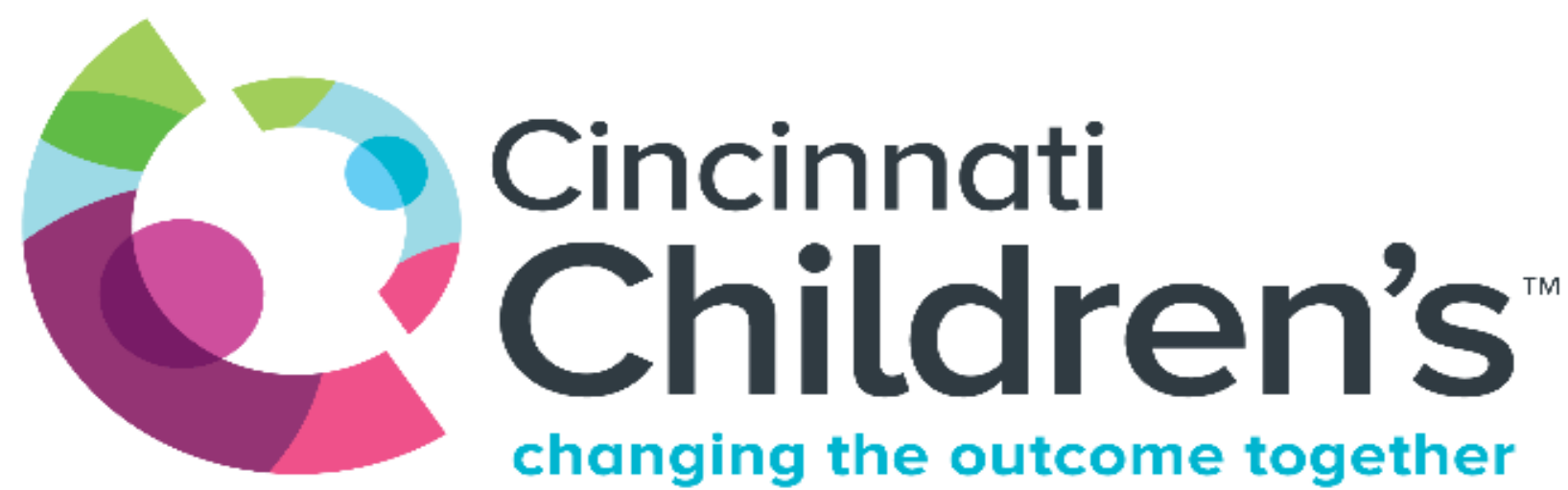


# Methods for attracting, training and maintaining a strong integrated behavioral health team to ensure evidence-based care: Addressing heterogeneity of teams and medical practices

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### Background

**Objectives:**

1. Describe steps to finding the right fit for the integrated behavioral health candidate, team and medical practice.
2. Discuss steps and learnings from development and implementation of a “fellowship” model for master’s prepared clinicians.
3. Apply aspects of a team wellness program to maintain team members despite geographic distance and cultural differences in medical practices.

**Overview of integrated behavioral health (IBH) program:**

- Partnership between Cincinnati Children's Hospital and community-based primary care practices to increase access to mental and behavioral health prevention, intervention, and crisis stabilization services within the primary care setting.
- Program has grown from the first community-based practice in 2019 to 19 current participating practices with 2 additional practices onboarding this year.
- Program is led by a full-time clinical director (doctoral level psychologist) and operations partner, who manage day to day clinical and business operations, including recruitment and growth, contracting, credentialing and billing, clinical oversight, consultation and training, practice relationships, as well as data and outcome monitoring and reporting.
- Monthly financial and clinical data is obtained through the electronic health record and/or data exchange agreements, analyzed, and shared back with practices as well as reviewed at the program level by leadership.
- Practices regularly meet and collaborate with the clinical director and operations partner to develop processes, address issues, and share insights.

### Teams and Medical Practices

**Description of team:**

- 21 IBH therapists (9 LISW, 8 LPCC, 1 LMHC, 1 LCSW, 10 with supervisory designation, 2 dependently licensed)
- Years experience post master's degree ranges from 0-27 years

**Description of practices:**

- 21 practices across a tri-state area collectively caring for >25% of the regional pediatric population
- 29 locations across 7 hospital-owned practices, 8 independently owned practices, 3 FQHCs, and 3 school-based health centers
- Practice locations are dispersed amongst city, suburban, town, and rural geographical areas. Practices range in payor mix from 0 to ~85% Medicaid insured youth.
- Practice locations vary in access to local mental health resources, with some located in areas of abundance and others facing significant gaps. Patient populations also reflect linguistic diversity, requiring services across multiple languages.

### Training and Consultation Model

**Recruitment and retention efforts:**

- Six key steps to screening and interviewing candidates are used to identify therapists who are a fit for both the clinical and training/consultation approach of the IBH program.
- Evaluation of existing clinical knowledge and skills as well as flexibility and openness to the IBH model are embedded in the process.

**Development and implementation of “fellowship” model for dependently-licensed, master’s prepared clinicians:**

**Goals** - Develop workforce, accelerate training opportunities, invest in future workforce.

**Pilot** - One position in 2024 to test adaptation of training model across one year. Expansion of pilot in 2025 to two positions, each planned for two years.

