorder treatment specialists. There was further recommendation to interview substance use disorder treatment administrators, managers and others in decision-making capacities in an effort to solicit their input about workforce challenges and training needs.



Stephanie McCladdie,
SAMHSA Regional
Administrator, Region 4

To ensure adequate representation of the Native American population, BADS recommended that a separate focus group be held to determine workforce needs unique to their rich culture. The Mississippi Band of Choctaw Indians is the only federally recognized American Indian Tribe in the State of Mississippi.

BADS also recommended MSBHLN gain a broader perspective on behavioral health workforce development by interviewing Stephanie McCladdie, SAMHSA Regional Administrator, Region 4. To that end, provided below are descriptions of recruitment methods, participant demographics, locations, instruments and protocols used for substance abuse prevention focus groups and substance use disorder (SUD) treatment specialists key informant telephone, in-person interviews and online surveys.

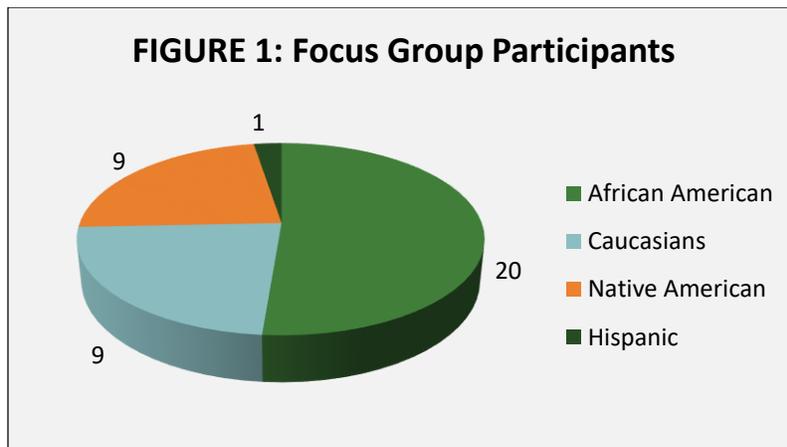
Substance Abuse Prevention Focus Groups

Participant Recruitment/Demographics

The BADS Prevention Services Director provided a contact list for prevention specialists (n = 43). An invitation to attend a focus group was composed in the form of a letter and placed on DMH BADS letterhead. The letter was emailed to all Substance Abuse Block Grant (SABG) and Mississippi Prevention Alliance for Communities and Colleges (MPACC) prevention specialists and their supervisors.

MSBHLN extended an invitation to Choctaw Behavior Health (CBH) to participate in the focus group. Betty Tate McAfee, Director of CBH offered to host a focus group with both prevention and substance use disorder treatment specialists. Participants were provided a choice of four different locations, dates and times in which the focus groups would take place.

There was a total of 39 focus group participants across four focus groups. Sixteen of the 39 participants were CBH prevention and substance use disorder treatment specialists. Demographics for the group included 11 males, 28 females; 20 African Americans, nine Caucasians, nine Native Americans and one Hispanic (Figure 1). Participants' years of experience ranged from three weeks to 20 years.



Focus Group Locations, Instruments and Protocol

MSBHLN conducted four focus groups held in four regions throughout the State during October 2017. Focus groups were completed in 90 minutes at the locations and times noted below.

- Choctaw Behavioral Health, Choctaw, MS (Tribal Headquarters)**
October 9, 2017—10:30 am-12:00 pm
- Mississippi Public Health Institute, Ridgeland, MS (Central Mississippi)**
October 16, 2017—10:30 am - 12:00 pm
- DREAM of Hattiesburg, Hattiesburg, MS (South Mississippi)**
October 20, 2017—10:30 am-12:00 pm
- Fairland/Sunflower Landing, Tutwiler, MS (Mississippi Delta)**
October 25, 2017—11:00 am-1:00 pm



MSBHLN provided one facilitator, one note taker, refreshments, and materials for each focus group. The facilitator was trained on the *Focus Group Moderator Guide* (Appendix B). The note taker was trained on the *Note Taker's Template* (Appendix C). The facilitator and the note taker received training on focus group facilitation and note-taking. Additionally, MSPHI, which has experience in qualitative research, provided coaching and technical assistance on focus group facilitation, analysis and report writing. Since the needs assessment was not considered research, Institutional Review Board (IRB) approval was not sought. The sampling of participants was purposive (non-random) to enlist knowledgeable participants.

Participants were greeted as they arrived and were asked to sign in and make a name card. Informed consent procedures were explained at the beginning of each focus group, and participants were asked to sign an informed consent form (Appendix D). Participants were assured of confidentiality and asked permission to audio-record the focus group session. Participants were then read an introductory message and subsequently asked 14 structured questions from the moderator guide as listed below. Consistent with qualitative interviewing techniques, follow-up questions allowed participants to explain why they selected a preferred response for questions with specific response options (e.g., a number).

Warm-Up Questions

1. What do you like best about working in the behavioral health field?
2. What are some of the current challenges you are facing in your profession?

Key Questions

3. What course topics are needed?
4. Does in-person, webinar, or online (self-paced) work best? (Use scale of 1-5 with 1 being least and 5 being most desired)
5. How far are you able to travel to participate in training? (0-10 miles, 11-25 miles, 26-50 miles, more than 50 miles)
6. What cultural group or populations need attention?
7. Do you need basic, intermediate, or advanced courses?
8. What type of continuing education hours do you need?
9. How long should a training presentation be?
10. How much time (per month) should be devoted to training?
11. What challenges (barriers) do you encounter in participating in quality training that is current and relevant?
12. What makes information presented at trainings trustworthy?
13. What is your preferred learning method? For example, interactive, visual, self-paced.

Wrap-Up

14. Are there any final comments?



Key Informant Interviews of Substance Use Disorder Specialists

Recruitment/Demographics

Key informants consisted of mental health and substance use disorder treatment specialists certified through the Mississippi Department of Mental Health Bureau of Alcohol and Drug Services and private agencies throughout the State. These lists were cross-referenced with lists provided by the Mississippi Association of Addiction Services (MAAS) and the Mississippi Association of Addiction Professionals (MAAP).

The invitation to participate in telephone and in-person key informant interviews was extended to 27 Substance Use Disorder Specialists (SUD) who serve as administrators, managers and in other decision-making capacities. Seventeen (17) of these responded, which represents a 62.9% response rate.

The invitation to participate in an online key informant survey was sent to 61 individuals who work as counselors, in-take specialists, psychiatrists and peer support specialists. Twenty-three (23) responded, which represents a 37.7% response rate.

Key Informant Instruments and Protocol

Information was collected via telephone, in-person interviews and anonymous online surveys. The interviewer was trained on the use of the key informant moderator script (Appendix E). Online survey questions were developed to elicit specific data and with clear intent (Appendix F). The online questions were the same used with the focus groups. All subjects were ensured confidentiality except when noted in this report. Additionally, verbal informed consent was obtained, and subjects were told that participation was strictly voluntary. *Qualtrics Experience Management* software was used to develop online surveys. Anonymous links to these surveys were then distributed to appropriate recipients. Although information was not collected regarding the individual respondent's identity or IP address, the program did provide geo-location services. This feature allowed the researcher to ensure that all regions of the State were represented in the results of this study.

