

## ILRU Exchange

### Community Living Briefs

*A publication of the Community Living Exchange Collaborative at ILRU*

“Community Living Briefs” is a resource for Real Choice Systems Change grantees and their stakeholders, which provides practical tools and strategies to facilitate the full integration of people with disabilities into the mainstream community.

### Workforce Planning: How to Recruit and Retain Mental Health Workers

by Jessica Kadis<sup>1</sup>

There is a well-documented workforce crisis facing nearly all mental health providers, from small community agencies to larger state-run hospitals, across the country. The recent report by the *President's New Freedom Commission on Mental Health* recognized the importance of this crisis to the field as a whole, stating:

“Workforce issues are a complex blend of training, professional, organizational, and regulatory issues. Because of this intricacy, the field needs a comprehensive strategic plan to improve workforce recruitment, retention, diversity, and skills training. In fact, without such a plan, it will be difficult to achieve many of the Commission's other recommendations.”

(New Freedom Commission Report, p.75)

Although staff shortages affect all levels of professionals, including psychiatrists, social workers, and psychologists, the problem is especially daunting for mental health workers whose jobs do not require advanced degrees, for example case managers, frontline hospital staff, community treatment workers, and mental health technicians. Openings for these critical positions remain vacant for long stretches of time, shifting the burden of care to staff members who may already be stretched thin in terms of their hours and responsibilities or to temporary staff. Once filled, these jobs often turn over quickly due to stress, burnout, poor compensation, and a lack of opportunity for advancement.

Evidence suggests that the workforce crisis is as widespread as it is devastating.

**FACT:** In 2001, the National Association of State Mental Health Program Directors found that 44 of 45 responding state mental health agencies were experiencing shortages of mental health staff.<sup>2</sup>

**FACT:** Community-based mental health agencies in New York State reported turnover rates of 27–54% in 2000.<sup>3</sup> That same year, the turnover rate for mental health case managers in Washington State averaged 23–30%.<sup>4</sup>

The difficulties in recruiting and retaining quality mental health workers incur high costs to employers, staff members, and most importantly, consumers.

### Direct and Indirect Costs of the Workforce Crisis

#### Costs to Employers

- Separation costs: exit interviews and administrative costs.
- Fill-in costs: temporary workers and overtime pay for other staff members.
- Replacement costs: advertising, interviewing, and training.
- Loss of efficiency and productivity: before employees leave and while training new employees.

#### Costs to Staff Members

- Over-burdening of workers to make up for insufficient staffing, resulting in:
  - High rates of stress and burnout due to increased hours and responsibilities.
  - Decreased ability to provide quality care.

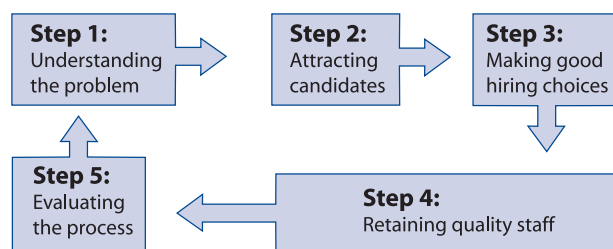
- Poor interpersonal relationships between staff and consumers as well as between staff and management.

### Costs to Consumers

- Lower quality of care from over-burdened or newly trained staff.
- Lack of stability for consumers due to frequent staff turnover.
- Longer waiting lists to receive services, causing some consumers to “give up” on getting treatment.
- Poor interpersonal relationships between staff and consumers.

## Workforce Planning

Developing and maintaining an effective workforce requires the same sort of highly planned and systematic approach as any other organizational function. The basic steps involved in workforce planning are:



1. Understanding the characteristics and magnitude of the workforce problem.
2. Developing innovative strategies to find and attract a broad array of candidates.
3. Using job-specific qualities and competencies to make careful hiring choices.
4. Creating programs, such as training and recognition initiatives, aimed at retaining quality workers over long periods of time.
5. Evaluating outcomes in order to inform the ongoing workforce planning process.

### Step 1: Understanding the Problem

In order to tackle the workforce challenges specific to an organization, one must first understand the exact nature of those challenges. Does this organization have trouble finding qualified candidates? Or is it easy to find and hire qualified workers, but hard to retain them for more than a few months?

- First, the issue of recruitment: Why is it hard to attract new employees?

