



**STRAIGHT TALK ABOUT BEHAVIORAL
HEALTH WORKFORCE EDUCATION:
REAL WORLD STRATEGIES FOR REFORM**

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&

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Co-Chairs, The Annapolis Coalition

NCCBH Plenary ~ March 30, 2003

Straight talk...

Too often...

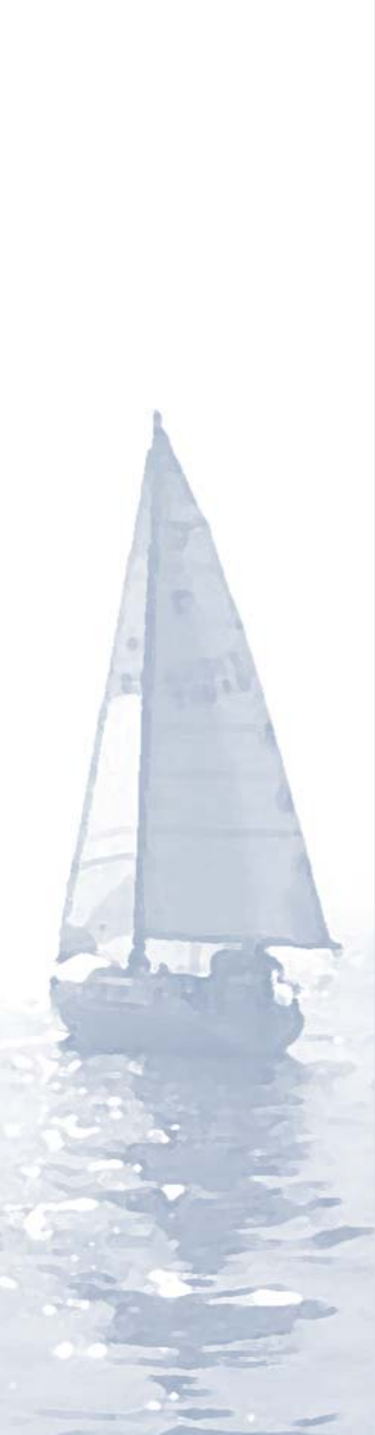
Education occurs in SILOS.

Education is UNCOORDINATED.

Education ignores CONSUMERS.

Education relies on old KNOWLEDGE.

Education is not SKILLS-BASED



Straight talk...

IN SUMMARY: **EDUCATION**

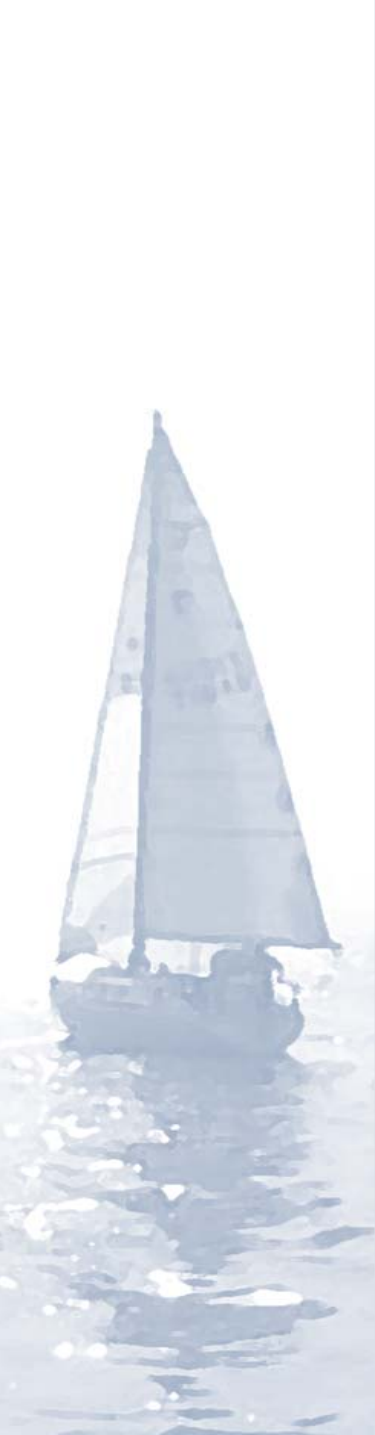
Education occurs in **SILOS**

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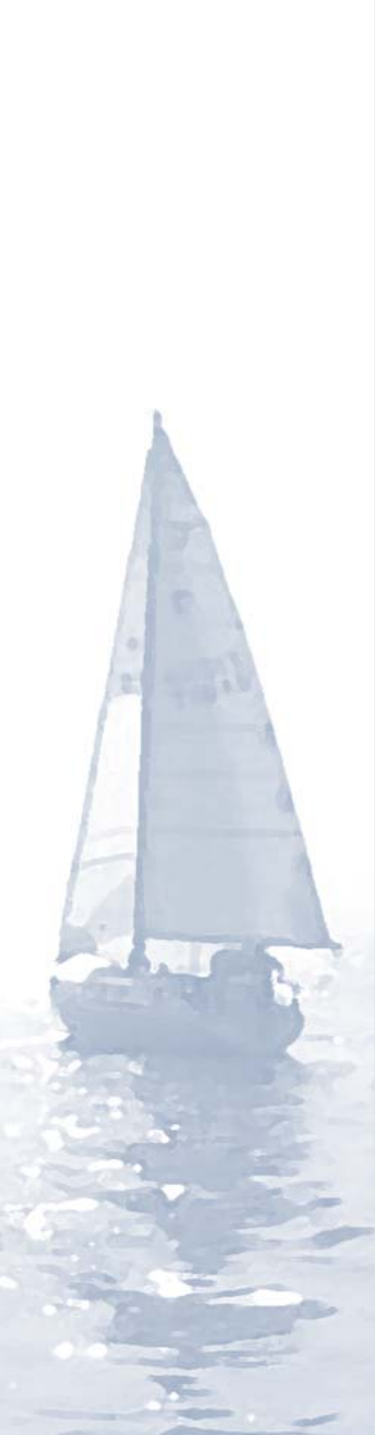
Education is not **SKILLS-BASED**



Straight talk...

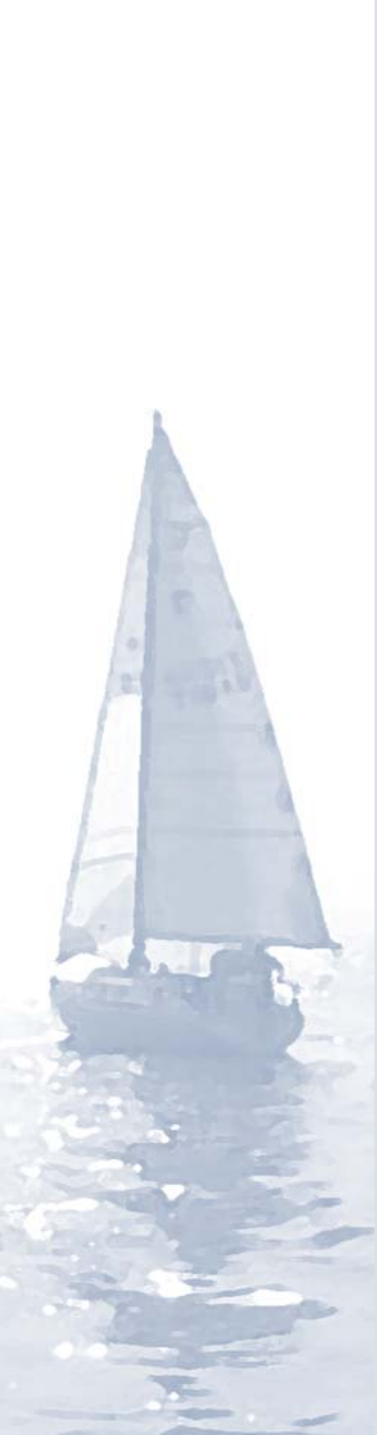
But there are some signs of hope: A little encouraging history:

- Recent Surgeon General's reports
- Institute of Medicine workforce concerns
- ACMHA Summit on Education
- Annapolis Coalition on Behavioral Health Workforce Education
- Coalition for Human Resource Development within Systems of Care



Straight talk...

- Tomorrow's workshop will focus on two:
 - The Annapolis Coalition: a partnership between the American College of Mental Health Administration
 - The Coalition for Human Resource Development Within Systems of Care

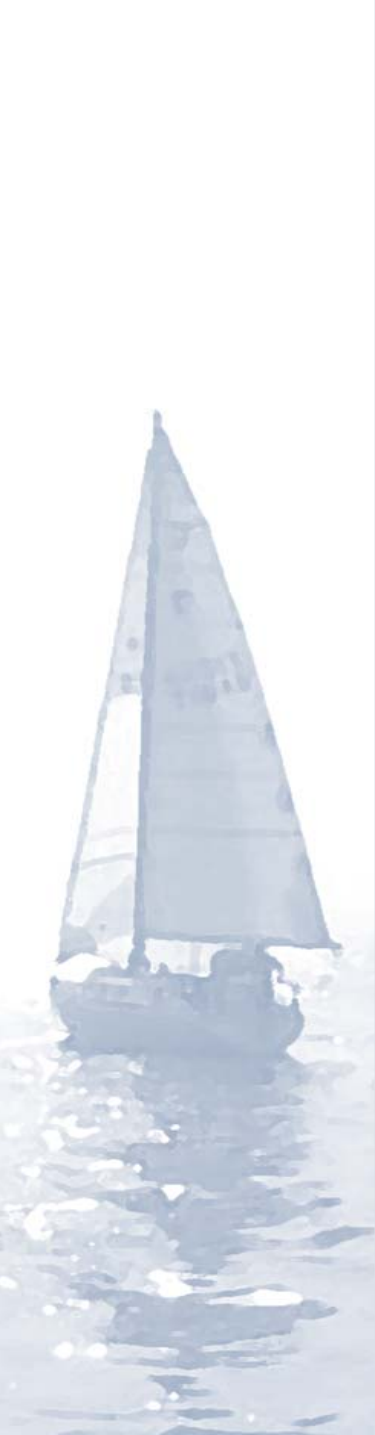


Straight talk: Annapolis Coalition

The Annapolis Coalition:

Some relevant history:

