Improving Access and Quality
The Role of Frontline Staff at Behavioral and Mental Health Centers

By David Altstadt
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“...the principles of addiction treatment applied to our workforce development efforts. Reducing barriers, enhancing motivation, and having a client-centered approach really helped our frontline workers successfully complete Jobs to Careers.”

—Pat Emsellem, Chief Operating Officer, Stanley Street Treatment and Resources

Behavioral and mental health institutions face a workforce crisis that threatens to erode access to treatment. Many workers in the field are nearing retirement, while turnover is stubbornly high—as high as 90 percent each year by some estimates (Baron 2007). Unless agencies can replace and retain skilled workers, fewer Americans struggling with mental health disorders and substance abuse will receive treatment. As it is, only 44 percent of the 25 million adults with mental health disorders receive care and only 10 percent of the nearly 24 million with substance abuse problems (SAMHSA 2008).

Moreover, persistent workforce shortages could reduce the quality of care—particularly given the growing awareness of the importance of continuity of care and strong staff-client relationships. This could lead to higher costs for employers and for those who pay the bills for care, whether they are insurers or patients. One estimate puts the cost of replacing lost workers at $4.1 billion annually, including the costs of advertising, interviewing candidates, and orienting new staff (Larson, Hewitt, & Lakin 2004).

In their quest to resolve this workforce crisis, behavioral and mental health centers will not find a solution solely in attracting and retaining licensed professional staff, such as therapists, social workers, and psychiatric nurses. These agencies should also look within, by growing the skills and careers of support staff who act as “first responders.” The women and men who already play critical roles on the front lines of service delivery could, with proper training and support, fill vacancies in licensed positions.
Representing about half of all workers in behavioral and mental health, frontline staff perform many jobs and go by many titles: behavioral health technician, psychiatric aide, orderly, mental health worker, direct care staff, and crisis response technician, among others. They work in a wide range of settings: inpatient and outpatient facilities, hospitals, community residences, neighborhood clinics, and schools. Regardless of the title, job, or setting, frontline workers assist patients with everyday activities, such as dressing, bathing, and eating.

In recent years, frontline workers have taken on some responsibilities once reserved for professional staff. Although they are not therapists, nurses, or counselors, frontline behavioral health workers are increasingly likely to take on tasks needed to support patient rehabilitation. They need to know what questions to ask at intake, how to document changes in patients’ behavior and conditions, and, during a crisis, be prepared to make rapid decisions and to avoid dangerous situations. To support their clients’ recovery, frontline workers run therapeutic groups and activities, take part in case meetings, and reinforce the values of recovery (Baron 2007). There is also a greater need for direct care workers who can help serve the many patients who have more than one disorder, such as a combination of psychiatric and substance abuse problems or developmental and physical disabilities.

Too often, however, frontline workers lack clear guidelines and training on how to perform their tasks well. Their increased responsibilities do not typically come with higher wages or additional training. And few have the formal postsecondary education needed to advance to and succeed in higher-skilled, higher-paying occupations within their field (Baron 2007). As a result of insufficient pay, few opportunities to advance, and difficult, dangerous work, turnover is often high among frontline workers.

Workers in community-based care earn $9 to $12 per hour; even those employed in institutions like psychiatric hospitals earn only $11 to $14 per hour (Baron 2007; U.S. BLS 2010). Full-time workers generally receive health benefits, but almost one-third of direct support staff work part time, which often means the job comes without health insurance. Unlike their professional peers, the tasks and skills that frontline workers use on the job lack formal recognition or certification. Beyond orientation and periodic in-service trainings, they receive little systematic training or supervision. And the work, while critical to patient care, is often unacknowledged or misunderstood. There are limited opportunities to advance beyond low-wage, entry-level jobs without acquiring a Bachelor’s degree, and the field provides little guidance to support career development (Schindel et al. 2006).

Since 2006, Jobs to Careers has helped behavioral and mental health institutions map out the competencies that frontline workers need to master in order to do their jobs well. It has also developed innovative, work-based strategies for engaging workers in competency-based training. As a result, workers have been able to advance their skills and careers, and behavioral and mental health facilities have expanded client access to quality treatment and care.

Through Jobs to Careers, behavioral and mental health facilities partner with education institutions and other community organizations to change the way frontline employees are trained, rewarded, and
advanced. These partnerships develop career paths and make them easily available to frontline employees. The initiative has created the first comprehensive curricula—grounded in the tasks and duties performed on the job every day—to develop and deepen the competencies required of frontline workers in behavioral health facilities.

A hallmark of Jobs to Careers is work-based learning: frontline employees master occupational and academic skills in the course of completing their jobs tasks and fulfilling their day-to-day responsibilities. While working full time, employees take college-level classes and earn academic credit for workplace training. Other Jobs to Careers learning approaches include technology-enabled, experience-based, and traditional worksite and off-site learning.

To realize the unique Jobs to Careers approach to learning, employers and educators reform their own operations to better recognize the needs of working adults and improve access to and success in skill-building programs.