MSBHLN conducted a telephone interview with Stephanie McCladdie, Substance Abuse and Mental Health Services Administration (SAMHSA) Regional Administrator for Region 4, which includes Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee.

McCladdie suggested that the needs assessment and subsequent training plan should address reasons for the high turnover rate currently affecting the behavioral health workforce in Mississippi (McCladdie, 2017). She further suggested we obtain and review the highlights from the most recent SAMHSA visit to Mississippi. Although systemic changes might be warranted in Mississippi, the MSBHLN was encouraged to prioritize and focus on the most urgent needs first and use the assessment to identify what MSBHLN scope should entail in helping BADS with workforce development strategies.

Lastly, the MSBHLN was encouraged to identify and establish collaborative relationships with community partners (McCladdie, 2017). These partnerships would increase MSBHLN's capacity to serve the training needs of the BH workforce. Additionally, these partners could serve adjunct functions such as promotion of trainings.



Key Informant In-Person and Telephone Interview Questions for Substance Use Disorder Treatment Specialists (Administrators, Managers and other Decision-makers)

1. It has been suggested that the behavioral health workforce is in a crisis as evidenced by high turnover rate and worker shortages. Are you affected by this crisis and, if so, how?
2. One recommended strategy for workforce development includes training across different specialties. How do you think this cross-training would be received at your facility?
3. In order to assess the degree to which training impacts the services provided, would you be able to assist in completing follow up surveys (3, 6, and 12 months) and encourage your employees to provide honest feedback?
4. What can be done to better prepare your newly hired employees to develop the advanced skills needs to serve the clients?
5. Tell me what you think about a two (2) day intensive training for newly hired employees that only have the basic skills needed? Would this enhance retention rates and reduce burn-out?
6. What do you think is needed to bring about systemic changes in the behavioral health system in Mississippi?
7. How can training be translated into implementation? I.e., action steps taken with newly gained knowledge
8. Who are your community partners?
9. Which courses would like to see us offer between January and June, 2018?
10. Would you prefer in-person, webinars, or self-paced e-learning? If you prefer in-person, would onsite or at the central training facility be more appropriate?
11. Who would you consider a subject matter expert on the topics you mentioned earlier?

Key Informant Online Survey Questions for Substance Use Disorder Treatment Specialists (counselors, therapists, in-take personnel, peer support specialists)

Warm-Up Questions

1. What do you like best about working in the behavioral health field?
2. What are some of the current challenges you are facing in your profession?

Key Questions

3. What course topics are needed?



4. Does in-person, webinar, or online (self-paced) work best? (Use scale of 1-5 with 1 being least and 5 being most desired)
5. How far are you able to travel to participate in training? (0-10 miles, 11-25 miles, 26-50 miles, more than 50 miles)
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12. What makes information presented at trainings trustworthy?
13. What is your preferred learning method? For example, interactive, visual, self-paced.

Wrap-Up

14. Are there any final comments?

Bureau of Alcohol and Drug Services (BADs) Perspective on Workforce Needs of Substance Abuse Prevention and Substance Use Disorder Treatment Specialists

The MSBHLN met with BADs staff to solicit their input on the needs assessment approach, gain an understanding of their concerns about the Mississippi behavior health workforce and what they believe are areas that need improvement. Melody Winston, Bureau Director expressed BADs' commitment to supporting the workforce through offering evidence-based, current and relevant behavioral health content. "We understand the frustrations in the field. There are very passionate professionals who work hard every day to make a difference," Winston stated. She suggested that BADs needs to help Mississippi's behavioral health specialists better understand the importance of data collection and Substance Abuse Block Grant Guidelines (SABG).

"Prevention specialists need to know they are valued. They are doing great things in their communities, but need much more support."

Thia Walker

Thia Walker, Prevention Coordinator – Epidemiologist – SEOW Project Director stated, "Prevention specialists need to know they are valued. They are doing great things in their communities, but need much more support." She expressed a desire to have quarterly grantee meetings with prevention specialists to provide more guidance on current prevention trends, data input through Data Gadget and orientation for new prevention specialists.



Pam Smith, Substance Use Disorder Treatment Services Director, shared her concerns about the fast-paced environment in treatment facilities and how professionals must keep up with evidence-based strategies and trends. “We need some way of disseminating information quickly to the field and offering multiple opportunities for training on new techniques.” Smith conveyed her interest in BADS improving and increasing efforts around serving pregnant, parenting and post-partum women. Smith shared some of SAMHSA’s recommendations during a recent site visit regarding data collection and community engagement.

BADS stressed the importance of collecting workforce training data through MSBHLN.

BADS would like to capture the following data:

- How many participated in training?
- What courses were provided and completed?
- How long did the training last?
- How many trainings were in-person, online and regional?
- What professions and credentials were represented?
- Participants satisfaction with training
- Implementation of newly acquired evidence based skills

Finally, BADS staff conveyed their anticipation with learning from the field about its needs and subsequently what they can do to provide more support and guidance.

BADS recommended the following workforce trainings:

- Prevention 101 course every six months
- New prevention specialists orientation
- Quarterly grantee meetings with training on Data Gadget
- Environmental Strategies
- Tobacco Merchant Education
- Electronic Health Records: How to code more efficiently
- Opioids—Are you prepared for the next phase?—Increase in heroin and Fentanyl
- Coalition-building
- Understanding SABG guidelines
- How to develop Memoranda of Understanding (MOU) and Memoranda of Agreement (MOA) and difference between the two
- HIV/AIDS
- Tuberculosis
- Diversify funding streams
- Advanced grants management
- Data driven decision-making
- Parenting/pregnant programs for providers/clinicians
- Clinical strategies for dealing with trauma (Intermediate levels, evidence-based programs)
- Motivational interviewing
- Cognitive behavior therapy
- Medication assisted treatment
- Lunch and learns via webinars
- Leadership skills—leadership academy
- Developing and enhancing faith-based partnerships



Focus Groups: Key Finding and Themes - Substance Abuse Prevention Specialists

Positive Aspects of Working in Prevention

Overall, prevention service providers seem to be passionate about their work and have their client's best interests at heart. Most commented that one must have a passion for the field in order to do the job. Several respondents remarked that working in prevention is a "calling" and "purpose." A common theme among all focus groups was that they enjoyed working with children and adolescents, providing education, making a difference, and seeing positive change.

Challenges to the Behavioral Health Workforce

One of the biggest challenges that prevention providers face is getting into the schools to facilitate prevention programs. These are usually due to school constraints on time. A respondent remarked, "Can the Mississippi Department of Education put prevention into the school curriculum?"

Other common challenges were a high turnover rate in the field, inadequate pay, lack of training, and lack of funds to carry out prevention requirements. Several respondents had issues with having no control within their agencies over the grant or budget. They felt that leadership within the agency was not supportive of prevention and that prevention grant money is being used towards treatment. There was also a concern among some participants that there is a lack of knowledge at the state level. One participant was critical of "being told what to do by people who know nothing about prevention."