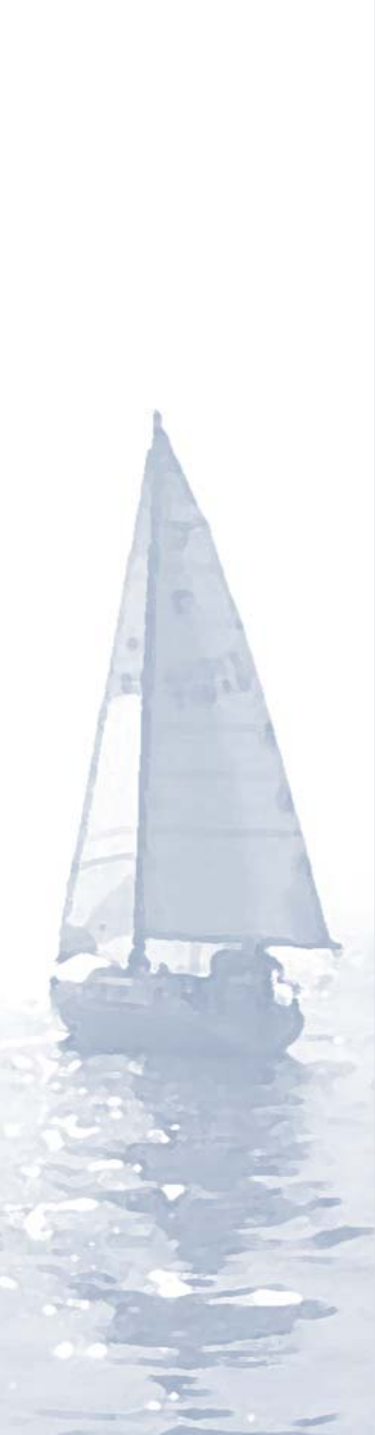
- ACMHA and the Santa Fe Summits: Summit 2000 – Education & Training
- ABHC and the concerns of contemporary academic/clinical practice
- The Annapolis Conference – September, 2001



Annapolis Coalition

Annapolis Conference - Products:

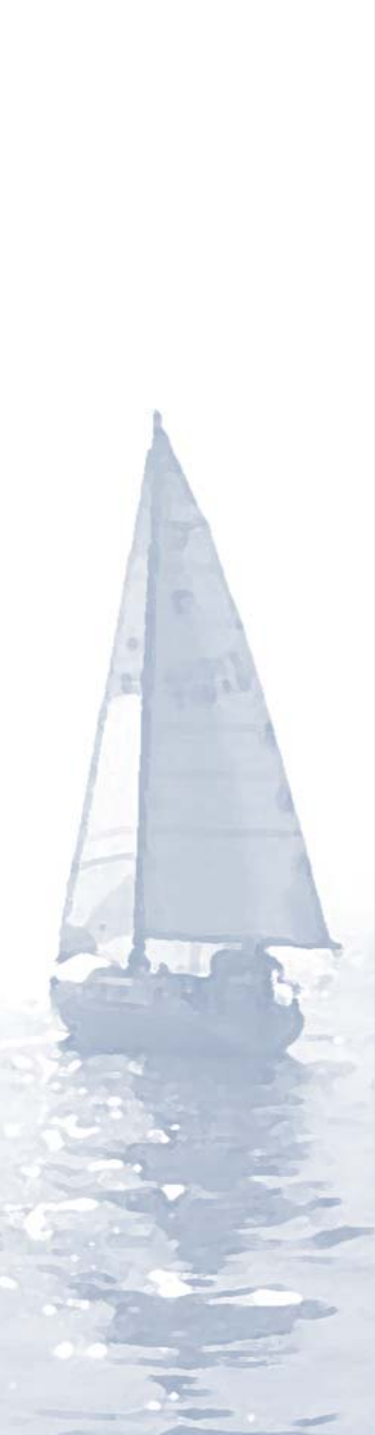
- The Annapolis Coalition
- Proceedings: *Administration and Policy in Mental Health*, Volume 29, Nos. 4/5: Special Double Issue: Behavioral Health Workforce Education and Training



Annapolis Coalition

Annapolis Coalition: Concrete recommendations

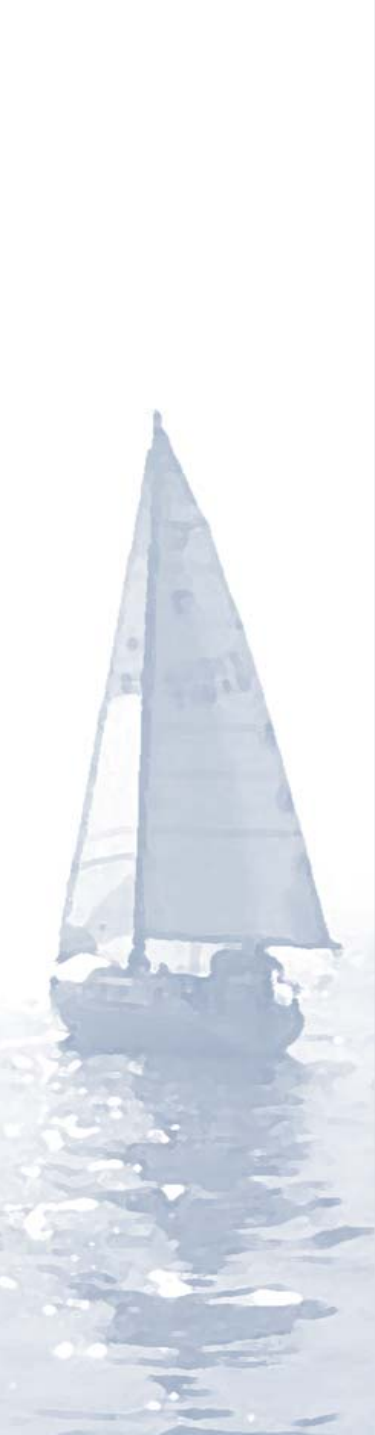
- Testimony before the President's New Freedom Commission
- Eight recommendations - complete testimony available at ACMHA website:
www.acmha.org



Straight Talk...

THE MYSTERY OF THE FOUR PARADOXES:

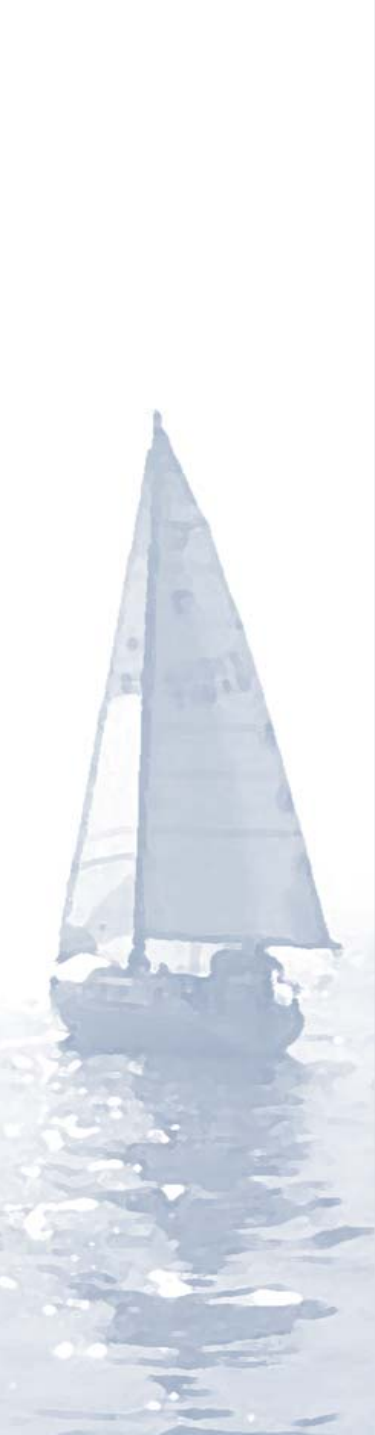
*This being a cautionary tale about the current
and future state of education and training in
the United States...*



Straight Talk...

Paradox One:

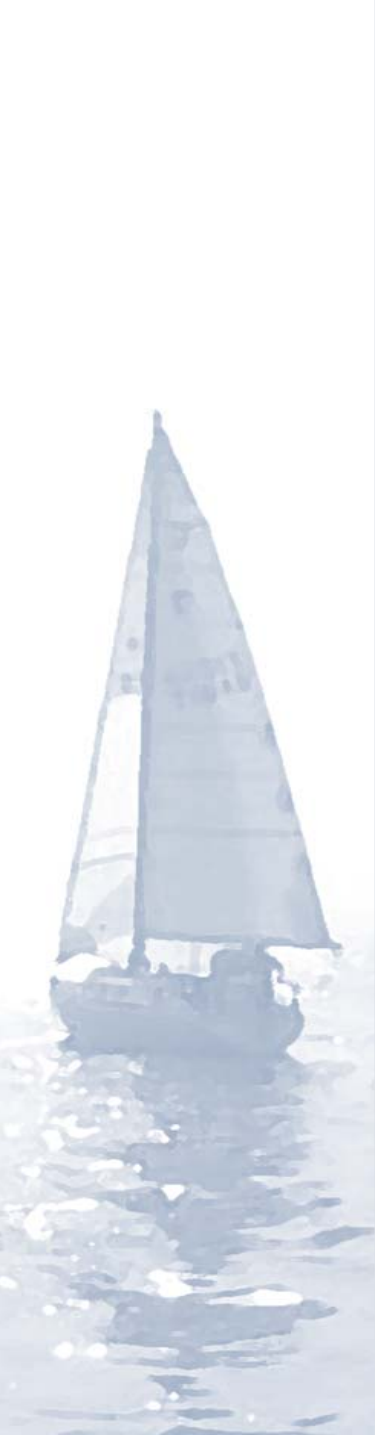
We train students for a world that no longer exists.



Straight Talk...

Paradox One: ***We train students for a world that no longer exists.***

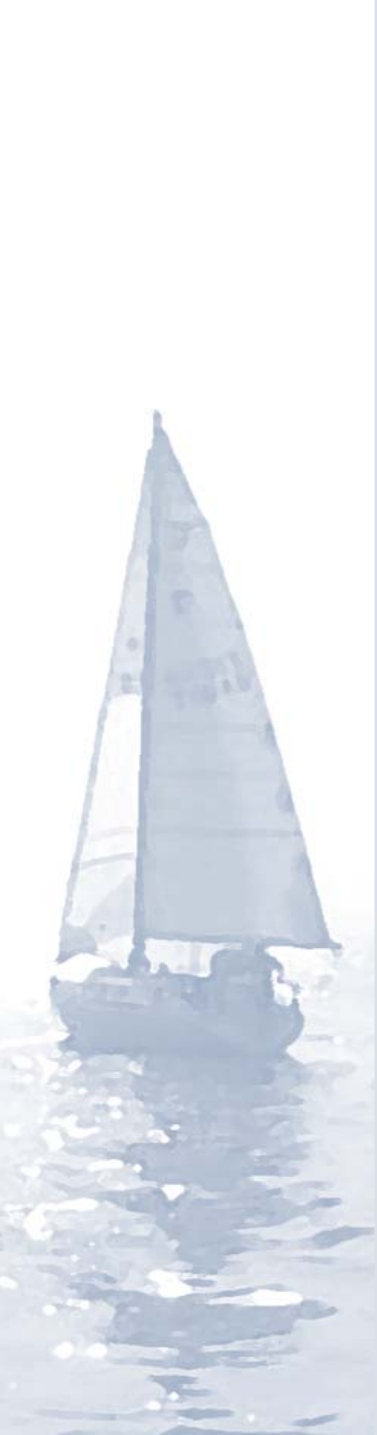
- Individual practitioner focus vs. team (multidisciplinary) training
- Idealized models vs. reimbursable care
- “Treatment” bias vs. support for recovery



Straight Talk...