- **At the workplace**, employers develop new job positions and responsibilities, deeply involve supervisors in employee training and career development, and offer paid release time, pre-paid tuition assistance, job coaching, and mentoring.

- **At the educational institution**, the partners provide college credit for work-based learning, prior learning, and entry-level health care credentials; offer accelerated and part-time degree and certificate programs; contextualize college preparatory math and English courses to health care concepts and job tasks; and appoint professional staff from health care employers to be adjunct college faculty.

Through Jobs to Careers, frontline employees build skills and expand their knowledge about topics necessary to perform their jobs. In turn, they receive immediate financial rewards and qualify to advance to higher positions. Behavioral and mental health facilities build and retain talented and committed employees, while bolstering a workplace culture that supports professional development, mentorship, and collaboration. And patients receive high-quality care and services, delivered by a high-quality workforce.
Examples from the Field

Behavioral and mental health facilities are partnering on Jobs to Careers projects in Alaska, Massachusetts, Pennsylvania, and Rhode Island.

**ALASKA**

**Behavioral health facilities created a career ladder for frontline workers.**

**Frontline workers targeted for training**
- Entry-level behavioral and mental health workers
- Village-based counselors
- Substance abuse counselors
- Case managers

**Outcomes**
- 12 workers received training to become certified behavioral health aides.

The University of Alaska collaborated with several small behavioral health facilities across remote reaches of Alaska to develop an innovative way to train frontline employees without having them step onto the college campus. The partnership mixed work-based and distance learning to move workers up a career ladder as behavioral health aides. As a result, workers increased their earnings and self-confidence in serving clients, while the health facilities grew more stable, skilled workforces. The training program was offered to frontline workers, village-based counselors, substance-abuse counselors, and case managers employed by Norton Sound Health Corporation in facilities across the state. Workers completed six courses as part of the University of Alaska’s human services curriculum, on such topics as standards of practice, counseling, ethics, case management, crisis intervention, and community development.

Because of their geographic isolation from the university campus, workers attended class via teleconference once a week. They supplemented course lessons with work-based learning: workers practiced new competencies on the job and met regularly with mentors, typically supervisors at their work site, to discuss coursework further and receive guidance on their career plans. In addition, trusted elders within the remote villages provided the workers with encouragement and support.

Program graduates earned a certification as Behavioral Health Aide I and 15 to 18 college credits toward an Associate’s degree. They gained opportunities to advance along a career path that consists of three levels: Behavioral Health Aide I, II, and III. As they progress through each level of competency, they receive an hourly raise of $2 to $3 for each competency.

Norton Sound had facing tremendous challenges in recruiting and retaining workers because of the remoteness of its facilities, as well as the difficult jobs and heavy workloads facing workers. Through Jobs to Careers, supervisors and project administrators report that workers improved their job skills and self-esteem in counseling clients.

**PHILADELPHIA, PENNSYLVANIA**

**Two behavioral health facilities teamed up with researchers and a union training fund to map out a work-based curriculum for training frontline workers.**

In the Philadelphia area, the District 1199C Training & Upgrading Fund, a union-based provider of health care education and training, partnered with researchers from the University of Medicine and Dentistry of New Jersey and two behavioral health agencies—Temple Episcopal Hospital and Public Health Management Corporation—to develop a competency-based, three-module program to train unlicensed frontline workers. The partnership mapped the competencies required for performing

In Philadelphia, frontline mental health employees participated in a three-module, work-based learning program to improve their care and service to patients.
frontline jobs and then designed a curriculum to teach those skills on the job, using everyday duties such as interviewing patients or reading their charts.

**Frontline workers targeted for training**
- Mental health workers
- Crisis response technicians
- Milieu counselors
- Residential assistants

**Outcomes**
- 26 workers completed courses offered at their workplaces at Temple Episcopal Hospital and Public Health Management Corporation.
- 5 workers enrolled in a 21-credit college certificate program.
- Workers received wage increases—as high as 20 percent at Temple Episcopal Hospital and around 5 percent at Public Health Management Corporation.
- 11 supervisors received training.

The project team defined a list of nearly 50 job tasks and skills necessary to perform frontline jobs and used these tasks as the basis of this curriculum. Each of three modules was assigned six college credits and lasted 12 to 16 weeks. The first module provided information about a variety of types of mental illnesses, their symptoms, and their treatment philosophies. The second module trained workers in communicating with patients, members of the patient treatment team, and patients’ families. The third module offered effective strategies for managing treatment groups, helping patients complete their daily living activities independently, and documenting and communicating treatment progress. Supervisors coached workers in applying course concepts as they served patients. They also assessed a portion of the assignments.

Workers earned college certificates at Philadelphia University and credits applicable toward Associate’s and Bachelor’s degrees. Their employers reported that the year-long program contributed to marked improvements in patient chart notes, which are critical to delivering better care. Upon completing the program, the participants received wage increases ranging from 5 to 15 percent and moved up one grade within their current positions as mental health technicians.

**FALL RIVER, MASSACHUSETTS; NORTH KINGSTOWN, RHODE ISLAND**

An addiction treatment facility collaborated with education providers to upgrade counseling skills of frontline workers.