"Being told what to do by people who know nothing about prevention."

Further, respondents expressed concern over the cultural sensitivity of the curricula, lack of training in the curricula and curricula not being aligned with current trends and the interests of targeted young people. A few respondents reported that evidence-based curricula do not include marijuana prevention which is very prevalent and needs to be addressed. A similar concern was raised about the requirement by the State that prevention professionals implement environmental strategies with the lack of funds to effectively carry them out. One respondent remarked, "Environmental change takes time and we just are not given the time or the money."

"Environmental change takes time and we just are not given the time or the money."

A common concern that emerged among the focus groups was that due to lack of training opportunities, prevention professionals were unable to obtain their prevention certification in the required time allotted by their grant. Relative to prevention certification were concerns over the time allowed to obtain the certification versus the time it actually takes to apply for prevention certification through the Mississippi Association of Addiction Professionals (MAAP). Respondents pointed out that BADS allows two years to obtain prevention certification but two years' experience in the field is required before one can even apply for prevention certification.



Lastly, there were concerns over the challenges of working with government officials and getting the government involved. One respondent asked, “Does the government even care?” Participants shared their frustration with getting policy-makers involved in passing ordinances. They mentioned although the Social Host Bill was passed years ago, there is a need for more progress at the local level to pass laws and ordinances. There was also concern with marijuana legalization and the message it sends to youth who believe it “must not be bad.”

Training Needs

There was robust discussion about the training needs of the prevention professionals. Respondents expressed their excitement about the potential and availability of upcoming training.

A number of training topics were recommended by participants. Recommendations are listed below:

- HIV/AIDS
- Prevention ethics
- Managing disruptive audiences
- Opioids
- Marijuana
- Substance abuse prevention specialist training (SAPST)
- Effective implementation of evidenced- based practices
- Suicide prevention
- Working with LGBTQ populations
- Bullying
- Gang affiliations
- Crisis prevention and intervention
- Prevention certification process
- Environmental strategies
- Strength-based models
- Motivational interviewing for prevention professionals
- Coalition development
- Volunteer training
- How to get ordinances developed and passed
- How to develop partnerships
- DSM-5
- Cultural competence and diversity
- Working with the military
- Financial management
- Prevention basics and advanced skills
- Program evaluation
- Self-care
- Contact information for legislators and city officials/working with the government

When speaking about suicide and bullying prevention, not only did respondents want to be able to facilitate and teach students about bullying and suicide prevention, there was an expressed interest in being able to train teachers on both issues. There was also an interest in being trained on the specific curriculum in the schools. A respondent suggested that a curriculum be developed that “works for us.”

One respondent shared that, at times, prevention professionals have to take on the role of counselor or therapist. They indicated that students and even adults will share information with them regarding substance abuse and other issues. Participants also felt it would be beneficial to learn some basic counseling techniques and training in order to appropriately respond to these individuals seeking help.



A common theme emerged around the need for training on classroom management, working with children, working with adolescents, networking and grant-writing training. Also, participants expressed the need for new employees to receive training on the requirements of their grant, job expectations and roles. Several respondents indicated a need to be able to provide training to faith-based organizations and engage the faith-based communities in substance use prevention.

Training Platform Preferences

There was general consensus among the four focus groups that given the choice between online, in-person, self-paced online workshops and webinars, in-person training was preferred. However, they did indicate a need for a variety of platforms to meet the needs of the workforce. Respondents indicated that webinars and online training would be best for refresher courses with in-person training ideal for new and more advanced courses.

Training Location Preferences

Most respondents indicated that they do not mind traveling to Jackson for training as long as the number of continuing education credits offered and training hours were worth the trip. There was also excitement and interest in regional trainings.

Training Scheduling Preferences

The consensus among focus groups was that training should be offered for more than a few hours at a time. Respondents indicated back-to-back trainings were preferable, such as one in the morning and another in the afternoon. Most respondents indicated they could allot time for at least two trainings per month, depending on their obligations and time of the year.

Respondents suggested that trainings be scheduled around school schedules, as most respondents are facilitating program in schools when schools are open. Therefore, they suggested the majority of trainings be offered in summer months (June and July), November, December, and April. They also requested that no trainings be offered in October due to Red Ribbon events. Respondents also requested required courses be offered on a frequent rotation (i.e., HIV/AIDS, Prevention Ethics, Managing Disruptive Audiences, SAPST, etc.)

In one focus group, participants suggested that training should be scheduled in such a way that the first part is held in the afternoon and the second part the next morning (particularly for HIV/AIDS and prevention ethics). The group indicated this would allow time for travel.

One focus group came up with the idea of scheduling training at MSPHI that corresponded with local events such as the Mid-South Fair, Mississippi Braves games, Jackson State and Alcorn football games, and Christmas shopping. They felt this would be an additional incentive to travel to the area and would allow for networking opportunities after the training.



Continuing Education Hours Needed

Respondents across all focus groups emphasized the need for continuing education hours. The disciplines they recommended for continuing education hours include:

- Social Work (SW)
- Licensed Professional Counselor (LPC)
- Education (CEU)
- Certified Health Education Specialist (CHES/MCHES)
- Certified Medical Education (CME)
- Nursing
- CNA
- MAAP hours (CADC, CADC-I, CADC-II, CAADC)
- Prevention APS, CPS, CPM

Barriers to Engaging in Training

The majority of respondents indicated time, travel and money as challenges encountered when trying to attend or participate in trainings. Availability of training has most recently been a major issue for most focus group participants due to the former BADS workforce development provider closing in August 2016. Other challenges are obtaining support from their supervisor and the location. Respondents indicated a need for required trainings to be offered on a regular basis. Due to conflicting and varied schedules, they might not be able to attend a training when it is first scheduled but could not wait for several months when the training is offered again.

Focus Group Key Findings and Themes - Choctaw Behavioral Health (CBH)

The Choctaw Behavioral Health (CBH) staff enjoy a sense of close community and feel that the agency has strong leadership. These are strengths on which they hope to build in the future. Overall, the training needs were similar to those of the workforce as noted above. This group was made up of several SUD treatment professionals who shared some of the treatment implications for those in the Choctaw Community. For example, there are some long held beliefs in the culture such as communication with the dead. If the treatment professional is unaware of these beliefs, the normal practice of one's culture could be labeled pathologic. CBH also requested training specifically for the LGBTQ2S community.

The leadership at CBH is supportive of training opportunities and plans to build time into the schedule to allow for staff development. In addition to the credentials requested by the general workforce, CBH requested CHES, MCHES, and CME hours.

The CBH team was very appreciative of the opportunity to share their strengths and needs. Furthermore, the team acknowledged their Native American culture and how this influences their approach to treating substance use disorders. To ensure understanding, the team invited the MSBHLN team to return for a cultural immersion within the community.

