

10 Key Consensus Statements for the Behavioral Health Workforce

10 principles representing the collective wisdom of the behavioral health field

Real World Solutions for Systems Change

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Introduction

Governments and healthcare providers face tremendous pressure to meet increased demands for services with reduced resources. To ensure continued delivery of appropriate services, current systems must change. The behavioral health workforce is not exempt from these pressures. The growing shortage of behavioral health workers will have profound impacts on healthcare delivery. Ultimately, a stronger behavioral healthcare system will require increased professional expectations of the workforce, along with commensurate benefits and rewards for their work.

Advocates for Human Potential, Inc. (AHP) and many leaders in the behavioral health profession understand that the disparate responses of prevention, substance abuse, and mental health professionals to users of services and their health needs must be replaced with a more common perspective. For effective service delivery, the workforce must develop new structures, strategies, processes, and approaches that integrate the best practices from each discipline into one unified system of care. AHP conducted a survey of professionals across the range of behavioral health disciplines to understand their perspective on best practices that support and grow a sustainable behavioral health workforce. From the resulting responses, we shaped 10 key consensus statements.

Key Consensus Statements

The Key Consensus Statements that follow can serve as a framework to help behavioral health workers highlight best practices in service delivery. The framework places behavioral health within a comprehensive public health and wellness approach. A comprehensive approach to

behavioral health enables the workforce to focus on the issues that mental health practitioners need to know about substance use disorder prevention and treatment, as well as the issues that substance use disorder practitioners need to know about preventative care and treatment in mental health.

The Key Consensus Statements that follow are unembellished, cross-cutting statements. The ideas they offer are overarching and representative of a recovery-oriented system of care. The statements underscore the importance of the provision of services and strategies within a “Public Health Model.” While acknowledging that the different components of the behavioral health workforce have unique and specialized interests, the intention of proposing these key statements is to help bring all the parties together and reach consensus. These Key Consensus Statements can also serve as a rallying point for all of the behavioral health fields to work together in dealing with issues such as reauthorization, training, recruitment and retention, reimbursement, legislative actions, and the vagaries of state licensure.

1

Preventative Care

From care and fiscal perspectives, it is inherently better to promote health and prevent illness than to treat the condition later. As laid out in the *Principles of the Ethical Practice of Public Health* produced by the Public Health Leadership Society, “Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.”¹ To ensure the best health outcomes for users of services, the behavioral health workforce will provide services and support that will focus on preventative as well as emergent care.

Implications for Treatment and Prevention

- Increased education on preventative and emergent care techniques
- Increased resources to support behavioral health education
- Greater emphasis and resources to implement preventative care in provider organizations, including cross-training on prevention and treatment issues

2

Access to Recovery

Behavioral health workers must meet the users of behavioral health services wherever they are and help them heal and recover. Several components are needed to ensure service delivery, including a multidisciplinary team made up of appropriate staff, local community organizations, the user of services and their family; a patient-centered plan for delivering services based on the user of services' strengths, risks, service desires, and service needs; and cross-training among the multidisciplinary team to ensure a general understanding of each other's services and processes.²

Implications for Treatment and Prevention

- Increased integration of prevention and treatment teams
- Higher degree of coordination with local community organizations and providers
- Increased cross-training on treatment and mental health issues to all service providers
- An understanding that “recovery” is defined by the individual receiving services in the context of their own life circumstances, and services are individually tailored to help the person meet those self-defined goals

3

Individualized Care

The behavioral health workforce will focus on a recovery-oriented system of care (ROSC) and provide services and supports that facilitate each person's individual recovery process. The goal of services and strategies should be recovery at the highest level. Important components of this system are preventative care and treatment options for users of services, recovery initiation and stabilization, and long-term recovery maintenance.³

Implications for Treatment and Prevention

- Increased education on ROSC principles
- Identification and development of long-term peer support systems and increased resources for peer support
- Services and supports that are offered in a low-demand atmosphere without pre-conditions
- Users of services define their own recovery goals and staff support those goals

4

Early Intervention

The behavioral health workforce will use early intervention tools to promote preventative care and successful recovery. These tools include screening and assessment, referral, and linkages to appropriate services and supports.