Paradox one: Some ideas for change

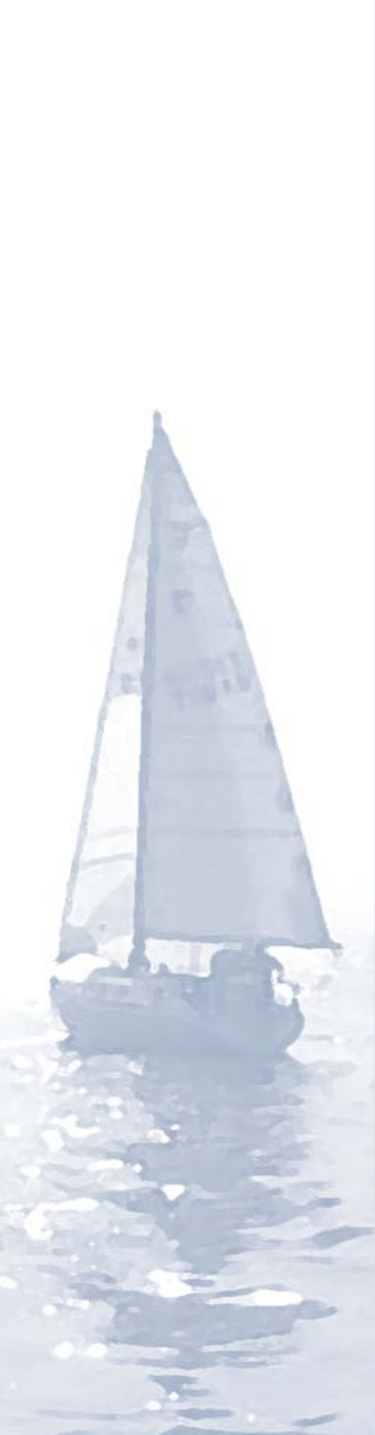
- Change the teachers
- Change what they teach
- Change where they teach it
- Change how we evaluate what's taught



Straight Talk...

Paradox one: idea one

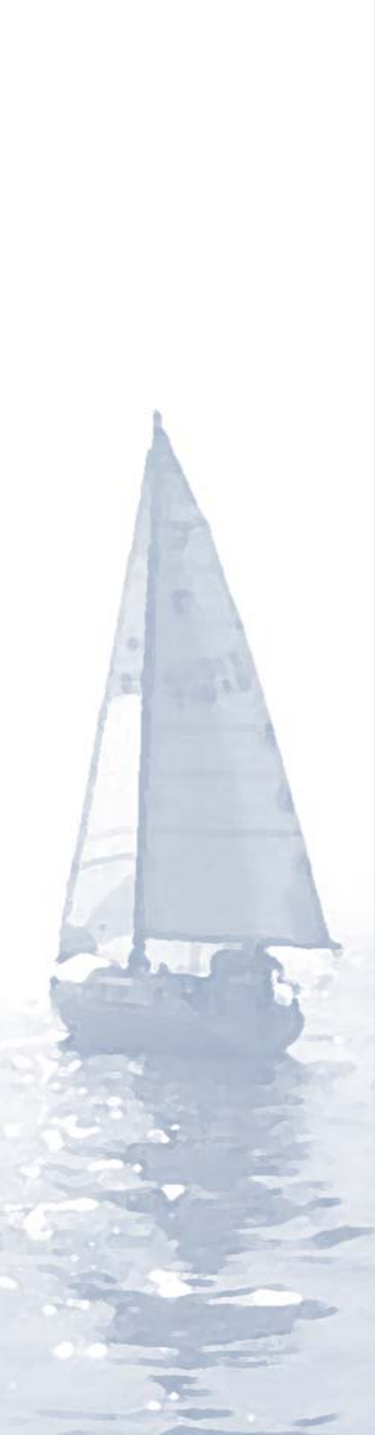
- **Change the teachers**
 - Use consumers and families
 - Use exemplary practitioners
 - Promote multidisciplinary teaching
 - Use existing providers as core faculty



Straight Talk...

Paradox one: idea two

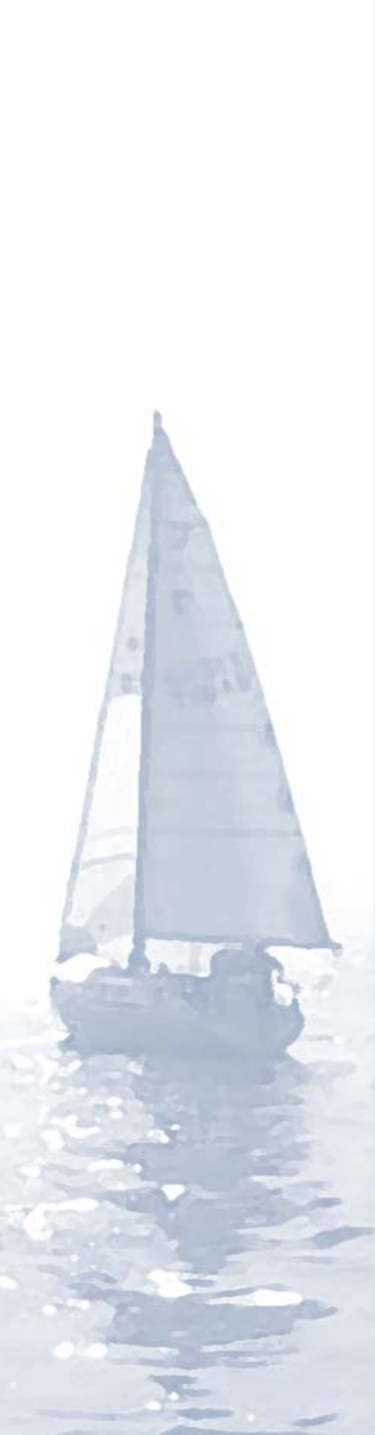
- Change **what** they teach
 - Ground content in CURRENT REALITY
 - Use evidence-based thinking
 - Expose students to realities of funding, performance standards and outcomes



Straight Talk...

Paradox one: idea three

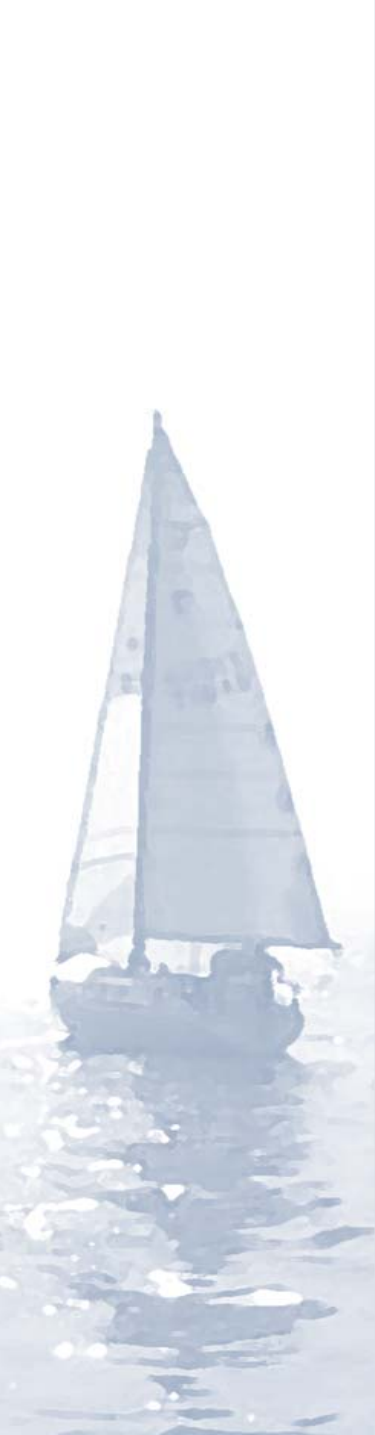
- Change **where** they teach it
 - Ensure that students are integrated into practice settings realistically
 - Ensure that students are trained in teams
 - Ensure that training is financially viable for providers



Straight Talk...

Paradox one: idea four

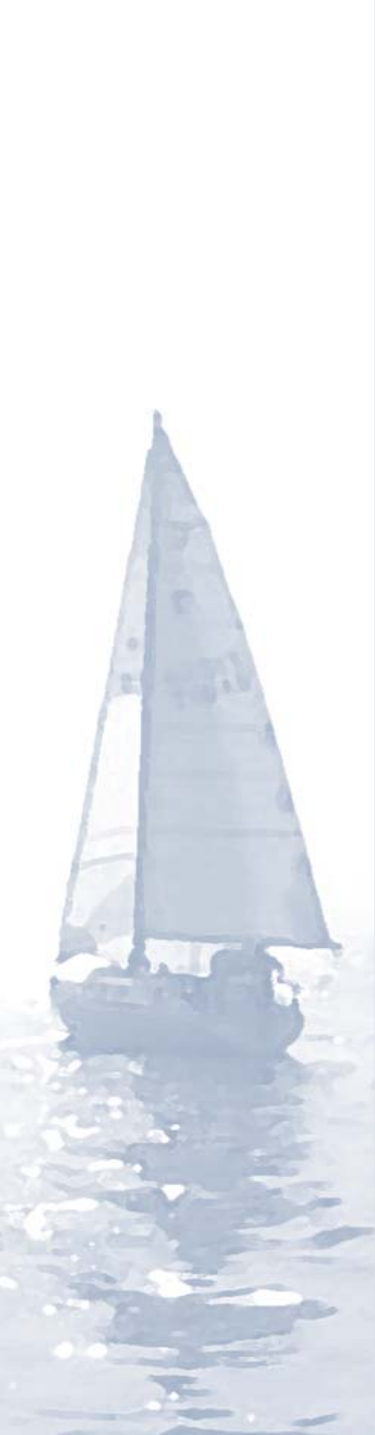
- Change **how we evaluate** what is taught
 - Demand students who can hit the ground running
 - Demand involvement in curriculum design
 - Build feedback loops between the worlds of practice and academe



Straight Talk...

Paradox two:

We spend +/- 80% of scarce resources on personnel---and spend pennies a year to train them.





Straight Talk...

Paradox two: ***We spend +/- 80% of scarce resources on personnel---and spend pennies a year to train them.***

Training \$\$\$ the first to go.

