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Workforce Development: Transformation in Action

Abstract

Workforce development cuts across every aspect of mental health transformation. Fundamentally, mental health care and treatment is provided by people – individuals with vast arrays of knowledge, skills, experiences, and attitudes that they bring to this important and rewarding profession. Ultimately, the quality and scope of mental health care can be no better than the people who are entrusted with providing it. Infrastructure changes – new practices, policies, programs, and systems – must be understood and implemented by individuals and teams performing a wide variety of jobs within and outside of the mental health system. Transformation in Action occurs when they are engaged, educated, and empowered.

The current and future challenges for the mental health workforce are well documented.¹ Addressing these challenges is a priority for all of the Mental Health Transformation State Incentive Grant (MHTSIG) recipients. A key performance indicator for this infrastructure grant is to “strengthen the workforce through training the mental health and related workforces in service improvements.”²

As of May 2009, seven MHTSIG states were tracking 269 unique activities that involve workforce training. Unquestionably, all of the State grantees have recognized that an investment in training is key to successful transformation, and they are delivering an impressive amount of training throughout their states to a broad range of target audiences. These audiences include mental health practitioners and administrators, providers of related support services to people who have mental health needs, consumers, family members, and students.

In addition to training and education, a truly transformative workforce development effort addresses the many interrelated factors that impact the mental health workforce, such as professional education, recruitment, retention,

supervision, credentialing, cultural competency, peer practitioners, leadership development, and succession planning. Such a comprehensive approach builds upon and draws from labor market initiatives in other sectors to prepare our national workforce for the challenges and opportunities of a fluctuating, technology-driven global economy and for the rapidly changing demographics of the nation’s population.

Connecticut’s Behavioral Health Workforce Collaborative

“...The vast majority of the State’s behavioral health expenditures are, in fact, expenditures on Human Resources. A concerted and coordinated effort is required to more effectively recruit, retain, and train those who care for persons with mental health problems and illnesses. The transformation initiative has provided Connecticut an opportunity to intensify its efforts on this urgent agenda.”³

Since the inception of Connecticut’s MHTSIG, workforce development has been a priority for State leaders. During the first year, the Transformation Oversight Committee organized all activities according to the six goals of the of the New Freedom Commission.⁴ In addition,

they sent an important strategic message by adding workforce development as a seventh goal in their Comprehensive Mental Health Plan. A Workforce Transformation working group was convened to develop, prioritize, and lead the implementation of strategic activities. Michael Hoge of Yale University's School of Medicine was tasked to lead these efforts, leveraging his extensive knowledge and expertise as a founding member of the Annapolis Coalition and co-author of SAMHSA's Action Plan on Behavioral Health Workforce Development cited above.

In September 2007 – the end of the second year of the grant – the Oversight Committee directed MHTSIG leadership to consolidate all grant activities into four core domains, including workforce development. This domain consists of the largest number of priority activities (14), and the sum of funding directed to these activities represents the largest investment of MHTSIG resources, more than double the amount devoted to staffing the overall grant. This level of investment sends a clear message regarding how critical this issue is and creates the sense of urgency required for successful transformation efforts.⁵

Highlights

- The Connecticut Workforce Collaborative on Behavioral Health (CWCBH) establishes a permanent infrastructure for coordinated workforce planning and quality improvement among numerous State and community organizations, consumers, youth, and family members. With approximately 100 members (more than 50 percent of whom are consumers or family members), the Collaborative includes representation from 30 private nonprofit and advocacy agencies, the community college system, 11 State departments, 6 public and private universities, and 4 state provider agencies. This groundbreaking coalition seeks to eliminate the silos that limit the impact that any one agency or single initiative can have on this complex and critical area of need.
- The Supervision Competency Development Initiative (SCDI) is a statewide effort focused on enhancing supervisor competencies of Connecticut's behavioral health workforce in three specific areas: (1) managing supervisory relationships; (2) managing job performance; and (3) promoting professional development. To date, two cohorts of supervisors have been trained from six private nonprofit and two State-operated agencies. Complementing these trainings are efforts focused on sustaining the supervisory competencies within agencies through development of agency-wide plans for supervision, establishing supervisory learning communities, and adopting supervisory standards. Both cohorts completed evaluation surveys at three points in time. Data from the first cohort reflects increases in supervisors'

CWCBH Leadership Structure

- Executive Council
- Council on the Workforce for Adults
- Council on the Workforce for Children, Youth and Families,
- Council on Consumers, Youth, and Families in the Workforce

CWCBH is charged to find and test solutions to challenges that exist in all facets of the behavioral health workforce, to link with and leverage existing workforce development initiatives, to disseminate innovations and best practices, and to develop a plan to sustain the initiative after the MHTSIG ends. Information on the Collaborative can be found at www.cwcbh.org. One exciting new development is collaboration with the State's Allied Health Workforce Policy Board, a legislatively mandated group that examines and makes recommendations regarding critical issues facing this workforce. Involvement with the Policy Board has led to an award of State dollars to analyze and map behavioral health career pathways in Connecticut.

perception of the competencies noted above, as well as increased satisfaction with their supervisory role (data from the second cohort is under analysis). Moving forward, four new agencies are scheduled to participate, including a large Connecticut state hospital and behavioral health staff working in the Connecticut Department of Corrections.

