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Special Issue: Mental Health Workforce

MENTAL HEALTH WEEKLY
Essential information for decision-makers

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In our annual workforce issue the employment of peer specialists and the importance of embracing diversity both in the workplace and with clients represent the top stories. Other news includes training needs for nurse practitioners and a wage-hike win for direct care staff.

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Placing peers in relevant roles pays major dividends for provider

With around 25 peer mentors and another 10 peer specialists employed in its organization, the Mental Health Center of Denver stands as a pacesetter in integrating the role of peers into its clinical program. One critical factor to accomplishing this, says one of the organization's leaders, was an established history of hiring individuals with a mental illness history — long before the term "peer" ever came into wide use across the mental health field.

"We've employed people with lived experience in a variety of roles," Roy Starks, the center's vice president of rehabilitation services, told *MHW*. For example, "We have a program manager in our rehabilitation program who voluntarily shares his lived experience with patients," Starks said. "We are a company that has valued this for a long time."

The center's efforts toward peer services help reinforce a strong recovery orientation that has positioned the organization as a national expert on recovery-oriented services

Bottom Line...
The Mental Health Center of Denver's recovery orientation receives a major boost from the employment of peers who serve in mentor or specialist roles.

See Peers page 2

Agency's diversity, inclusive support system embraces employees, clients

An Ohio-based mental health and addictions-based organization is making sure that its work environment is an accepting haven of sorts for diverse individuals, including its employees. A curriculum, signage and a tier-based system designed to help identify the skill set and expertise of a clinician providing letters of support for current clients who identify as transgender are among its components.

LifeWorks Northwest, based in the tri-county Portland metro area, cites as its mission a commitment to provide quality and culturally responsive mental health and addiction services across the lifespan. The organization also provides prevention-based services.

As part of its efforts to support inclusion, LifeWorks NW is using a curriculum, "Ouch! That Stereotype Hurts," that is produced by Sunshower Learning. Ouch! provides six basic steps for speaking up against bias without shame or blame: (1) assume good intent and explain impact, (2) ask a question, (3) interrupt and redirect, (4) make it individual, (5) broaden it to universal human behavior, (6) and say "Ouch!," said Diane

Bottom Line...
A diversity and workforce development director says an inclusive and respectful work environment helps improve outcomes.

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factors in a patient's medical history and others.

Survey respondents were asked, "If a patient shows signs of memory issues or complains about memory or disorientation issues, what protocol do you use?" Forty-seven percent of respondents said memory specialists, 17 percent responded medication and 42 percent responded community-based organizations. Additionally, the survey found that only 5 percent responded clinical trial sites and 21 percent responded reading materials.

Nurse practitioners do not have a standard protocol or tool to assess memory problems, said Johnson. About 10 percent of the NPs surveyed reported using the Mini-Mental State Examination, but there is no standard protocol for cognitive assessment and referral, she noted.

Johnson said she would like to see full engagement in this brain health initiative, as it will be a "game changer" for many women who trust their health care to women's health nurse practitioners.

Solutions

- Solutions will require both top-down approaches — including greater resources and greater involvement of NPs, physicians and other clinicians — and bottom-up approaches involving empowered and knowledgeable patients and caregivers, the survey stated. But some basic principles for action are clear:
- More Americans need to understand the basics of brain and memory health, including the steps they can take to encourage brain and memory health. The role of clinicians here in patient education is vital, the survey stated.
- Better referral networks, so that NPs will have access to neurologists and others who can provide more specialized care.
- Clinicians need greater knowledge of how these conversations and referrals will be reimbursed by insurance providers and a much clearer sense of the path ahead for those patients who receive referrals — including referrals to clinical trials.

According to the survey, both education and treatment, including referrals, need a dramatic step up if women are to have the brain and memory health services they need. American women — and many of the nurse practitioners who serve them — are hungry for more information, more resources and more access to qualified professionals who can correctly understand and address early symptoms of Alzheimer's and dementia, the survey stated.

For those facing a diagnosis of Alzheimer's and dementia, the path ahead is daunting. They need the consistent and coordinated support of all in the health care system with whom they come in contact. NPs can and must play a vital role in bridging the gap between a patient's initial contact with the health care system and the specialized referrals and care that patients with Alzheimer's and dementia need.

