

CALL TO ACTION

BUILDING A NATIONAL BEHAVIORAL HEALTH TRAINING AND EDUCATION STRATEGIC AGENDA: A WORKFORCE CRISIS FOR 2000 AND BEYOND

AN INITIATIVE OF THE AMERICAN COLLEGE OF MENTAL HEALTH ADMINISTRATION

A highly proficient workforce is a critical element in the delivery of quality mental health services. Workforce proficiency---its scope, focus, sophistication, specificity, meaningful engagement of client-consumers and their support systems, effectiveness, and whether up-to-date---is determined in great part by the context within which pre-professional training has occurred, how health systems maintain and support the proficiency of their professional workforce, and the vision of behavioral health care administrators.

A recent meeting (March 15-18, 2000 in Santa Fe) of the American College of Mental Health Administration (ACMHA) focused on Training and Education in today's behavioral health systems. Multiple constituencies were represented and perspectives gathered from: providers of all disciplines, client-consumers, children and families, advocacy groups, mental health and substance abuse, academia, prevention specialists, managed care organizations, credentialing organizations, State mental systems, administrators, industry, and Federal agencies. Considering the changes and challenges in health care, there was overwhelming consensus that not only are Training and Education problematic across disciplines, but Training and Education, both pre-professionally and for the existing workforce, are failing the field (and therefore the people we are supposed to serve) at all levels.

Some of the concerns raised by ACMHA conference attendees included:

- the relative absence of Evidence-Based Assessment and Treatment as a standard;
- the lack of proficiency and competency standards for the workforce reflecting the changes occurring in the field, particularly its increasing scientific basis;
- overly generalized standards for training programs thereby permitting broad interpretation as to what constitutes acceptable pre-professional training;
- insufficient attention to the importance of meaningfully engaging client-consumer support systems (i.e., families, significant others, and when appropriate schools, employment sites) as a standard;
- insufficient attention to cultural, social, and linguistic competencies;
- a lack of attention to measuring and applying quality improvement concepts to what it is we do;
- insufficient attention to early identification, prevention, and recovery;
- insufficient integration with physical health care;
- insufficient coordination among disciplines;
- antiquated financing mechanisms for training;
- inadequate comprehension of financing mechanisms;
- insufficient training in ways to preserve patient benefits while maintaining quality care;
- incentives and disincentives not aligned to change the mental health care system and make it more relevant to both individual and societal needs.

While it was agreed that in many ways this constitutes a workforce crisis, it was acknowledged that a considerable number of obstacles and barriers exist to the type of coordinated Training and Education reform and revision required to produce an improved behavioral health system of care. Some of the identified obstacles and barriers include:

- the lack of communication and synchronization among professional organizations and guilds;
- differing interpretations by training programs of what constitutes credible standards of proficiency and competency;
- lack of understanding by purchasers, payers, health systems, and administrators as to how training and education affect level of practice, and therefore outcomes, resulting in a constricted perspective on why training and education are important and deserve investment;
- existing Federal funding mechanisms for some pre-professional training based on hospital models, not on community systems of care;
- the relative absence of a multidisciplinary, community-derived approach to behavioral health that integrates the best of disease and public health approaches.

Therefore ACMHA is issuing this CALL TO ACTION to articulate the problem and to encourage others to participate with us. A number of steps and initiatives are envisioned which include:

- Development of a TRAINING AND EDUCATION WHITE PAPER with a national perspective based on the concerns raised at the ACMHA conference;
- Have the multi-perspective constituency represented at the ACMHA conference engage with the existing accrediting and credentialing organizations and the academic training community to establish a national dialogue and develop strategies around Training and Education, Evidence-Based Practice, Credentialing and Accreditation;
- Based upon the multi-perspectives represented at the ACMHA conference, explore the feasibility of establishing a national, healthcare-reform-oriented set of Proficiency and Competency Standards to credential graduates of pre-professional training programs as competent to enter provider panels and to work in the public sector at the time of graduation; graduates would need to be trained in duly-accredited programs which were reform oriented and met the new Proficiency and Competency Standards;
- Similarly, explore the feasibility of accrediting health systems as meeting the new Proficiency and Competency Standards;
- Create a Federal forum for strategic approaches to changing and revising payment and funding policy for Training and Education where needed;
- Seek funding to develop model client-consumer-focused, empirically-driven training and education approaches that provide incentives for practice and core competency changes;
- Generate momentum for a Surgeon General's Report on how the crisis in Training and Education of the behavioral health workforce, its pre-professional training and its post-graduate education, have direct bearing on care and outcomes in the area of behavioral health.