

Running Head: Innovation in Workforce Education

Innovation in Behavioral Health Workforce Education

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ABSTRACT

This article describes an effort to promote improvement in the quality and relevance of behavioral health workforce education by identifying and disseminating information on innovative training efforts. A national call for nominations was issued, seeking innovations pertaining to the education of behavioral health providers, consumers and family members. A review committee evaluated each nomination on four dimensions, pertaining to novelty, significance, transferability and effectiveness. Nineteen innovations were selected for recognition. Each of these initiatives is briefly described.

KEY WORDS: innovation, education, training, mental health, addictions

INTRODUCTION

In the field of healthcare generally, and in behavioral health specifically, problems with education and training have recently been highlighted (Greiner & Knebel, 2003; Hoge, 2002; Hoge, Huey, & O'Connell, in press; Hoge & Morris, 2002; Institute of Medicine, 1998, 2001; Morris & Stuart, 2002; National Institute of Mental Health, 2002; President's New Freedom Commission, 2003; U.S. Department of Health and Human Services, 1999). In any given year, there are more than 100,000 students enrolled in behavioral health graduate programs and more than 500,000 practitioners in the behavioral health workforce (Peterson, West, Tanielian, Pincus, et al., 2001). Unfortunately, it is unlikely that these practitioners and students were trained in programs that adequately prepared them for employment in today's complex healthcare environment (Hoge, 2002). As service systems have dealt with waves of change, such as managed care, consumer empowerment, evidence-based practices, and implementation of recovery oriented strategies, the content of traditional training has remained largely unchanged.

The problems of relevance in current graduate education programs are numerous. Training remains primarily clinical in nature, largely ignoring the development of administrative skills and the capacities to manage a client's care, which are essential in contemporary health systems. Exposure to rehabilitative, peer-support, and recovery-oriented interventions tends to be minimal. Most training occurs in isolated, single-discipline silos despite the current emphasis in the field on delivering care through multi-disciplinary teams. Furthermore, clinical experiences are often gained in academic settings where practice patterns have lagged behind changes in community practice, leaving students inadequately prepared for community practice when they complete their formal training.

After graduation, many practitioners are required by their employers or by licensure standards to engage in continuing education. However, these post-graduation education programs are fraught with many difficulties as well (Daniels & Walter, 2002). The regulatory mechanisms for continuing education vary by discipline, but these requirements generally can be met by simply attending lectures or conferences. Research has shown that attendance at these events, which typically use a didactic, non-interactive format, does not tend to translate into changes in actual practice, knowledge assimilation, or improved healthcare outcomes among consumers (Davis, O'Brien, Freemantle, Wolf, et al, 1999). The most effective educational strategies, which involve interactive and experiential components with subsequent competency assessments and feedback, are seldom employed.

Finally, perhaps the most troubling gap in behavioral healthcare education is the failure to incorporate the experiences of consumers of services and their families into training. The field continues to ignore the powerful resource of consumers and families as educators. Sharing their first-hand experience of illness, treatment systems and recovery can better inform students about the nature of these illnesses and their treatment and lead to more collaborative, strengths-based partnerships with consumers and families by these students. In addition, families and consumers are seldom offered training that would enhance their capacity to move toward recovery and independence, in spite of both the immediate practical benefits (e.g., consumers and families who are informed and skilled in managing their illnesses will require fewer services) as well as the significant ethical imperative of increasing self determination and enhancing and promoting recovery.

Elsewhere in this special issue, articles seek to promote educational reform by identifying the characteristics of educational best practices (Hoge, Huey, & O'Connell, in press), outlining

theory and evidence-based strategies of teaching and training (Stuart, Tondora, & Hoge, in press), and highlighting workforce development strategies for children's mental health (Huang et al., in press). In this article, the strategy for promoting educational reform focuses on identifying individuals and programs that have embraced innovative approaches to behavioral health workforce education and training. We summarize the methodology and the results of an initial effort to survey the field for examples of educational innovation.

All of this work is part of a national initiative known as the *Annapolis Coalition on Behavioral Health Workforce Education*, a confederation of concerned individuals and groups with special interests in educational reform. Various elements of this work have been reported previously (Hoge & Morris, 2002). Current information about the Coalition and its efforts is available at www.annapoliscoalition.org.

THE CASE FOR IDENTIFYING INNOVATIONS IN EDUCATION AND TRAINING

If one accepts the premise that educational programs have not kept pace with the changing realities of behavioral health practice, then there is merit in identifying individuals and programs that appear to be at the forefront of educational reform. Rogers (1995), who is perhaps the foremost expert on innovation, refers to these as “venturesome innovators”. According to Rogers’ theory on the diffusion of innovation, “...a new idea is adopted very slowly during the early stages of its diffusion process. Then, if the innovation is indeed perceived as relatively advantageous by its early adopters, its rate of adoption takes off as the early adopters share their favorable experiences regarding the innovation with potential adopters” (Backer & Rogers, 1998, p 17). Innovation diffusion involves elements of an idea (or innovation), communication of that idea, time for diffusion to spread, and a social system that is joined by a common goal. Through a process of social communication, Rogers’ theorizes that *Innovators* pave the path for *Early*

Adopters, who comprise a small proportion of a system's membership. Carefully observing the *Early Adopters* are the nearly two-thirds of a population's *Early Majority Adopters* and *Late Majority Adopters*—those who are curious and consider adopting a new strategy after deliberation and those who resist the strategy but will skeptically succumb under social pressure or economic necessity, respectively. Rogers terms the remaining individuals or programs that are last to come on board as "*Laggards*."