- The Connecticut Recovery Employment Consultation Service (C-RECS) is an innovative initiative to help adults in recovery become employed in behavioral health settings. It addresses two serious issues: high unemployment among persons in recovery and difficulties in recruiting direct care and other staff into behavioral health positions. Managed by Focus on Recovery, Inc. (FOR-U), a statewide consumer-run organization, C-RECS has developed an on-line job bank of behavioral health positions and has implemented peer-driven pre- and post-employment work-life skills coaching and peer employment support for program participants. C-RECS also offers consultation and technical assistance to provider organizations to increase their capacity to successfully employ persons in recovery. The response has been impressive. During the 17 months of program operation, 26 individuals obtained employment (9 full-time and 17 part-time); 5 gave up Social Security entitlement benefits; and 8 received on-the-job benefits such as health insurance. Focus on Recovery has also applied for and anticipates approval as a Ticket to Work Employment Network, an important step toward sustaining the program after MHTSIG funding ends.
- Leadership training for parents of children with emotional/behavioral difficulties is provided by Families United for Children's Mental Health, a family advocacy organization, to help prepare and empower

parents to participate in their child's treatment and in the broader service system. After reviewing a variety of parent leadership models, Connecticut selected and adapted the Agents of Transformation (AOT) curriculum developed by the Parent Support Network of Rhode Island, a chapter of the Federation of Families for Children's Mental Health. AOT trainings are offered in both English and Spanish. During the initial phases of this initiative, 11 parents were trained and certified as AOT trainers; these trainers have to date provided AOT training to 300 parents throughout Connecticut. After completing AOT training, parents are encouraged to participate in ongoing activities to strengthen the network of family leaders. Some receive additional training to become leadership trainers and peer mentors. This initiative also facilitates the participation of AOT graduates in local and statewide advocacy activities.

- Training the future behavioral health workforce in state of the art in-home service modalities for children and families is a priority in Connecticut. The goal is to enhance graduate-level professional training programs by recruiting and training faculty and implementing an in-depth, specialized curriculum developed in partnership with model developers, providers, and families. Service models covered in the course include Multi-Systemic Therapy (MST), Multidimensional Family Therapy (MDFT), and Functional Family Therapy (FFT). Fifteen professors, representing graduate programs in psychology, social work, and marriage and family therapy at eight universities, have participated in a series of intensive fellowship seminars, receiving instruction and coaching regarding implementation of the curriculum. To date, faculty members have delivered the course to 75 graduate students, and each university has expressed a commitment to continue offering the course.
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A key component of the curriculum is the inclusion of providers and families as guest lecturers, speaking to students about their experience delivering and receiving these intensive home-based services. Linkages are also being developed to connect students with internships and employment.

Washington State Expands Career Opportunities for Persons with Mental Illnesses

Washington's Disability Navigator Project is a partnership between Washington Service Corps and the Governor's Committee on Disability Issues and Employment (GCDIE). The project aims to improve access, services, and outcomes for people with disabilities within Washington's WorkSource network of organizations and "one-stop" Career Centers that offer a variety of services to businesses and job seekers. By deploying teams of AmeriCorps VISTA members within the WorkSource networks, the program will achieve these outcomes by conducting local outreach to those who might not otherwise be engaged within the network and through education and training of network staff regarding effective strategies to support all people with disabilities.

In addition, the partners have made a special commitment to improving employment outcomes for persons with mental health disabilities by building the capacity of the WorkSource Centers to be welcoming, confident, and effective in serving this population. To do this, they plan to recruit at least one trained mental health peer counselor to serve within each of the VISTA teams.

There are many benefits for peer counselors to build their career and life experiences through the volunteer service corps. In their year of service in the VISTA anti-poverty program, members obtain considerable experience and training opportunities; receive a monthly stipend, some health insurance, child care assistance, and ongoing VISTA training and support; and qualify for a \$5000 educational grant following successful completion of their year

of service. Particularly important for many mental health consumers, the VISTA monthly stipend does not count against the individual in terms of eligibility for Social Security benefits.

Endnotes

1. See *Action Plan on Behavioral Health Workforce Development*, SAMHSA, 2007 at http://www.samhsa.gov/matrix2/matrix_workforce.aspx
2. For information on GPRA performance measures link to <http://mhtsigdata.samhsa.gov>
3. Connecticut Comprehensive Mental Health Plan Update, 9/2007. <http://www.ct.gov/dmhas/cwp/view.asp?a=2901&q=335038>
4. New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America*. Final report (DHHS Pub. No. SMA-03-3832). Rockville, MD: Author.
5. Kotter, J.P. (2007). Leading change: Why transformation efforts fail. *Harvard Business Review*. January 2007, pp. 1-9.

