Workforce: Staffing the Transformation of Children's Mental Healthcare Systems

Over the last 20 years, providers of services and supports for children's mental healthcare have come under increasing pressure to change the way they do business. This pressure has come from two different directions. On the one hand, there is the movement to build *systems of care*. The focus of systems of care is the provision of individualized, coordinated services and supports to meet the specific needs of particular children and their families. The system of care approach is further distinguished from traditional approaches by the emphasis placed on serving children in community settings and by the importance accorded to family and youth "voice." Whereas traditional service approaches tend to see professionals as the experts, the system of care approach recognizes families and youth as having the greatest amount of expertise about their own needs and the service and support strategies that are most likely to be helpful. Service and support strategies must therefore be highly flexible in order to fit the unique needs and preferences of each child and family served.

On the other hand, service and support providers have also come under pressure to increase their use of *evidence-based practices* and programs, or *EBP*s. EBPs are service and support strategies that have been rigorously researched and shown to be effective. EBPs tend to be highly structured, which makes sense, since the goal is to reproduce the outcomes that were obtained in the original research. Providers are expected to be able to demonstrate that they are adhering to these structures. Thus, EBP providers are typically required to collect very specific data in order to monitor *fidelity* (the extent to which their practice follows the expectations of the model).

While people have been advocating for both system of care and EBP within children's mental health for at least 20 years, the pressure for providers to undertake significant practice change really began to mount after the publication of the final report from the President's New Freedom Commission on Mental Health in 2003. The report was structured as a series of recommendations that placed a high priority on increasing the use of both system of care and EBP. Importantly, all federal agencies were directed to bring their mental healthcare-related policies—including their grant-making programs—into line with the report's recommendations. The report's stated goal was to help drive a complete transformation of the mental healthcare system in America.

Not surprisingly, many providers felt uncomfortable and confused when faced with this growing pressure to transform their services and supports. In the first place, it seemed that training staff to do things differently was not going to be easy. If what had been valued in "traditional" service provision was no longer considered appropriate, who was going to train and supervise the workforce to carry out these new approaches? What is more, it was not clear how providers were to get staff to a level of competence in system of care *and* EBP at the same time. After all, system of care prioritizes flexibility and individualization, while EBPs are more rigid and highly structured. And systems of care focus on reaching goals that are important to particular families and youth, while EBPs are designed to produce very specific outcomes that may not reflect youth or family priorities. How were providers to train staff that could work with each family flexibly *and also* adhere to a treatment manual with fidelity? Were these two approaches even compatible with each other, or was this vision of transformation based on an inherent contradiction?

This issue of *Focal Point* highlights a series of jobs and roles that have evolved to fit within transformed children's mental healthcare systems as envisioned in the report from the

Regional Research Institute for Human Services, Portland State University.
This article and others can be found at www.rtc.pdx.edu. For reprints or permission to reproduce articles at no charge, please contact the publications coordinator at 503.725.4175; fax 503.725.4180 or email rtcpubs@pdx.edu
FOCAL POiNT Research, Policy, and Practice in Children's Mental Health

New Freedom Commission. Some of these roles have clearly been created or significantly adapted to support the requirements of working with EBPs. This issue focuses in detail on roles within two popular and well-regarded EBPs. One set of articles describes several roles that are part of an agency's implementation of *Incredible Years (IY)*, a series of programs to reduce conduct problems and promote social, academic and emotional competence in young children. A clinician, supervisor and evaluator describe their roles within *IY* and the training and supervision that ensures that they practice this EBP with fidelity. Another set of articles focuses on similar issues within *Multisystemic Therapy (MST)*, an EBP designed to treat youth who have mental health needs and are involved in the juvenile justice system.

Other roles described in this issue are more obviously consistent with efforts to implement key elements of the system of care philosophy. One set of articles focuses on the provision of *direct support services*—flexible, home- and community-based services that focus on helping the child and family live successfully in the community. Another article focuses on the role of *family partner*, a peer support and advocacy role used within systems of care and as part of the wraparound process. A central part of the family partner role is to help ensure that family voice drives care and treatment so that services and supports are individualized to meet their unique needs. Another article describes the role of *early childhood mental health consultant*. While this role is not entirely new, expectations associated with the role are changing to reflect the essential elements of system of care.

At the surface level, then, these articles would seem to reinforce the essential difference between the rigidity required for EBPs and the flexibility that is the hallmark of system of care approaches. Surprisingly, however, a more careful look reveals that a number of essential expectations for practice are quite similar, regardless of whether the role is more clearly associated with system of care or EBP. In particular, key commonalities that are shared across the roles described in this issue include:

- *Working within well-defined structures and expectations.* While this is obviously characteristic of EBPs, the direct support and family partner roles also carry specific practice expectations and require ongoing feedback from families as part of the process of quality assurance and maximization of the "fit" between family needs and the services/supports provided.
- *Focusing on families' and children's daily lives and contexts.* This characteristic is obvious in the system of care approaches; however, both

MST and *IY* focus heavily on making changes within the family, peer and/or community systems that represent the main day-to-day contexts in the lives of children and families.

- *Partnering with families and youth/ Providing a flexible response.* Again, while this might be taken for granted within system of care approaches, the EBP articles also reinforce the need for providers to partner with families and youth, and to tailor treatment and care based on what is learned as a result of respecting family/youth voice and expertise.
- *Teaming with colleagues.* In addition to partnering with families, each of these approaches requires teaming with colleagues—including those who might be considered superiors or subordinates—in ways that recognize each individual's expertise and contributions.
- *Building on strengths.* Each of these approaches highlights the need to build an appreciation for families' and children's assets and capabilities, to communicate this appreciation to the children and families, and to use these strengths as a foundation for service and support strategies.

While many of these practice essentials are not a part of traditional services, the articles also show that learning how to work in a transforming mental healthcare system does not require people to start from scratch. The articles describe how existing capacities—including group skills, communication skills, empathy, knowledge about specific challenges and disorders, and many specific clinical strategies—work well within these new roles. This said, it will be a considerable challenge to prepare the workforce so that the envisioned transformation is possible. Workers at all levels within systems—from direct care providers to supervisors, administrators and agency heads—tend to be ill-prepared for partnering with families, teaming with colleagues, building on strengths, or using data and feedback systematically to assure quality. Effective pre- and in-service training must be developed quickly to spread these essential capacities throughout the children's mental healthcare workforce. Workers who gain these capacities will be well-prepared to work in a variety of roles, though of course additional role-specific training will be required.

Preparing the workforce in this way should not be left to providers alone—educational institutions and public systems also need to develop creative ways to invest in and support workforce development. The concluding article in this issue describes Ohio's work to build statewide capacity to deliver EBPs. While this creative approach deserves recognition, much further effort and more creative workforce development strategies are needed. Without this, mental healthcare transformation will be limited to pockets of excellence.

Author

Janet Walker, co-editor of *Focal Point*

Regional Research Institute for Human Services, Portland State University.
This article and others can be found at www.rtc.pdx.edu. For reprints or permission to reproduce articles at no charge, please contact the publications coordinator at 503.725.4175; fax 503.725.4180 or email rtcpubs@pdx.edu
FOCAL POiNT Research, Policy, and Practice in Children's Mental Health