Connecticut Workforce Collaborative on Behavioral Health

Minutes of: CT Collaborative Plenary Session

Date: May 30, 2008 Time: 9AM-1PM Location: Rocky Hill Marriott – Rocky Hill, CT

Members Present K. Flaherty, J. Walter, R. Pridham, V. Pagano, M. Anderson, M. Holmberg, Jill Benson, Kathy Carrier, Barbara Sheldon, Frank Gregory, Elisabeth Cannata, Peter Panzarella, Sam Moy, Judith Meyers, Donna Aligata, Hal Gibber, Shenandoah Petit, Ron Sabatelli, Mark McKinney, Nic Scibelli, , Rebecca Allen, Ruth Howell, Eric Grant, Rick Fisher, Brenda Kurz, Diane Potvin, Christie Hunnicutt, Tom Griffen, Rick Callahan, Cheryl Stockford, Michael Peloso, Dan Bannish, Antoinette Jalbert, Mary Nescott, Mary Cerretta Mousch, Janine Sullivan Wiley, Jonas Zdanys, Robert Plant, Michael Hoge (Convener).
Others Present: Barbara Bugella (DMHAS), Pat Rehmer(DMHAS), Toni Tullys, Cliff Davis, Lawrence Shulman, Jody Silver, Melinda Fox, Christie Hunnicutt
Council Co-conveners Present: Francis Gregory, Lyn Lawrence, Scott Migdole, Patrick Ryan, Barbara Sheldon, Jessica Wolf
Members Absent: Allison Ponce, Dawn Silver DeAngelis, Kathleen Conley, Kathy Marioni, Margaret Concannon, Vicky Molta

TOPIC	REPORT / DISCUSSION	CONCLUSIONS / NEXT STEPS
1. Pat Rehmer, Chairperson **CT Mental Health Transformation State Incentive Grant**	Deputy Commissioner Rehmer welcomed the group and gave an overview of the Mental Health Transformation State Incentive Grant (MHT-SIG), a $13.7 million 5- year grant starting in 2005, with a focus on infrastructure. Workforce is a cornerstone of Connecticut's transformation initiative. Connecticut is one of seven states selected (expanded to nine) to receive funds from SAMSHA and is playing a significant role in the area of workforce development as it relates to behavioral health. Key T-SIG actions are the Network of Care website, supported by SAMHSA (updated every 24 hours, personal health record, data sharing, in-home services, focused on consumers and families, integration of behavioral health training of pediatricians, web-based learning platform allows linkages to services and resources related to behavioral health); and workforce development initiatives. Involvement of consumers and families is a cornerstone of transformation efforts within the state.	
2. Jonas Zdanys, Chief Academic Officer and Associate Commissioner, **CT Dept of Higher Education**	Dr. Zdanys described the purposes and functions of the State Department of Higher Education . He also noted his participation in the Committee on Workforce Development that focuses on workforce concerns within the health and science fields.	
3. Michael Hoge, Convener **Workforce Transformation Workgroup and Workforce Collaborative on Behavioral Health**	Dr. Hoge welcomed the group. He described two decades of change in behavioral health care as the context for current workforce development efforts. The National Action Plan on Behavioral Health Workforce completed in 2008 and the federal transformation initiative have contributed to renewed state-level efforts, especially here in Connecticut. Specific T-SIG workforce development goals include: increasing involvement of persons in recovery and their families; strengthening communities around behavioral health; strengthening the workforce regarding recruitment and retention; assuring training relevance, effectiveness, and accessibility; promoting leadership development; developing infrastructure; providing research and evaluation. Seven core interventions of the MHT-SIG Workforce Development initiative include (1) the Workforce Collaborative (meeting today	