Unfortunately, the primary reason is low compensation. Salaries for entry-level or frontline jobs in mental health are often comparable to salaries of fast food workers, even though the job of a mental health worker may be considerably more physically and emotionally demanding. Another factor is the “low profile” status of mental health work; it is neither well publicized, nor given due respect in the public eye. Finally, unlike many industries in the private sector, the mental health community has a poor track record in recruiting. Instead of taking a pro-active approach, for example by aggressively recruiting recent college graduates, mental health agencies are more likely to post openings with little fanfare and wait for applicants to appear.

- Second, the issue of retention: Why do employees leave?

Across studies, some of the common factors cited by mental health workers who intend to leave their positions or have left their positions are: poor compensation (salary and benefits), stress/burnout, little or no advancement potential, better opportunities in another field, attainment of higher education, and lack of administrative support.

**RESOURCE:** *Removing the Revolving Door: Strategies to Address Recruitment and Retention Challenges* (Research & Training Center, Institute on Community Living, University of Minnesota)

Although *Removing the Revolving Door* was written to address the shortage of direct support professionals to assist people with developmental disabilities, the tools included in the guide can be used in the mental health context as well. This comprehensive curriculum includes a diagnostic instrument to help organizations calculate a number of different indicators that target the nature of their workforce problems, including: average tenure of “stayers,” average tenure of “leavers,” percent of leavers with less than 6 months tenure, crude separation rate (turnover), and vacancy rate. In addition, the guide includes worksheets that can be filled out by administrators or managers to help guide their thinking by asking them to prioritize their needs and goals in workforce development.

Calculating turnover and vacancy figures and asking administrators to reflect on their needs may not paint the whole picture of a given organization’s workforce problems. Rather, information should be gathered from workers at all levels. This information may be obtained through:

1. Interviewing front line supervisors at regular intervals, and perhaps more frequently at times of high turnover, to learn their perspective on employee satisfaction and dissatisfaction.

## 2. Conducting exit interviews with departing employees.

When conducting such interviews, be sure to ask:

- When you began this job, how long did you plan to stay?
- Why are you leaving this position?

(Be sure to probe about: salary, benefits, stress, career ladders, educational attainment, interpersonal issues, child care, transportation, paperwork, etc.)

- Are you planning to continue working in the mental health field?
- What could our organization do to improve job conditions or hold on to employees?



### Step 2: Attracting Candidates

In order to improve staffing as a whole, you must first attract a significant number of job applicants to fill vacancies. Below is a partial list of recruitment strategies that have been suggested or attempted as well as examples of those strategies in action.

#### Recruitment Strategies:

**1. Recruitment Consortium:** Develop a recruitment consortium that involves multiple agencies; this allows agencies to pool their recruitment resources and access a larger pool of potential candidates.

#### **EXAMPLE: Montgomery County Association for Excellence in Service**

In Pennsylvania, the Montgomery County Association for Excellence in Service (MAX), founded in 1993, brings together 38 provider organizations from the mental health, mental retardation, disabilities, and addiction services fields in order to collaborate on training, recruitment, retention, and legislative activities.

As part of their recruitment efforts, MAX partnered with Pennsylvania Career Link to create a website and a 1-800 number to which potential candidates could be referred. Once in the system, all MAX members had access to this potential pool of workers, and job candidates could avoid having to find and contact each organization individually.

**Find out more:** For more information on MAX, including their training resources, history, employee satisfaction

survey, turnover and vacancy survey, recruitment video, and a link to the PA Career Link website, please visit: <http://www.maxassociation.org>

#### **EXAMPLE: CT Health Jobs**

The CT Health Jobs campaign represented a public/private workforce development initiative which utilized the America's Job Bank database to create a shared talent pool that individual agencies could then access and hire from according to their own needs.

**Find out more:** For more information on the CT Health Jobs campaign, including the background, structures, and process of the project, as well as a talent pool flow chart, please visit: <http://www.cthealthjobs.org>

**2. Getting Attention:** Increase awareness of the field and the available positions with television, radio, or print media campaigns. The developmental disabilities field has been a leader in this effort with notable campaigns in Connecticut (CT Health Jobs - see above), Massachusetts, and Wyoming.

#### **EXAMPLE: Massachusetts Department of Mental Retardation**

The Massachusetts Department of Mental Retardation (DMR), faced with a shortage of Direct Support Professionals, joined with approximately 25 participating provider agencies to hire Parker & James Communications, Inc.