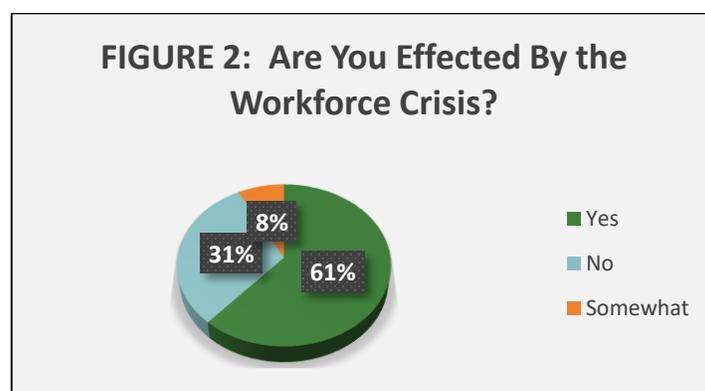


Key Informant Interviews: Key Findings and Themes (Telephone and In-Person Interviews of Substance Use Disorder Treatment Administrators and Managers)

Challenges to the Behavioral Health Workforce

Most key informants noted an impact from the current challenges facing the behavioral health workforce. Particular challenges found throughout the State are high turnover, worker shortages, lack of education requirements needed to fulfill certification requirements, low pay scale, frustration with required documentation, and difficulty recruiting qualified employees. One key informant expressed concern about limitations on certain practitioners' scopes of practice, which may negatively impact on the ability to bill for services.

Of 17 respondents, eight noted a negative impact on the workforce, four responded that they had not been adversely affected, and one noted a high turnover rate but did not feel affected by this (Figure 2).

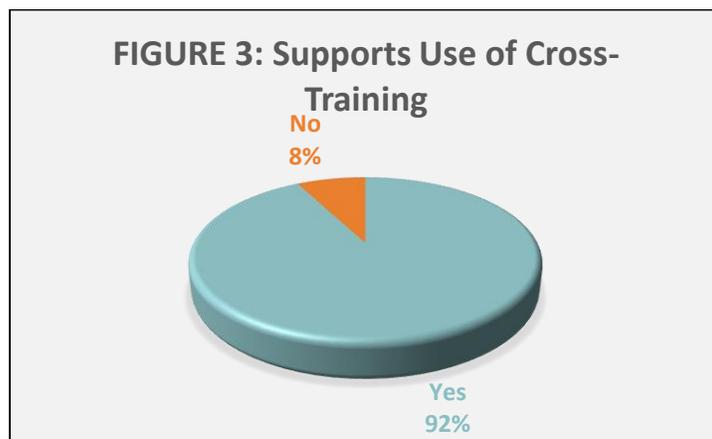


Cross-Training of the Behavioral Health Workforce

Another topic discussed with key informants included strategic cross-training within the behavioral health workforce. Several of the informants believe that the expectations of newly hired employees are not consistent with workforce reality. Therefore, it was suggested that career expectations should be presented within college degree programs.

Over 90% of the respondents felt that cross-training would enhance the quality and effectiveness of the workforce (Figure 3). One respondent stated that cross-training would impact a worker's "marketability in the field of mental health as a whole." Additionally, several informants noted that cross-training would improve the quality of care offered to clients with co-occurring disorders.

There was only one informant who did not support cross-training of the workforce. This respondent believes that "some should specialize in treatment and have specific staff members handle the other needs along with referral sources."



Preparing the Behavioral Health Workforce

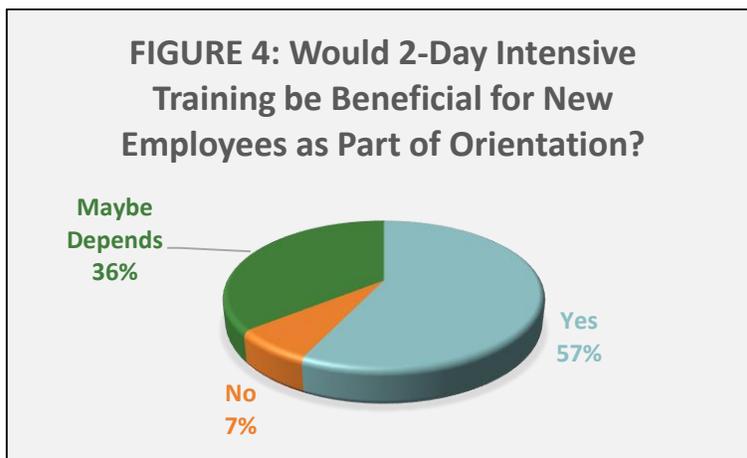
SAMHSA notes that a high number of newly hired employees possess only basis skills and have deficits in the advanced skills needed to serve clients seeking help for substance use disorders (McCladdie, 2017). Therefore, the key informants were asked what could be done to better prepare new employees and help them develop advanced skills. Listed below are the responses received:

- “Work closely with colleges and universities to incorporate more career-focused training components to their curriculum.”
- “More one-on-one training on various policy and procedures as well as DMH requirements.”
- “Need to have a better understanding of DSM-5.”
- “How do I assess and refer out to the appropriate level of care?”
- “Real-time training.”
- “My support staff could use training on confidentiality, HIPAA, and crisis intervention.”
- “More understanding of addiction. It is not a choice.”

Some respondents noted that the expectations of newly hired employees are inconsistent with the reality of low-pay and heavy case-loads. This discordance is coupled with a lack of understanding of MSDMH requirements, the assessment and referral process, training in evidence-based practices, training in multiple competencies, and deficient understanding of diagnosis and treatment planning. Most of the informants felt that new employees were adequately exposed to the theoretical foundations of the helping profession. However, there is a lack of training in regards to the practical application of these theories.

As noted, one factor involved in the workforce crisis includes lack of advanced skills in some newly hired employees. Additionally, some researchers believe that professional development with intense workshops should be used to augment traditional training sessions (Hoge, Wolf, Cannata, & Gregory, 2016). Therefore, the key informants were asked how a two-day intensive training could be utilized to enhance professional development, augment retention rates, reduce burn-out, and allow employees to lay the firm foundation upon which to build the advanced skills needed to serve those seeking treatment for a substance use disorders.

Although the majority of respondents felt this would be beneficial, there were several concerns noted. Some noted that this would provide “too much information at one time.” Another informant felt that knowledge should be obtained from on-the-job-training as opposed to a formal training curriculum. Several questioned how agencies could afford for this level of professional development. Only one informant stated that the training would not be worthwhile and did not believe that it would have any impact on retention rates or employee burn-out (Figure 4).



Systemic Change in the Behavioral Health Workforce

The key informants for the workforce development were given an opportunity to discuss what they felt was needed to bring about systemic changes in the behavioral health system in Mississippi. As a whole, the informants believed that change is needed in several areas. First, directors wanted to see their employees receive state-funded training that focused on the evidence-based delivery of core competencies as published by SAMHSA. Overall, the most common response was increase in pay for those working in the behavioral health field.

Another area of concern is ensuring that knowledge acquisition is translated into clinical or practical changes that enhance the quality of care and/or client outcomes. Directors were asked to share how implementation of new skills can occur. Most noted that current and relevant training should be an ongoing process. Other directors felt that each organization should be allowed to identify their challenges and collaborate with the State for their individual training needs. Overall, most stated that training should be a continual process that was supported with follow-up and quality assurance from direct supervision or directors.