"It was not always clear to the NPs we surveyed what the path forward would be for their patients," said Johnson. "The majority of NPs want and will use new knowledge and resources to assist patients in early detection and treatment of Alzheimer's and dementia. We are looking for ways to provide NPs the training and tools and educational activities that meet our members' needs and those of their patients."

"With greater awareness, knowledge and tools, women's health nurse practitioners and other nurse practitioners who care for women can be on the front line for early detection and treatment of Alzheimer's and dementia," said Johnson. "As a 501(c)(3) nonprofit organization, we cannot directly lobby lawmakers to support research, provide funding to develop better diagnostic tools and ensure the health care system determines a specific code for screening people for dementia."

Johnson added, "We will be supportive by signing on to letters through other organizations' lobbying efforts and will encourage our members to contact their representatives." She noted that NPs want help with talking points to help raise issues about memory and flagging early signs about what is going on with the patient involving memory, cognition or confusion. •

'With greater awareness, knowledge and tools, women's health nurse practitioners and other nurse practitioners who care for women can be on the front line for early detection and treatment of Alzheimer's and dementia.'

Gay Johnson

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Benavides-Wille, M.A., LPC, CADC I, director of diversity and workforce development at LifeWorks NW.

There is another process on accepting feedback, which also has six techniques, she said. "It's a curriculum you can purchase, and all of our

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staff are taught this curriculum," Benavides-Wille told *MHW*.

Benavides-Wille was a co-presenter of a session titled "Diversity, Inclusion and Multiculturalism: A Moral Imperative" during the National Council on Behavioral Healthcare conference in Seattle in April. "The presentation focused not only on the diversity, equity and inclusion efforts on behalf of those we serve, but also those that we employ," Benavides-Wille said.

Approximately 30 percent of the workforce indicated in a previous poll that they feel unease regarding their LGBTQ colleagues, and approximately 20 percent of millennials identify as LGBTQ, she said.

According to the National Council presentation materials, there is no U.S. federal law protecting the rights of LGBT employees. Additionally, there is no state-level protection for sexual orientation in 29 of the 50 U.S. states. There is also no state-level gender identity protection in 33 of the 50 states. Employees can be fired for being transgender, according to the presentation.

Providing service access

As of Jan. 1, 2015, the Oregon Health Plan was required to pay for medically necessary transgender health care services, making it possible for trans people to get medically necessary trans health care treatments. It was the first time the Oregon Health Plan began to pay for hormone replacement or therapy, said Benavides-Wille.

The agency had a small number of trans individuals seeking services who didn't have an outlet to access health care services, she said. "We had a responsibility to meet the needs and demands of our current clients," Benavides-Wille said. "Given the barriers for trans people, we do what we can to eliminate these barriers so that their overall health, including mental health, is improved."

In order to receive services such as hormone treatment or surgery, trans clients had to have letters of support written for them by qualified mental health professionals, she said. The organization subsequently developed a tier system, designed to help identify the skill set and expertise of a clinician providing letters of support for current clients who identify as transgender, Benavides-Wille noted. Clinicians worked very closely with the medical community to understand what was needed in the letters, including what support would look like following surgery, she said.

'We still have much work to do, but I am confident that continued efforts to build an inclusive and respectful work environment will lead to better outcomes for all involved.'

Diane Benavides-Wille

"The vast majority of our letters of support for trans clients have been for hormone replacement therapy," she said. "We have provided one letter of support for a client pursuing surgery." The population of trans clients was fairly small, said Benavides-Wille. "LifeWorks NW is not a trans-specific provider but we provide this support under one's continuum of care," she said.

LifeWorks NW has a policy to provide endorsement letters for existing clients on a case-by-case basis, based on diagnosis, assessment of the individual's social supports, sociocultural informed consent and completion of an InfoPath Case Review Request. "We work with physicians around consultation," Benavides-Wille said. "If a client is struggling with depression, how does what service they're seeking benefit?"

Tier system

Among the procedures identified as part of the tier system process, a clinician will determine whether a diagnosis of gender dysphoria has been provided for the client. If the clinician determines that this diagnosis is appropriate, they will submit the InfoPath Case Review Request.

Additionally, a Trans Work Group may meet bimonthly to review requests and discuss any concerns with requests as well as identify mitigating factors for said concerns. All letters of support for clients are to be submitted for final approval to the Trans Work Group Committee, and minimally to the vice president of clinical services and the director of diversity and workforce development.

Another part of the tier system is a vocabulary test for staff. The quiz of essential vocabulary for working with the LGBTQ community ensures that terms such as queer, homosexual, drag king/queen and transsexual are properly matched.

