

Chapter 3

Workforce Development in Behavioral Healthcare and the Increased Use of Technology: Is It Working or Not? Are We Asking the Right Questions?

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ABSTRACT

The authors present anecdotal and peer reviewed information relative to the increase in use of technology within behavioral healthcare. Emphasis is on education, training, professional community development, and networking aspects of the field. The use of email discussion lists, blogs, conferences, and online training management tools are discussed. The authors define the use of technology in workforce development, build out examples of use, explore different methods of digital discourse, and discuss the challenges of technology implementation in a clinical setting. The authors attempt to provide both sides of the debate as to whether the increased use of technology in workforce development within behavioral healthcare is working while addressing the overall expectation to reduce costs, provide positive outcomes, and increase the skills and knowledge of a diverse workforce. This chapter provides an overall picture of types of technology are offered and a general overview of the benefits and opportunities for improvement specific to the development of the healthcare workforce.

INTRODUCTION

Implementation and integration of technology in behavioral healthcare workforce development is an ongoing and developing process with pockets of significant use and pockets of slow adapters with evidence of just about every degree of separation between the two. In an age of ever-diminishing resources,

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organizations want the largest return on investment when training their staff and significant time and money are invested in training the workforce: the current average dollars spent on training and development is estimated to be USD\$1,208 per employee, and there are 31.5 average number of learning hours used per employee (Association for Talent Development, 2014). In this age of diminishing resources, the evident prioritization of workforce development supports the imperative that organizations maintain their investment in their workforce. One method to track this investment would be to establish and document a ‘gold standard’ for connecting technology and workforce development with optimal outcomes for each employee, and also, in the case of behavioral health, connect service recipient outcomes (SAMHSA, 2014; Sipek, 2015). There are several barriers, however, to measuring desired outcomes for increase of use of technology in workforce development; some are specific to the behavioral healthcare workforce and others are generalized to the economy and current workforce composition.

As evidenced by pilot studies and funded research initiatives, there is a great need and interest to establish working protocols for the implementation of technology support in behavioral healthcare. However, the nature of the field is that it is an ever changing one: the client population changes over time; there is a high rate of staff turnover; new regulations and mandates emerge; new technology presents itself in novel and interesting applications. Measuring consistent desirable outcomes presents a challenge in the face of the necessarily fluid and responsive nature of behavioral healthcare. The fluidity of the field, in both staff and service recipients as well as outside influences, presents a major challenge to produce repeatable and consistent data-driven protocols, with so many of the underpinnings of infrastructure shifting in sometimes unpredictable ways.

It is now necessary that staff be both proficient in service provision and with the use of technology in their clinical work, neither skill being optional. In one survey conducted by AMN Healthcare Services, Inc. 86% of the 300 clinical leaders and human resource (HR) survey respondents described the need for new types of health care workers in both technology and service provision (Sipek, 2015). In previous decades, staff needed only to be skilled at providing services and technology use was not a priority. However, it is relatively clear and universally accepted within behavioral healthcare that re-training of the workforce is of paramount importance given the explosion of medically related knowledge, processes of integrating care, and the resulting implications for decision making. Necessarily, in most clinical settings, the primary focus of professionals is on the service recipient and in actively engaging in hands-on treatment. Unfortunately, this may lead to staff avoiding or under using technology. Whether they lack the interest, knowledge, or simply time to pursue these avenues, this puts the entire field at a disadvantage because staff may not necessarily be getting up-to-date information and may not be practicing fully within the standards of care to which their respective professions subscribe.

Diversity of service delivery choices, or different methods to provide treatment, within integrated behavioral health teams are another area that is growing or changing across the field and are presenting their own set of unique challenges with regard to technology acceptance. According to Dr. Chantelle Thomas, Ph.D., a Behavioral Health Consultant from Access Community Health Center in Madison, Wisconsin, more service choices are needed for a multitude of reasons. Some of these include the following: treatment options in the community are limited by insurance coverage disparities; there are high levels of psychosocial stress and increased severity of symptoms; and, population based care requires more sophisticated outlets for case management. Technology is at the core of many of the service delivery options that behavioral health is considering (Masys, 2002). This proposal diverges from the existing, more hands-on, treatment practice and staff would not only need to receive education on how to effectively deliver these types of services, but they would also require additional skills training in order to support

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