According to McCladdie (2017), it is important for Mississippi to identify and work with community stakeholders and partners. With this collaborative consideration in mind, directors were asked to identify those with whom they partnered in their communities. Below are their responses:

- Local churches
- Local hospitals
- Department of Mental Health
- Mississippi Public Health Institute
- Health departments
- Law enforcement agencies
- Drug courts/criminal justice system
- Physicians in the community
- 12-step fellowship groups
- Mississippi Association of Addiction Professionals

Training Needs of Treatment Service Providers

As previously noted, some of the respondents commented on the deficient diagnostic and treatment planning skills of their employees. Therefore, several requested that training be conducted related to the Diagnostic and Statistical Manual, completing assessments, choosing appropriate levels of care, and treatment planning. More generally, some informants expressed need to train employees to use electronic health records, current technologies, and effective clinical documentation.

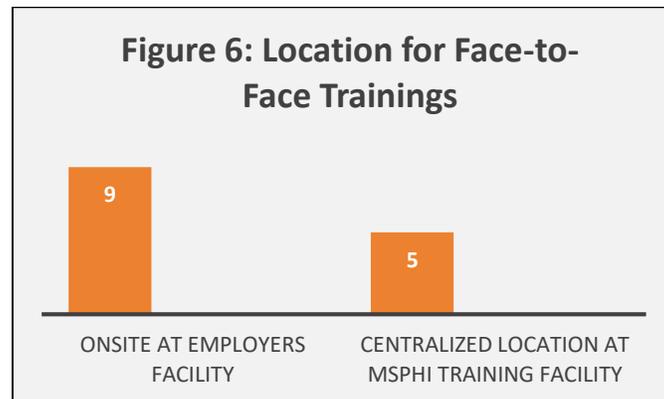
Immediate training was requested in the following areas:

- DLA-20 implementation
- Medication assisted treatment (MAT)
- Co-occurring disorders
- Trauma informed counseling
- Motivational interviewing
- Disease model of SUDs
- Multicultural competency including LGBTQ
- DSM-5
- Completing assessments
- Choosing appropriate levels of care
- Treatment planning

Training Format Preferences

Although most prefer in-person training (*Figure 5*), the directors did recognize the benefit of having alternative platforms available. Additionally, most preferred that the professional development activities occur at their facility with the remainder preferring to travel to the centralized training facility (*Figure 6*).





Key informants were asked to identify subject matter experts to conduct some of the specialized training. Although responses indicated the need for expertise and certification, no specific experts were identified.

Key Informant Online Survey: Substance Use Disorder Treatment Specialists - Counselors, Therapists, Intake Personnel, Peer Support Specialists

Positive Aspects of Working in the Behavioral Health Field

Representatives from the behavioral health workforce were given an opportunity to discuss what they liked about working in the field. Common themes included the challenge of caring for individuals struggling with substance use disorders. Overall, the workforce is passionate about helping others and wants to provide quality care to the clients. In addition, most seemed eager to participate in professional development activities that would enhance his or her ability to provide the care so urgently needed in the behavioral health field.

Challenges of Working in the Behavioral Health Field

When asked about challenges, the most common theme articulated by respondents was lack of funding and resources. Most noted that this lack of funding affects the entire mental health system and is felt throughout Mississippi.

Another barrier within the profession is the stigma associated with substance use disorder. Several individuals shared about their own struggles with alcohol and drugs. These individuals are affected by the stigma or prejudice often noted toward those with substance use disorders.

Other challenges shared by respondents included:

- Poor communication among staff and between agencies
- Lack of time management skills
- Not enough beds to meet the demands
- Decreased average length of stay
- Poor aftercare planning for clients at the time of discharge
- Unqualified staff

Specified Training Needs

The training topics that respondents mentioned seem to coincide with the challenges previously discussed. Several requested more information about medication assisted treatment (MAT) and how funding sources can be obtained to help clients obtain their medications. Additionally, several noted a need for additional skills in documentation and communication with insurance carriers.

Respondents shared that although motivational interviewing has long been a preferred approach when working with those seeking help for substance use disorders, several respondents noted a need for additional approaches and would like to have training in cognitive based therapy and trauma informed treatments. Another common theme was training in the disease model of addiction and neurobiological factors that mediate drug use.

In addition to the foregoing themes, a number of respondents want a better understanding of the DSM-5 and how to use ASAM criteria to determine level of care. Lastly, there is a need to help the workforce with data collection and outcome information.

Specific to the training sessions, the workforce wants to stay current with research and learn relevant evidenced-based treatment options. They prefer visually stimulating presentations that offer opportunities for engagement and interaction.

Trustworthy Training Sources

There was not very much response to this question. Participants did state that training content should be evidence-based and current. They also mentioned that the trainer should be engaging.



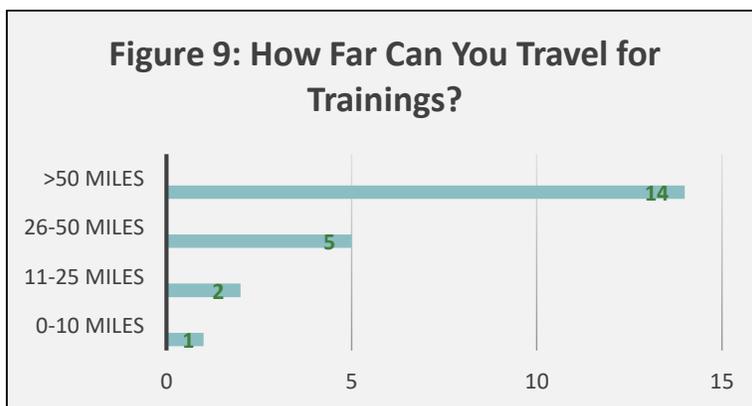
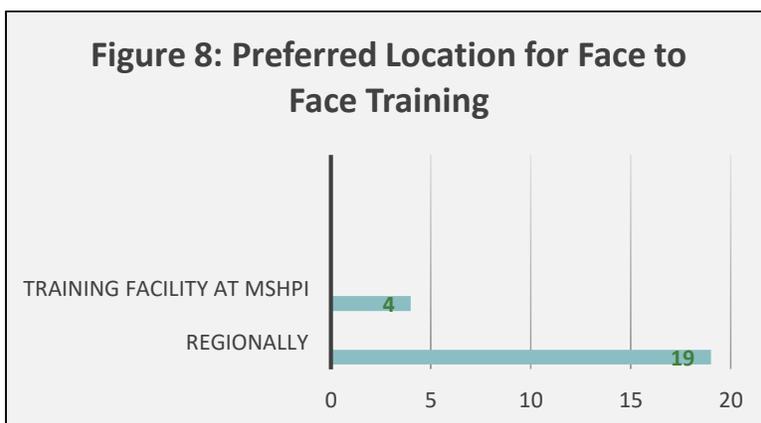
Training Platforms

The respondents were asked which training platform was preferred among face-to-face training, webinars, or self-paced electronic learning modules (Figure 7).