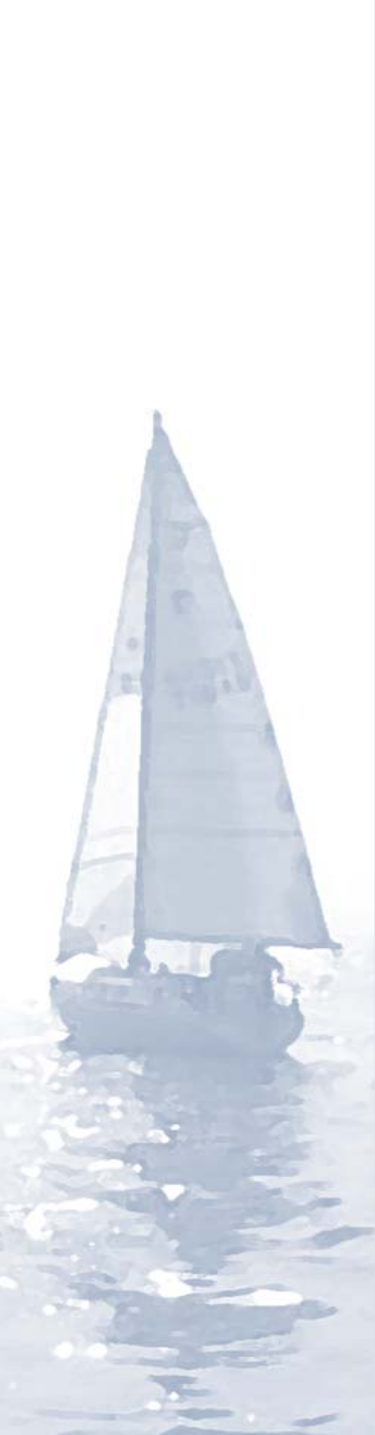
Industry notion of training as R&D investment not common in MH

Management concerns about productivity often at odds with “down time” for training and educational activities.

Straight Talk...

Paradox two: some ideas for change

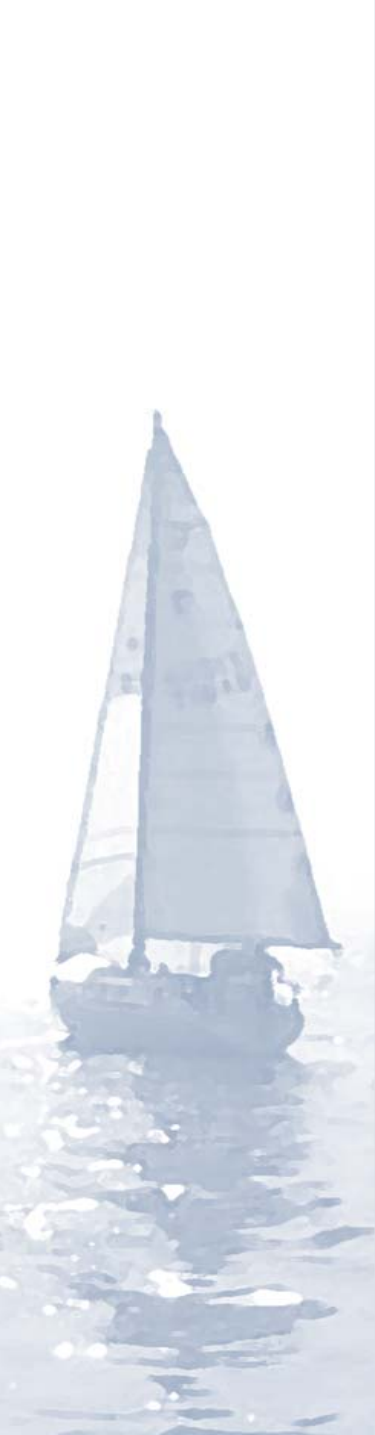
- Invest in training – build incremental cost-of-quality mindset
- Use educational methods that actually work
- Train to outcomes, not clinician preferences
- Use the concepts of evidence-based practice and ***practice based evidence***



Straight Talk...

Paradox two: idea one

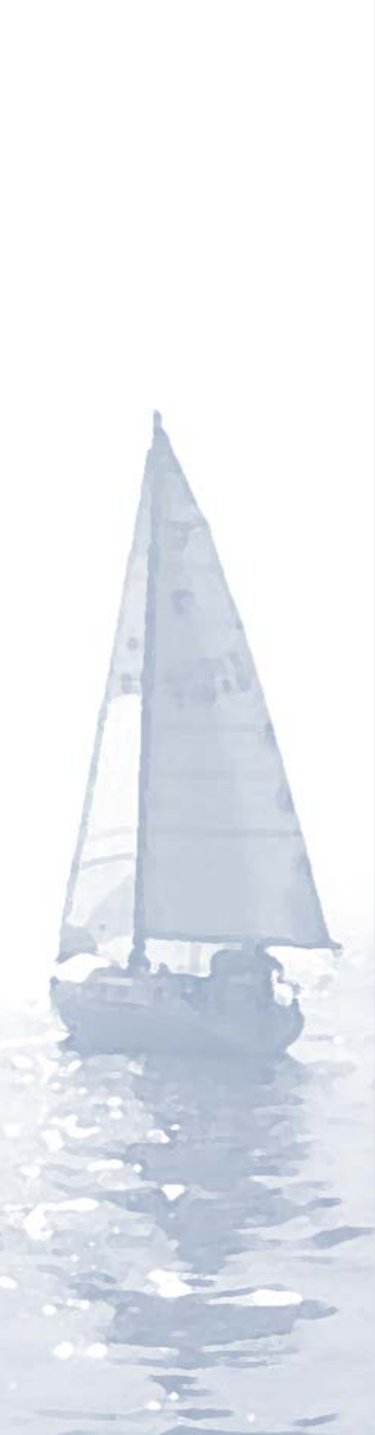
- Invest in training – build incremental cost-of-quality mindset
 - Unit quality cost is minimal—but cumulative effect is huge
 - Set and live with a minimum investment percentage
 - Seek real RoI on training investment



Straight Talk...

Paradox two: idea two

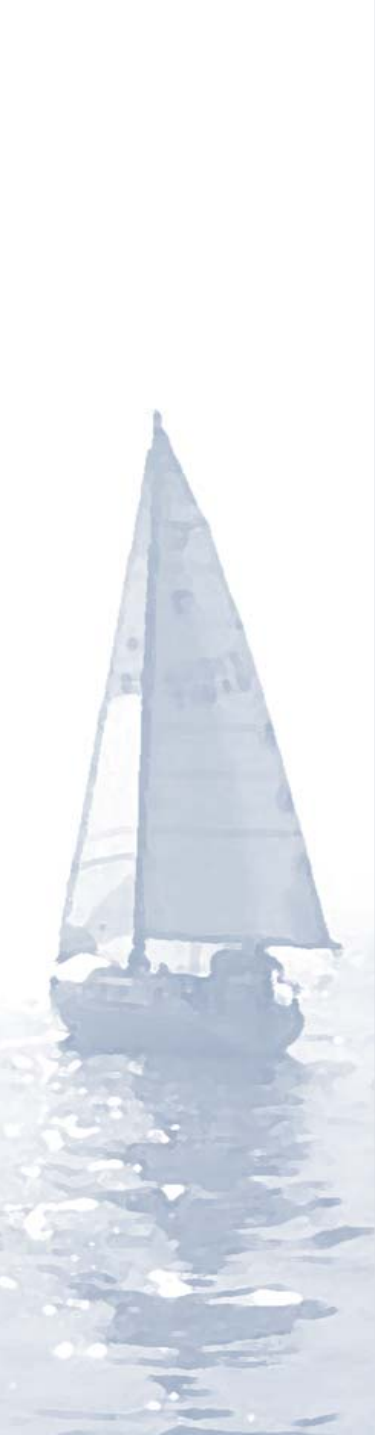
- Use methods that work
 - Use evidence-based methods
 - Use consumers and families as teachers
 - STOP practices that don't work
 - Acknowledge/plan for on-going support to sustain change



Straight Talk...

Paradox two: idea three

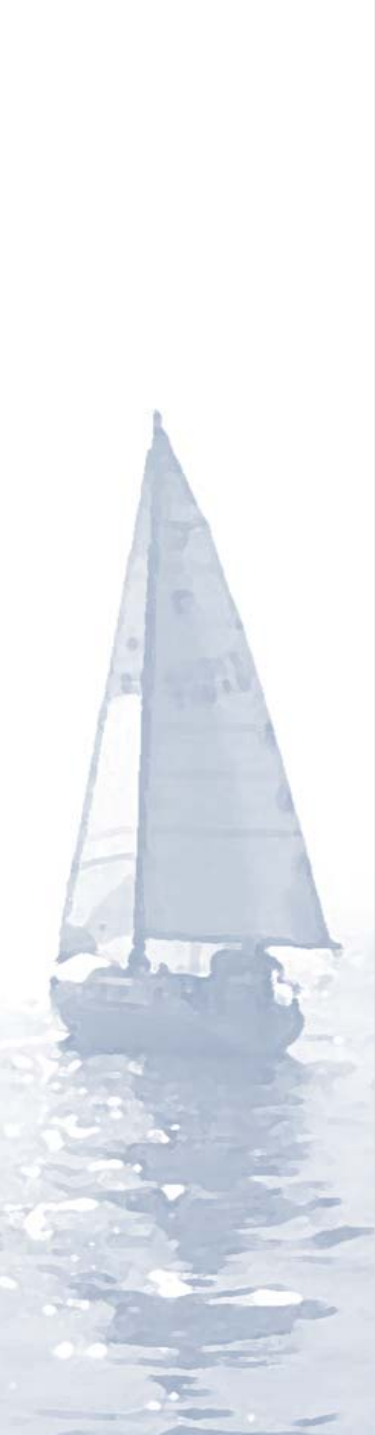
- Train to outcomes
 - Use consumer drive outcomes as guide
 - Be assertive about desired organizational outcomes: e.g., financial viability
 - Benchmark performance linked to training



Straight Talk...

