

Critical Workforce Issues in Children's Mental Health: Creating New Steps for Action

"Workforce should be consumer and family-driven."



Florida Research and Training Conference

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Overview

- Welcome and Introductions
- Setting the Frame: Work for the National Strategic Plan by the Annapolis Coalition
- Interests/recommendations of the Children's Expert panel and Other Groups
- State Environmental Scans of Children's Mental Health Directors: Family Involvement
- Challenge questions to the group for discussion

Setting the Frame: A National Strategic Framework for Workforce Development by the Annapolis Coalition

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 & Education Programs

- Typically - delayed & minimal
- Frequently – significant erosion
- Notable exceptions stand as exceptions
- Universal problem irrespective of setting, discipline, or specialty

Paradoxes of Behavioral Health Workforce Development

- We offer the most training to those who spend the least amount of time with customers.
- We use pre-service and continuing education methods that we know are not successful in changing practitioner behavior.
- We train where willing crowds gather rather than in representative settings.
- We ignore the largest part of the workforce - consumers and their families.
- We hire staff but fail to provide them with ongoing professional career development and supervision - "Just do it!"
- We do not design work environments that support best practices.

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

Report of the Child & Family Workforce Panel

- Gathering Input
- Challenges in Children's Behavioral Health
- Goals and Recommendations for Workforce Development

Gathering Input

- Opportunities at Meetings – national, state, local
- Focus Groups
- Surveys
- Email Queries
- Meetings with diverse stakeholder groups
- Environmental Scan



- Result: Extensive grid of issues/recommendations

Challenges in Behavioral Health for Youth

- Prevalence Rates
- Demographic and Rural Challenges
- Complexity and Developmental Changes of Youth Clinical Population
- Critical Shortages
- Fluid Nature
- Mismatch between Training and Practice
- New & Emerging Interventions, Skills and Attitudes

Goals

1. Behavioral health workforce serving infants, children, adolescents and their families works in a manner consistent with nationally agreed upon core competencies.
2. Infrastructure exists at national, state and local levels to develop and support a workforce aligned with the core competencies.

Goals

3. Organized groups of families and youth are full partners in all aspects of behavioral health workforce development.
4. The workforce serving infants, children, adolescents and families reflects a public health perspective trained in promotion, prevention, treatment and includes not only the specialty mental health providers but also the de facto behavioral health system (primary care, child care, child welfare, paraprofessionals and natural helpers, etc.)

State Environmental Scans of Children's Mental Health Directors

Perspectives on Family Involvement

SCAN DESIGN AND FOCUS

- Georgetown's National Technical Assistance Center for Children's Mental Health in partnership with NASMHPD's Children, Youth and Families Subcommittee on Leadership and Workforce
- Focus of Scan #1 : Workforce development in general, including:
 - Formal workforce development structures
 - Staff/provider development plans
 - In-service training programs
 - Retention and recruitment activities
 - Relationships with local universities
 - Role of the Mental Health Authority

SCAN DESIGN AND FOCUS

- Focus of Scan #2-- Pre-service training programs and relationship with higher education
- Includes degree and type of family involvement in planning, delivering, and evaluating these programs

STATES SEE FAMILY INVOLVEMENT AS CRITICAL

- 90% of Children's Directors surveyed believe "assuring family involvement" is a primary role for the Mental Health Authority (MHA)—the most common response to this question
- All eight states that reported *active* MHA involvement in pre-service education also indicated some type of family involvement in this process
- Those who described family involvement in pre-service education included:
 - 7 reported involvement in planning
 - 4 reported involvement in delivery of education and training
 - 2 reported involvement in evaluation

DIFFERENT FAMILY INVOLVEMENT MODELS

- Appointment of individual family members to serve as representatives to state-wide boards or agency programs that guide pre-service education
- Examples from Scan #2--
 - Evaluation teams staffed and directed by family members
 - Involvement of individual adult consumers and family members in review of grant applications

DIFFERENT FAMILY INVOLVMENT MODELS

- Involvement of statewide family organizations in board and/or state agency programs that guide pre-service education
- Examples from Scan #2
 - State family organization provides training for interns in psychology, social work, and psychology
 - Family organization organizes annual parent and youth leadership training programs for those wanting to become involved in department decision-making

Challenge Questions

- How might empowering consumers and families shift the power relationships in professional education and training programs and with bureaucracies?
- How does the concept of family-driven play out in the substance abuse field?
- How do we move from an expert model for service delivery to a relational model?
- Given the focus of the National Strategic Plan on empowerment of consumers and families, where are the opportunities for something new to happen and what would these new opportunities look like?
 - What might be the priorities in these new opportunities?
- What might YOU do at whatever level you impact the child-serving systems (the community, state, or national levels) to further the involvement of consumers and families?

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