



Whole Health Campaign Policy Brief: ***Leadership Policy***

The essential role of leadership in healthcare reform

Reforming healthcare in the United States is a daunting challenge, especially in light of the fact that there are actually multiple healthcare “systems” that have never been effectively integrated. One of the most troubling gaps is that which exists between general health care and behavioral healthcare. While much is known about the interactions among general health conditions and co-occurring mental or substance use conditions, too little has been done to bridge the gap at the level of services, policy or financing. To make change of the magnitude that is needed, there is one element that simply cannot be ignored: the need for competent, informed *leadership*.

While there has been much important attention to the health/behavioral health workforce of late, most efforts to strengthen the workforce center on issues of recruitment, retention, and training. However, it is clear that simply finding, educating, and keeping more individuals to staff prevention and treatment programs (especially programs that truly integrate general health with behavioral health), while necessary, is not sufficient to sustain systems of care, let alone transform them. A host of sources and factors has drawn attention to the critical need both for leaders and for leadership development as an explicit agenda in efforts to strengthen the workforce. Just one example is a 2004 report prepared for the federal Center for Substance Abuse Treatment by TASC, Inc., titled *Leadership Development in Substance Abuse Treatment and Recovery: Lessons Learned and Future Directions* (TASC, 2004). A clear and compelling case is made regarding the need for urgent attention to the issues surrounding leadership development in the substance abuse field to “...ensure the continuing evolution of leadership and viability of the field in terms of both service quality and sound public policy” (p. 2). In its recently released, federally funded national workforce plan, *An Action Plan for Behavioral Health Workforce Development*, the Annapolis Coalition (2007), has identified leadership development as one of seven national goals for a quality workforce.

Of immediate concern is the reality that most leaders currently in the behavioral health field are part of the “graying” workforce, nearing retirement. Unfortunately, many of the federally funded training stipends and leadership programs that supported the entry of these individuals into the field and their subsequent professional development no longer exist. In mental health, for example, federal support for professional training stipends peaked in 1972 at an annual total of \$117 million, but has steadily declined since that time. Concurrently, the NIMH Staff College, which served as a core leadership development vehicle through which many of today’s leaders were trained, was eliminated in 1981.

In the ensuing two-and-a-half decades the need for leadership and the demands on leadership have increased exponentially. The current health care environment has become much more complex due to major changes in financing that have created enormous pressures for efficiency in behavioral health programs and systems. Simultaneously, there have been many new demands to improve services by providing evidenced-based practices, reducing cultural disparities, increasing patient safety, and demonstrating outcomes, among other things. Yet, this changing health care landscape, which has heightened the need for strong leadership, has at the same time created increased instability in many organizations, undermining their ability to retain and develop the next generation of leaders. For example, a study of substance use disorders treatment organizations by McLellan, Carise, and Kleber (2003) found a 50% turnover within a single year in the directors of the agencies under study.

While it is natural to focus on the need for leadership in treatment organizations, leadership is essential among all key stakeholder groups and sectors of the field if improvements in the equity, efficiency, and effectiveness of behavioral health care and general healthcare are to be achieved. Other relevant groups include educators, prevention specialists, policy makers, and administrators engaged in the certification and licensure of the workforce and in accrediting training and service organizations. Developing and expanding a cadre of leaders among persons in recovery and their family members is particularly critical to achieving transformation of current service systems and models of care.

In common parlance, individuals at the top of an organizational hierarchy are referred to as leaders. But individuals at multiple levels have responsibilities that require leadership skills, including supervisors, team and program directors, and executive or senior managers. Each role involves leadership functions that are essential to the successful operations of an organization or group, whether in prevention or treatment systems, peer-support programs, educational systems, regulatory and oversight organizations, or consumer and family advocacy initiatives.

Some promising developments

At the request of SAMHSA, the National Association of State Mental Health Program Directors Research Institute (NASMHPD RI) in 2005 completed two monographs that provide a comprehensive review and cataloging of leadership development programs and resources within the country's leading business and management schools and other training institutions. These papers provide a great deal of detailed information about curricula and training strategies used outside of the mental health and substance use disorder fields, and are a potential resource in helping to identify effective strategies as well current gaps (Mazade, 2005a; Mazade, 2005b).

There are substantive and noteworthy leadership initiatives that can inform and serve as a base for expanded efforts in this arena. The National Addiction Technology Transfer Centers Network (<http://www.nattc.org>) is now offering Leadership Institutes around the country to assist in the preparation of emerging leaders in the field of substance use disorders treatment. The ATTCs have drawn on the work of The Graduate School at the U.S. Department of Agriculture, which has a well-developed leadership program that entails four phases: assessment, didactic instruction, experiential learning, and recognition. In addition, there have been several state-based initiatives in leadership development for the addiction field, including the work of the

Governor's Institute in North Carolina (<http://www.nc-atod.org>). This private nonprofit organization has had a leadership development program for several years as part of its overall mission to assist health professionals in addressing the problem of substance use disorders. Other noteworthy initiatives include the BACCHUS Network on leadership development in substance abuse prevention (<http://www.bacchusgamma.org>) and the Developing Leadership in Reducing Substance Abuse initiative funded by the Robert Wood Johnson Foundation and based at Portland State University in Oregon (<http://www.developingleadership.org>).

Within the field of mental health, there also are noteworthy initiatives, such as the Ohio Mental Health Executive Leadership Program at Case Western University (<http://www.weatherhead.case.edu/hsmc/>) and the California Institute of Mental Health's Leadership Effectiveness Program, operated in partnership with the University of Southern California (<http://www.cimh.org>). The National Council on Community Behavioral Healthcare (<http://www.nccbh.org>) has placed considerable emphasis on management development through activities such as its Middle Management Academy, the Behavioral Healthcare Executive Program, and other leadership development initiatives. The American College of Mental Health Administration (<http://www.acmha.org>), itself a leadership organization in the field, has greatly expanded its leadership initiatives, which include a mentoring program and an emerging collaboration with NCHL in developing a learning network on leadership in behavioral health. Additionally, CMHS convened an expert panel and commissioned a comprehensive review of the concept of "transformational leadership" as a foundation for supporting the New Freedom Commission agenda to transform mental health care.

Action recommendations¹

- Recommendation One: Identify leadership competencies tailored to the unique challenges of behavioral health care and integrated general healthcare.
- Recommendation Two: Identify effective leadership curricula and programs and develop new training resources to address existing gaps.
- Objective 3: Increase support for formal, continuous leadership development with current and emerging leaders in all segments of the workforce.
- Objective 4: Formally evaluate leadership development programs based on defined criteria and revise based on outcomes.

Specific Reform Recommendations on Mental Health and Substance Use Care and Prevention

Three documents have been prepared to define in detail the specific recommendations of the mental health and substance use fields around national health reform. These three documents are:

Benefit Design and Delivery of Care
Reforming the Healthcare Delivery System
Wellness Promotion and Chronic Disease Prevention Initiatives

We will be glad to provide either an e-version or paper copy of each of these documents.

¹ Adapted from The Annapolis Coalition's *An Action Plan for Behavioral Health Workforce Development* (2007)

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