Older Adult Behavioral Health Workforce Readiness Toolkit

A Guide for Facilitated Self-Assessments of Organizational Readiness to meet the Needs of Older Adults

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1. Background and Intended Audience

This toolkit is a partner document for the **OCEBHA Older Adult Behavioral Health Workforce Readiness Assessment Tool (v1.2, 2026)**. The tool was developed by the Oregon Center of Excellence for Behavioral Health and Aging (OCEBHA) in 2024 and piloted with Oregon behavioral healthcare agencies in 2025. The current version of the tool is the result of the lessons learned from this pilot.

The toolkit is designed to walk behavioral healthcare agencies through the use of this tool as an organizational self-assessment of the readiness of their workforce to meet the behavioral healthcare needs of older adults.

The value of scoring this Workforce Readiness Assessment Tool lies not in the scores themselves, but in how behavioral healthcare organizations use the results to strengthen readiness, equity, and quality of care for older adults.

As organizations walk through this process, keep in mind that the value of scoring this tool lies not in the scores themselves, but in how organizations use the results to strengthen readiness, equity, and quality of care for older adults.

Intended Audience

- Behavioral health agencies, including community mental health programs, substance use treatment providers, and crisis service providers
- Integrated primary care and behavioral health settings
- Aging services organizations providing behavioral health supports
- Organizational leadership and executive teams
- Quality improvement and compliance staff
- Supervisors and program managers

2. Orientation to the Tool

The OCEBHA Older Adult Behavioral Health Workforce Readiness Assessment Tool is divided up into three main sections.

Orientation

Pages 1-3 provide an orientation to the tool itself. Page one describes the history and purpose of the tool and the five key domains: (1) Leadership, (2) Training, (3) Infrastructure, (4) Care & Treatment, and (5) Quality Improvement. The domains identify the key areas that are needed to ensure sustainable workforce readiness over time. Page two contains a glossary and acronym list for understanding any abbreviations included in the tool. Page three provides brief

instructions on how to use the tool and interpret the results. More detailed instructions are included in this toolkit.

One Page Tool Snapshot

Page four is the heart of the tool. It is a one-page snapshot of all the indicators of workforce readiness that are included under each of the five domains as well as the rating scale used for each indicator. The individual indicators provide a quick reference for what elements of workforce readiness are in place and what are not. This page can also be used to fill in your organizations scores and calculate average scores across domains. Once scored, it is the key document that can be used to observe the areas of strength that your organization has related to workforce readiness as well as areas needing work. This snapshot can help to prioritize next steps, especially given that progress in one indicator may be needed before work can begin on a related one. For example, commitment and understanding by leadership may be needed before beginning work on infrastructure or specialized trainings.

The snapshot can also be used as a brief high-level assessment, where organizational representatives or department heads rate how they are doing in each indicator of workforce readiness based simply on the scale provided. However, for greater accuracy, we recommend using the more individualized definitions of the implementation levels for each indicator that begin on page 5.

The standardized scale for rating the Indicators of Behavioral Health Workforce Readiness provide a way to compare readiness levels across domains and indicators. When used appropriately, they also allow for comparing changes in readiness over time. In order to do this, each individual rater must use the same rating guidelines to ensure that changes in scores are due to changes in workforce readiness, and not just due to the different rating methodology used by different individuals providing the rating.

Standardized Rating Scale: Indicators of Behavioral Health Workforce Readiness

1=Organization has not yet demonstrated awareness of the needs in this area related to older adult behavioral health.
2=Organization has demonstrated awareness of the specialized needs of older adults in this area, but implementation has not yet begun.
3=Organization is actively working on workforce readiness to meet the specialized needs of older adults in this area, but full readiness has not yet been achieved.
4=Workforce is ready to meet the specialized needs of older adults in this area, but readiness is not yet sustainable or monitored.
5= Workforce is ready to meet the specialized needs of older adults in this area with regular monitoring for equity and quality improvement.

Detailed Definitions of Ratings by Indicator

Detailed definitions of each section start on page 5 and comprise the remainder of the tool. This section is meant to serve as a reference for assigning and confirming ratings as well as for identifying what is needed to move from one level of implementation to another. Any metrics or evidence that could inform the ratings are also included in this section. A report from an external implementation assessment would also include these definitions, along with a written justification for each score. Follow-up reports would have the added information on changes in scores for each indicator over time. In this way, the report itself also serves as a reference for planning next steps and tracking progress.

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3. Conducting your Internal Organizational Self-Assessment

Note: This guide provides information on how to obtain a picture of your workforce readiness to serve older adult behavioral health needs through an internal organizational self-assessment. For information on externally facilitated assessments or a more comprehensive external assessment with independently gathered readiness data from staff, key informants, a policy review, and physical assessment of your space, contact OCEBHA's partner center at Portland State University: The Human Services Implementation Lab (iLab) at PSU's Regional Research Institute

Self-Assessment Approach

1. **Identify the person to lead the self-assessment.** The role of the assessor is to gather the information needed to score the tool and develop preliminary scores. They will then lead a facilitated discussion with a team of key personnel, usually leadership and department heads to review and finalize the preliminary scores, aggregate any survey results, and develop the report to be reviewed and discussed.