Paradox two: idea four

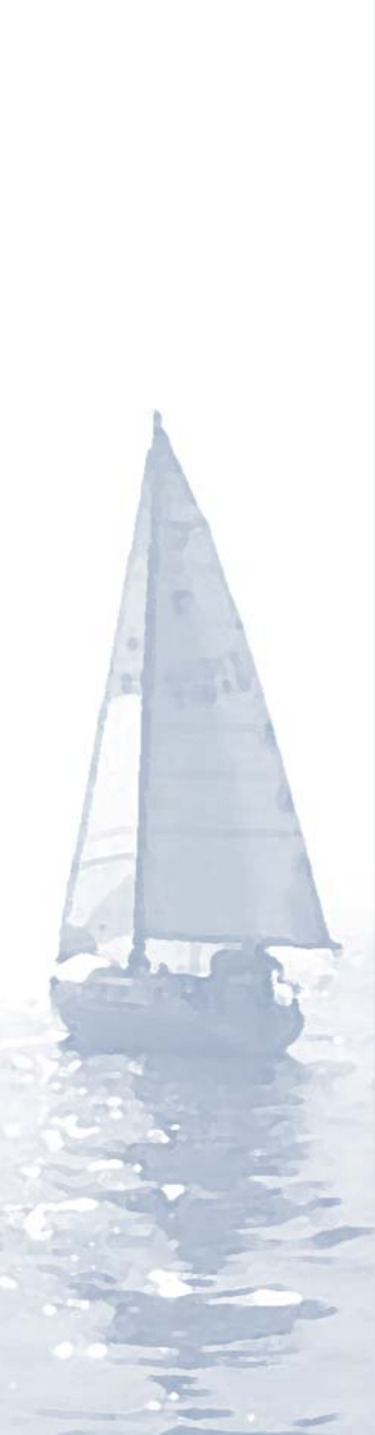
- Develop mind-set of evidence-based thinking about practice
 - Not just adoption of SAMHSA toolkits or Blueprint programs
 - Conscious adaptation, monitoring and change
 - Evidence building from the practice environment (the real world...)



Straight Talk...

Paradox three

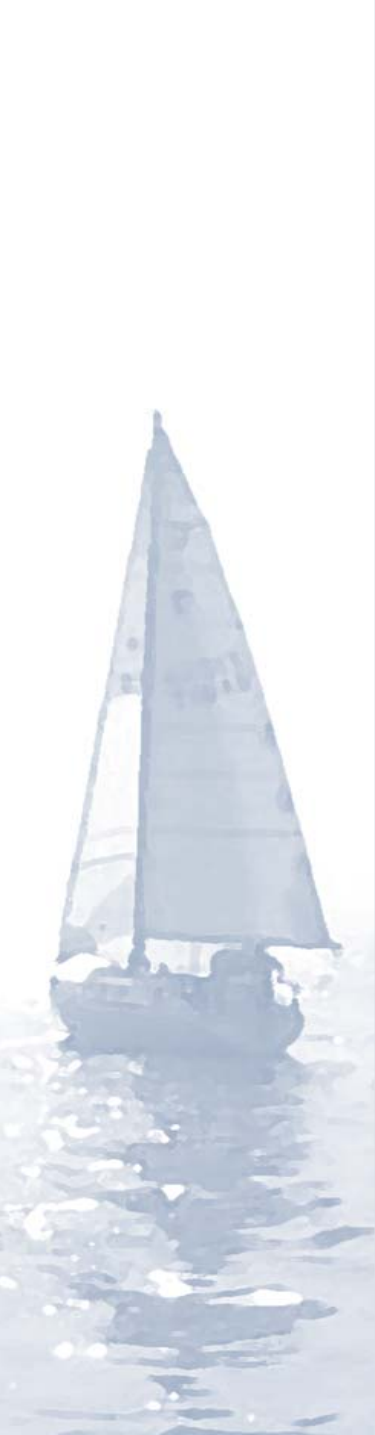
***We offer virtually no training to consumers,
families and front line workers.***



Straight Talk...

Paradox three: ***We offer virtually no training to consumers, families and front line workers.***

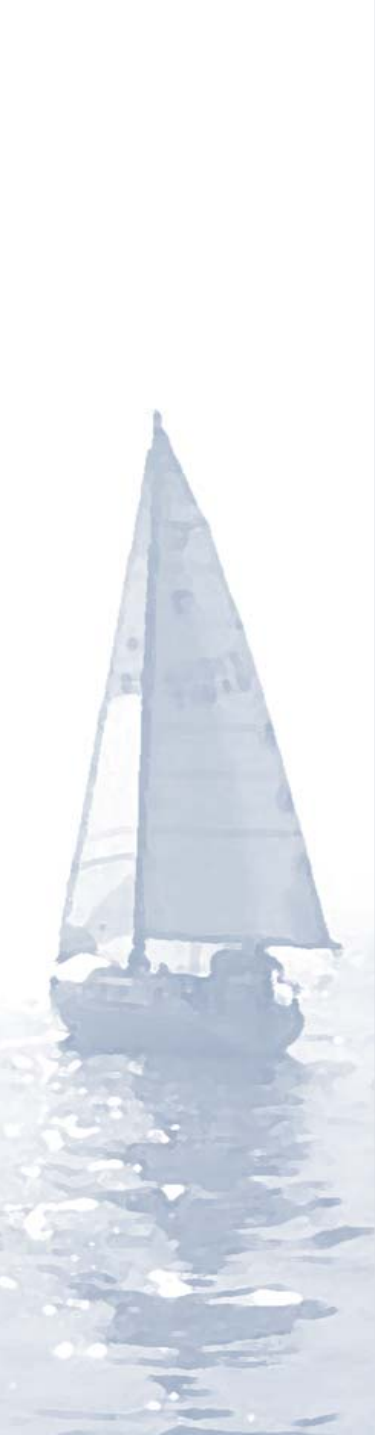
- Huge untapped resource – bi-modal:
 1. Illness self-management/natural supports
 2. Resource for teaching and mentoring



Straight Talk...

Paradox three: some ideas for change

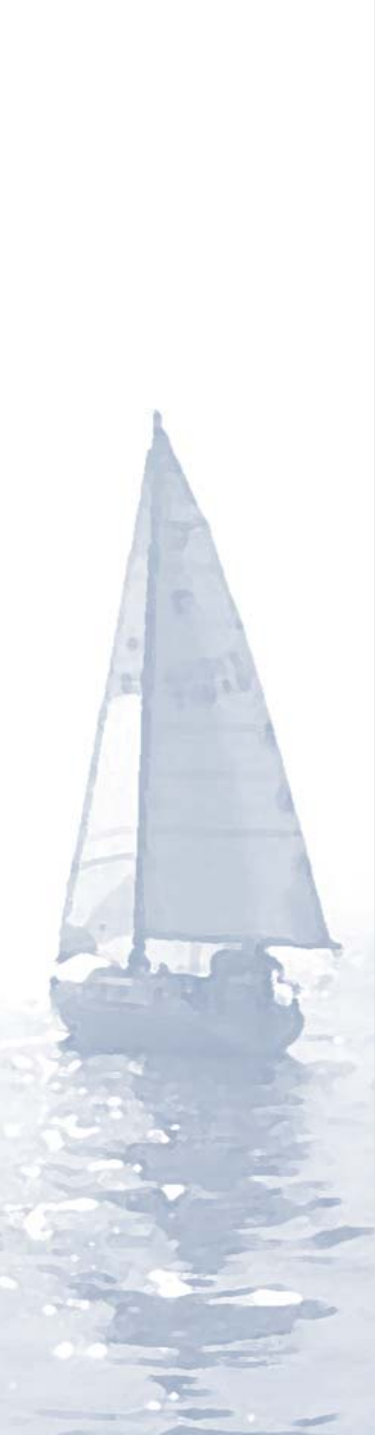
- Acknowledge the wealth of knowledge
- Compensate consumers and families for their expertise
- Recognize and plan for the realities of service delivery:
 - Self-care and illness management
 - Role of lowest paid/highest contact staff



Straight Talk...

Paradox three: idea one

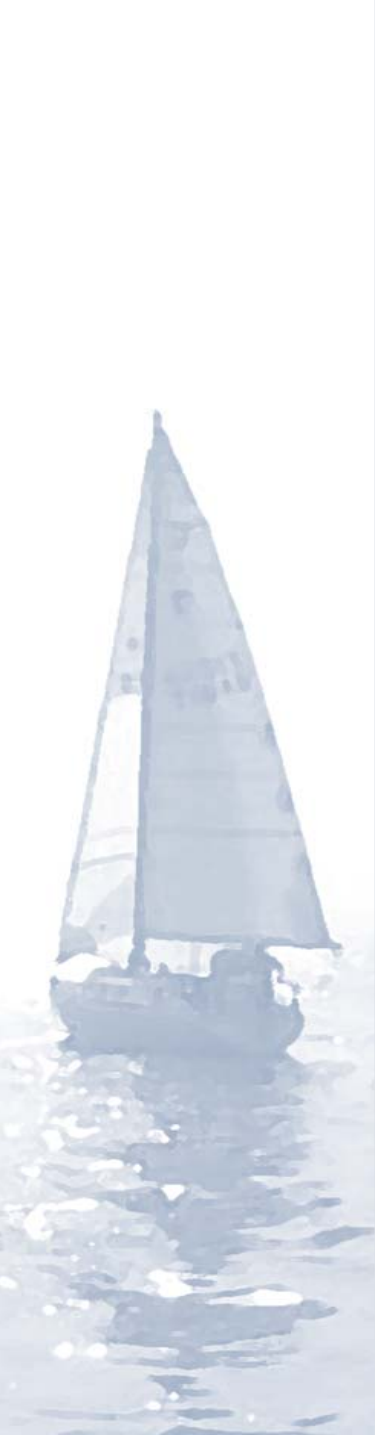
- Acknowledge the wealth of knowledge
 - Profound shift toward recovery philosophy
 - True partnership mindset: changing all of medicine and healthcare
 - Demand for professional/academic humility



Straight Talk...

Paradox three: idea two

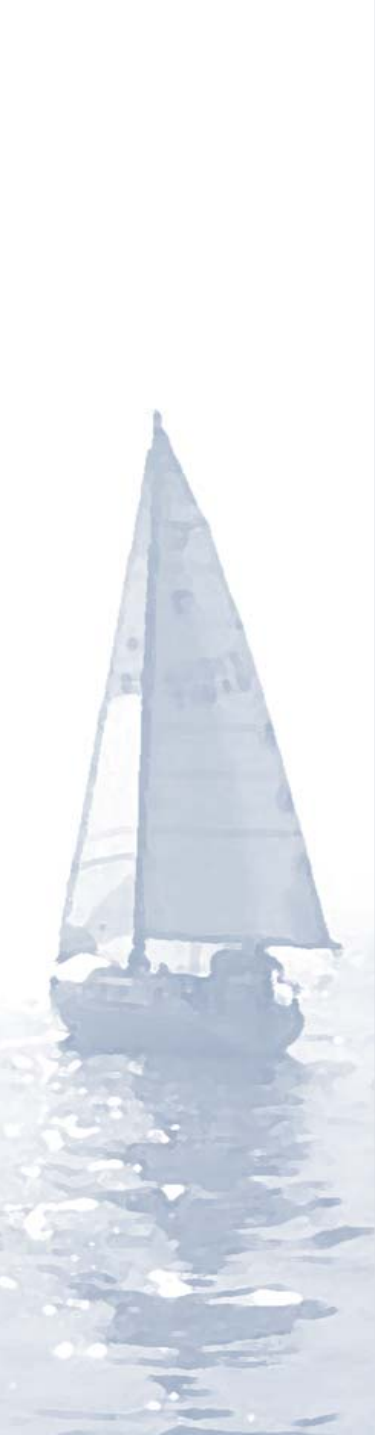
- Compensate consumers and families for their expertise
 - The reality of partnership
 - Money talks—demonstration of value
 - Involve in design and delivery of all aspects of education and training



Straight Talk...

