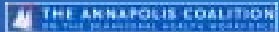



California Policy Forum
February 9, 2006

PARADOXES & POSSIBILITIES
PLANNING FOR THE FUTURE OF THE
BEHAVIORAL HEALTH WORKFORCE

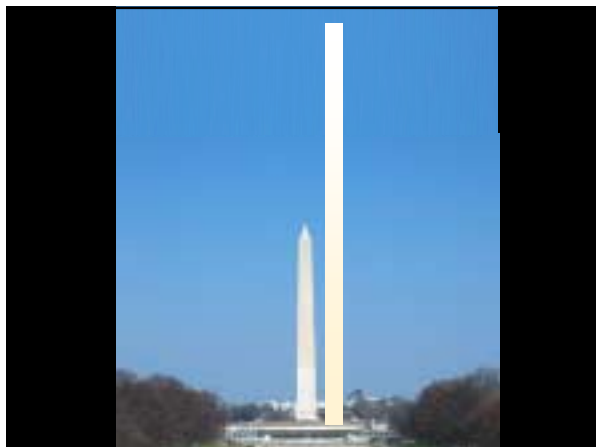
Michael A. Hoge
John A. Morris



Two Decades of Change



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







Response of Training & Provider Organizations

- 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



Paradox 1: We train graduate students & residents for a world that no longer exists





Paradox 2: Those who spend the most time with consumers receive the least training



Paradox 3: Continuing education programs persist in utilizing ineffective teaching strategies





Paradox 4: We train only where willing crowds gather



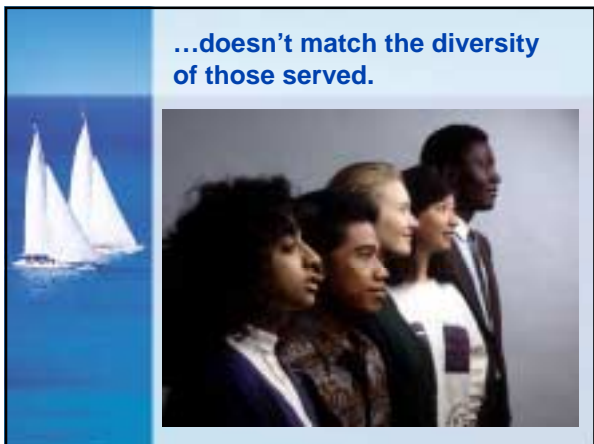
Paradox 5: Consumers and families receive little educational support



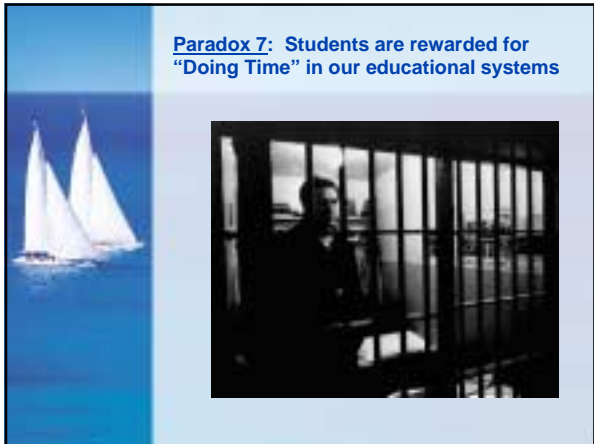
Paradox 6: The diversity of the current workforce



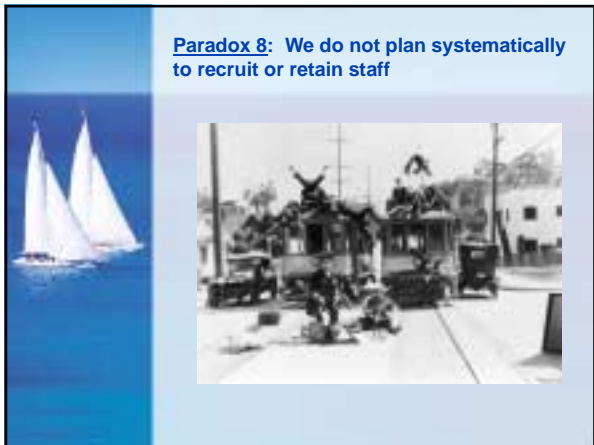
...doesn't match the diversity of those served.



Paradox 7: Students are rewarded for "Doing Time" in our educational systems

The image is split into two vertical panels. The left panel shows two white sailboats on a blue sea under a clear sky. The right panel shows a person in silhouette sitting inside a jail cell, with vertical bars visible in the foreground.