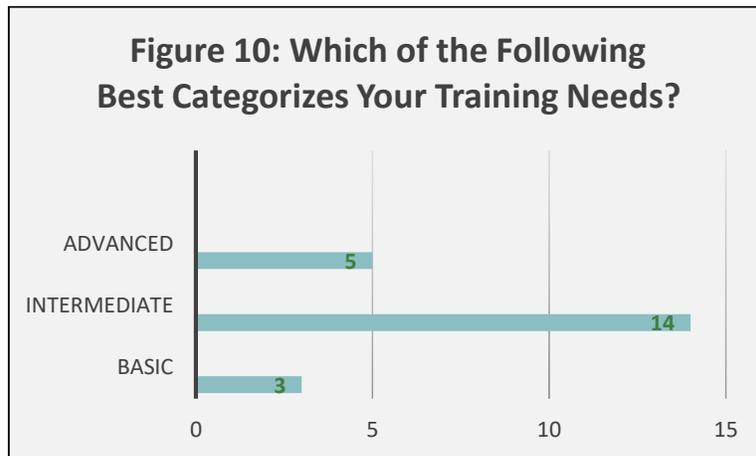


Training Location Preferences

Although most respondents preferred regional trainings, they were supportive of holding longer (1-2 day) trainings at the MSPHI (Figure 8). When asked how far they would be willing to travel to attend training, the majority of respondents stated that they would travel more than 50 miles (Figure 9).

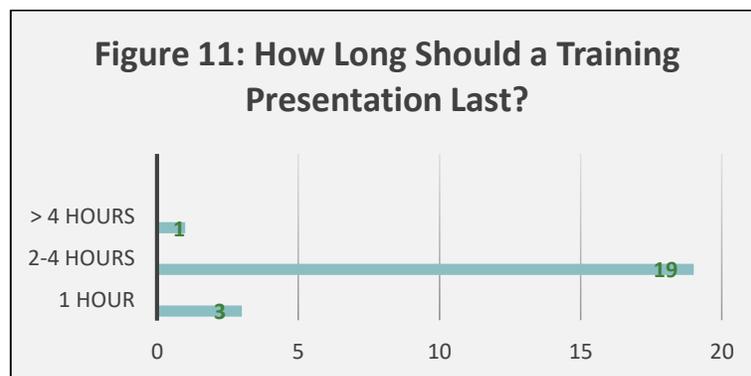


When asked what level of training was needed to enhance their knowledge and skills, the majority of the respondents cited they needed intermediate training (*Figure 10*).



Training Scheduling Preferences

Respondents were asked to comment on how long an individual training should be. However, this preference will be tempered with requirements from the specific certification or licensure boards. The majority of the respondents indicated that a training should last two to four hours. *Figure 11* illustrates the responses from the workforce. Additionally, the average respondent would like to participate in 1-2 trainings per month.



Continuing Education Needs

Respondents shared that they needed continuing education hours for the following disciplines:

- Social workers (SW)
- Licensed professional counselors (LPC)
- Recreational therapist
- Mississippi Association of Addiction Professionals (CADC, CADC-I, CADC-II, CAADC, CCS, CCJP)

The respondents requested the courses to be offered often enough to prevent lapses in these certifications.

Cultural Considerations among the Behavioral Health Workforce

As culture is an essential consideration when counseling an individual, respondents were asked if there were any specific cultural groups or populations with whom they worked. Respondents mentioned that they needed training in order to better serve those previously incarcerated, Native Americans, young adults, Hispanics, and recent immigrants. Respondents also indicated the need for more training in working with and understanding the needs of the LGBTQ2S population, especially transgender populations.



Conclusion/Discussion

Overall, the behavioral health workforce is in need of ongoing training. Furthermore, training should begin as one enters the behavioral health workforce and continue throughout one's career development. These trainings should be offered for all levels: basic, intermediate, and advanced. The MSBHLN training courses will adhere to SAMHSA standards and reflect the core competencies (SAMHSA, 2015). In a September 2017 webinar hosted by the Center for the Application of Prevention Technology (CAPT), it was recommended that substance abuse prevention training adhere to the International Center for Reciprocity Consortium (IC&RC) core competencies for prevention.

There was great enthusiasm among focus group participants and key informants for the opportunity to provide input regarding their needs and for the return of workforce development training. In regard to the types of training and other workforce development needs, there were several similarities between what the groups expressed and BADS recommendations. For example, stronger collaboration between prevention and substance use disorder treatment professionals, environmental strategies, motivational interviewing, medication assisted treatment, training on DSM-5 and how to assist the workforce in identifying additional funding sources.

Although some training will occur at MSBHLN's centralized training facility, there is a need to conduct training either onsite at SUD treatment facilities and regionally. This approach to training will address some of the noted barriers such as travel, cost, and time off from work. Additionally, training should be offered through various platforms in order to meet both on demand needs and those with non-traditional work hours. The MSBHLN will use an online learning management system called *Litmos*. This software will enable MSBHLN workforce development specialists to design and offer online training modules. These modules will be interactive and allow for real-time, quantitative data collection. Furthermore, the learning management system allows the user to consolidate and keep track of training certificates and data.

Training topics should include those needed to obtain or maintain licensure or certification status. However, other topics are needed. Commonly requested and required courses will be included in the initial course offerings to be published by January 2018. These courses should include multicultural competencies, DSM-5 training, clinical documentation and treatment planning, HIV/AIDS, prevention ethics, managing disruptive audiences, prevention basics, substance abuse prevention specialist training (SAPST) and prevention certification preparation.

All levels of the behavioral health workforce need opportunities for professional development. Therefore, leadership courses should be offered and provided to directors and supervisors. Additionally, leadership behavior should be modeled by those in governance positions. The opportunity to engage in cultural sensitive care should be a priority. Congruent with this belief, the MSBHLN will participate in cultural immersion experience offered by the Mississippi Band of Choctaw Indians.

Lastly, this report represents the primary findings of the needs assessment. Ongoing dialogues and assessments will be used to provide data and guide future development opportunities to the workforce. All data will be presented to the Mississippi Department of Mental Health, Bureau of Alcohol and Drug Services.



Recommendations

1. Develop and publish updated *Mississippi Behavioral Health Workforce Development Plan* to include strategies to address current workforce and opioid crises
2. Enhance communication between BADS staff and substance abuse prevention and treatment specialists through ongoing technical assistance (TA) meetings whether in-person or online
3. Provide more explanation to the field on SABG guidelines
4. Use and disseminate language consistent with the Diagnostic and Statistical Manual, Fifth Edition
5. Ensure that new professionals understand their roles and responsibilities and have support of their supervisors through orientation and memoranda of agreements
6. Increase the capacity at the state level to better understand and communicate prevention and substance use disorder trends, evidence-based practices and other related issues
7. Promote stronger collaboration between substance use prevention and SUD treatment specialists
8. Be proactive in providing opportunities for workforce to engage in training on new evidence-based practices and cutting-edge treatment strategies
9. Re-examine requirements by BADS for prevention certification
10. Devise workforce strategies beyond one-time training events and provide strategies to address recruitment, retention, coaching, mentoring, pay, promotions and internships
11. Engage colleges and universities to provide networking and internship opportunities for future professionals
12. Provide comprehensive training on DSM-5 to prevention and treatment professionals
13. Provide leadership skills training and enhancement to administrators, managers, supervisors and other in order to advance the behavioral health workforce
14. Evaluate efficiency of State's data collection processes and access for improvement opportunities
15. Assist the field in identifying additional funding sources
16. Access more training resources and technical assistance from SAMHSA Region 4, Center for the Application of Prevention Technology (CAPT) and Addiction Technology Transfer Center (ATTC)
17. Ensure that training content address the core competencies for prevention and substance abuse disorder treatment specialists as published by SAMHSA and IC&RC
18. Enhance the behavioral health workforce's knowledge and performance of accurate coding/billing practices
19. Evaluate current management structure for prevention specialists