Paradox three: idea three

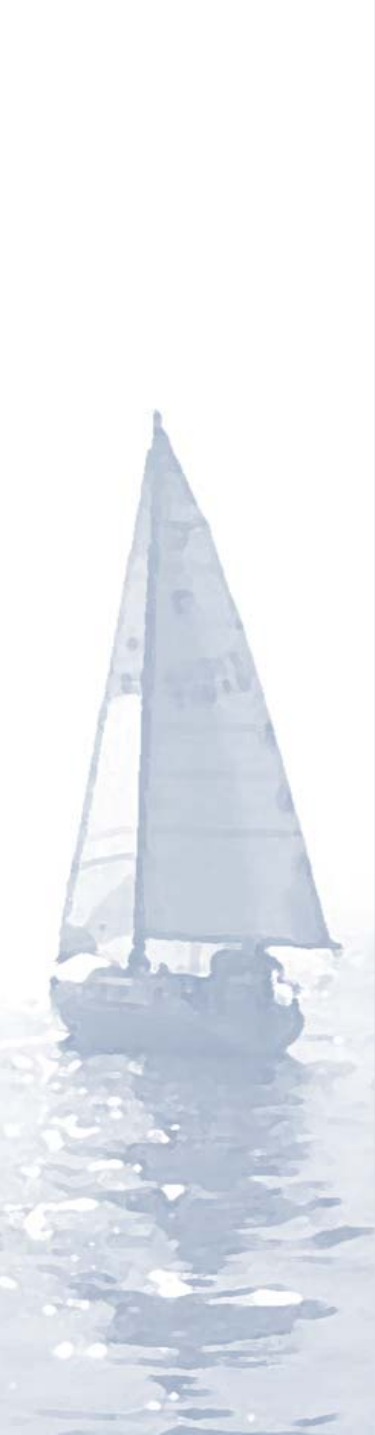
- Recognize and plan for the realities of service delivery:
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 - Role of lowest paid/highest contact staff



Straight Talk...

Paradox three: idea four

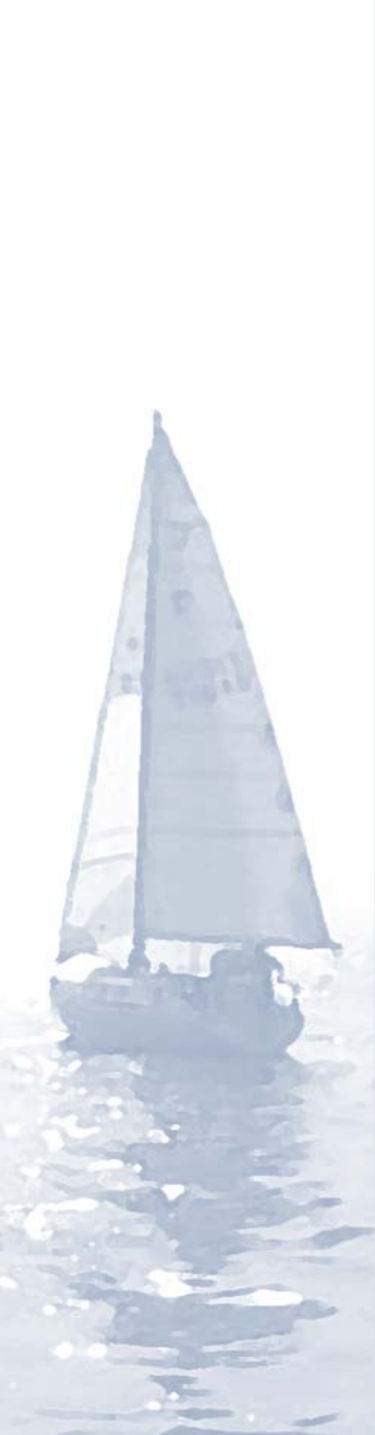
- Build on concepts of self-care and illness management
 - Consumers as lead clinician
 - Family members (when appropriate) as primary case managers
 - All impacted individuals as partners in design and delivery of care



Straight Talk...

Paradox three: idea five

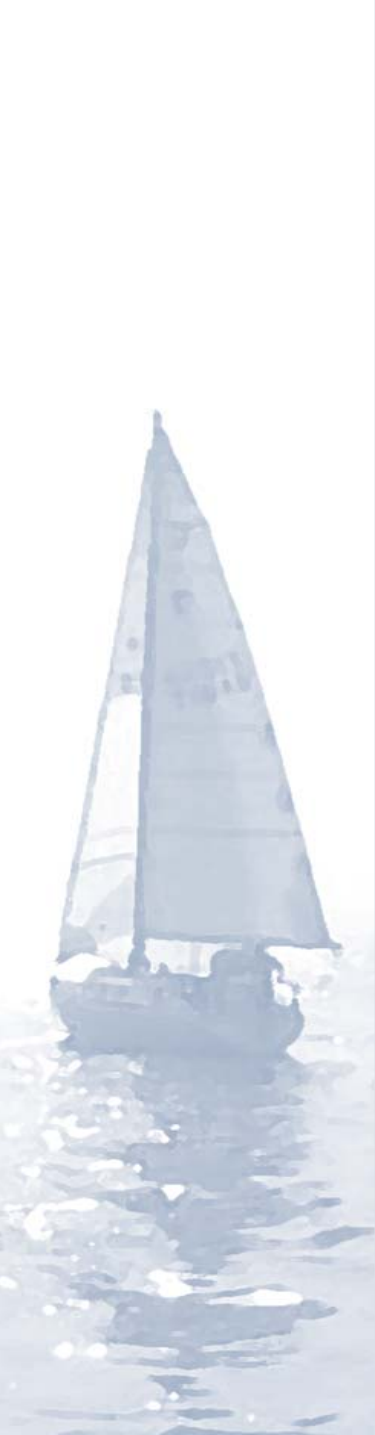
- Modify role of lowest paid/highest contact staff
 - End disproportionate investment in line staff training vs. “professional” training
 - Train and support to consumer outcomes



Straight talk...

Paradox four:

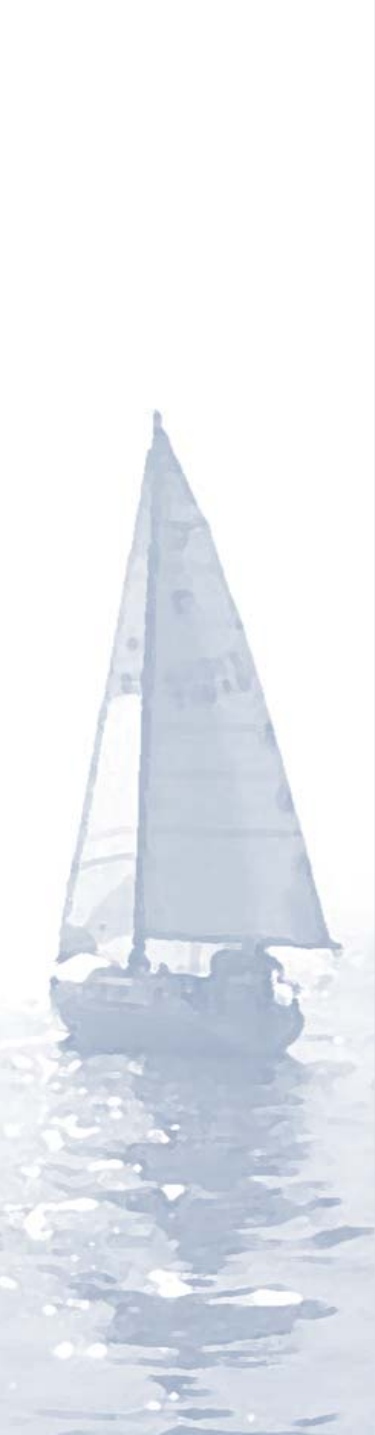
Why don't the knuckleheads use common sense?



Straight talk...

Paradox four: ***Why don't the knuckleheads use common sense?***

Policy concerns (and political reality) are not often founded in **science**, which in turn often ignores **funding realities**, leaving **practitioners and providers** confused, frustrated and angry.

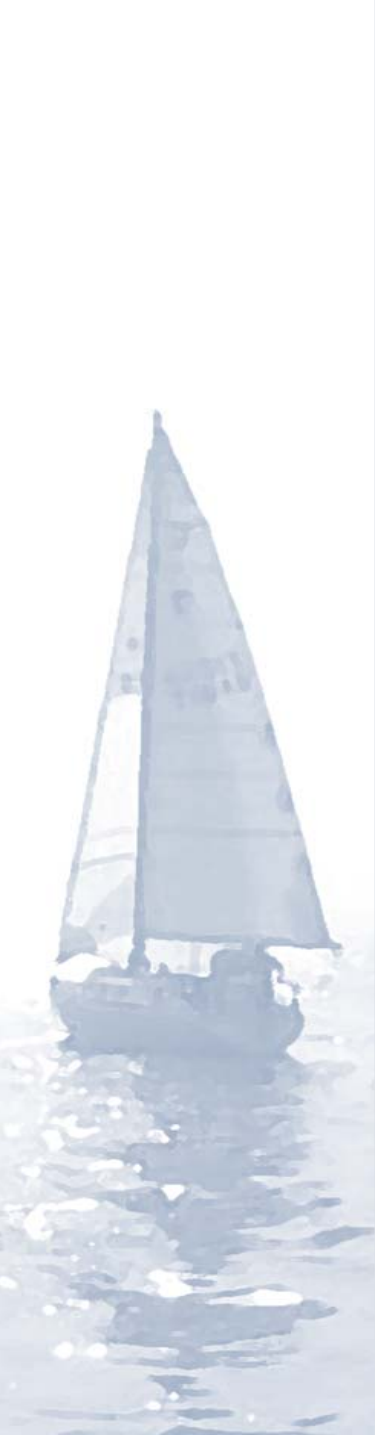


Straight talk...

