# The National *Action Plan on Behavioral Health Workforce Development*


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# Two Decades of Change in Behavioral Health Care

- Managed care and shifts in financing
- Consumerism
- Recovery & resilience
- Patient safety
- Cultural competency
- Performance/outcomes measurement
- Co-occurring illnesses & medical co-morbidity
- Evidence-based practice &
  the rapidly expanding body of evidence

# Response of the Field

- Typically - delayed & minimal
- Frequently – significant erosion
- Notable exceptions stand as exceptions
- Universal problem irrespective of setting, discipline, or specialty

The Paradoxes of Behavioral Health Workforce Development

# Paradoxes of Workforce Development

1. We train graduate students & residents for a world that no longer exists
2. Those who spend the most time caring for persons in recovery receive the least training
3. Continuing education programs persist in utilizing ineffective teaching strategies
4. We train only where willing crowds gather
5. Persons in recovery and families receive little educational support
6. The diversity of the current workforce doesn't match the diversity of those served.

# Paradoxes of Workforce Development - continued

7. Students are rewarded for “Doing Time” in our educational systems
8. We do not plan systematically to recruit or retain staff
9. Once hired, little supervision or mentoring is provided
10. Career ladders and leadership development are haphazard
11. Service systems thwart rather than support the competent performance of individuals

# What is The *Annapolis Coalition*?

- A small not-for-profit
- Large "Coalition"
- Neutral convener of stakeholders
- Source of information & technical assistance
- Vehicle for strategic planning, collective action, & public/private partnerships

# Phases of Work

- 2001 Consensus conference in Annapolis
- Dissemination of recommendations
- Consultation to President's New Freedom Commission
- Consultation to Institute of Medicine / National Academy of Sciences
- 2004 Competency conference
- 2006 Summit
- 2007 National *Action Plan*

# *National* Action Plan

- Two years & 5,000 participants
- Federally funded
- Mental health & addictions
- Treatment & prevention
- Seeking to identify:
    - A core set of strategic goals & objectives
    - High priority ACTION items by stakeholder
- A planning resource
- Call to action

# Planning Process

- Senior consultants
- Expert panels & Advisory Groups (12)
- Reviews of existing recommendations
- Planning sessions in existing meetings
- Specially convened planning sessions
- Targeted requests and open calls for recommendations
- Panel reports, including innovations
- Integrated core report
- National Steering Committee review
- SAMHSA Review

# Expert Panels & Advisory Groups

Child, Adolescent, & Family Panel
Consumer & Family / Adult MH Panel
Cultural Competency & Disparity Panel
Older Adults Panel
School Based Mental Health Panel (MHEDIC)
Substance Use Disorders Treatment Panel
Substance Abuse Prevention Panel (NPN)
Rural Panel
Accreditation Advisory Group
Educators Advisory Group
IT/Distance Learning Advisory Group
Workforce Economics Advisory Group

# Access the plan at www.annapoliscoalition.org

An Action Plan for Behavioral Health Workforce Development

Persons in Recovery & Families
Community Capacity

Recruitment & Retention
Training & Education

Leadership
Infrastructure
Research & Evaluation

A Framework for Discussion

# Elements of the Plan

- General findings
- Seven strategic goals
- Objectives & Actions
- Preliminary implementation tables with recommended stakeholders
- Special topics
  - Relevance of core recommendations
  - Unique issues & recommendations

# General Findings (1) National *Action Plan*

- Widespread concern & attention
- High levels of dissatisfaction
  - Persons in Recovery & Families
  - Workforce employers
- Change occurs with the generations
- "We" are fragmented: disciplines, sectors, & <u>effort</u>
- Narrow focus on urban, white adults, missing:
  - Life span issues (children & elders)
  - Culturally diverse populations
  - Rural America

# General Findings (2)
# National *Action Plan*

- Scarcity of data
- Doing what is easy or affordable - not what is effective
- A hunger for “tools”
- Pockets of innovation
- Difficulties with sustainability and dissemination
- Workforce crisis extends throughout health & human services***

# Goals 1 & 2

## Broadening the Concept of “Workforce”

# Goal 1: Persons in Recovery (Consumers/Patients) & Families

## Objectives:

- Increased educational supports
- Shared-decision making
- Expand peer & family support
- Greater employment as paid staff
- *Formal* engagement as educators of the workforce

*"Transformational" in nature*

# Goal 2: Communities
## (Source: Prevention & Rural Health)

**Objectives:**

- Competency development with communities
- Competency development of the behavioral health workforce in community collaboration
- Strengthening connections between behavioral health organizations and their communities

# Goals 3, 4, & 5

## Strengthening the Workforce

# Goal 3: Recruitment & Retention

**Selected Objectives:**

- Implement & <u>evaluate</u> interventions:
    - Salary, benefits, & financial incentives
    - Non-financial incentives & rewards
    - Job characteristics
    - Work environment
- Develop career ladders
- “Grow your own” workforce
- Cultural & linguistic competence
- Public relations campaign

# Goal 4: Training: Relevance, Effectiveness, & Accessibility

**Objectives:**

- Competency development
- Curriculum development
- Evidence-based training methods
- Substantive training of direct care workers
- Technology-assisted instruction
- Addiction and co-occurring competencies in every staff member
- Systematic support to sustain newly acquired skills

# Effective Teaching Strategies

"No magic bullets"

- Interactive sessions
- Academic detailing / outreach visits
- Reminders
- Audit and feedback
- Opinion leaders
- Patient mediated interventions
- Social marketing

# Goal 5: Leadership Development

**Objectives:**

- Identify leadership competencies tailored to behavioral health
- Competency-based curricula
- Formal, continuous leadership development in all sectors beginning with supervision
- Succession planning

# Goals 6 & 7

# Structures to Support the Workforce

# Goal 6: Infrastructure

**Selected Objectives:**

- A workforce plan for every agency
- Data-driven CQI on workforce issues
- Strengthen HR & training functions
- Improve the economic market for services
- Improve IT support for training, workforce support, & tracking
- Decreased paperwork burden: variable, redundant or purposeless reporting

# Goal 7: Research & Evaluation

**Objectives:**

- Federal and state inter-agency research collaboratives
- Technical assistance to field on evaluation of workforce practices

# Conclusions

- Strategic goals & objectives are a guide for assessment & planning
- State / organization plans must be unique and tailored
- Levers of change
  - Leadership
  - Competency assessment
  - Financing
  - Accreditation, licensure & certification
  - Advocacy
- Relevance to all health and human service professions

# Co-occurring Disorders: Selected implications

- Organizational & system change to parallel “training” efforts
- Co-occurring competencies as a “core” for workforce development & other EBPs
- Competency identification as a foundation
- Curriculum reform essential in graduate education
- Evidence-based teaching practices
- Sustainability