



BUILDING A NATIONAL STRATEGIC PLAN FOR BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT

BACKGROUND

Throughout the nation, and in all sectors of the behavioral health field, there is growing concern about issues related to the workforce. These include the difficulties recruiting and retaining individuals to work in the field, as well as concerns about the relevance and effectiveness of the training being offered through both pre-service and continuing education. Other concerns focus on the adequacy of training currently provided to direct care, non-degreed staff members, and to the frequent absence of educational supports for consumers or persons in recovery and their families, as these individuals play a major role in caring for themselves and others.

A number of prominent reports have focused attention to these workforce issues and have served as “calls to action.” These include *Strengthening Professional Identity: Challenges of the Addiction Treatment Workforce*, sponsored by the Center for Substance Abuse Treatment (CSAT), and the report from the President’s New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America*.

A NATIONAL STRATEGIC PLAN

To move this agenda forward, the Substance Abuse and Mental Health Services Administration (SAMHSA) has contracted with the *Annapolis Coalition* to work with a broad constituency of stakeholders to develop a National Strategic Plan on Behavioral Health Workforce Development. This plan is to build on previous federal, state, and local efforts to identify workforce concerns as well as innovative strategies for strengthening the workforce. The goal of the planning process is to (1) clarify a mission and vision that can guide future workforce development efforts, (2) identify a set of strategic goals that can focus these efforts, and (3) detail a range of specific interventions that are highly likely to improve recruitment, retention, education, training, and other aspects of workforce development.

All three Centers at SAMHSA are supporting this process: the Center for Mental Health Services, the Center for Substance Abuse Treatment, and the Center for Substance Abuse Prevention, along with the Office of the Administrator of SAMHSA. The goal in this planning process is to address workforce issues related to the prevention and treatment of mental illnesses, substance use disorders, and co-occurring illnesses. The aim is to focus on common issues and solutions, while recognizing and respecting the unique characteristics and needs of the diverse sectors of the behavioral health field. While SAMHSA is funding this process and seeks recommendations regarding its future workforce-related activities, it has asked the *Annapolis Coalition* to seek broad input from the field in an effort to generate consensus on a national plan designed to inform and catalyze action on workforce issues by government agencies, other organizations and associations, and by individuals across the country.

DEFINING THE WORKFORCE

In this planning process the behavioral health workforce is conceptualized broadly, encompassing: those trained in behavioral health through associate, bachelors, and graduate-degree programs in behavioral health; non-degreed direct care providers; and consumers or persons in recovery and their families, whether engaged in self-care, the support of peers or loved ones, or functioning as paid employees in behavioral health systems. While the role of other healthcare and human service providers in meeting behavioral health needs is critical, the current planning process is focused on the specialty behavioral health workforce, persons in recovery, and their families, simply to

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make the process manageable. In a subsequent phase of work, the *Annapolis Coalition* hopes to expand the focus to those outside of the specialty workforce, such as primary care providers, emergency room personnel, teachers, and correctional staff.

THE PLANNING PROCESS.

The national strategic planning process is managed by the *Annapolis Coalition's* Board of Directors and National Steering Committee. These are comprised of senior experts in behavioral health and workforce issues from diverse sectors of the field.

A varied menu of planning vehicles is being used to gather information and recommendations and to formulate the strategic plan. These include the engagement of senior consultants, formation of selected expert panels, reviews of previous reports and recommendations, specially convened planning sessions, discussion forums in national conferences, and both targeted and open calls for recommendations.

After review by SAMHSA, it is anticipated that a draft plan will be released to the field for comment in the summer of 2006.

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