Paradox four: ***Why don't the knuckleheads use common sense?***

The policy problem: some ideas

- Include education about policy development in core curriculum
- Help line staff, families and consumers appreciate policy links to real world services
- Increase support for advocacy

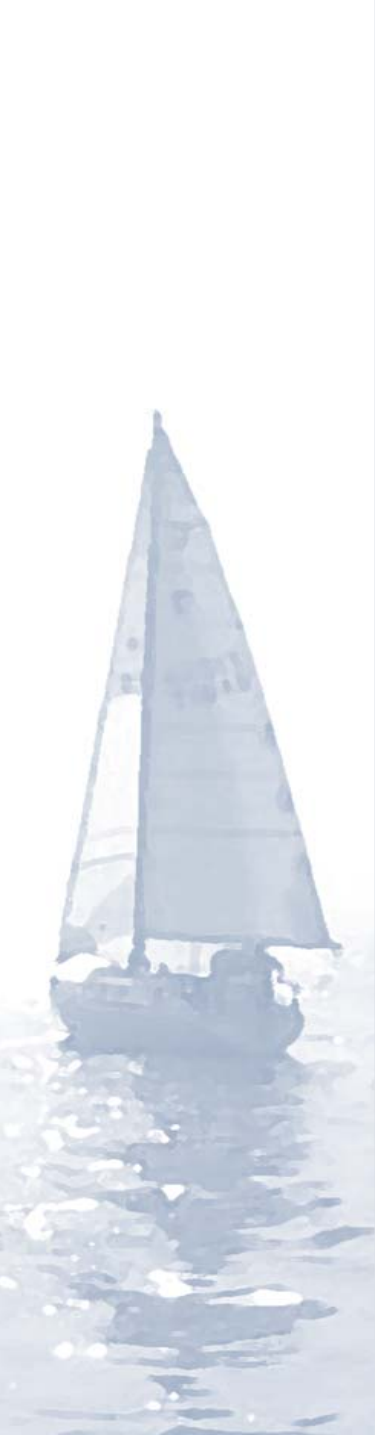


Straight talk...

Paradox four: ***Why don't the knuckleheads use common sense?***

The science problem: some ideas

- Create practical research-friendly environments
- Demand relevant research, conducted in real world settings
- Build practice/academia linkages (it's worth the effort, really...)

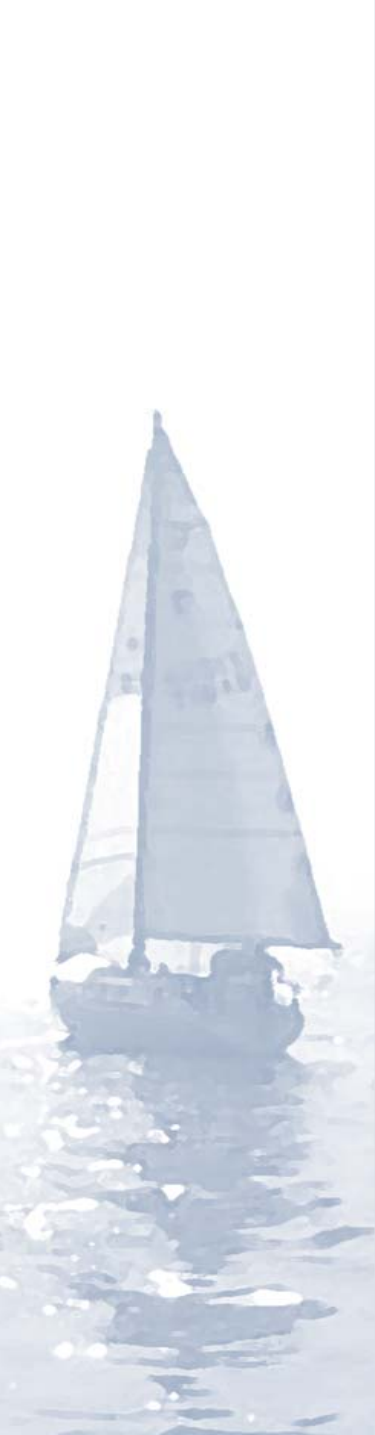


Straight talk...

Paradox four: ***Why don't the knuckleheads use common sense?***

The money problem: some ideas

- Educate all stakeholders about funding streams and realities of making the payroll
- Have administrators spend time with trainees to demystify the **no outcomes, no incomes** productivity model

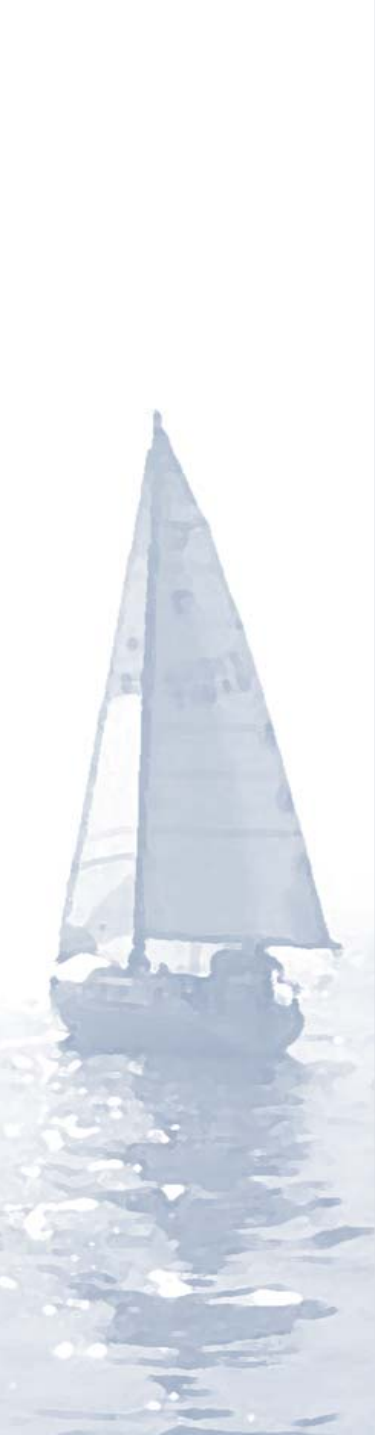


Straight talk...

Paradox four: ***Why don't the knuckleheads use common sense?***

The practitioner problems: some ideas

- Prepare students (and frequently remind other stakeholders) about the constancy of change
- Prepare students (and remind other stakeholders) about the real practice world of today, and the likely shape of tomorrow....



Straight talk...

Which brings us full circle:

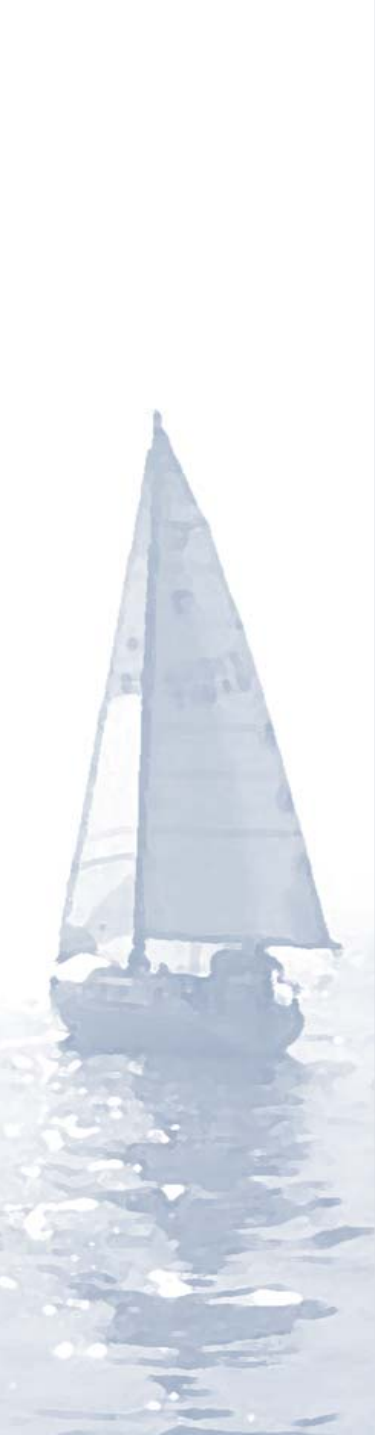
**So what are our core
messages today?**



Straight talk...

One.

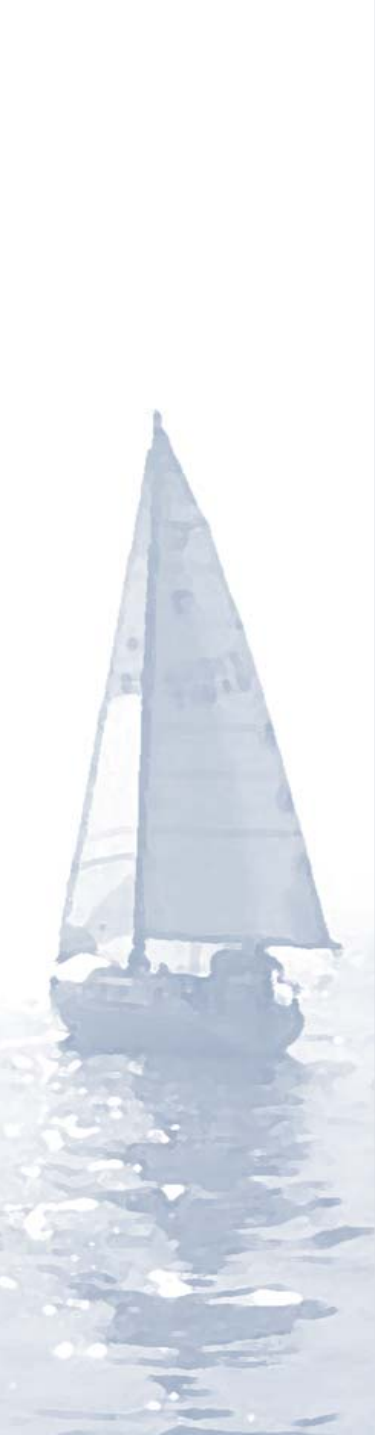
**Educational practices
need to change.**



Straight talk...