Paradox 8: We do not plan systematically to recruit or retain staff

The image is split into two vertical panels. The left panel shows two white sailboats on a blue sea under a clear sky. The right panel shows a parade float with several people on it, moving down a street.

Paradox 9: Once hired, little supervision or mentoring is provided

The image is split into two vertical panels. The left panel shows two white sailboats on a blue sea under a clear sky. The right panel features the Nike swoosh logo in black on a white background, with the slogan "Just Do It" written in a small font below it.

Paradox 10: Career ladders and leadership development are haphazard



Paradox 11: Service systems thwart rather than support the competent performance of individuals



What is The Annapolis Coalition?

- Neutral convener of stakeholders
- Think tank for summarizing relevant literature and ideas
- TA center
- Vehicle for strategic planning and collective action
- Effort to make the "right amount of trouble"






Previous Phases of Work


- 2001 Consensus conference in Annapolis
- Dissemination of recommendations
- Consultation to New Freedom Commission
- Consultation to IOM, including expert panel
- 2004 Competency conference





Current Phase: Developing a National Strategic Plan

- Building on efforts-to-date
- Seeking broad input from the field to identify:
 - A core set of strategic directions
 - Specific, achievable goals
 - A set of high priority ACTION items for strengthening the workforce



Scope of the Plan

- Sponsored by 3 SAMHSA Centers
- Treatment & prevention
- Substance use disorders, mental illnesses, and co-occurring disorders
- Focusing on common issues, while respecting the unique needs of each specialty area
- Focus on behavioral health specialty workforce, consumers & families
- SAMHSA sponsored, with goal of a national plan



Selected Areas for Consideration

- Adult mental health
- Child & adolescent
- Consumers & families
- Co-occurring disorders
- Cultural competency
- Elderly
- Financing
- Informatics
- Leadership
- Oversight processes
- Prevention
- Professional associations
- Providers: state, regional and local
- Recruitment & retention
- Rural
- Substance use disorders treatment





Menu of Planning Vehicles


- Senior consultants
- Small expert panels
- Reviews of existing recommendations
- Planning sessions in existing meetings
- Specially convened planning sessions
- Targeted requests for recommendations
- Open call for recommendations
- National Steering Committee to integrate recommendations into final report



The Desired Results – Focused Action

- Federal level – SAMHSA & federal partners
- National level – through collaboratives, coalitions, etc.
- State level
- Regional, county, & local level
- Organizational level (providers, associations, training orgs)
- Individual level

The Workforce “Disaster” Requires a Multi-level Response





Emerging Themes



WE'VE BEEN LISTENING...




Some big, cross cutting themes emerge

- Critical need to reduce disparities in service access & relevance, whether caused by “race or place”.
- Developmentally appropriate services
 - Infants, children, and youth
 - Elders



SOME SPECIFICS



Persons in Recovery & Families

THE NEED FOR:

- Increased education
- More shared-decision making
- More peer & family support services
- Greater employment as paid staff
- *Formal* engagement as educators of the workforce

"Transformational" in nature



Community Capacity

THE NEED FOR:

- Competency development with communities (assessment, capacity building, planning, implementation, evaluation)
- Competency development of the behavioral health workforce in community collaboration
- Strengthening connections between behavioral health organizations and their communities






Recruitment & Retention

THE NEED TO:

- Implement and evaluate strategies tailored to your organization's needs
 - Salary & benefits
 - Non-financial incentives & rewards
 - Job characteristics
 - Work environment
- Recruit a diverse workforce more closely matching the population served
- "Grow your own" workforce
- Create a career ladder






Training: Relevance, Effectiveness, & Accessibility

THE NEED FOR:

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



Effective Teaching Strategies

THE NEED FOR:

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



Leadership Development

THE NEED FOR:

- Broader definition of leadership:
 - Supervision
 - Administration & management
 - Team & organization "leadership"
 - Transformational change management
- Sustained competency development
- Succession planning





Sample Leadership Competencies

ISCLB: World's Leadership Competency Model v.2.0

The world's most powerful leadership research and conceptualization platform, including the complete list of 100 leadership competencies for the world.

