



**CHANGE MANAGEMENT
in
MENTAL HEALTH SYSTEMS**

**The Role of Workforce
in
Sustaining Meaningful Change**

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*The Annapolis Coalition on the Behavioral
Health Workforce*

Albuquerque, NM ~ ~ June 22-24, 2005

Major Themes in Two decades of Change

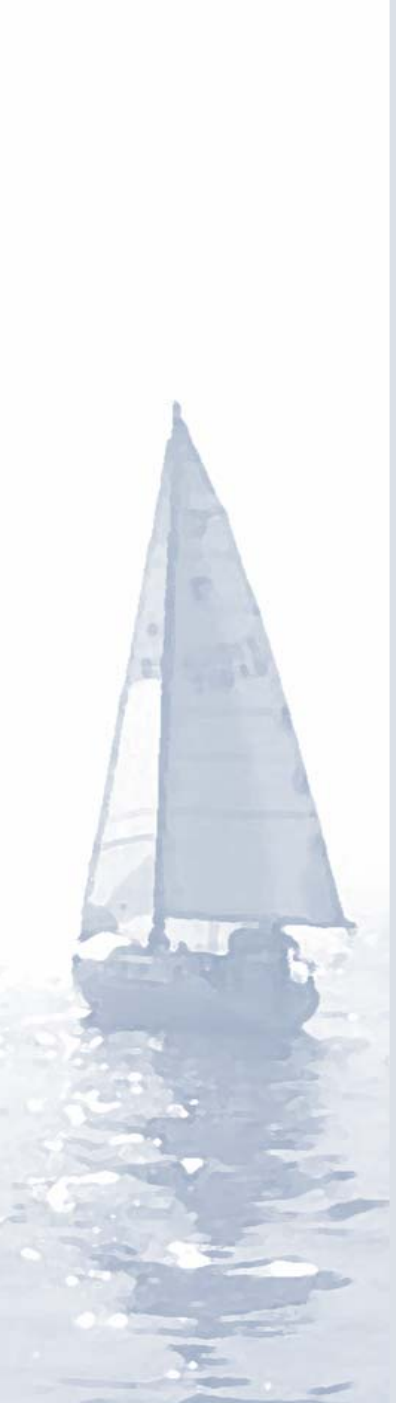
- Managed care
- Safety
- Consumerism
- Rehabilitation & recovery
- Cultural competency
- Evidence-based practice & the rapidly expanding body of evidence



Response of Training & Education Programs

- 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: Students are rewarded for “Doing Time” in our educational systems

Paradox 7: We do not plan systematically for recruitment to the field





Paradox 8: Career ladders and leadership development are haphazard

Paradox 9: Service systems thwart rather than support the competent performance of individuals

Paradox 10: As resources for clinical supervision and other employee supports have eroded, we often tell new clinicians: **Just Do it!**



The Annapolis Coalition on the Behavioral Health Workforce

- Origins in 2000
- Interdisciplinary initiative sponsored by
 - American College of Mental Health Administration (ACMHA)
 - Academic Behavioral Health Consortium (ABHC)
- Funded by a variety of sources, including SAMHSA & AHRQ

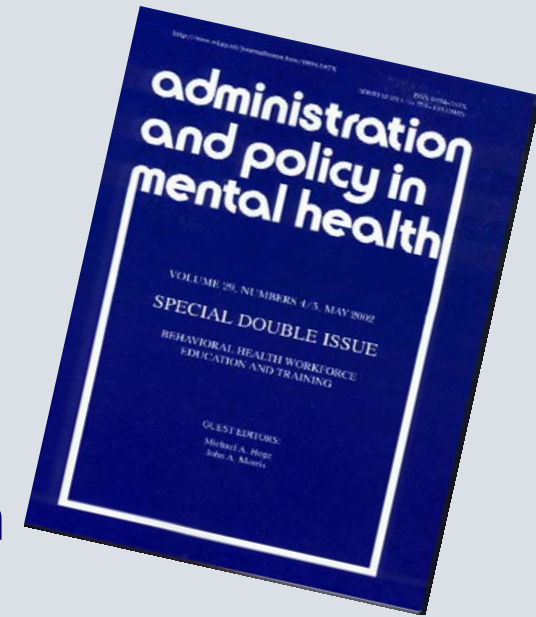
Annapolis Coalition – Phase 1

- Annapolis Conference
September 10-11, 2001
- Designed to build a
national consensus on
need for educational
reform
- Origin of the name