2. **Choose the organizational level** for the assessment:

    a. The **organization as a whole**: This can be the best choice for smaller organizations or for leadership wanting to gain a high-level view or a larger organization, potentially with multiple departments and/or sites.

    b. A **single department** within the agency: This could be a department providing a specific service or specializing in serving a specific population

    c. A **single site** within the agency: This could be a specific clinic or facility, chosen due to its readiness for change, its appropriateness for testing out the process before moving on to other sites, or due to lack of knowledge about the operations of this specific site or specific areas of concern.

3. Choose the **level of information that you want** (the level of analysis for aggregating the self-assessment scores). Do you want to compare the impression of workforce readiness across departments, across types of staff, or for the unit as a whole? Or do you want to compare the perception of client satisfaction among service users and staff?

4. Identify **number and type of staff** to complete the survey/score the tool independently, based on the level of information desired.

<table>
<tr><th rowspan="2">WHAT IS THE LEVEL OF INFORMATION DESIRED?</th><th colspan="3">WHAT IS BEING ASSESSED?</th></tr>
<tr><th>Organization</th><th>Department</th><th>Site/Location</th></tr>
<tr><td>The Entire Unit</td><td>Suggested Respondents:
Department heads or All staff.
• Calculate overall average score.
• Discuss why some areas scored higher or lower than others.</td><td>Suggested Respondents: All staff.
• Calculate average scores by Department and overall.
• Compare and discuss why differences in scores might appear</td><td>Suggested Respondents: Department heads or All staff.
• Calculate average scores by Site and overall and overall and overall and overall
• Compare and discuss why differences in scores might appear</td></tr>
<tr><td>Department Level</td><td>Suggested Respondents:
Department heads or All staff.
• Calculate overall average score.
• Discuss why some domains or indicators scored higher or lower than others.</td><td>Suggested Respondents: 2-3 key informants or all department staff.
• Calculate overall average score.
• Discuss why some indicators or departments scored higher or lower than others.</td><td>Suggested Respondents: 2-3 key informants or all department heads or all site staff.
• Calculate overall average score or by department.
• Discuss why some domains or locations scored higher or lower than others.</td></tr>
<tr><td>Staff Level
(Leadership, Admin, Clinician, Front Line Staff)</td><td colspan="3">Suggested Respondents: All staff.
• Calculate average scores by type of position and overall.
• Discuss why some staff in certain positions rated some areas higher or lower than others.</td></tr>
<tr><td rowspan="2">Stakeholder Satisfaction
(Staff, Service Users)</td><td>Average satisfaction scores by respondent type.</td><td>Average satisfaction scores by Department and respondent type.</td><td>Average satisfaction scores by Site and respondent type.</td></tr>
<tr><td colspan="3">Discuss why some providers and service users might have different perspectives.</td></tr>
</table>

5. Facilitator averages scores for each unit being assessed and prepares a document for comparing those scores. For example, you might want a table showing the average scores for each department as well as an average score for the organization as a whole.

6. Facilitator (1) leads discussion where scores are compared and adjusted and discrepancies are discussed and (2) documents rationale and supporting evidence
7. If representatives for that unit of analysis agree (department, site or staff level reps), adjust sub-scores based on discussion
8. Recalculate average score overall for the entity being assessed
9. Round score up or down to the next whole number based on consensus of which score is most reflective of actual level of implementation. (Remember: If all components in the description of a specific score are not in place, score must be rounded down to the level where all components are in place.
10. Document rationale and supporting evidence in the comments/justification for score box under the specific definitions for each indicator's ratings.
11. Transfer scores to the Snapshot page of Tool. The tool now serves as a one stop shop for future reference
12. Move on to Planning

Strengths and Limitations of the Self-Assessment Approach

Strengths:

- Continued benefits of the self-assessment
    a. Builds internal ownership
    b. Supports shared understanding
    c. Assist in identifying differences across departments or sites
- Added benefit of facilitation:
    a. Increased confidentiality for staff providing ratings if facilitator receives and aggregates the scores
    b. Facilitator provides guidance in adjusting scores that were based on assumptions or relaxed adherence to rating criteria.
    c. Differences in ratings across raters is more likely to be due to the actual level of workforce readiness than differences in the method used to derive scores.
    d. Assistance with planning next steps

Limitations:

- Information is still self-reported/assessed:
    - Potential for agency or rater bias
- Risk of organizational blind spots or normalization of gaps
- Agency continues to bear most of the burden for completing the work and follow through

Benefits of Seeking an External Assessment

Identifying a facilitator external to your agency addresses the limitations of an internal assessment. There is some added cost of hiring an external facilitator and consultant, but you have the benefit of obtaining an externally documented rating, which can raise the legitimacy of the results in the eyes of key stakeholders, including service users.