**Frontline workers targeted for training**
- Patient care representatives
- Counselors
- Medical receptionists
- Nursing assistants
- Milieu therapists
- Case managers
- Non-clinical staff, including drivers, clerks, housekeepers

**Outcomes**
- 53 workers participated in training.
- 19 became state-certified addiction counselors, nationally certified alcohol and drug addiction counselors, or both.
- 24 acquired certification as ARISE interventionists.

Stanley Street Treatment and Resources (SSTAR), an addiction treatment facility, collaborated with Bristol Community College and the Trundy Institute of Addiction Counseling to upgrade the counseling skills of frontline employees who work with inpatient and outpatient clients. The project offered opportunities for workers to receive pay raises and college credits, while obtaining state- and nationally recognized addictions counseling certifications.
The Trundy Institute provided a 270-hour, six-month program to prepare workers to become state-certified addictions counselors (CACs). Workers completed a curriculum on techniques in substance abuse counseling, assessment and treatment planning, psychopharmacology, and ethics. As a result of Jobs to Careers, Bristol Community College began awarding 15 credits for earning the CAC credential. Workers who obtained the CAC credential then had an opportunity to complete a more rigorous national certification in alcohol and drug addiction counseling (CADAC).

Bristol Community College (BCC) also delivered a four-credit course on effective group facilitation skills for frontline workers running inpatient addiction counseling groups. In developing the course, college and SSTAR representatives surveyed clients and entry-level workers to gather feedback on their knowledge and skills, and on the qualities that make effective group facilitation. As a result, the course included specific training in group dynamics and group process, along with a theoretical framework. Additionally, the college developed modules to address specific needs for inpatient groups dealing with depression, relapse prevention, and other issues. The class was co-taught at SSTAR and online by BCC faculty and worksite supervisors. Eight SSTAR staff became adjunct college faculty. Supervisors also provided mentoring and coaching to frontline workers participating in the program.

In addition, SSTAR trained frontline staff to lead a new family intervention program, Addiction Recovery in a Supportive Environment (ARISE). Twenty-four frontline employees completed a three-day training to become certified ARISE interventionists, a credential that enabled them to facilitate non-threatening family interventions for individuals resisting treatment.

Through Jobs to Careers, frontline workers received recognition through new jobs and increased salaries. At least 13 workers, most of whom had completed the CAC/CADAC program or the group facilitation course, went on to enroll in Bristol Community College. Frontline employees who started working in addictions treatment received an immediate $1-per-hour wage raise. Counselors who chose to work extra hours—a significant need, given SSTAR’s shortage of certified counselors—earned a much higher hourly wage for overtime. SSTAR promoted five frontline workers to full-time counselor positions, with annual raises above the agency’s average.

As a result of its efforts in Jobs to Careers, SSTAR is replicating the work-based CAC program for the frontline staff of a large human services agency. SSTAR has also developed new and stronger relationships with education partners, including Boston-based Jewish Vocational Services, which came on site to support workers needing to obtain a GED before pursuing more advancing training.
Next Steps

Since 2006, Jobs to Careers has demonstrated what works—and what is needed—for transforming the skills and careers of frontline workers. Behavioral health facilities can take the following steps to benefit from and contribute to successful practices going forward:

• EDUCATE: Learn more about Jobs to Careers. Practice briefs, research reports, tools, and other resources on what makes for a successful work-based learning program are available at www.jobs2careers.org.

• PARTICIPATE: Join Jobs for the Future’s Health Care Affinity Group, a virtual network for those interested in facilitating the advancement of new and incumbent low-wage workers across the health care sector. To sign up, email gausick@jff.org.

• REPLICATE: Talk with potential education and workforce development partners and funders in your community about establishing work-based learning programs and implementing other successful components of the Jobs to Careers model.

• ADVOCATE: Join other health care providers, education partners, funders, and other stakeholders in advocating for state and federal investments and policy reforms that will promote the adoption of work-based learning and other components of the Jobs to Careers model.

Jobs to Careers projects provide a foundation for creating and scaling up innovative and effective work-based learning models at long-term care facilities and in other health care institutions. But given the size and complexity of the health care sector, advancing the frontline workforce will require serious investments—of funds and other resources and in the attention and commitment of policymakers and stakeholders. To move a “health care workforce agenda” forward, Jobs for the Future has recommended a number of goals for improving state and federal policies, such as:

• Improve the understanding of trends in the frontline health care workforce through dedicated funding for local, state, and national data collection, analysis, and dissemination.

• Ensure that knowledge about the frontline health care workforce reflects current and projected labor market information on trends in supply, demand, skill needs, skill gaps, employment, and earnings.

• Identify, evaluate, disseminate, and replicate “best practice” models of health care workforce development to employers, educational institutions, and other stakeholders.

• Provide federal matching funds to state and local governments, private employers, and labor-management partnerships that invest in the recruitment, retention, and training of frontline and mid-level health care workers in the public and private workforces.

For more information on the role of public policy in advancing the frontline workforce in health care, see Rx for the Health Care Workforce: Promising Practices and their Implications for State and Federal Policy, by Randall Wilson.