Implications for Treatment and Prevention

- Increased education on early intervention tools
- Establishment of models in the community for consultative care
- Establishment of patient service teams to integrate prevention, treatment, mental health, and other relevant agencies

5

Consultative Decision-Making

Individuals, families, communities, and members of the behavioral health workforce are central components of the decision-making process in patient care. All members of the care delivery team are part of decision-making process. Patient care must be based on collaborative teams and develop an integrated, patient-centered service plan, based on the users of services' strengths, risks, service desires, and service needs.⁴

Implications for Treatment and Prevention

- Increased education and training on principles and implementation, such as including users of services in the decision-making process
- Resources to identify comprehensive systems of care that include the family and community
- Development of communication protocols governing Qualified Service Organization Agreements (QSOAs) and cross-training on collaborative efforts and person-centered service plans
- Exclusive use of person-centered planning and service delivery approaches
- Giving users of services access to a range of unbiased information to allow them to make informed choices about services and supports
- Giving users of services the opportunity to create Advance Directives
- For minor children, allowing families and the child (to the extent it is age-appropriate) to drive the decision-making process about services and supports

6

Comprehensive Care

Care and support delivered to the users of services should be comprehensive and focused on individual's needs. The behavioral health workforce system must address the needs of the users of services, family and support systems, and the community's health needs to promote health and wellness. Care systems must also build on the strengths and resiliencies of users of services in care and their support networks and involve relevant agencies, organizations, and community groups.

Implications for Treatment and Prevention

- Engaging individuals, families, and communities to promote health and wellness
- Building on the strengths and resiliencies of individuals and support groups
- Involvement of appropriate agencies, organizations, and community groups
- Increased education and training on strength-based and resiliency factors
- Identification and development of comprehensive systems of care and cross-training on comprehensive care
- Peer-support activities of all varieties recognized as a promising practice

7

Cultural Competence

The behavioral health workforce will use relevant cultural and linguistic approaches to help eliminate barriers to services. Sensitivity to the diverse cultures of users of services, the ability to communicate in the language of the users of services, and recruiting staff able to relate to a diverse clientele and practice cultural humility will help eliminate barriers to service. According to *Mental Health: Culture, Race, and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General*, a common theme across models of cultural competence is that they make treatment effectiveness for a culturally diverse clientele the responsibility of the system, not of the people seeking treatment.⁵

Implications for Treatment and Prevention

- Increased resources, education, and training development to assist the behavioral health workforce in accommodating language and cultural competency
- Recruitment of bilingual service providers
- Understanding that every person has the right to receive services in their own language and in a context in which their cultural background is understood and accommodated
- Invite a diverse group of people to the table to inform decision-making (e.g., people from multiple races, cultures, sexual orientations, genders, ages, staff roles, and so forth)



TIP

One of the first steps behavioral health workers can take is to initiate a language audit. This audit is key to the change effort, as the terminology behavioral health workers use—such as “patients,” “clients,” or “consumers”—can vary greatly and present an obstacle to overcome before the process of care can even begin. As a first step to resolving this challenge, a Consensus Panel convened by Advocates for Human Potential, Inc. (AHP) in January 2008 tentatively endorsed the term “users of services.”