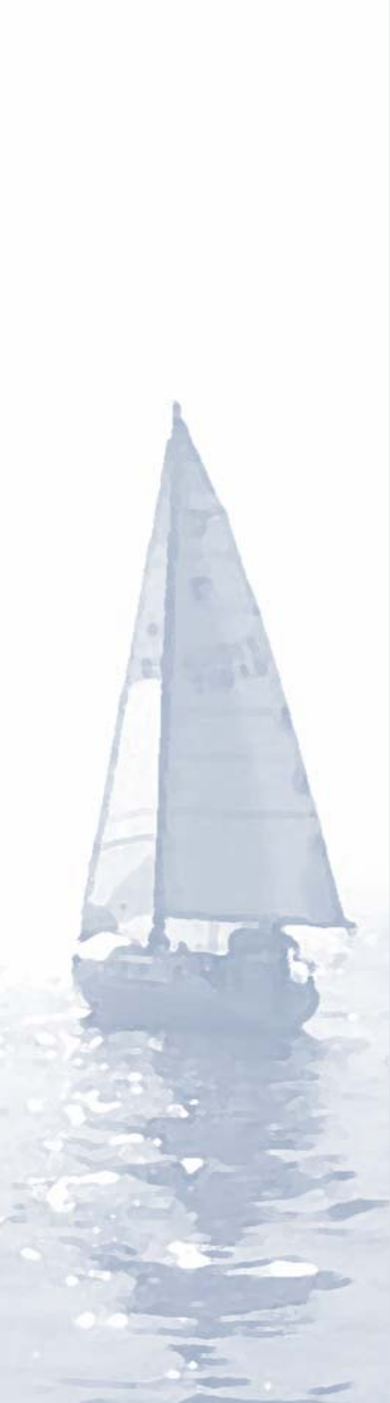
Conference Proceedings APMH 2002 (vol 29)

- Problems & solutions for:
 - Graduate & residency education
 - Continuing education
 - Training of consumers, families, & direct care staff
- Sample “best practices” in education
- Strategies for change
- Student perspectives



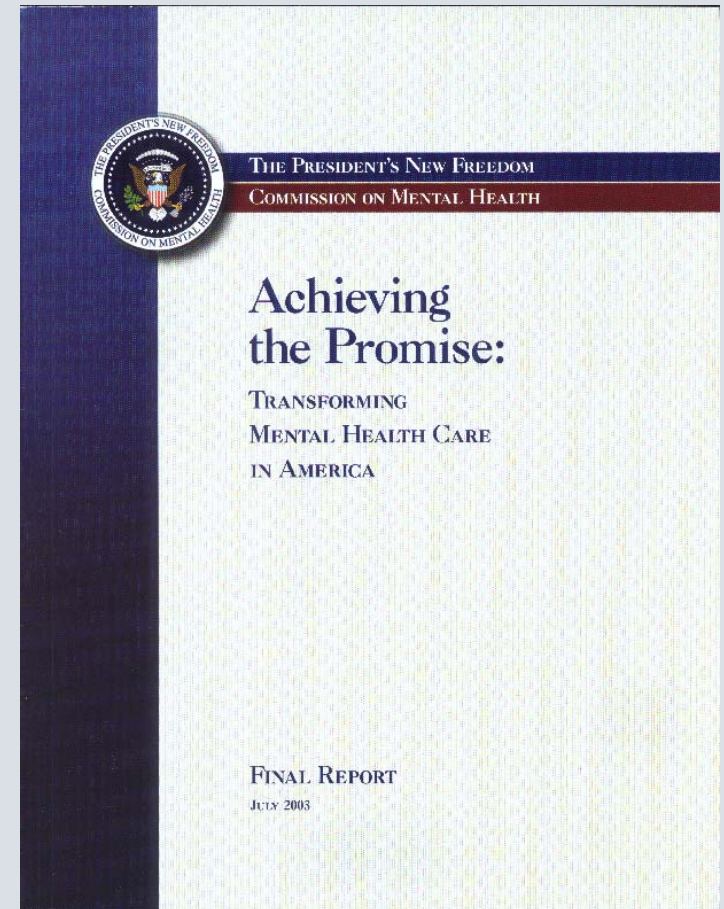
Annapolis Coalition – Phase 2

- National Steering Committee
- Dissemination of recommendations via proceedings, presentations, web-site
- Additional position papers – APMH 2004
 - Best practices in education
 - Evidence-based teaching strategies
 - Compendium of innovations
 - Children’s workforce issues
 - Need for substance use disorders training