Two:

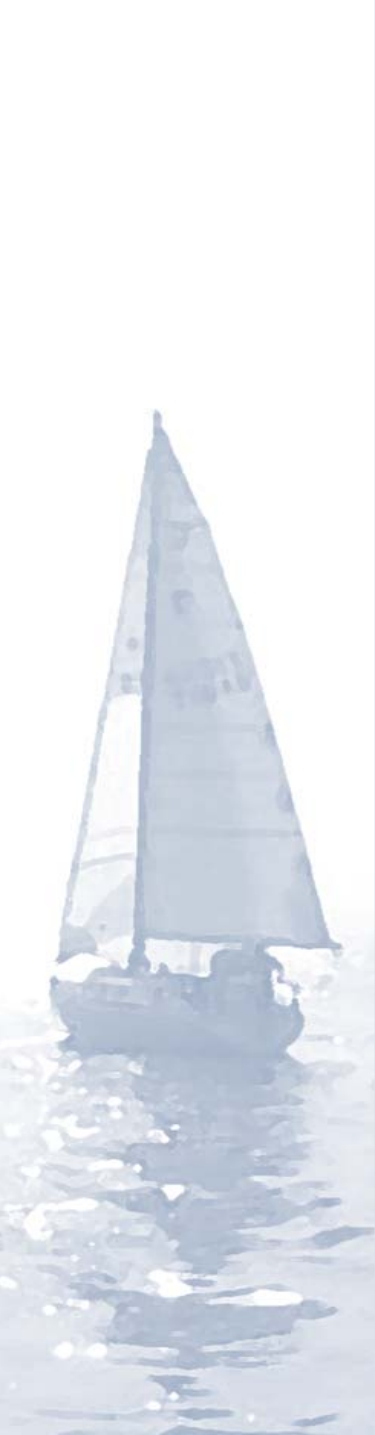
Educational practices can change.



Straight talk...

Three:

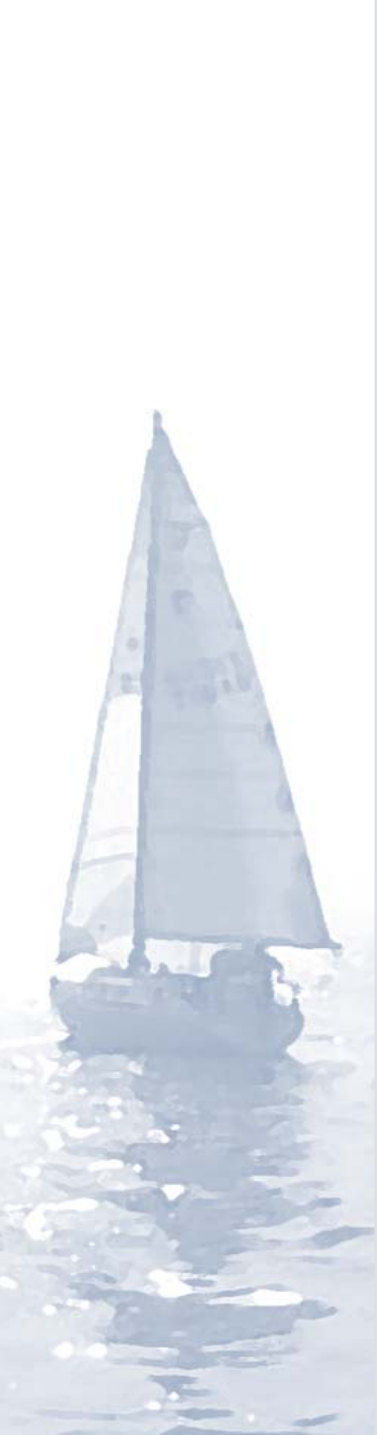
We know at least some of what needs to change about educational practices (see our “Tool you can use”)



Straight talk...

Four:

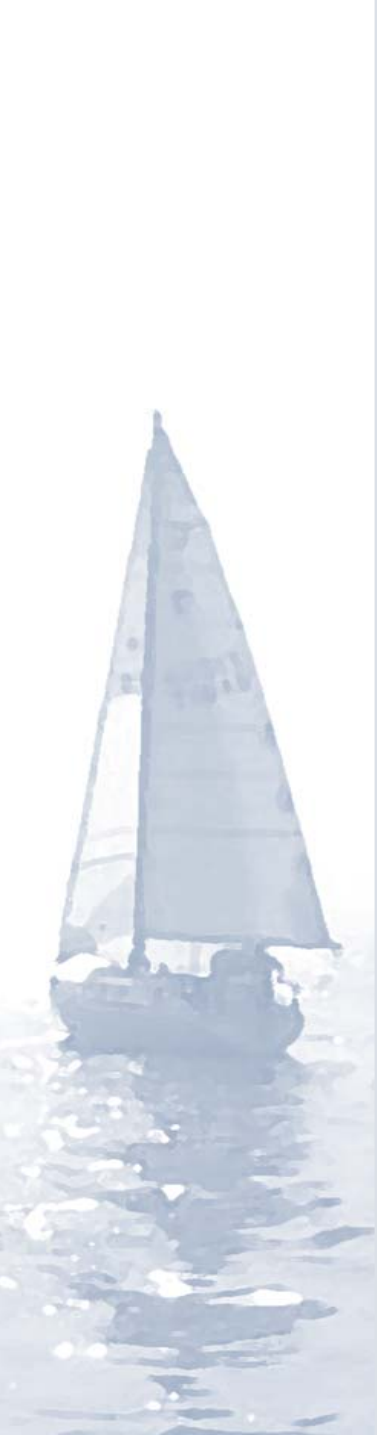
Change will not come solely from curriculum reform or any other single reform strategy.



Straight talk...

Five.

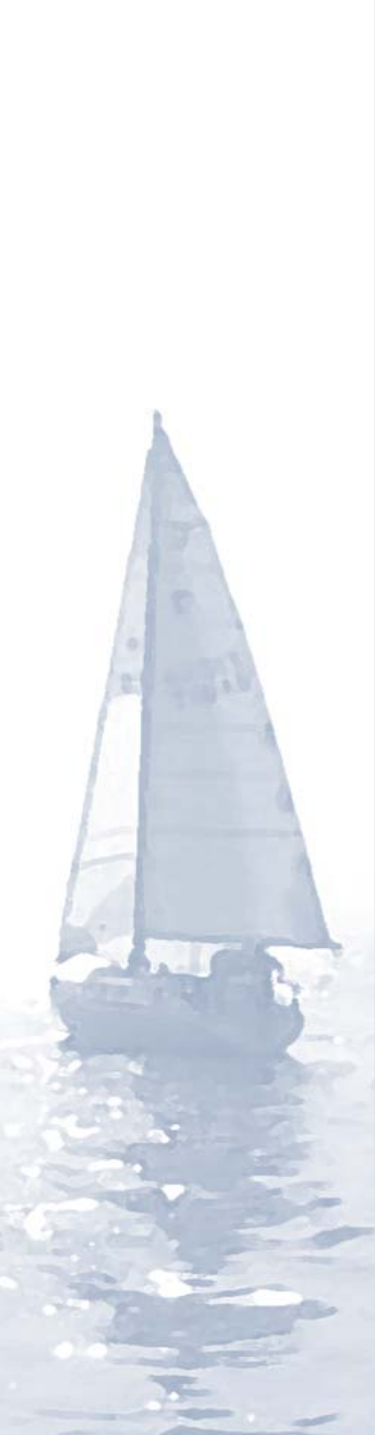
Educational practices will not change unless we all work to change them.



Straight talk...

Six.

You can make a difference.

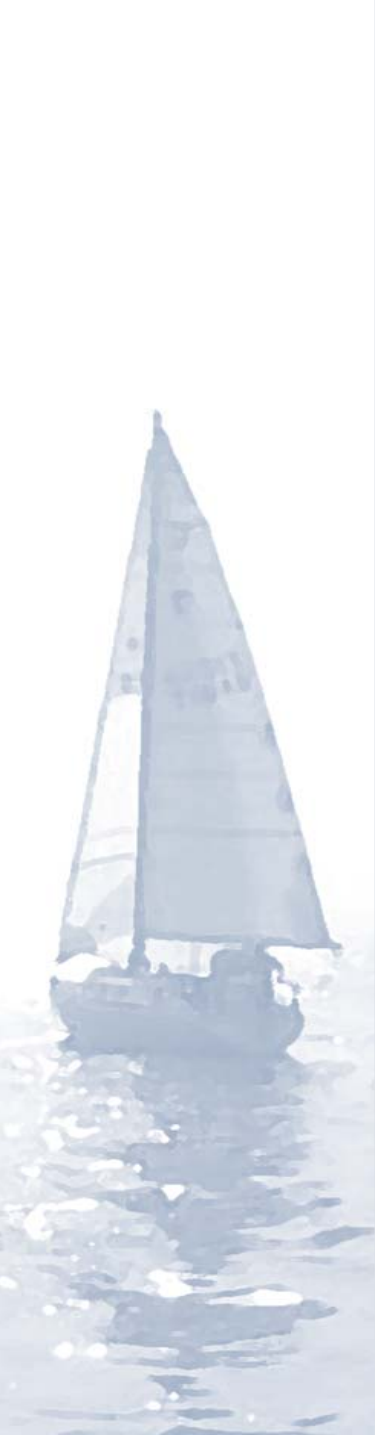


Straight talk...

In conclusion...

There is a heady mix of promise:

- The Recovery Movement
- The New Freedom Initiative
- The Evidence-Based Practice Movement



Straight talk...

And uncertainty:

- The Economy
- The War
- The Challenge of Medicaid Reform



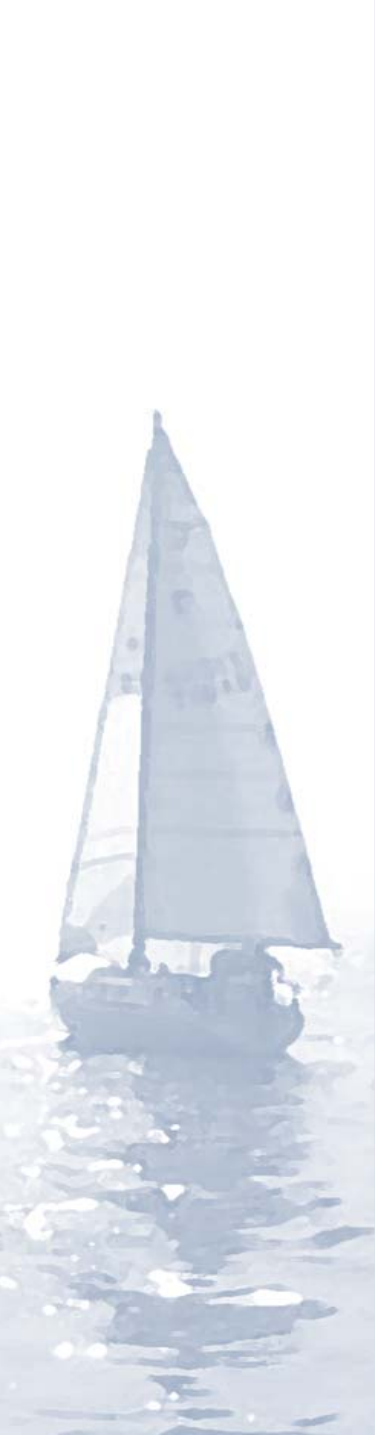
Straight talk...

**Achieving the promise
and surviving the
challenges both depend on
the
radical transformation of
education and training for
the behavioral health
workforce.**



Straight talk...

**We hope you'll join us in that
exciting work!**



MANY THANKS FOR HAVING US!

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