The identification of innovations or Innovators is becoming an increasingly popular method of communicating information about a new idea. Innovator awards can be found in almost any field imaginable including agriculture, healthcare, government, public administration, public service, teaching, education, and engineering, to name a few. To the extent that we can identify Innovators in the field of behavioral health and acknowledge and disseminate their work, we assist in building a foundation for the process of innovation diffusion and, thus, broader replication of these novel educational practices.

METHOD

Criteria for Innovation

The Executive Committee of the Annapolis Coalition chose at the outset to adopt and modify a set of criteria used by the Kennedy School at Harvard for their annual Innovations in Government award (Ash Institute for Democratic Governance and Innovation, n.d.). A major goal of the Innovations in American Government Program is to "identify more robust and systemic reforms in education" (Hassel & Steiner, 2000). To achieve this goal, the Kennedy School adopted a set of criteria for evaluating innovative programs based on novelty, significance, transferability, and effectiveness. The Executive Committee adapted these criteria

for use in the evaluation of the behavioral healthcare innovator nominations. The modified criteria are presented below:

- **Novelty:** the extent to which an innovation represents a significant departure from business-as-usual. For example, does the program represent a fundamental change in the approach to educating providers or consumers of mental health and addiction services? Does the program change the core processes by which the training or education occurs? Does the program introduce a significant new resource or technology?
- **Significance:** the degree to which the program successfully addresses an important element of education or training in the treatment of persons with mental or addictive disorders. For example, how has the innovation improved the relevance of training and education to the rapidly changing behavioral health practice environment? To what extent does the innovation address the needs and issues identified in the New Freedom Commission (2003), Surgeon General's Report (1999), or Institute of Medicine (2001) reports? To what degree does the innovation address a problem in training or education that is of national scope or import?
- **Transferability:** the degree to which an innovation (or significant aspects of it) shows promise of inspiring successful replication by educational institutions, service delivery systems, or other groups. For example, how easily could this innovation be replicated—does it rely on expensive technology or hard-to-find expertise (either individual skills or an appropriate skills mix on a team), or could it be envisioned in a wide variety of settings? To what extent can the innovation be readily understood so that it could serve as a model that others might seek to replicate voluntarily? Could

the innovation—or its salient components, principles or approaches-- be transported to other disciplines or practice settings?

- **Effectiveness:** the degree to which an innovation has demonstrated its utility by achieving tangible results. For example, does the innovation clearly identify the provider groups, consumers or family members it seeks to educate or train? Does the innovation demonstrate its effectiveness in meeting its stated goals by either qualitative or quantitative methods? Does the innovation present evidence of a completed, independent evaluation?

Calls for Nominations

The calls for Innovator nominations contained a cover letter, a description of the selection criteria (outlined above), and a nomination form. The cover letter provided a brief overview and history of the aims and purpose of Annapolis Coalition on Behavioral Health Workforce Education; contained a statement about our purpose in seeking to identify innovations pertaining to graduate students, psychiatric residents, working professionals, non-degreed or bachelor-degreed direct care staff, consumers, and family members; and suggested that educational innovations might be related to teaching methods, content, sites of training, and/or student and teacher characteristics. A request for self-nominations or nominations of others was accompanied by a link to the Annapolis Coalition Website for further information.

Sampling Frame

Calls for Educational Innovator nominations were broadly distributed to constituents in the mental health and addiction fields. The sampling pool consisted of 1282 individuals identified through mailing lists provided by a variety of organizations. These lists contained members of American Association of Chairs of Departments of Psychiatry (AACDP) ($n = 126$),

American Association of Directors of Psychiatric Residency Training (AADPRT) ($n = 516^1$), academic institutions ($n = 52$), an Annapolis Coalition contact list ($n = 63$), the Addiction Technology Transfer Centers ($n = 14$), State Commissioners of Mental Health ($n = 57$), graduate programs in psychiatric nursing ($n = 111$), and programs identified by the Substance Abuse and Mental Health Services Administration ($n = 101^2$). American Psychological Association accredited psychology doctoral programs were identified via the Internet ($n = 223$). An additional 19 potential innovators were identified by members of the Annapolis Coalition Steering Committee or by participants at the Annapolis Coalition Conference in September of 2001.

Mailings were addressed primarily to directors, chairs, and deans³ of the following programs/institutions: departments of mental health ($n = 58$), academic departments of psychology ($n = 223$), direct care organization ($n = 1$), hospitals or medical centers ($n = 139$), medical schools ($n = 342$), nursing schools ($n = 111$), professional organizations ($n = 150$), publishers ($n = 12$), university departments other than psychiatry, psychology, and nursing; ($n = 52$), and university hospitals ($n = 175$).

