

Connecticut Transformation State Incentive Grant

Workforce Transformation Workgroup

January 13, 2006, 1:00 – 3:00 p.m.

Convener: Michael Hoge

1. **Orientation.** This was the first meeting of the Workforce Transformation Workgroup. Members received a brief orientation, which covered historical background information, as context for this workgroup's efforts, and specific information about Connecticut's drive to transform mental health care. Items covered during this orientation were:

Background

President's New Freedom Commission on Mental Health
Federal Action Agenda
Transformation State Incentive Grants (T-SIGs)
National Strategic Plan on Workforce Development
Institute of Medicine Quality of Healthcare Report

Connecticut Transformation Process

State's Commitment to Transformation and Recovery-Oriented Care
Receipt of the Transformation-State Incentive Grant
Organizational Structure for Grant Implementation
Planned Phases of Work (Current Deliverables; Federal Review and Approval;
Plan Implementation)
Timelines for Deliverables
Specific Charge to the Workforce Transformation Workgroup

2. **Member Perspectives on Behavioral Health Workforce Issues.** During two sections of the meeting, individual members had the opportunity to introduce themselves, describe their professional roles, and share their perspective on the workforce issues and problems facing behavioral health. Below is a summary list of issues raised:

- Training staff in recovery-oriented practice
- Training staff in person-centered care
- Training staff in evidence-based practice
- Moving from training to actual adoption of newly learned skills
- Engaging staff who are reluctant to learn or adopt new practices
- Increasing the number of persons in the workforce who are in recovery
- Instilling a culture that fosters and supports supervision

- Increasing the effectiveness of technology transfer (from science to training to practice)
 - Increasing organizational support for learning and new practices
 - Achieving culture change, which training alone is not accomplishing
 - Stigma within the workforce, which in part keeps persons in recovery and already in the workforce from disclosing
 - Consumers as educators of the workforce
 - Promotion of “alternative” services
 - Changing workforce “attitudes” and defining “core values”
 - Developing competencies for the treatment of individuals with co-occurring disorders
 - Defining the “workforce”
 - Training for other health and human services employees who are not part of the specialty behavioral health workforce
 - Coordinating services across state agencies, as they are dealing with the “same client”
 - Dealing with employer perspectives (those that employ consumers)
 - Difficulty recruiting staff, especially culturally diverse individuals and licensed professionals
 - State agency support for workforce development among the community, non-profit, provider organizations that they fund
 - Need to increase awareness among the public and state agencies about behavioral health workforce development needs (e.g., not as visible as the teacher or nursing shortage)
 - Increased focused on behavioral health in both K-12 and higher education
 - Graduate education is not as relevant to current practice as it needs to be
 - Absence of continuous training and development - ineffectiveness of single training events
 - Income levels for behavioral health staff
 - Low morale and burnout among staff
 - Leadership development
3. **Discussion.** The participants discussed a series of questions in order to focus the future work of the group:

a) What does “Transformation” mean?

Text and goals from the President’s New Freedom Commission were used to better define this term and focus the discussion.

b) What segments of the workforce should we focus on?

There was consensus that “workforce” should be defined to include: professionals in the behavioral health specialty workforce; students in training; bachelor-degreed or non-degreed staff (often called para-professionals); consumers and

family members; and other health and human service professionals who respond to mental health needs.

It was agreed that the workgroup would not focus on consumer employment outside of the behavioral health system.

There were concerns expressed about the breadth of the workforce definition and the possible need to tackle the workforce issues in stages or phases in order for it to be manageable. One possibility mentioned was to focus on the specialty workforce and consumers and family members during this initial planning phase and then broaden the focus to other health and human services personnel in a second phase.

c) What workforce issues should the group focus on?

The group discussed the potential magnitude of the topic and potential ways to feasibly approach it. Three possible approaches were identified:

- (1) Collect information/data on a very broad array of workforce issues and then narrow to a few topics and develop an action plan. The downside to this approach is the extremely large number of workforce issues and the very short window of time for planning.
- (2) Examine the workforce implications of the six New Freedom Goals.
- (3) At the outset, select a few critical topics around which to focus the planning. To facilitate identification of these issues, each participant was asked to identify their topic priority. While the language used by participants was somewhat different, two focal areas emerged:
 - i. Recruitment and retention (into the field and into employment in provider organizations/systems)
 - ii. Education, training, and the adoption of new practices (including a range of issues such as the availability/access to behavioral health pre-service and continuing education; the relevance of training; and the successful adoption of newly learned behaviors in practice).

d) What type of information is currently available to assist the group in (1) identifying resources, (2) assessing needs, and (3) formulating a strategic plan?

Preliminary discussions were held on this topic, with principal contributions on this question from the representatives of the Departments of Higher Education and Labor.

Next Steps. A draft work plan will be developed by the consultants and staff to this workgroup and presented for review and discussion at the next meeting.

***Next Meeting:** Monday, January 30, 1:00-3:00 p.m., in Room 212, Page Hall, at CVH.