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Behavioral Health Workforce & Education Training at the University of Dayton

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The University of Dayton (UD) developed a Behavioral Health Workforce and Education Training (BHWET) program in response to a Health Resources and Services Administration (HRSA) call for proposals. The university was awarded \$1.92 million across four years to provide interprofessional education and practice (IPEP) opportunities to students in four of their graduate programs: school psychology, clinical mental health counseling, school counseling, and clinical psychology. This collaborative training initiative emphasizes interprofessional training and education for students, faculty, staff, and community partners. The BHWET program encompasses three primary goals: 1) increase access to healthcare services for underserved youth populations; 2) address sparsity of behavioral health personnel in high-need and high-demand regions; and 3) develop mental health leaders who are collaborative, multifaceted, and will continue to expand services across Southwest and Central Ohio.

UD's program aims to address these goals by placing 120 mental health students in federally defined high-need and high-demand areas. The immediate effect is to increase the behavioral health workforce. The long-term goal is to help students collaborate with mental health and community resource professionals to increase students' effectiveness and encourage long-term employment in the region. Students participating in the BHWET program work together as a cohort, and meet with leaders in schools, community mental health agencies, law enforcement, the court system, mental health boards, and service agencies (e.g. Family and Children First Council). Students work on regional teams supported by site and university supervisors, cohort supervision, and subject matter expert mentors.

In preparation for work across multiple professions, students receive IPEP training using the TeamSTEPPS 2.0 program developed by the Agency for Healthcare Research and Quality (AHRQ) and the Department of Defense (DoD). The training modules prepare students to integrate with professionals in the community using the shared concepts of team

structure, leadership, situation monitoring, mutual support, and communication. TeamSTEPPS 2.0 training is delivered to students as a cohort, who then practice with one another as well as apply the skills in their meetings with community partners.

UD's BHWET initiative will serve five high need and/or high demand regions in Ohio: Dayton (Montgomery County), the Hilltop area west of downtown Columbus (Franklin County), London (Madison County), Middletown (Butler County), and Springfield (Clark County). These five regions represent more than 20% of Ohio's total population, encompassing one-third of Ohio's African American population and one-fourth of Ohio's Hispanic and Latino population. Some of the greatest challenges Ohio is facing in the behavioral health field (opioid crisis, domestic violence, child abuse, and suicide rates) were also considered when selecting service regions for the initiative. Springfield and London are categorized as health professional shortage areas. Data from these various counties show the struggles they are facing with mental health and family issues, giving rise to an even greater need for allocating additional resources and increasing awareness of available health services (see Tables 1 & 2).

Population by County

(2019 US Census Estimates)

| | Clark | Madison | Mont. | Butler | Franklin |
|-------------------------------------|----------------|---------------|----------------|----------------|------------------|
| Population | 134,083 | 44,731 | 531,687 | 383,134 | 1,316,756 |
| By Age | | | | | |
| Persons under 5 years | 7,911 | 2,237 | 32,433 | 22,988 | 92,173 |
| Persons under 18 years | 29,901 | 9,080 | 116,971 | 89,270 | 305,487 |
| By Ethnicity | | | | | |
| White, not Hispanic / Latino | 112,496 | 39,408 | 373,776 | 305,741 | 817,705 |
| Black or African American | 12,067 | 2,908 | 114,313 | 35,248 | 313,388 |
| Hispanic or Latino | 4,827 | 1,029 | 17,546 | 19,157 | 76,372 |
| Persons in poverty, percent | 19,576 | 4,294 | 81,348 | 44,827 | 177,762 |