	for the first time); (2) parent leadership development; (3) intensive home-based services project; (4) wrap-around training and consultation; (5) supervisory competency development; (6)training other health and human service providers; (7) creating and implementing the Connecticut Recovery Employment Consultation Service (C-RECS). Among the challenges to be addressed going forward are: think and act strategically; partner across all "divides"; deal with language differences; be mindful of becoming overwhelmed; set and achieve realistic objectives; balance numbers and effectiveness; sustain a focus and action; achieve impact and true transformation. He noted that transformation is more than change, and offered numerous comparisons and challenges to the Collaborative as it moves forward: differences between discouraging versus enticing; offering soda machine choices versus a pipeline; jobs versus careers; training versus development; basic and evidence-based practices; leaders who are drafted versus prepared; silos versus partnerships; paternalism in contrast to consumers, youth, families and communities driving workforce agendas. He then introduced Ms. Toni Tullys to describe workforce collaborative lessons from California.	
4. Toni Tullys, Workforce Development Manager, Alameda County Behavioral Health Care Services	Ms. Tullys presented the history and current workforce development priorities in the Bay Area and other regions. California has 58 county mental health departments that are the conduit to service agencies; the state serves an administrative and coordinating role. Significant new funding became available through a legislative initiative. California has enormous diversity. The Bay Area Collaborative Steering Committee has 75 members and meets monthly, with orientation available before every meeting. She cited the following current priorities: developing a regional orientation for all new employees in public mental health; organizing a regional approach to staff training; increasing local human resource departments' knowledge and understanding of the changes in mental health practice and employment; expanding internship opportunities between public mental health and education; providing technical assistance to counties. Bay Area Collaborative accomplishments to date include partnering with CSU East Bay to develop a mental health job and career site: www.mhwee.org; actively supporting the integration of the CASRA psycho-social rehabilitation curriculum at 8 community colleges; connecting the Life Academy High School with Merritt Community College to offer accredited courses at the high school; convening a Regional Community College Task Force to expand and strengthen human services programs and supported education for consumers. Principles of workforce development suggested by Ms. Tullys are: focus on wellness, recovery and resilience; assure cultural and linguistic competency; offer consumer and family-driven services; integrate consumers and family members throughout the system; promote community collaboration Regional partnership objectives are: strengthening partnerships between county mental health departments, community-based organizations and educational institutions; increasing employment and career advancement opportunities for consumers and family members; increasing workforce diversity and cultural competence. Ms. Tullys noted that workforce development requires collaboration – no single stakeholder group can do it alone. An effective partnership offers benefits to all involved: providers, consumers, family members, educators, government partners and other interested stakeholders. Successful collaboration inspires people to participate at all levels. Workforce Development means that we create a workforce that reflects the diversity of the individuals, families, and communities that we serve and is culturally and linguistically competent; expand employment opportunities for consumers and family members at every level of the mental health system; embed wellness, recovery and resiliency in training and educational programs; base employment on the competencies needed in mental health roles. She concluded that we need to create career pathways from entry level positions to leadership roles; share in the vision that wellness represents an individual's ability to live life fully integrated in his/her community, and then we will change people's lives, reduce stigma and discrimination, and contribute to the development of a transformed mental health delivery system.	

5. Consumer, Youth and Family Roles in Workforce Transformation **Bert Plant, Director of Community Programs and Services, Department of Children and Families (DCF), Moderator**	Dr. Plant spoke about the Connecticut Family and Community Partnership Wraparound Project. The project goal is to promote the adoption of Wraparound as a practice model in two Connecticut communities. Core Wraparound values are: family directed, youth guided, culturally competent, community based, strength based, building on natural supports. The project target is workforce across multiple systems (Child Protection, Probation, Parole, Schools, Family Advocacy, etc.) that serve children 6-14 who are early-involved or at risk for involvement in the juvenile justice system. Leadership is being provided by DCF and CSSD, Connecticut Center for Effective Practice, and local advisory bodies. Program Components include training in the skills of Wraparound; ongoing consultation and coaching; administrative supports for local collaborative; family and youth advisory bodies; fidelity assessment using Wraparound Fidelity Index; outcome evaluation with cross-site evaluation and UCONN quality assurance assistance.	
Jody Silver, Director **Office of Consumer Affairs** **NYC Dept of Health and Mental Hygiene**	Ms. Silver presented an overview of the Connecticut C-RECS initiative. She noted the following: (1) it is consumer-run and focused on increasing the number of persons in the workforce with lived experience of mental illness, addiction and co-occurring recovery; (2) its focus on recruiting, training and assisting in employment of people in recovery in the behavioral health workforce; (3) its goal of developing and undertaking post-hire support, retention and career development efforts; (4) increasing the recovery orientation of the behavioral health system by offering consultation and technical assistance to agencies to change organizational culture. Focus on Recovery-United (FOR-U) is the contractor for the C-RECS project and is working in collaboration with Advocacy Unlimited (AU) as well as arranging for technical assistance from other organizations and consultants. Ms. Silver described her experience as a person in recovery who began working in the mental health field over 30 years ago. In the early 1980's she began to connect with the consumer/survivor/self-help community; by the early 1990's that NY State Office of Mental Health allocated funding for peer-run programs. Ms. Silver worked in a number of roles in a variety of agencies. Now all four of her staff are peers. She described a number of systemic challenges, based on an article by Lauren Gates and Sheila Akabas and her personal experience: 1) attitudes toward recovery among non-peer staff; 2) role conflict and confusion; 3) lack of clarity around confidentiality; 4) poorly defined peer jobs; 5) lack of opportunities for networking and support; (6) lack of natural career advancement opportunities. Additional challenges in embracing a peer workforce include whether or not to hire within; preparing nonpeer staff for inclusion of peer colleagues; issues related to disclosure of peer status; peer job structure within agencies; assuring opportunities for peer networking and support opportunities. Ms. Silver summarized helpful strategies suggested by Gates and Akabas: 1) assess the agency to determine how prepared it is to employ peers; 2) create understanding among all staff and clients of the peer role and policies and practices supporting peer roles; (3) formalize recruitment process and job structure for peer positions; (4) clarify staff roles; (5) provide ongoing staff support to maximize peer inclusion. Ms. Silver identified the Howie T. Harp Advocacy Center in New York City as a well-known New York City peer training center. She concluded by noting the major contributions peers make to consumers' recovery, service agency staff, and the positive benefits for peer staff themselves. She encouraged thoughtfulness and use of well considered interventions to assure success of peer workforce participation.	
Melinda (Lindy) Fox, Research Associate **Dartmouth Psychiatric Research Center**	Ms. Fox described the federally funded Co-Occurring State Incentive Grant (Co-SIG) in Connecticut and discussed her work at Dartmouth on evidence based practices (EBPs) related to co-occurring disorders. She also described the value of integrating lived experience as a component of workforce competencies. Connecticut is preparing providers to deliver effective, evidence-based services for adults with co-occurring disorders (CODs) through statewide leadership: Commissioner's Policy on Serving People with COD; Workforce Development Workgroup and Steering Committee, and practice improvement collaboration for mental health and substance abuse agencies. Screening tools are being used to determine prevalence of individuals with COD throughout Connecticut; there is an agency self-survey instrument called Dual Diagnosis Capability in Addiction Treatment (DDCAT). To promote workforce development interventions and competencies, training and education collaboration of DMHAS, SCSU, and the community college system is underway. Additionally, a family initiative involves implementation of multi-family groups. Evidence Based Practices include (1) assertive community treatment; (2); family psycho-education; (3) illness management and	