Procedures

The names, mailing addresses, and e-mail addresses for all individuals identified in the sampling frame were collected and entered into an electronic database. Individuals for whom e-mail addresses were available ($n = 689$) were sent the Calls for Nominations electronically. The remaining 574 individuals were sent Calls for Nominations via U.S. Postal Service. Respondents were offered several options for submitting a nomination: 1) using a web-based nomination form and submission process, 2) mailing the nomination form, and 3) e-mailing the nomination form

¹ Eight individuals were listed on both AACDP and AADPRT mailing lists

² Three individuals were listed on both SAMSHA and Annapolis Coalition mailing lists

³ The titles of 114 individuals were unknown

to project administrators. Individuals were given an initial time frame of approximately three weeks to submit nominations. This deadline was extended by another three weeks to allow for additional nominations to be received. A follow-up reminder and notice of extension of the deadline was sent to all persons with available e-mail addresses. One hundred and eight Calls for Nominations were returned as undeliverable (USPS $n = 39$; e-mail $n = 69$).

Upon receipt, nominations were compiled into an electronic format for reviewers. A cover sheet, containing a brief description of each innovation and a scoring grid, was attached. Members of the Annapolis Coalition National Steering Committee (a group of 12 individuals who are key stakeholders in behavioral health and behavioral health education) reviewed the nominations in two rounds. The first round of reviews contained 29 nominations. The second round of reviews contained 11. Members of the review committee were asked to review and rate each nomination for its novelty, transferability, significance, effectiveness, and provide an overall score using a Likert scale ranging from 1 (exceptional) to 4 (poor). The overall score was based on the average ratings of each of the four dimensions. In two separate conference calls, Steering Committee members provided their ratings for each nomination and reviewed the rationale for their ratings by discussing the nomination's novelty, significance, transferability, and effectiveness. The average score of the overall rating provided by all reviewers was used for the final rating of the innovation. The review committee examined the final overall ranking of all nominations and established a cut-off score of 2.0, resulting in selection and recognition by the Annapolis Coalition to those programs scoring in the range of 1.0- 2.0 (exceptional to above average).

Characteristics of the Selected Innovations

A total of 40 nominations of educational innovators were received. Of these nominations, three were not considered due to their relationship to senior members of the Annapolis Coalition. Multiple nominations received from a single training site were collapsed into one nomination, yielding a final total of 33 nominations that were reviewed.

Based on the ratings provided by the members of the Steering Committee, 19 innovative educational practices received an average score between 1.0 and 2.0 for overall innovation and, thus, were selected for recognition. Eight of these innovations targeted provider audiences, seven targeted students, three targeted a combination of providers, family, consumers, and students, and one targeted non-behavioral health employees. The focus of these innovations included mental health ($n = 5$), child and adolescent mental health ($n = 3$), addiction ($n = 3$), mental health and addictions ($n = 2$), and other ($n = 6$). The “other” category included the topics of gerontology ($n = 1$), public mental health policy ($n = 1$), evidence-based practice ($n = 1$), mental health addiction and policy ($n = 1$), the use of performance indicators to improve quality of care ($n = 1$), and cultural diversity ($n = 1$).

The modalities of education used by the selected innovations included special trainings/or seminars ($n = 6$), web-based or electronic formats ($n = 4$), community-based training or field placements ($n = 3$), educational materials ($n = 2$), coursework ($n = 1$), and a combination of the above educational modalities ($n = 3$). Details and contact information for all of the selected educational Innovators are provided in Tables 1 through 5. These programs are listed in alphabetical order within each of the five topic areas.

Table 1: Educational Innovators: Adult Mental Health

Innovator	Description and Activities	Contact Information
<p><i>Boston University Psychiatric Rehabilitation Graduate- Level Curriculum</i></p>	<p>Topic: Adult Mental Health Target Audience: Graduate students in psychiatric rehabilitation Education Modality: Comprehensive curriculum on rehabilitation, including classroom instruction and field placements</p> <p>The Boston University Psychiatric Rehabilitation Graduate-Level Curriculum is part of the graduate programs in rehabilitation counseling, which includes the CORE-accredited Master of Science program in Rehabilitation Counseling.</p> <p>Educational Elements:</p> <ul style="list-style-type: none"> - Knowledge-based courses on the principles and practices of psychiatric rehabilitation - Courses on interviewing techniques necessary to create partnerships with consumers and families in the rehabilitation process - Two-years of internship - Graduates are eligible for certification as rehabilitation counselors - Distance learning program - Dissemination of curriculum through articles, training materials, in-service presentations, consultation, and continuing education <p>Website: www.bu.edu/sargent and www.bu.edu/cpr</p>	<p>Patricia B. Nemeec, Psy.D., C.R.C., C.P.R.P. Boston University Dept. of Rehabilitation Sciences 635 Commonwealth Avenue Boston, MA 02215 pnemeec@bu.edu</p>
<p><i>NAMI Provider Education Program</i></p>	<p>Topic: Adult Mental Health Target Audience: Direct care mental health providers and their supervisors Education Modality: Didactic and experiential curriculum taught by family, consumers, and professionals</p> <p>The NAMI Provider Education Program is a 10-week course for direct care staff and supervisors in public mental health agencies. The curriculum emphasizes the subjective view of the lived family and consumer experience of serious mental illness, treatment, and recovery.</p> <p>Educational Elements:</p> <ul style="list-style-type: none"> - Taught by teams of family members and consumers - Utilizes group discussion, interaction, and exercises - 250 page Course Notebook that includes readings and handouts. - Course is now offered in 18 states and Ontario, Canada <p>Website: http://www.nami.org</p>	<p>Joyce Burland, Ph.D. NAMI 2107 Wilson Blvd., Ste. 300 Arlington, VA 22201-3042 joyce@nami.org</p>