Child Maltreatment

(<https://grcapps.osu.edu/ofvpp/>)

| | Clark | Madison | Mont. | Butler | Franklin |
|----------------------------------------------------------------|-------|---------|-------|--------|----------|
| alleged child abuse or neglect filed with children's services | 911 | 381 | 3,554 | 2,325 | 10,826 |
| child victims of substantiated/indicated case of abuse/neglect | 435 | 146 | 1,738 | 981 | 3,379 |
| reports of child neglect are substantiated/indicated | 221 | 63 | 774 | 263 | 1,272 |
| reports of child physical abuse are substantiated/indicated | 242 | 62 | 432 | 644 | 1,751 |
| reports of child sexual abuse are substantiated/indicated | 60 | 36 | 182 | 117 | 566 |
| reports of child emotional abuse are substantiated/indicated | 20 | 1 | 471 | 11 | 41 |
| children are placed in custody | 95 | 13 | 915 | 329 | 2,141 |
| children in homes of adult reporting intimate partner violence | 580 | 170 | 2,210 | 1,650 | 5,020 |
| children take shelter in local domestic violence shelters | NA | 25 | 243 | 29 | 211 |

To address the social issues and mental health needs of the region, the BHWET program has a strong emphasis on building community partnerships, collaboration, and interprofessional education and practice (IPEP). Community partners were selected based on several criteria: (a) experience, (b) longevity, and (c) location. In total, UD and the BHWET

program have secured 41 community partners in the Southwest and Central Ohio regions. Partners include schools, community mental health agencies, public service organizations, medical centers, law and criminal justice offices, and faith-based organizations.

The program utilizes a hub-and-spoke training model. Students will complete a majority of their profession-specific training at a base site and participate in rotation training at community partner sites (see Figure 1). Students will receive training and develop partner projects as a cohort. The total length of time students will engage in rotation training is approximately one academic year (fall, spring, and summer semesters) before a new cohort enters to repeat this timeline. The hours and requirements of placements vary depending on the student's program of study; however, all students will complete both their traditional internship training and the training by community partners.



The relationship with community partners is symbiotic. Students will learn about an organization's structure, mission, and needs to gain a deeper understanding of community resources. Students will then share what they have learned with their traditional training site and with other students and community partners. Participants will also work with community partners to develop programs to serve the community. As an example, a student participant who works with the police division in a region will learn about the various departments and responsibilities of the police. They would then train other practitioners in their school about police systems. Simultaneously, the student will work with the police to develop emotion regulation training for officers in a sustainable format so the police can use the training with future staff. Students will also be able to identify connections between partners and help to address gaps where possible. One school, for instance, would like help in developing a reporting system to help them prepare to support students whose family member(s) had an encounter with the police over the weekend. A notification system could help the school prepare to address the child's needs and provide ongoing support for the child and their family.

The BHWET program has created a list of example trainings in four overarching categories: trauma-informed care, substance use training, technology and mental health, and working with children, adolescents, and transition-aged youth. Some of these modules may include specific material on adverse childhood experiences, effects of trauma, identifying signs of substance use, engaging the public in telehealth services, or parenting skills, for example. By offering a range of training topics, students in the graduate programs—as well as professionals in the community—will gain a broader scope of knowledge and instruction to be most effective in their respective roles.

Interprofessional education and practice is a significant aspect of this program's potential for success and progress toward ensuring access to quality behavioral healthcare. The University of Dayton is already involved in IPEP through

participation in an Interprofessional Training Consortium with two neighboring universities. This project expands on that involvement by inviting other disciplines and professionals to collaborate. Faculty and staff who are involved with this program will engage in IPEP of their own. Training will involve a combination of self-paced TeamSTEPPS modules and face-to-face Zoom meetings to answer questions or address concerns. Community site leaders can also use these training sessions to develop their staff's IPEP skills.

The BHWET program will actively pursue opportunities for students to interact and train with individuals from minoritized backgrounds. Diversity, equity, and inclusion are top priorities at the University of Dayton, and they are embraced in all four of the represented graduate programs. The BHWET initiative and UD are encouraging diverse individuals to take part in this opportunity, committed to challenging and correcting any discriminatory or marginalizing behaviors. This facet of the program has two purposes: (1) to allow students to experience multicultural settings and individuals to develop diverse skills, and (2) to provide the opportunity for diverse students to see leaders similar to themselves. Collaborative practice with individuals from varying races, ethnicities, sexual orientations, and abilities is the foundation for such a training program.