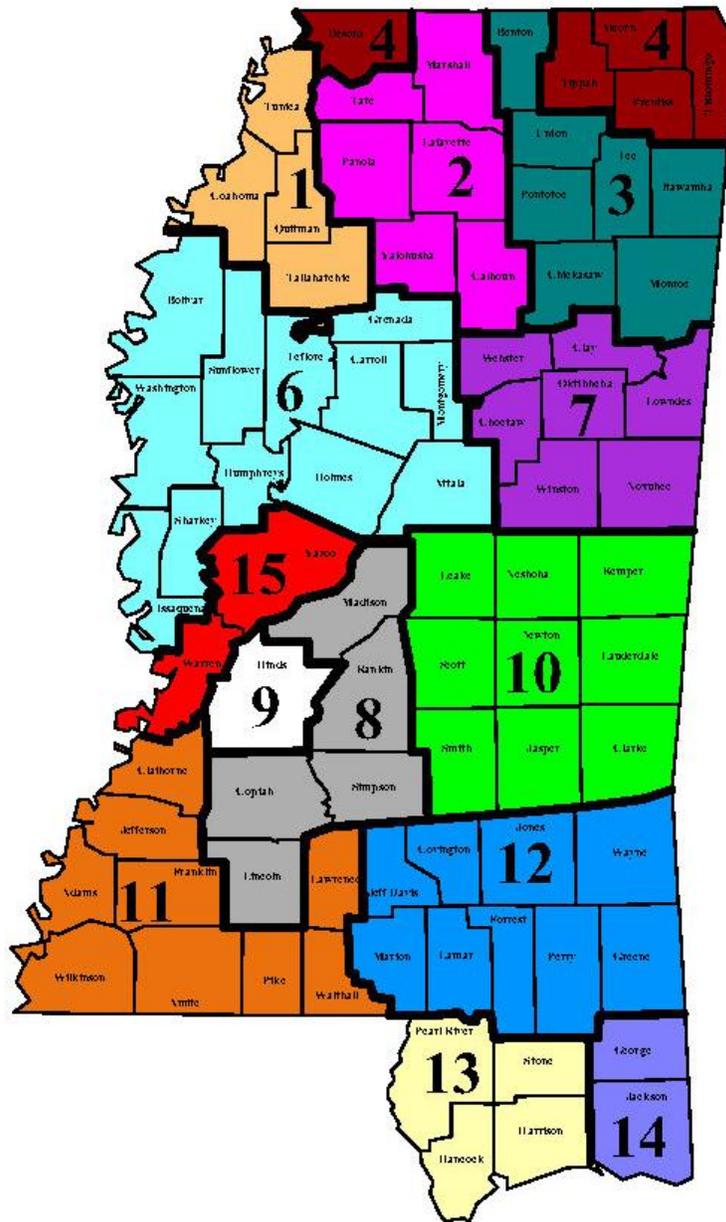
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APPENDIX A

Mississippi Department of Mental Health Service Area Map



2014



APPENDIX B

Substance Abuse Prevention Focus Group Moderator Guide

MATERIALS

- Refreshments
- Table Tents and Markers with Sample for Note-takers and Facilitators Completed
- Flipchart, Easel, Markers and Masking Tape
- Confidentiality Agreements (participation)

BACKGROUND/INTRODUCTIONS (10 minutes)

Moderator will:

- As participants arrive, greet them warmly, encourage them to grab refreshments and ask them to complete a table tent with big block letters of their first name only on each side of the tent like the sample provided.
- **Introduce yourself** and thank participants for agreeing to come.
 - *Thank you for volunteering your time and coming today. I am {NAME} – I work with the Mississippi Public Health Institute (MSPHI), and will be leading our discussion today. We are visiting with you today on behalf of the MSPHI and our partner MSDMH in order to better respond to the workforce development needs of behavioral health professionals in the state of Mississippi.*
- **Explain purpose.**
- *We have the discussion scheduled for about 60 minutes today. During the group, we want to get your reaction to some questions about training needs for behavioral health, in general, and substance abuse prevention and treatment, more specifically. What we learn will help MSPHI and MSDMH develop a customized program for the behavioral health professionals in Mississippi. Our belief is that this will directly benefit the citizens in our state by enhancing the quality of care provided.*
- **Hand out and explain consent forms.**
 - (Insert script here for consent form explanation.)
- Pass around a sign-in sheet and name tents/markers.
 - *Please complete the sign-in sheet we are passing around.*
 - *If you have not already made a name tent, please do with you name in big block letters like this one (show sample) on front and back. This helps us to get to know each other quicker in this short time together.*
- **Explain process.**
 - *We are just here to facilitate the session today. You will not hurt our feelings or make us feel bad with whatever opinions you might share. We are interested in hearing your point of view even if it is different from what others have expressed. So, please feel free to speak open and honestly (or candidly).*
 - *We're going to make every effort to keep the discussion focused and within our time frame. If too much time is being spent on one question or topic, we may move the conversation along so we can cover all of the questions.*



- **Explain confidentiality and conduct participant introductions.**
 - *We have a note taker here today (raise hands and introduce note taker by first name) because we don't want to miss any comments. Additionally, we will use an audio recording device. This allows us to ensure integrity in our reporting. We need to write an overall summary report from all the focus groups we are conducting. We will only be using first names today and there will not be any names attached to the comments on the final report. You may be assured complete confidentiality. All notes and recordings will be destroyed after the final report is written.*
 - *On that note, please introduce yourselves – first names are fine. Let's just go around the table and each of you please share your first name and how long you have been working in the substance abuse field.*

DISCUSSION TOPICS

Introduction: (2 min)

Great, thank you again for being here! As we mentioned, our topic of discussion today is about the professional development needs of the substance abuse prevention and treatment communities. We'd like to get your candid feedback. We have a lot of experience here, so you should be a great group to learn from! We will talk about the current training you are offered, and what you feel is needed to help retain and maintain your ability to provide quality behavioral health care. The information you provide will help us inform the MSDMH and MSPHI in order to set priorities and assist communities with strategies to improve behavioral health in Mississippi.



Appendix C

Substance Abuse Prevention Focus Group Note-Taking Template

Time:	
Location (include County):	
Name of Facilitator:	
Name of MSPHI Note taker:	
Total Attendance	

Participant Demographics

<i>Ethnicity</i>	White		Hispanic		Black/African American		Native American		Asian		Other	
	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>
Age												
18												
19-64												
65+												
Totals												

Were incentives used? No ___ Yes ___

If yes, please provide number and types of incentives

Number provided:	

Use the space below to diagram the room and where participants are sitting:



Introduction:

During this portion of the group, participants will provide their first name. Make sure to record the first name of the individuals only.