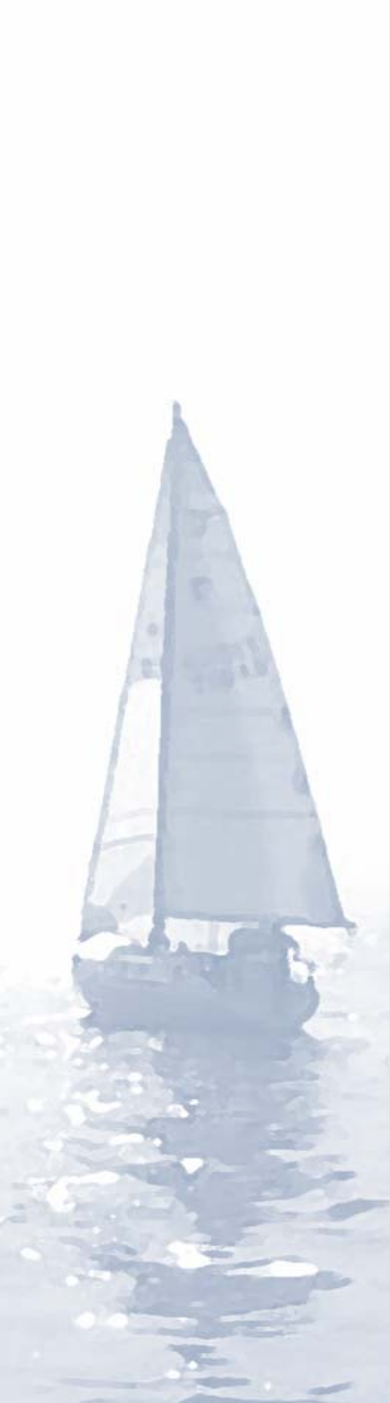
President's New Freedom Commission

- Offered recommendations
- Drafted workforce content for final report
- Calls for a national strategic plan on workforce



Annapolis Coalition – Phase 3

- Convened Expert Panel/Conference on Competencies – May 2004
- Drew on expertise in business & medicine
- Commissioned papers & recommendations
 - Methods for developing competency models
 - Strategies for assessing competencies
 - Overview of behavioral health competencies in 13 areas
 - APMH May, 2005



Annapolis Coalition – Phase 4

Consultation to the *Institute of Medicine*:

Committee on Crossing the Quality Chasm –
Adaptation to Mental Health & Addictive
Disorders

- Commissioned background paper
- Expert panel recommendations
- Objective is a workforce focus in their recommendations as a catalyst for change



Annapolis Coalition – Phase 5 **SAMHSA Supported**

- Provision of Technical Assistance to the field
- Developing a National Strategic Plan on workforce development
- Broadening the focus to include “recruitment & retention” issues



National Strategic Plan – Building on Past Efforts

- Seeking broad input from the field to identify:
 - Mission and vision
 - A core set of strategic directions
 - Specific, achievable goals
 - A set of high priority ACTION items for strengthening the workforce



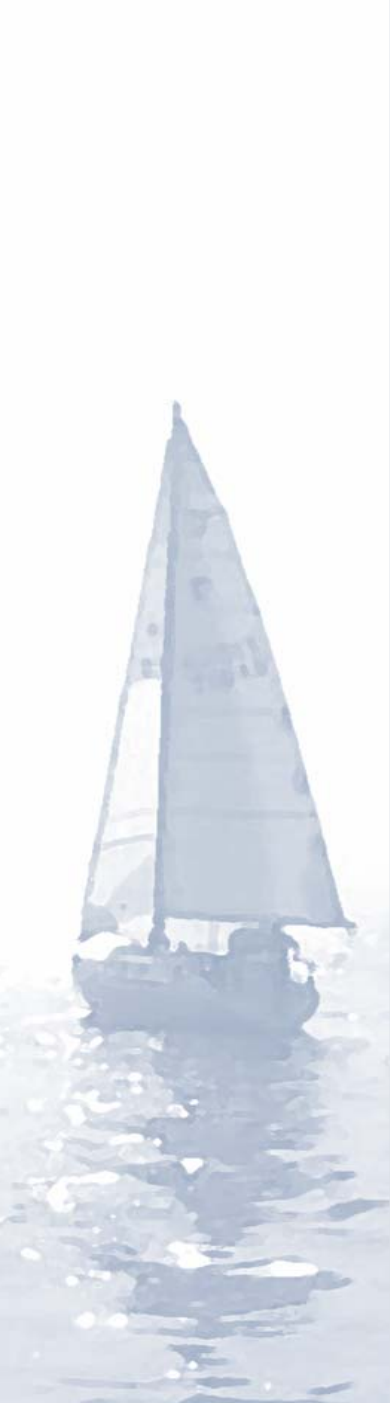


Scope of the Plan

- Sponsored by all three SAMHSA Centers
- Encompassing workforce issues for:
 - Substance use disorders, mental illnesses, and co-occurring disorders
 - Prevention & treatment
- Focusing on common issues, while respecting the unique needs of each specialty area
- Initial focus on behavioral health specialty workforce
- While SAMHSA sponsored, the goal is a *national* plan, built on broad consensus