The Behavioral Health Workforce Education and Training program incorporates numerous students, educational programs, training, and opportunities; therefore, creating a tool for measuring its effectiveness is crucial to the success of the program. Outcomes from the BHWET initiative will be evaluated from five different perspectives: standardized measures of IPE skills to evaluate training effectiveness, community partner feedback and comments, client outcomes and goal attainment measures, client surveys, and student reflections (midpoint and end of each semester). Evaluation input will be gathered from all parties involved in order to accumulate a more accurate depiction of the experiences that students and community partners are having. Additionally, incorporating both qualitative and quantitative measures ensures a broader breadth of overall efficacy and value of the program.

The BHWET program has received grant funding for the next four years. However, the aim of this training program is to continue offering this opportunity for students beyond the grant period. To ensure success and sustainability post-grant, the BHWET program has developed a plan to keep the program running. There are four factors involved in their plan: (1) pursuing funding from other sources, (2) building training/programming that community partners can continue without additional funds or with their current resources, (3) recruiting students from Health Resources Security Administration (HRSA) regions, and (4) encouraging cross-region collaboration so that strong agencies in one region can provide mentorship/guidance to similar organizations in other regions.

The program creators anticipate challenges that may arise from a potential lack of funding after the initial grant period. BHWET can operate effectively without the use of funding after the grant period ends. Offering both virtual (recordable) and in-person training, finding students who wish to be part of this opportunity regardless of stipend, and seeking external funding all will help foster a successful long-term program. The BHWET team is also working to build long-term partnerships with community providers as those relationships will also help to sustain the training model.

Thirty UD graduate students will participate in this innovative training program each year, six to eight of whom will be school psychology graduate students. School Psychology students will meet and receive training as part of the BHWET cohort. They will complete their traditional training in a school setting. In their second year of internship, school psychology students who participate in the BHWET program will begin meeting with community partners as part of a regional team. For example, students who work in a Dayton-area school are part of the Dayton Regional BHWET Team with clinical mental health counseling, school counseling, and clinical psychology students who are completing internship training in the Dayton area. The regional team will meet with community partners to learn the mission, vision, and

procedures of the partner. Students will either join existing projects underway at the partner or develop projects through collaboration with the community partner. Each cohort may pick up and continue projects started by earlier cohorts and develop some of their own projects as well. Meetings with community partners may involve site visits, job shadowing, attending administrative meetings, sitting in on court dockets, or meeting remotely. As students work with community partners, they will develop relationships with leaders in the community and fellow students from other professions. Integrating students into the community is a key aspect to increasing the behavioral health workforce.

As the grant program commences, three intern graduate students within the school psychology program are already actively involved in the process. They are split among five larger project areas: job retention, parenting skills, resource mapping/professional development, career recruitment, and mental wellness/resiliency. Within each project team, there will be a research lead, subject matter experts, other student cohort members, and volunteers or other related community members. Each school psychology student will be working with two of these teams to create research and practical services to provide to every regional partner. For example, one of the students has actively started working in Springfield to collect information and provide support to the area. Currently, she is working closely with Clark County Family & Children First Council, trying to provide easier access to community and educational resources. One of her project areas is job retention, so her team is creating a survey to send out to mental health facilities in Springfield to collect data on why staff members chose this field, why they have left previous jobs, why they have stayed, and so forth. They are also interested in looking at training/mentorship programs to help support students as they enter the field. Ultimately, each project team will provide insight and data into research, opportunities for future jobs, and deliverables for current and future community partners. The cohort as a whole is part of a larger research study examining the efficacy of community and cross-career collaboration and training.