According to its policy statement, LifeWorks NW recognizes the achievement this policy grants in assuring access to transgender health care and is pleased these services are available for its transgender clients so that the organization can, with a thoughtful approach, provide the support needed for clients who choose to access this care.

While LifeWorks NW has been and will continue to be providing mental health and addiction services to transgender clients, endorsement letters are not an area of expertise or specialty practice that the organization is prepared to provide, according to the policy statement. As such, any new clients seeking services through the intake department for the expressed purpose of obtaining an endorsement letter will be re-

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ferred to specialty practitioners outside of LifeWorks NW. The organization's intake department has a list of community resources and practitioners, according to the policy.

A 'Safe Zone'

LifeWorks NW has implemented and prominently displayed its Safe Zone signage in each of its more than 22 sites and buildings, said Benavides-Wille. The signs read: "This space respects all aspects of people including: race, ethnicity, gender expression, sexual orientation, socio-economic background, age, religion, veteran status, citizen status and ability."

"Common rooms and group rooms also have the Safe Zone sign displayed, and staff may also request signage for individual treatment rooms," Benavides-Wille said. "We received feedback that, given the current state of our nation, individuals were worried about their safety in seeking services and how they identified," she said. "By implementing the sign at all of our facilities, we wanted individuals to know this was a safe place to not only work but to receive the care they needed."

Benavides-Wille added, "We still have much work to do, but I am confident that continued efforts to build an inclusive and respectful work environment will lead to better outcomes for all involved." •

House passes AHCA bill

The House of Representatives passed the American Health Care Act (AHCA) on May 4 by a vote of 217–213. Over the next 10 years, the AHCA would eliminate $880 billion from Medicaid, one of the most important payers of mental health and addiction services. The field is urging the Senate to reject the bill. *Mental Health Weekly* will have more on this topic in its May 15 issue.

Planning, engaging community are key to diverse workforce

Diversity in the workforce is essential, and while some may refer to diversity as based on race and ethnicity, it goes beyond that to include a variety of factors, such as age, socioeconomic status and location where consumers may live and where providers decide to live and work, according to consultants of a Nevada-based business.

"What do we mean by diversity?" noted Suganya Sockalingam, Ph.D., founding partner/fiscal strategist of Change Matrix LLC, a women- and minority-owned small business that works to motivate, manage and measure change using a structured approach to assess the situation, define outcomes and tailor processes and tools. "Diversity tends to be basically about race and ethnicity in the U.S. That's not sufficient," Sockalingam told *MHW*. "There are a variety of different ways we need to think about diversity in the U.S."

Diversity can apply to the elderly who have different needs than younger populations, rural versus urban or sexual and gender orientations. Diversity can also represent lower socioeconomic status versus a higher status, she noted. It's not just about demographics, said Sockalingam. "You also need a workforce that's trained in cultural competency to address the needs of diverse people," she said. "Whites in Seattle are very different from whites who live in an Appalachian state."

"First, look at who's in the community," said Sockalingam. "Some providers may prefer [to work in an] urban area compared to a rural community. Others might prefer more sophisticated areas where their spouses might find jobs. There are a variety of reasons that influence why you have disparities in the number of people who provide services."

Most often, federally qualified health care centers, also known as community health centers, are located in medically underserved areas or health professional shortage areas, added Sockalingam.

Cultural competence

The issue of multiculturalism in the workplace is a common one, said Elizabeth Z. Waetzig, JD, founding partner/HR connector of Change Matrix LLC, who said she works around disparities and cultural competence issues with behavioral health centers for people who are publicly funded through Medicaid and for clinicians who serve privately for patients across the board.

"Mental health is so culturally impacted," Waetzig told *MHW*. "The idea is that people who are seeking services should feel familiar and safe and relevant with those who are providing services. So, having diversity in the workforce is important. You may not have to identify providers of all ethnicities, such as black, Hispanic or Asian, on staff as long as you have enough diversity generally."

It's important for providers to pay attention to how individuals identify mental health issues for themselves and who access mental health services, said Waetzig. "We do quite a bit of work with the mental health system and other human services systems, like education and juvenile justice," she said. "Disparities show up in those systems related to mental health as well. Data show young people arrested for the same crime are treated differently because of the cultural identity of the group."

Waetzig added that blacks and Latinos are detained more often for the same offense than whites. "Ex-

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