Innovator	Description and Activities	Contact Information
<p><i>Partners for Excellence in Psychiatry</i></p>	<p>Topic: Adult Mental Health Target Audience: Providers serving individuals with severe mental illness Education Modality: 3-day workshop with follow-up consultation</p> <p>University of Medicine & Dentistry of New Jersey and Eli Lilly and Company have created the Partners for Excellence in Psychiatry, a rapidly growing network of innovative behavior healthcare organizations across the nation that have adopted the Neuroscience Treatment Team Partner (NTTP) program as a best practice to raise the standard of care for people with serious and persistent mental illness and their families.</p> <p>Educational Elements:</p> <ul style="list-style-type: none"> - Three day training for staff on a structured set of psycho-educational modules for illness management & recovery, nutrition, fitness, & healthy lifestyles that encourage a complete wellness approach. Content is not diagnosis or medication specific. - Training is free of cost to organizations - Focuses on the challenges of implementation of change within organizations - Includes a one-year follow-up consultation to support the implementation plan and quality improvement process. - Four staff from each agency are required to attend the three-day training - 82 agencies were trained nationally in 2003 and an additional 150 will be trained in 2004 <p>Website: http://www.partners4excellence.org</p>	<p>Christopher Kosseff University of Medicine and Dentistry of NJ 671 Hoes Lane Piscataway, NJ 08855 kosseff@umdnj.edu</p>

Innovator	Description and Activities	Contact Information
<p><i>Philadelphia Connections</i></p>	<p>Topic: Adult Mental Health Target Audience: Graduate social work students, psychiatrists, psychiatry residents, and provider agencies Education Modality: Field placements, funding for innovative training experiences</p> <p>Philadelphia Connections is a group of city government employees, family advocates, consumers, behavioral health providers, and faculty from colleges and universities that use innovative funding and educational strategies to address issues regarding the preparedness, supervision, and service-reimbursement of graduate students in social work.</p> <p>Educational Elements:</p> <ul style="list-style-type: none"> - Graduate social work students receive a stipend and access to special educational presentations and in return attend four days of “orientation” on topics essential to providing quality care to community consumers. - Community Psychiatry Seminars- Connections is funding a provider agency to increase psychiatrist time for clinical and case review discussions, including a monthly peer supervision group for agency psychiatrists, as opposed to using their time for med checks, etc. - Conducted needs assessments in psychiatry residency programs, MSW student field placements in community agencies, and job descriptions/funding of psychiatrists in community agencies. <p>Website: http://www.philaconnections.org</p>	<p>Max Molinaro Philadelphia Connections 123 S. Broad Street, 23rd Floor Philadelphia, PA mmolinaro@pmhcc.org</p>
<p><i>Western Psychiatric Institute and Clinic</i></p>	<p>Topic: Adult Mental Health Target Audience: Providers, students, consumers Education Modality: Classroom, field instruction, web-based, continuing education</p> <p>The Western Psychiatric Institute and Clinic uses the resources of a multidisciplinary faculty, residency program and staff to provide competency-based training, assessment and innovative teaching strategies to impact a large audience (n=22,000 in 2002/2003) of consumers, family members, and professionals throughout Pennsylvania. Many programs are free of charge and utilize didactic instruction, experiential exercises, teleconferencing, computer generated case scenarios web-based instruction, program consultation, and client centered consultation.</p> <p>Website: http://www.wpic.pitt.edu/oerp</p> <p>Highlighted Affiliated Programs:</p> <p>Depression Treatment Pathway:</p> <p>Unique depression treatment pathway taught and utilized throughout the network of providers to reduce the time it takes to transfer research into practice and to provide a full continuum of services ranging from inpatient to assertive outreach.</p>	<p>Paul J. Cornely 3811 O’Hara Street Pittsburgh, PA 15213 cornely@upmc.edu</p> <p>Frank Ghinassi, Ph.D. ghinassifa@upmc.edu</p>

Innovator	Description and Activities	Contact Information
	<p><i>Crisis Management and Disaster Preparedness/ Response Program:</i></p> <p>An individualized, person-centered program with a curriculum, a train the trainer education approach, and 24/7 consultation service, all designed to reduce seclusion and restraint and enhance the safety of staff and patients. Also, provides training to mental health professionals and first-line responders on responding to crises or disasters in the community.</p>	<p>Robert Fonte fonters@upmc.edu</p>
	<p><i>Intimate Partner Violence Task Force:</i></p> <p>An integrated approach to intimate partner violence (IPV) in a large mental health facility. Clinicians receive comprehensive training in <i>IPV as a Mental Health Concern</i> that addresses the definition and epidemiology of IPV, screening methods, accurate diagnosis, local and national resources for victims and perpetrators, agency supports for effective and safe intervention, and workplace safety issues. An Office Reference Manual is also available that summarizes screening methods, appropriate response to patient disclosure, accurate diagnosis, careful documentation, safety planning, and referral resources. A multi-level support system is in place that includes unit-based IPV specialists, availability of security staff, and connections with area women’s shelter hotlines.</p>	<p>Patricia Cluss, Ph.D. clusspa@upmc.edu</p>