<i>First Name of Participant</i>

Question 1: What do you like best about working in the behavioral health field?

<i>First Name of Participant</i>	<i>Response</i>



Question 2: What are some of the current challenges you are facing in your profession?

<i>First Name of Participant</i>	<i>Response</i>

Question 3: What course topics are needed?

<i>First Name of Participant</i>	<i>Response</i>



Question 6: What cultural groups or populations need attention?

<i>First Name of Participant</i>	<i>Response</i>

Question 7: Do you need basic, intermediate, or advanced courses?

<i>First Name of Participant</i>	<i>Response</i>



Question 8: What type of continuing education hours do you need?

<i>First Name of Participant</i>	<i>Response</i>

Question 9: How long should a training presentation be?

<i>First Name of Participant</i>	<i>Response</i>



Question 10: How much time per month should be devoted to training?

<i>First Name of Participant</i>	<i>Response</i>

Question 11: What challenges (barriers) do you encounter in participating in quality training that is current and relevant?

<i>First Name of Participant</i>	<i>Response</i>



Question 12: What makes information presented at trainings trustworthy?

<i>First Name of Participant</i>	<i>Response</i>

**Question 13: What is your preferred learning style?
For example, interactive, visual, or self-paced.**

<i>First Name of Participant</i>	<i>Response</i>



Question 14: Are there any final comments?

<i>First Name of Participant</i>	<i>Response</i>



APPENDIX D

Substance Abuse Prevention Focus Group Informed Consent

Purpose: The purpose of this focus group is to assess the training needs of the behavioral health community as related to substance abuse prevention and treatment. Questions will be about current training, training needs, and preferred platforms for course offerings.

Description: You will be asked to participate in a focus group. Facilitator(s) will lead the discussion and a volunteer will take notes. The notes will be used to inform Mississippi Public Health Institute (MSPHI) and the Mississippi Department of Mental Health (MSDMH) of needed trainings to enhance the professional development of Mississippi's behavioral healthcare workforce. Each group will last 60-90 minutes. The information will be examined for patterns, trends, and recommendations.

Risks: There are no foreseeable psychological or physical risks expected as a result of participating in this group. You may withdraw from the group at any time during the process without penalty.

Confidentiality Alternative Procedures: Your participation and responses are confidential. The facilitators will not identify any participant by name in any written reports, unless ordered to be released by a court of competent jurisdiction. All written notes will be stored in a locked file cabinet at the MSPHI office in Ridgeland, MS. The written notes will be destroyed after the study is completed. Additionally, we will use a recording device for audio only. This audio recording will be used to ensure the integrity of your responses. All audio recordings will be destroyed following the completion of the final report. Only group information, with no identifying demographics, will be reported.

Subjects Assurance: Your participation in this study is entirely voluntary. You may decline to answer any questions that make you uncomfortable. The information gathered will be kept confidential along with your identity (with the exception identified above). All information will be destroyed when the study is completed.

Contact Persons: Questions concerning the focus groups should be directed to Roy Hart, MSPHI Executive Director at (601) 398-4406

Legal Rights and Signature: You will receive a copy of this consent form upon request. You are not waiving any legal rights by signing this consent form. Your signature below indicates that you agree to participate in this focus group, that you have had an opportunity to ask questions, and that understand and agree to all provision of this consent form

Signature of the Participant

Date

Signature of Focus Group Facilitator

Date



APPENDIX E

Substance Use Disorder Treatment Specialists Key Informant Online Survey Questions

Purpose: To evaluate the training needs of the behavioral health workforce in Mississippi.

Warm-Up Questions

1. What do you like best about working in the behavioral health field?
2. What are some of the current challenges you are facing in your profession?

Key Questions

3. What course topics are needed?
4. Does in-person, webinar, or online (self-paced) work best? (Use scale of 1-5 with 1 being least and 5 being most desired)
5. How far are you able to travel to participate in training? (0-10 miles, 11-25 miles, 26-50 miles, more than 50 miles)
6. What cultural group or populations need attention?
7. Do you need basic, intermediate, or advanced courses?
8. What type of continuing education hours do you need?
9. How long should a training presentation be?
10. How much time (per month) should be devoted to training?
11. What challenges (barriers) do you encounter in participating in quality training that is current and relevant?
12. What makes information presented at trainings trustworthy?
13. What is your preferred learning method? For example, interactive, visual, self-paced.

Wrap-Up

14. Are there any final comments?



APPENDIX F

Substance Use Disorder Treatment Specialists Key Informant Moderator Script/Questions (In-person and Telephone Interviews)

Introduction:

Hello, may I please speak with [informant].

My name is [interviewer name] and I am calling from The Mississippi Public Health Institute. I'm calling you because you have been identified as someone who knows about the training needs of the substance abuse prevention and/or treatment workforce in Mississippi. We are calling to see if you would be willing to participate in a phone interview as part of a study that we are conducting for the Mississippi Department of Mental Health. The results of the study will be used to improve the educational and professional enhancement opportunities offered to the behavioral health workforce in Mississippi.

The interview will take about 30 minutes to an hour depending on how much you have to say and how many different topic areas you have knowledge about and can speak to. Is now a good time to do the interview?

IF NO – When would be a better time to complete the interview? (**AS NEEDED:** We're wrapping up the interviewing for this study by the end of October, so we'd like to set up a time before then.)

IF YES – Great! Just so you know, everything you tell me in **this interview is confidential. No identifying information (including name or title) will be associated with any of your comments.** The interview will **not be recorded.** The results of your interview and survey will be combined with the responses from other individuals we are interviewing and will be used by the Mississippi Public Health Institute and the Mississippi Department of Mental Health to make recommendations in a report, which will be completed later this Fall.

1. It has been suggested that the behavioral health workforce is in a crisis as evidenced by high turnover rate and worker shortages. Are you affected by this crisis and, if so, how?
2. One recommended strategy for workforce development includes training across different specialties. How do you think this cross-training would be received at your facility?
3. In order to assess the degree to which training impacts the services provided, would you be able to assist in completing follow up surveys (3, 6, and 12 months) and encourage your employees to provide honest feedback?



4. What can be done to better prepare your newly hired employees to develop the advanced skills needs to serve the clients?
5. Tell me what you think about a two-day intensive training for newly hired employees that only have the basic skills needed? Would this enhance retention rates and reduce burn-out?
6. What do you think is needed to bring about systemic changes in the behavioral health system in Mississippi?
7. How can training be translated into implementation? i.e. action steps taken with newly gained knowledge
8. Who are your community partners?
9. Which courses would like to see us offer between Jan-June, 2018?
10. Would you prefer in-person, webinars, or self-paced e-learning? If you prefer in-person, would onsite or at the central training facility be more appropriate?
11. Who would you consider a subject matter expert on the topics you mentioned earlier?
12. Any final comments?



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