

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

Paradox 6:



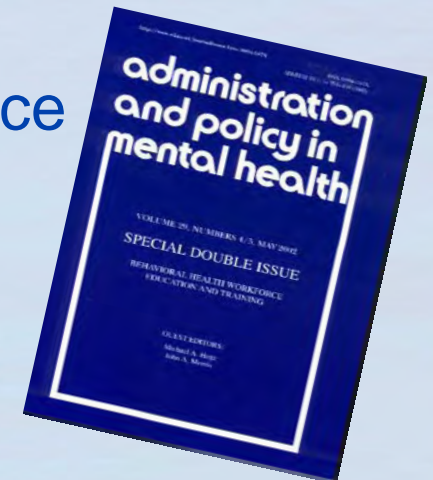
The Paradoxes of the Behavioral Health Workforce – cont'd



- 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

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- 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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