Table 2. Educational Innovators: Child and Adolescent Mental Health

Innovator	Description and Activities	Contact Information
<p><i>Children's Behavioral Health Education Network</i></p>	<p>Topic: Child and Adolescent Mental Health Target Audience: Providers of child and adolescent services Education Modality: Video training institutes</p> <p>The Children's Behavioral Health Education Network (www.cbhed.com) is a website developed to provide workforce development through distance learning. CBHED uses one-hour streamed videos of qualified presenters with a side-by-side PowerPoint presentation that may be downloaded. End-users may take an electronically provided posttest and those who score 70% or more will receive an electronically generated certificate that may be used for CEU credits.</p> <p>Education Elements:</p> <ul style="list-style-type: none"> - Eight videos on Bipolar Disorder, Posttraumatic Stress, Psychopharmacology, Substance Abuse, ADHD, Depression, Obsessive-Compulsive Disorder, Conduct Disorder, and the use of the Ohio Scales for outcome measurement <p>Website: http://www.scchildren.com</p>	<p>Steve Trout Southern Consortium for Children 507 Richland Ave., Suite 107 P.O. Box 956 Athens, OH 45701 stroat@frognet.net</p>
<p><i>Division of Child and Adolescent Psychiatry/ University of Maryland</i></p>	<p>Topic: Child and Adolescent Mental Health Target Audience: Psychiatric residents specializing in child and adolescent psychiatry Education Modality: Classroom and field placements</p> <p>The training program has made an attempt to prepare child psychiatrists to work in all areas of the mental health field by exposing them to three mental health service delivery systems: University of Maryland School of Medicine, Sheppard Pratt Health System, and Maryland State Department of Health and Mental Hygiene.</p> <p>Education Elements:</p> <ul style="list-style-type: none"> - Psychiatry residents learn about the multiple settings in which children receive services by rotating through a diversity of sites including: the juvenile justice system, schools, outpatient clinics, state hospital settings, and the Baltimore City Juvenile Court. - Academic affiliation provides access to didactic instruction drawn from cutting edge research on topics such as attention deficit hyperactivity disorder, provision of school-based mental health services, provision of care with juvenile justice settings, and psychopharmacology with children. <p>Website: http://www.medschool.umaryland.edu/psychiatry/childpsych/trainingfellowship.asp</p>	<p>David B. Pruitt, M.D. & Kenneth M. Rogers, M.D. Division of Child and Adolescent Psychiatry/University of Maryland 701 West Pratt Street, Suite 429 Baltimore, MD 21201 krogers@psych.umaryland.edu</p>

Innovator	Description and Activities	Contact Information
<i>Matilda Theiss Center</i> ⁴	<p>Topic: Child and Adolescent Mental Health Target Audience: Psychiatry residents and psychology graduate students, mental health service providers Education Modality: Training site</p> <p>The Matilda Theiss Center provides inclusive services to meet the various regulatory requirements of mental health, child development, and nutritional systems of care for children at grave risk of psychiatric and developmental problems through a variety funding sources. Serves as a training site to psychiatry residents and graduate students in psychology, early childhood special education, child development, and social work.</p> <p>Educational Elements:</p> <ul style="list-style-type: none"> - Strives to delivery high quality early childhood (six years and under) mental health services and train the next generation of professionals and paraprofessionals - Key learning objectives include: learning to diagnose early childhood behavioral/emotional difficulties; diagnostic procedures and new and traditional classification schemes for children under the age of 6 years; systems of care for families with young children; treatment methodologies and clinical pathways for young children; parent counseling; coaching and supporting paraprofessionals. 	<p>Vaughan Stagg, Ph.D. Matilda Theiss Center 373 Burrows Street Pittsburgh, PA 15213 staggv@msx.upmc.edu</p>

⁴ The Matilda Theiss Center was reviewed as one component of the Western Psychiatric Institute and Clinic

Innovator	Description and Activities	Contact Information
<p><i>PA CASSP Training and Technical Assistance Institute</i></p>	<p>Topic: Child and Adolescent Mental Health Target Audience: Providers of treatment and services for children and adolescents with or at risk of serious emotional disturbance Education Modality: Continuing education/ training</p> <p>The Pennsylvania CASSP Training and Technical Assistance Institute provides leadership and addresses the workforce development needs in clinical best practice for serving children and adolescents with mental health needs and their families. Model for state and university partnership for workforce development.</p> <p>Education Elements:</p> <ul style="list-style-type: none"> - Full schedule of continuing education training in clinical best practice, including a statewide biennial conference - Publishes and distributes training curricula, a Publication Series on advances in research in clinical best practice, and a newsletter and other resources - Works with higher education and professional guilds to improve undergraduate, graduate and continuing education - Facilitates research to evaluate the impact of training and determine state and national trends in children’s public mental health policy and clinical best practice. <p>Website: http://pacassp.psych.psu.edu</p>	<p>Marsali Hansen, Ph.D., ABPP Pennsylvania State University 2001 N. Front St., Building 1, Suite 316 Harrisburg, PA 17102 Mxh54@psu.edu</p>