**Training components** - Department and team level onboarding, shadowing different providers to get exposure to the expansive variety of clinical needs of patients seen, and co-treating with experienced IBH clinicians. Ongoing dual supervision with an IBH Provider within their discipline (i.e. social work and clinical counseling) along with clinical director/psychologist

*"Over the past year, I have significantly enhanced both my clinical skills and my confidence in applying them. I have had countless opportunities for professional growth, supported by a collaborative environment that encouraged learning and provided guidance whenever challenges arise. I can confidently say that the clinician I am today is significantly more skilled, knowledgeable, and effective than when I first began."*  
- LSW to LCSW IBH provider (first participant in dependently-licensed pilot program)

**Continuous Training and Collaboration:**

- Aim for standardized, evidence-based treatment (EBT) with modifications to meet patients and families where they are.
- Every child, across all socioeconomic backgrounds, receives care that is timely, appropriate, accessible, and tailored to their needs.

All Teach All Learn: Integrated Behavioral Health Training and Consultation Model

### Outcomes

**What Are We Trying To Accomplish?**

**Workforce: Development and Retention:**

- Intentionality in hiring and onboarding.
- Comprehensive, advanced, ongoing training and consultation components embedded in the model.
- Diversifying/expanding opportunities for IBH providers within clinical, training, and QI/research areas (e.g., media training/engagement, community presentations, supervision/mentoring, training for child-serving professionals, involvement in research/QI).
- Prioritize overall employee mental health and wellbeing with peer mentor support groups, emphasizing self-care, and quarterly social opportunities for team connection outside of work.

**IBH Retention Rate (FTE Based)**

**Care Access:**

- Increased access to prevention, intervention and crisis stabilization services.

**Patients Ending Treatment by Session**

### Outcomes (cont.)

**Utilization: Reduced need for higher levels of care:**

- 26% lower emergency department visit rate for practices with IBH.
- 39% lower inpatient admission rate for practices with IBH.
- All affiliated practices have staff trained in triaging crisis phone calls at access point, decreasing the need for emergency room utilization.

### Discussion

**Lessons Learned:**

- Scale and spread of an effective IBH program has required careful attention to recruitment and retention of providers.
- Increasing training and consultation opportunities for the entire team, as well as developing a program for dependently licensed therapists, has provided opportunities to diversify the team.
- A robust training and consultation model is among the most noted aspects of the program that team members identify as a satisfier for the positions. Specifically, providers express increased competence and confidence in knowing they can help families achieve their stated goals.
- Ongoing support for the team by leaders and peers may reduce burnout and lead to longer term retention of team members.

**Future Directions :**

- Direct measurement of wellness and burnout of the team and the impact of the various components of the program is a future area of study.
- Measurement and evaluation of clinical outcomes of IBH program over time will help identify the most impactful aspects of the program and inform future spread and modifications.
- As the program advances, system-level changes are needed at the institutional level to support the team and provide additional opportunities for career advancement and leadership development.

### References

Hoffmann, J.A., Alegria, M., Alvarez, K., Anosike, A., Shah, P.P., Simon, K.M., & Lee, L.K. (2022). Disparities in pediatric mental and behavioral health conditions. *Pediatrics*, 150(4). <https://doi.org/10.1542/peds.2022-058227>

McClure, J.M., Merk, F. L., Anderson, J., Aggarwal, A., & Stark, L.J. (2023). Expanding access to cognitive behavioral therapy: A purposeful and effective model for integration. *Cognitive and Behavioral Practice*. <https://doi-org.uc.idm.oclc.org/10.1016/j.cbpra.2023.09.005>

McClure, J.M., & Young, M.A. Integrated Behavioral Health: A Guide to Practical Implementation. *Pediatr Clin North Am.* 2024 Dec;71(6):1073-1086. doi: 10.1016/j.pcl.2024.07.014. Epub 2024 Aug 23. PMID: 39433379.

McClure, J.M., Young, M., Whitehead, M., Scott, A.M., Junger, K., Holden, R., Herbst, R.B., Esposito, C., Ammerman, R.T., & Stark, L.J. (2023). Expanding access to evidence-based mental health treatment: An expert-driven training model. *Evidence-Based Practice in Child & Adolescent Mental Health*. (pp. 300-317). <https://doi.org/10.1080/23794925.2023.2284139>

Sorter, M., Stark, L., Glauser, T., McClure, J.M., Pestian, J., Junger, K., & Cheng, T. L. (2023). Addressing the pediatric mental health crisis: Moving from a reactive to a proactive system of care. *The Journal of Pediatrics*, 113479. doi: 10.1016/j.jpeds.2023.113479. Epub 2023 May 13. PMID: 37182659. <https://doi.org/10.1016/j.jpeds.2023.113479>

Tomopoulos S. & Greenblatt J. Integrated behavioral health care as a means of addressing common behavioral health concerns within pediatric primary care. *Curr Probl Pediatr Adolesc Health Care*. 2024 Dec;54(12):101715. doi: 10.1016/j.cppeds.2024.101715. Epub 2024 Dec 5. PMID: 39643461.