Annapolis Coalition Update

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What is The Annapolis Coalition?

- Neutral convener of stakeholders
- Think tank for summarizing relevant literature and ideas
- TA center
- Vehicle for strategic planning and collective action
- Effort to make the “right amount of trouble”
The Paradoxes of Workforce Development
The Paradoxes of the Behavioral Health Workforce

Paradox 1: We train graduate students & residents for a world that no longer exists

Paradox 2: Those who spend the most time with consumers receive the least training

Paradox 3: Continuing education programs persist in utilizing ineffective teaching strategies

Paradox 4: We train only where willing crowds gather

Paradox 5: Persons in recovery & families are under-recognized in the workforce

Paradox 6: Despite their “size” substance use issues do not receive adequate attention
The Paradoxes of the Behavioral Health Workforce – cont’d

- **Paradox 7**: The diversity of the current workforce doesn’t match the diversity of those served.
- **Paradox 8**: Students are rewarded for “Doing Time” in our educational systems
- **Paradox 9**: We do not plan systematically to recruit or retain staff
- **Paradox 10**: Once hired, little supervision or mentoring is provided
- **Paradox 11**: Career ladders and leadership development are haphazard
- **Paradox 12**: Service systems thwart rather than support the competent performance of individuals
Previous Phases of Work

- 2000 ACMHA Summit
- 2001 Consensus conference in Annapolis
- Dissemination of recommendations
- Consultation to New Freedom Commission
- Consultation to IOM, including expert panel
- 2004 Competency conference
Current Work

- Technical assistance
- Identifying innovation
- National strategic plan on workforce development
  - A core set of strategic goals
  - A set of high priority ACTION items for strengthening the workforce
- National workforce meeting
Scope of the National Plan

- Sponsored by 3 SAMHSA Centers
- Treatment & prevention
- Substance use disorders, mental illnesses, and co-occurring disorders
- Focus on common issues, while respecting the unique needs of each specialty area
- Focus on behavioral health specialty workforce, persons in recovery & families
- SAMHSA sponsored, with goal of a national plan
## Selected Areas for Consideration

- Adult mental health
- Child & adolescent
- Consumers & families
- Co-occurring disorders
- Cultural competency
- Elderly
- Financing
- Informatics
- Leadership

- Oversight processes
- Prevention
- Professional associations
- Providers: state, regional and local
- Recruitment & retention
- Rural
- Substance use disorders treatment
Menu of Planning Vehicles

- Senior consultants
- Small expert panels
- Reviews of existing recommendations
- Planning sessions in existing meetings
- Specially convened planning sessions
- Targeted requests for recommendations
- Open call for recommendations
- National Steering Committee to integrate recommendations into final report
The Desired Results – Focused Action

- Federal level – SAMHSA & federal partners
- National level – through collaboratives, coalitions, etc.
- State level
- Regional, county, & local level
- Organizational level (providers, associations, training orgs)
- Individual level
Key Themes

- We are not alone
- People “get it”
- They are hungry for “tools”
- Pockets of innovation
- Difficulties with sustainability and dissemination
- We do what is easy or affordable - not necessarily what is effective
- “We” are fragmented: disciplines, sectors, and effort
Key Themes - continued

- There is a scarcity of good data
- Change is generational
- Narrow focus on urban, white adults
  - Life span issues (children & elders)
  - Culturally diverse populations
  - Rural America
- Losing focus on “continuous healing relationships”
I get up each day determined to change the world – and to have one hell of a good time.

Sometimes this makes planning the day difficult.

E.B. White
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