	recovery (IMR); integrated treatment for co-occurring disorders; supported employment EBP Values suggest that consumers and families deserve services that are individualized and based on their goals; and that consumers and families should be active partners in the implementation, delivery and monitoring of services. Core competencies include consumer-centered treatment planning; shared decision-making; stage-wise treatment; strength-based services; basic cognitive behavioral therapy; motivational interventions; family psycho-education.	
Cliff Davis, Partner **Human Service Collaborative**	Mr. Davis described the Parent Leadership Training and Youth Workforce Development initiatives in Connecticut. Parent Leadership focuses around the aim to increase participation of parents in the behavioral health workforce by developing their advocacy skills. Parents may choose to advocate on several levels: as participants in their child's treatment team and advocates for their needs; as advocates on behalf of other families and children involved in the behavioral health system; as participants in shaping state policy, thereby moving the state closer toward a family-driven system (consultation to DCF; legislative activity; RFP review). This statewide project has three primary components: (1) community forum activities for parents and family caregivers, designed to provide orientation and introduction to parent leadership and advocacy in the context of sharing knowledge about important topics (e.g., Special Education); (2) in-depth parent leadership training, implementing a standard, approved curriculum, on multiple occasions in multiple locations across the state. Training will be provided to at least 200 parents and family caregivers; (3) regularly scheduled "alumni" activities for graduates of the training program to facilitate ongoing networking, advocacy skill development, and mutual support. The Youth Workforce Development goal is to explore best practices to promote the increased inclusion of young persons in the behavioral health workforce, including but not limited to roles as advocates, leaders, peer mentors, and in self-care. Some key areas of exploration are education; recruitment, preparation, and support; culture change; and continuity. Youth Workforce Development activities aim to research current practices nationally and in Connecticut; identify evidence-based, best and emerging practices where available; explore unique "home grown" strategies that individual agencies, systems or communities have found effective; initiate a small-group stakeholder meeting in Connecticut during Fall 2008, with a draft research report providing context; involvement of youth as consultants to the process; a report with recommendations to the Workforce Collaborative in Fall 2008.	
6. Lawrence Shulman, Professor Emeritus **University of Buffalo**	Scott Migdole, Co-Convener of the Workforce for Adults introduced Dr. Shulman, who spoke during lunch regarding the Supervisory Competency initiative. The project is part of a Connecticut state-wide effort to address supervisory competencies as a way of improving delivery of health, mental health and substance abuse services. Agencies selected to participate are: Capital Region Mental Health Center, Chrysalis, Community Health Resources, and The Village for Families and Children. Ninety supervisors have been involved in the face-to-face workshop and will continue throughout the year to focus on continued learning. The principal focus is on the core skills of supervision and then helping supervisors to integrate them into their day to day practice-helping to support sustainability. . .	
7. Council meetings	The Executive Council, Council on the Workforce for Adults, Council on the Workforce for Children, Youth and Families, and Council on Consumers, Youth, and Family Members in the Workforce met during the afternoon. Minutes are available for each.	
Next Meeting	The next Collaborative general membership meeting will be planned for September.	
Adjournment	The Plenary Session adjourned at 1 PM, followed by Council meetings; the Inaugural meeting was adjourned at 4 PM.	