Table 3. Educational Innovators: Addiction

Innovator	Brief Description	Contact Information
<p><i>Addiction Technology Transfer Center of New England</i></p>	<p>Topic: Addiction Target Audience: Federal, state, local governments, hospitals, treatment centers, corrections, judiciary, and education Education Modality: Web-based Education</p> <p>Premier online addiction education program that uses the newest technologies to engage treatment professionals through convenient, web-based classes that focus on the latest treatment and prevention information.</p> <p>Educational Elements:</p> <ul style="list-style-type: none"> - Chat rooms, bulletin boards, online data collection systems, and email listserves - Lessons and homework assignments are accessed through web-based programs - Multi-disciplinary instructors - Provides evidence-based distance education courses via the Internet to participants from six continents as well as all 50 US states. - Incorporates the CSAT publication “Addiction Counselor Competencies: The Knowledge, Skills, and Attitudes of Professional Practices” (TAP 21) into every online presentation - Courses address treatment needs of special populations - Set new standards in technology transfer and addiction education - Provides technical assistance and consultation regarding the development and utilization of web-based education programs to a wide variety of agencies. <p>Website: http://www.attc-ne.org</p>	<p>Monte Bryant, B.A. Addiction Technology Transfer Center of New England Brown University, CAAS, Box G-BH Providence, RI 02912 Monte Bryant@brown.edu</p>
<p><i>Demand Treatment!</i></p>	<p>Topic: Addiction Target Audience: Providers of primary care and substance abuse services Education Modality: Materials</p> <p>Collaborative project between the Region II Consortium of Alcohol and Substance Abuse Providers, the Monroe County Medical Society, Excellus Blue Cross Blue Shield, The New York State Academy of Family Practitioners, RecoveryNet, Coordinated Care Systems Inc., and the Perinatal Network. Goal is to train chemical dependency providers to link with Primary Care Providers interested in learning to implement Screening and Brief Interventions and Referral to Treatment principles into their medical practices.</p> <p>Educational Elements:</p> <ul style="list-style-type: none"> - Interdisciplinary project of medicine, education, alcohol abuse treatment, and health insurance - Provides primary health care providers with printed and e-based training tools - Fosters collegial linkages across traditional boundaries between systems and providers 	<p>Charles L. Montante, MS, CASAC, NCACII Region II Consortium of Alcohol and Substance Abuse Services Providers C/o Westfall Associates 919 Westfall Rd. Rochester, New York 14618 montante@rochester.rr.com</p>

Innovator	Brief Description	Contact Information
<p><i>Undergraduate Minor in Addiction Counseling</i></p>	<p>Topic: Addiction Target Audience: Students in undergraduate settings Education Modality: College courses—in-vivo and on-line</p> <p>18-credit, undergraduate minor in addiction counseling at the University of Nevada, Reno that incorporates the addiction counseling competencies developed by the Addiction Technology Transfer Centers.</p> <p>Educational Elements:</p> <ul style="list-style-type: none"> - Interactive On-line courses are also available to meet the needs of pre-service (and potential for continuing education) addiction counselors in rural areas and other institutions of higher education. <p>Website: http://www.casat.unr.edu</p>	<p>Nancy Roget Center for the Application of Substance Abuse Technologies Mail Stop 279 University of Nevada, Reno Reno, NV 89557 roget@unr.edu</p>

Table 4. Educational Innovators: Mental Health and Addiction

Innovator	Brief Description	Contact Information
<p><i>Addiction Medicine Services</i></p>	<p>Topic: Mental Health and Addiction Target Audience: Providers, families, consumers Education Modality: Recovery materials and manuals</p> <p>Provides interactive recovery materials for consumers with substance use disorders and co-occurring psychiatric disorders and families as well as treatment manuals, protocols, & materials for clinicians. All material integrates evidenced-based information from clinical trials.</p> <p>Educational Elements:</p> <ul style="list-style-type: none"> - 12 workbooks and over 20 videos address recovery issues in various stages of recovery and can be used in inpatient, residential, partial hospital, outpatient, and aftercare programs - All materials developed with input from consumer focus groups and clinicians - Topics include motivation, cravings, managing boredom, anger, depression, anxiety and other emotions, developing support systems, family issues, relationship issues, sponsorship and 12-step programs, relapse and other addictions - Developed integrated treatment programs and a treatment model for dual disorders. - Several protocols have been translated to foreign languages 	<p>Dennis C. Daley, Ph.D. Western Psychiatric Institute and Clinic of the University of Pittsburgh Medical Center 3811 O’Hara St. Pittsburgh, PA 15213 daleydc@msx.upmc.edu</p>
<p><i>Department of Mental Health Residency & Internship Training Grant</i></p>	<p>Topic: Mental Health and Addiction Target Audience: Psychology graduate students, psychiatry residents Education Modality: Training grants</p> <p>In the late 1980s, the Massachusetts Department of Mental Health introduced a program of training grants specifically aimed at encouraging the most outstanding trainees in the Commonwealth to consider careers in public sector psychiatry and psychology.</p> <p>Educational Elements:</p> <ul style="list-style-type: none"> - Training programs apply for funds to pay for residency/internship training that is consistent with the goals established by the Department of Mental Health. For example, one focus of the current program is training in preventive medicine and health maintenance of SMI population - Training programs must provide a well rounded education in public sector psychiatry and psychology, including a variety of patient care experiences, exposure to rehabilitative models of treatment, an extensive didactic program containing a stipulated list of topics felt essential to the treatment of adults with serious mental illness and children and adolescents with serious emotional disturbance (including dual-diagnosis and cultural competency), and the opportunity to provide continuity of care to a group of public sector patients for as long as possible during training. - Mental health consumers evaluate the quality of training programs <p>Website: http://www.state.ma.us/dmh</p>	<p>Joan Kerzner, MSPA, Director of Policy Development, MA-DMH Ken Duckworth, M.D., Medical Director of NAMI National Office MA-DMH 25 Staniford Street Boston, MA 02114 Joan.Kerzner@dmh.state.ma.us</p>