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4. Interpreting and Debriefing Results

Using Scores Responsibly

Scores are indicators, not judgments. They should be used to:

- Identify system gaps
- Support prioritization
- Track progress over time

Scores should *not* be used to:

- Rank staff or programs
- Assign blame
- Serve as a one-time compliance exercise

By addressing cross-cutting themes, such as written policies and communication, multiple areas of workforce readiness can be impacted.

Focus on Meaning, Not Just Scores

Avoid treating each indicator equally. Instead: - Identify **patterns across domains** - Distinguish system design issues from individual skill gaps - Notice where equity and sustainability are weakest

Suggested Debrief Questions

- Where are we strong—and how do we sustain that?
- Where are gaps driven by policy or workflow design?
- What assumptions about aging or behavioral health may be limiting us?
- Where do staff report discomfort or lack of clarity?
- How do older adults experience our services differently than we expect?

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5. Prioritization and Action Planning

The following guidance will start you on your way to using the results of the readiness assessment to build workforce readiness.

Linking Assessment Results to Planning

Assessment results should directly inform:

- Strategic planning
- Workforce development plans
- Training investments
- Hiring and onboarding priorities
- Quality improvement initiatives

The tool itself already includes **cross-cutting themes**, such as the roles that supervision and training play in establishing and maintaining workforce confidence in their ability to serve older adults. Additional themes might become apparent as a result of the assessment, such as lack of written policies or limited communication from leadership on the importance of certain aspects of serving older adults. By addressing those cross-cutting themes, multiple areas of workforce readiness can be impacted.

Prioritization Principles

1. Use the one page **"Results Snapshot"** to identify areas to work on. The snapshot allows you to quickly identify areas of strength (rated at 4 or 5) and areas that require work (rated at 1 or 2). The indicator title will provide a sense of how important or urgent each area is to address.
2. When in doubt, refer to the detailed description of the indicator in question. The detailed descriptions are located in the main section of the Tool. They can be easily located by searching for the indicator number throughout the document.
3. **"Quick Wins"** are important, and demonstrate organizational commitment and the ability to change for staff. Use the results of the tool to identify areas where small changes can have the most impact. These might be areas that (1) received a low implementation rating because they were missing just one or two key elements of the indicator, or (2) have high visibility, such as the office environment. For example, adding accessibility features to the entrance and waiting area can have a big impact on service users and staff alike, increasing the level of independence of service users and reducing the time and effort needed for staff to assist them.
4. Focus on a **small number of changes** that:
   - ✓ Improve safety, equity, and consistency
   - ✓ Are feasible within current constraints
   - ✓ Can be reinforced through supervision
   - ✓ Address multiple indicators simultaneously

Creating a Work Plan

Each priority should include:

- ☐ Clear owner
- ☐ Specific actions
- ☐ Timeline
- ☐ Required supports
- ☐ Measures of success

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6. Implementing Change and Sustaining Workforce Readiness

The tool itself is designed to ensure sustained workforce readiness. In order to achieve a 5 (full implementation) on the scale, each indicator must include aspects that make it sustainable, even if key staff leave the organization. That includes embedding older adult behavioral health readiness into written policies and workflows that affect everyday operations:

- Job descriptions and hiring practices
- Onboarding and ongoing education
- Supervision and performance evaluation
- Quality improvement cycles
- Budgeting and resource allocation

By following the guidance in the tool, workforce readiness will become part of the organization's institutional memory, and not be reliant on individual staff.

Continuous Improvement and Reassessment

Finally, while building training and assessment into hiring and onboarding workflows go a long way toward sustaining workforce readiness, an annual assessment will ensure that those workflows are sufficient and continue to be followed.

Sustained readiness depends on institutional memory, not individual champions alone.

Workforce readiness is dynamic. Organizations should:

- Reassess regularly (annually at minimum)
- Monitor progress on selected priorities
- Adjust plans as workforce and population needs change

ADDITIONAL TOOLS AND OTHER EXTERNAL RESOURCES

This toolkit and the accompanying assessment tool are informed by the following evidence-based sources:

- American Medical Association. (2021). *Behavioral health integration playbook*.
- Institute for Healthcare Improvement. (2020). *Age-Friendly Health Systems: 4Ms Framework*.
- Rush University Medical Center. (2021). *4Ms Behavioral Health Checklist*.
- Zero Suicide Institute. (2023). *Zero Suicide in health systems*.

Additional resources for building the readiness of your behavioral health workforce to serve older adults include:

- Substance Abuse and Mental Health Services Administration. (2019). *Older adults living with serious mental illness: Workforce considerations*.
- Wandersman, A., et al. (2008). *Getting to outcomes: A results-based approach to accountability*.