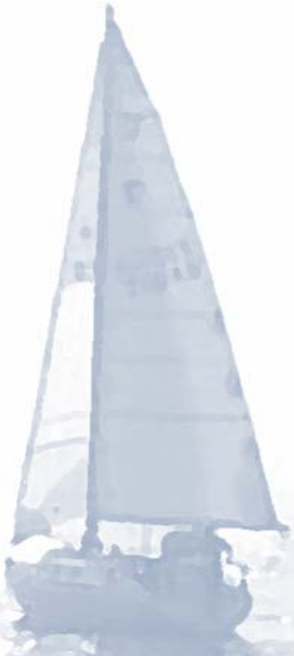
Selected Areas for Consideration

- Adult mental health
- Child & adolescent
- Consumers & families
- Co-occurring disorders
- Cultural competency
- Elderly
- 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



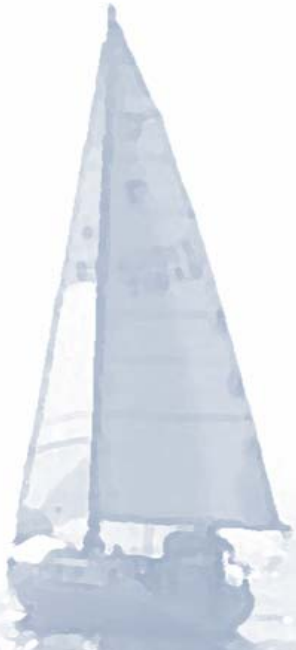
The Desired Results – Focused Action

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



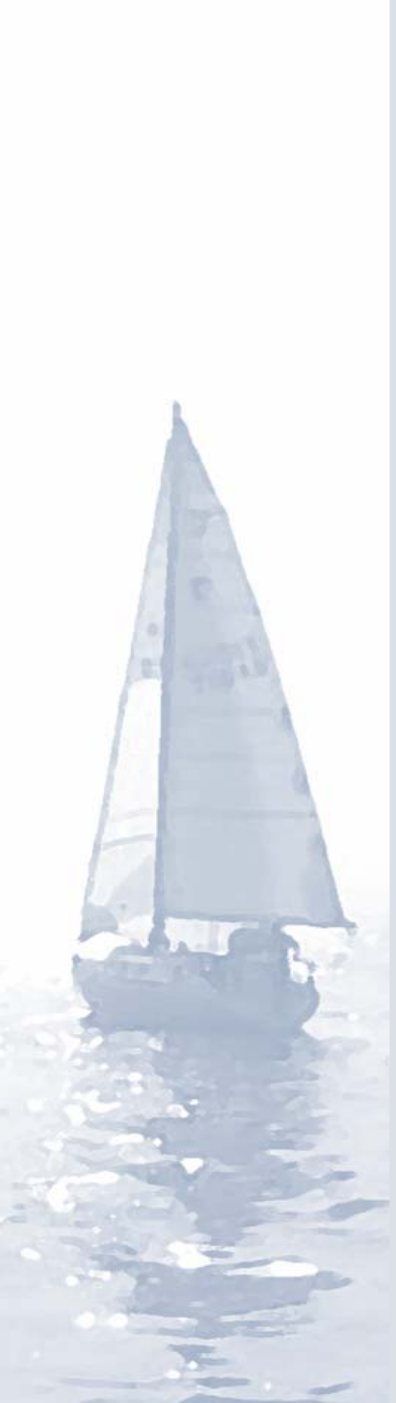
Some Emerging Themes

- Transformative power of strategies focused on primary consumers and families
- Critical importance of explicit management and leadership development
- Essential focus on practical barriers: financing incentives and disincentives, licensure issues, etc.
- Systematic recruitment and retention strategies linked to explicit career ladders



Some Emerging Themes

- Paradigm shift in training
 - Competency-based
 - Problem-based, life-long learning
 - Evidence-based teaching strategies
 - Inter-professional
- Critical role of oversight organizations in driving (or impeding) change
- Data-driven tracking and continuous quality improvement applied to workforce issues





THE ANNAPOLIS COALITION
ON BEHAVIORAL HEALTH WORKFORCE EDUCATION

www.annapoliscoalition.org