Table 5. Other Educational Innovations

Innovator	Brief Description	Contact Information
<p><i>The Culture of Emotions</i></p>	<p>Topic: Cultural Diversity Target Audience: Graduate students and trainees; practicing professionals in psychiatry, psychology, community mental health, and nursing Education Modality: Video</p> <p>Produced by Harriet Koskoff, this 58-minute video/training program explores the variety of ways the diverse cultures of America understands mind and body. Designed to introduce cultural competence and diversity skills to all clinicians and students who work with clients with mental health issues in academic, community mental health, or managed care settings. Executive Scientific Advisor, Francis G. Lu, MD, Professor of Clinical Psychiatry, UCSF.</p> <p>Educational Elements:</p> <ul style="list-style-type: none"> - Clinicians and researchers from a variety of cultural backgrounds contribute their personal and professional perspectives - Introduces the DSM-IV Outline for Cultural Formulation (OCF), a concise diagnostic method for the assessment of psychiatric disorders across cultural boundaries and diagnostic categories. - Topics include cultural identity, cultural expression and explanations of illness, cultural stressors and supports, cultural elements of the clinician-patient relationship, cultural assessment for differential diagnosis, and treatment planning - Interviews more than 20 professionals who speak frankly about the role of cultural competence in the assessment of patients' mental health <p>Website: http://www.fanlight.com</p>	<p>Sandy St. Louis Fanlight Productions 4196 Washington St. Boston, MA 02131 sandy@fanlight.com</p>
<p><i>George Warren Brown School of Social Work</i></p>	<p>Topic: Evidence-based Practices Target Audience: Graduate social work students Education Modality: Classroom and field instruction</p> <p>Faculty adopted evidence-based approaches as the benchmark of education, and mandated curriculum conformance to the use of evidence-based practices. First curriculum in a school of social work that requires courses use evidence-based practices.</p> <p>Educational Elements:</p> <ul style="list-style-type: none"> - Garnered the involvement of field sites and have trained them in evidence-based practice methods - Taught entire entering classes of students the methods of evidence-based practice - Changed all syllabi and courses to reflect state of the art practice methods 	<p>Matthew Owen Howard, Ph.D. George Warren Brown School of Social Work, Washington University Campus Box 1196 One Brookings Drive St. Louis, MO 63130-4899 howard@gwbmail.wustl.edu</p>

Innovator	Brief Description	Contact Information
<p><i>Postdoctoral Fellowship in Administration and Evaluation Psychology</i></p>	<p>Topic: Policy and Program Evaluation Target Audience: Postdoctoral students in psychology Education Modality: Classroom and field placements</p> <p>The University of Colorado Health Sciences Center, Postdoctoral Fellowship in Administration and Evaluation Psychology is a program designed to give psychologists the skill-set they need to become effective leaders and evaluators for healthcare settings.</p> <p>Educational Elements:</p> <ul style="list-style-type: none"> - Fellows are placed four days a week at community agencies where they have the opportunity to learn directly from community decision makers. - Previous placements have included the Colorado Division of Mental Health, community mental health centers, Western Interstate Commission for Higher Education, managed care organizations, Department of Corrections, the Colorado Coalition for the Homeless, and a program evaluation organization. - The fifth day is spent at UCHSC where fellows receive group supervision, engage in health services research and program evaluation projects, and have core didactics in public health systems, funding streams, program evaluation, leadership, legislative process, policy issues, consumer and family driven treatment, evidence-based processes/disease management, financial models, grant writing, and cultural competence. 	<p>Chad D. Morris, Ph.D., Director of Postdoctoral Fellowship University of Colorado Health Sciences Center, Department of Psychiatry Campus Box A011-11 4455 East 12th Avenue Denver, CO 80220 Chad.morris@uchsc.edu</p>