Strategic Thinking

- Business Acumen
- Change Leadership
- Collaboration
- Communication Skills
- Global Perspective
- Information Technology Fluency
- Innovation
- Operational Excellence
- Performance Measurement
- Project Management
- Project Organization
- Project Management

People Management

- Accountability
- Change Leadership
- Collaboration
- Communication Skills
- Global Perspective
- Information Technology Fluency
- Innovation
- Operational Excellence
- Performance Measurement
- Project Management
- Project Organization
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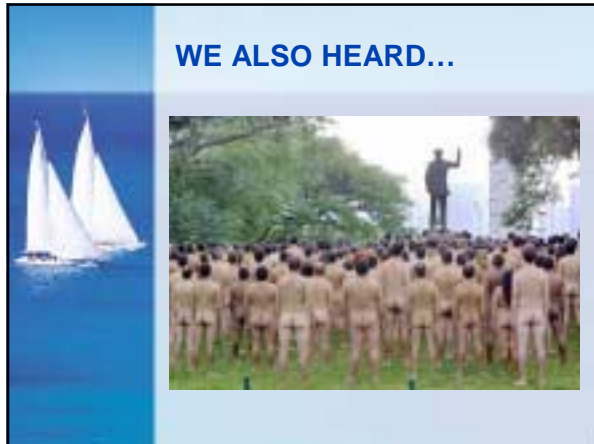
Business Acumen

- Business Acumen
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- Information Technology Fluency
- Innovation
- Operational Excellence
- Performance Measurement
- Project Management
- Project Organization
- Project Management

Infrastructure

THE NEED FOR:

- Data-driven *continuous quality improvement* on workforce issues
- Strengthening human resources & training functions/staffing/expertise
- Increasing information technology (IT) support (computers, decision-support)
- Increasing the use IT to track and influence workforce activity
- Decreasing paperwork burden: variable, redundant or purposeless reporting

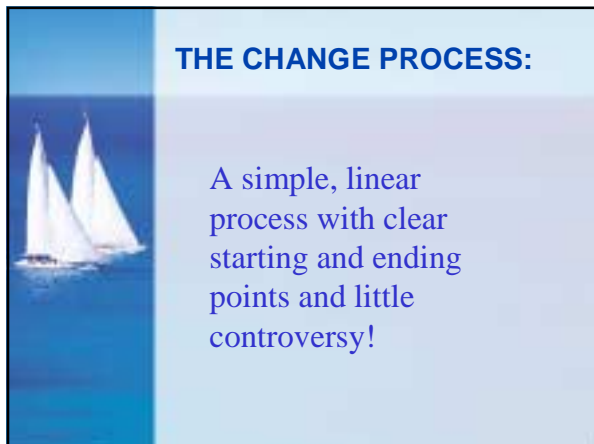


WE ALSO HEARD...



If nothing else: Stop!

- Hiring people, but not supporting & developing them.
- Having untrained staff deliver care
- Delivering unsupervised care
- Spending money on ineffective training – or without accountability
- Discouraging use of newly learned skills
- Assigning leadership responsibility without leadership training



THE CHANGE PROCESS:

A simple, linear process with clear starting and ending points and little controversy!





OUR FINAL WORDS OF WISDOM INVOLVE...

Utilizing levers for change...



LEVERS OF CHANGE


- Financing and other incentives
- Accreditation and licensure
- Performance monitoring
- Technical assistance
- Special, targeted funding on workforce issues, say for example....



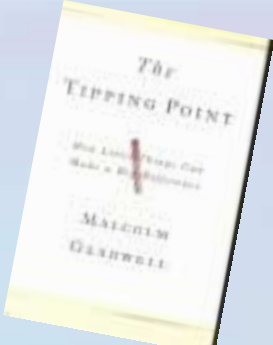
PROPOSITION 63



Just a thought...

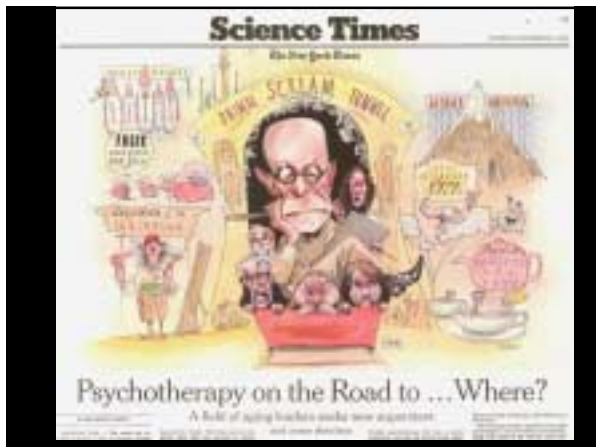


Are we at a "Tipping Point?"












WHERE NEXT CALIFORNIA?

- National blueprint, but “all healthcare is local”
- Building on resources and successes:
 - Proposition 63
 - State workforce plan
 - CIMH, CMHPC, CHP at UCSF
 - CALSWEC
 - Investment in cultural competence—Sergio Aguilar-Gaxiola and UC Davis
- Organized, coordinated & sustained approach





I get up each day determined to change the world – and to have one hell of a good time.

Sometimes this makes planning the day difficult.

E.B. White



Visit us on the web

www.annapoliscoalition.org