8

Evidence-Based and Promising Practices

Behavioral health services should be built on evidence-based and promising practices. Evidence-based practices (EBPs) are based on demonstrable research and beneficial outcomes for users of services. Promising practices are interventions that are generally accepted as having the ability to enhance successful outcomes for users of services. EBPs must be supplemented by promising practices, including those that address screening, assessment, referral, and links to community and peer-run services.⁶

Implications for Treatment and Prevention

- High priority of the identification of both EBPs and promising practices in prevention and treatment of mental and substance use disorders
- Consistent and periodic cross-training in substance use disorder treatment, prevention, and mental health around these identified practices within the context of a performance improvement plan for every behavioral health worker

9

Accountability

The behavioral health workforce and programs should be held accountable by measuring outcomes. These outcomes must be defined by key measures, such as abstinence, length of sobriety, length in treatment, quality of recovery, and relapse interventions.⁷

Implications for Treatment and Prevention

- Training for the behavioral health workforce on proper methods for data collection, interpretation, and reporting, as well as resources for training in managing data collection systems
- Use of incentives and disincentives to hold programs accountable for helping users of services achieve their chosen goals

10

Ethics and Continuous Learning

To ensure the best outcomes for users of services, the behavioral health workforce must commit to principles of continuous improvement through professional development and lifelong learning, using technology to disseminate information and enhance the profession's capabilities and the demonstration of high ethical standards.

Implications for Treatment and Prevention

- Identification and implementation of comprehensive educational standards for the behavioral health workforce
- Once these standards have been adopted, standardized training made available to all related disciplines
- Professional development, including training activities designed and delivered by people who use or have used behavioral health services
- Adherence to the highest ethical standards, including the obligation to treat users of services as fellow human beings with all the rights of any other citizen

Conclusion

These cross-cutting statements are intended to help begin a critical dialogue. Recurring themes in implementation of these consensus statements are:

- Increased cross-training among the behavioral health workforce,
- Increased resources,
- Increased education, and
- Increased comprehensive, coordinated care.



Agreement on common concepts and goals will help the behavioral health workforce transition from operating in silos to coordinating, collaborating, planning, and implementing strategies that offer shared outcomes across sectors. Comprehensive approaches that address the entire community of behavioral health workers will help build capacity across sectors, sustain the success of the entire system, and ensure positive outcomes for patients of the behavioral health workforce.

¹ Principles of the Ethical Practice of *Public Health*, Version 2.2, *Public Health Leadership Society*, 2002, p. 4.

² *No Wrong Door: Designs of Integrated, Client Centered Service Plans for Persons and Families with Multiple Needs*. Publication Date: 08/2001. Report Number 11.99

³ *Toward Recovery Management and Recovery-Oriented System of Care: Scientific Rationale and Promising Practices*, Institute for Research, *Education and Training in Addictions*, 2008, p. 6.

⁴ “*No Wrong Door: Designs of Integrated, Client Centered Service Plans for Persons and Families with Multiple Needs*” Publication Date: 08/2001. Report Number 11.99


⁵ *Mental Health: Culture, Race and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General*, Department of Health and Human Services, U.S. Public Health Service, 2001, p. 51.

⁶ *Toward Recovery Management and Recovery-Oriented System of Care: Scientific Rationale and Promising Practices*, Institute for Research, *Education and Training in Addictions*, 2008, p. 9.

⁷ *Toward Recovery Management and Recovery-Oriented System of Care: Scientific Rationale and Promising Practices*, Institute for Research, *Education and Training in Addictions*, 2008, p. 13.

Prepare Your Behavioral Health Workforce for the Future

America is facing mental health and substance misuse crises, and there is a massive shortage of professionals and facilities available to meet the high demand. Still, immediate and long-term improvements can be made to strengthen, empower, and expand the behavioral health workforce. The time to prepare your workforce for tomorrow is today!

AHP is ready
to help. 

AHP has been a leader in transforming behavioral health systems across the nation for more than 35 years. We help facilities, organizations, providers, and states better understand and align their workforce, systems, training, and data to meet the needs of their target populations

AHP's high-caliber, dedicated behavioral health professionals can help you advance the model for behavioral health workforce excellence and be fully prepared for the future. For more information, see <https://www.ahpnet.com/Rotating-Banner-Landing-Pages/Workforce-Development>



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