Innovator	Brief Description	Contact Information
<p><i>SOLVE: Managing Emerging Health-Related Problems at Work</i></p>	<p>Topic: Workplace Education on Mental Health and Addiction Target Audience: Employees, managers, and policy-makers Education Modality: Trainings, discussions, simulation exercises</p> <p>An international program for managers and policy-makers that addresses the interrelatedness of mental health and addictive disorders in the workplace.</p> <p>Educational Elements:</p> <ul style="list-style-type: none"> - Addresses five psychosocial problems: stress, violence, alcohol and drugs, tobacco, and HIV/AIDS - Provides a policy level response and action based follow-up - Policy integration covers two aspects: a) psychosocial issues should be firmly integrated into the business policy and business aims of the organization; and b) individual policies on psychosocial problems are not as effective as an integrated response to interlinked problems - Every SOLVE course must have at least one worker representative or trade unionist, as well as the managers representing the employer, to ensure that the perspectives of all layers of the organizational hierarchy can contribute to finding solutions to company problems. - Course Director training package enables participants to organize and instruct all levels of intervention, including training further Course Directors. - Culturally transferable <p>Website: http://www.ilo.org/safework/solve</p>	<p>Dr. David Gold ILO: International Labour Organization 4 route des Morillons 1211 Geneva 22, Switzerland gold@ilo.org</p>
<p><i>Vermont Performance Indicator Project (PIP)</i></p>	<p>Topic: Behavioral Health Performance Indicators Target Audience: Providers of mental health services Education Modality: Electronic distribution of weekly data based reports.</p> <p>Educational program that creates a community of learners and brings together mental health service providers, consumers, administrators, advocates, and others. The PIP is designed to create a culture that supports rational data based thinking and decision making in statewide systems of care.</p> <p>Educational Elements:</p> <ul style="list-style-type: none"> - Uses weekly mini data reports based on recommendations of Vermont’s multi-stakeholder advisory group - Reports include all aspects of program and service system performance including measures of access to care, practice patterns, treatment outcomes, financing, staffing, and others. - Extensive utilization of existing administrative databases as a way of learning about the performance of programs and systems of care. - More focused groups frequently participate on a more intensive basis <p>Website: http://www.state.vt.us/dmh/docs/res-eval/research-eval.html</p>	<p>John A. Pandiani, Ph.D. Vermont Department of Developmental and Mental Health Services 103 South Main Street Weeks Building Waterbury, VT 05671 jpandiani@ddmhs.state.vt.us</p>

Innovator	Brief Description	Contact Information
<p><i>Wisconsin Geriatric Psychiatry Initiative (WGPI)</i></p>	<p>Topic: Geropsychiatry Target Audience: Providers of mental health services, state government Education Modality: Case-based consultation/teaching</p> <p>A group of geropsychiatry professionals and state government staff working to develop a system to enhance the delivery of mental health services to older adults in primary care and community settings.</p> <p>Educational Elements:</p> <ul style="list-style-type: none"> - Seeks to shape a geriatric psychiatry infrastructure throughout the state, relying primarily on existing resources and a social entrepreneurial approach not dependent on grants. - Share geropsychiatric expertise utilizing a heuristic model easily adaptable to different audiences. - The model provides relatively simple ways to address complicated, sometimes daunting, clinical situations, to switch between linear and ecological perspectives, to avoid premature closure, and to enhance care that is comprehensive as well as sensitive and specific to each unique individual. - Provides educational/moral support to primary care/mental health clinicians, front-line caseworkers. 	<p>Timothy Howell, M.D., M.A. Wisconsin Geriatric Psychiatry Initiative 1244 Wellesley Rd. Madison, WI 53705 wiscgeropsych@yahoo.com</p>

SUMMARY AND RECOMMENDATIONS

The diversity of innovation within the selected educational initiatives was remarkable. In another article in this issue, we have suggested that best practices in behavioral health workforce development may pertain to teaching methods, content, sites of training, and to student and teacher characteristics (Hoge, Huey, & O'Connell, in press). The innovative initiatives recognized by the Annapolis Coalition address these varied dimensions.

In terms of content, numerous initiatives expanded the breadth of topics covered in traditional workforce education, addressing, for example, rehabilitation, culturally competent approaches to care, and the treatment of addictions. Innovative methods involved the use of web-based learning, community collaboratives, technology transfer centers, and treatment pathways. Training sites have been diversified to include public schools, juvenile courts, managed care organizations, and community-based coalitions for the homeless. Consumers and families have been engaged as teachers, while the concept of students has been expanded to include primary care providers, employees in the general workforce, and their union representatives.

To date, this process of identifying innovation has generated a small but rich body of information about efforts underway across the country to reform behavioral health workforce education. The process has also helped to identify some of the difficulties in collecting and organizing data of this type. It has led us to formulate a series of recommendations, which follow.

Our first recommendation is that the process of identifying and sharing information about educational innovations should be continued and expanded in a systematic manner. The Annapolis Coalition or some similar organization should take responsibility for maintaining the process and developing a mechanism for the periodic, ongoing identification and dissemination

of information about emerging innovative practices. The search for innovation in disciplines and specialties that were inadequately represented in this initial survey could occur in these subsequent rounds. Continuing this process through additional phases would require only a modest infrastructure and cost, but could yield a high rate of return by fostering the implementation of innovative practices in training sites across the country.

A second recommendation focuses on the need to further refine the selection criteria. The review committee struggled, at times, to operationalize some of the criteria as these pertained to behavioral health education. This first effort has produced information that could be used to develop examples or anchors for the selection criteria, which would improve their value in future efforts to identify innovation.

The final recommendation focuses on the need to develop a national research agenda dedicated to better understanding the development and dissemination of educational best practices in behavioral health. The research agenda will only be relevant to the extent that it bridges the traditional gulf between academia and the world of clinical practice, and involves primary consumers and family members as equal partners.

We cannot be content to rely solely on traditional methods to provide initial and continuing education to the behavioral health workforce. Many current educational practices lack relevance to current systems of care and employ ineffective teaching strategies. Also well documented are the significant delays in moving from demonstration projects to widespread dissemination; from innovation to routine adoption. Identifying innovation is a step, but it is only one step in what must be a conscious and concerted effort to foster educational reform.

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