The communications firm began by conducting surveys, interviews, and focus groups, from which a clear theme—or brand identity—emerged. Using the tag line, “Some people are lucky enough to love their work,” Parker & James launched the campaign with a kickoff at the Massachusetts State House and followed by releasing news stories, television and radio advertisements, a direct mailing, and a website. During 2001 and 2002, the campaign received inquiries from nearly 8,000 job seekers, of which approximately 400 (or 5%) were hired.

**Find out more:** For more information about the MA campaign, view the recruiting website created by Parker & James at: <http://www.rewardingwork.org/> or visit the Parker & James website to learn more about the creation of the campaign: <http://www.parkerjames.com/CaseStudies/Default.asp>. Additional information can be found in a report on the campaign at: [http://www.hcbs.org/promising\\_practices/MA\\_RecruitingDirectService\\_rev.rtf](http://www.hcbs.org/promising_practices/MA_RecruitingDirectService_rev.rtf)

**3. Creative Searching:** Be creative about where to find new employees. Advertise the message at: places of worship, local welfare agencies, housing offices, supermarkets and shopping centers, neighborhood associations, immigrant aid services, cultural centers, health clinics, laundromats, senior centers, and other community-based organizations. Also, consider targeting recruitment efforts to a specific community that might be receptive to a new kind of working experience, for example older women re-entering the workforce or recent immigrants.

#### **EXAMPLES: Virginia and Kansas**

When the state of Virginia needed to improve recruitment efforts for mental health and disabilities workers, it reached out to the Hispanic community by collaborating with the Hispanic Chamber of Commerce to hold a Hispanic job fair, translating recruitment materials into Spanish, and making announcements at local Catholic churches. Virginia also scheduled additional job fairs from 4–9 PM in order to reach candidates who already had jobs but were looking to switch fields.

The state of Kansas used a “lifestyle recruiting” approach by advertising in outdoor and bicycling magazines to find candidates who might be attracted to the quality of life benefits of working in Kansas City.

**4. Referral Bonuses:** Offer referral bonuses to current staff when they recruit new workers. This strategy can also be combined with an effort to retain new workers by paying out referral bonuses in a delayed fashion. For example, the referring staff member might receive \$25 when the new hire begins work and another \$25 after the new person has been on the job for a period of 6 months.

**5. Welfare-to-Work and School-to-Work:** Use Welfare-to-Work and School-to-Work initiatives to recruit and hire candidates. Although such strategies require significant up-front effort to put in place, examples from the long-term care context suggest that these avenues could be highly successful if translated to the mental health care context. Organizations should consider partnering with local schools and colleges to create pathways for graduating students to enter the workforce, for example through an apprenticeship program. *For more on apprenticeship, see the Training section below.*

#### **EXAMPLE: The Cooperative Healthcare Network**

The Cooperative Healthcare Network (CHN) is a welfare-to-work program for direct service home healthcare workers

with locations in the South Bronx, Philadelphia, and Boston. CHN employs more than 500 workers, at least 400 of whom come directly from dependence on public assistance. In addition to easing recruitment difficulties, the welfare-to-work strategy has produced rates of turnover that are lower than the industry standard.

**Find out more:** Look at Welfare to Work: An Employer’s Dispatch from the Front, a report prepared by the **Paraprofessional Healthcare Institute (PHI)**, a non-profit organization committed to addressing the direct care staffing crisis in the long-term care sector. The report, aimed at policy makers and practitioners, describes the lessons learned and barriers encountered in setting up a welfare-to-work program.

In addition, the PHI website has many other excellent publications on workforce development that can be downloaded, including Finding & Keeping Direct Care Staff and Recruiting Quality Health Care Paraprofessionals. Visit the PHI publications list to download articles at: <http://www.paraprofessional.org/Sections/resources.htm>

**6. Collaborating with the Government:** Partner with the state government to improve wages for workers. For example, the FY 2003 budget for the state of New Jersey included a 2% Cost of Living Adjustment (COLA) for workers in community mental health agencies. This much needed increase reflects how far current wages are lagging behind inflation and cost of living rates. The long-term care industry has used a “wage pass-through” strategy to increase salaries. A wage pass-through is an additional allocation of funds provided through Medicaid reimbursement for the specific purpose of increasing compensation for direct care workers. Although an analysis of recent wage pass-through data does not support the efficacy of this strategy,<sup>5</sup> the idea of working with state legislatures is a good one.

### **Step 3: Making Good Hiring Choices**

It is not enough to simply find workers; mental health providers should be concerned with finding the right workers.

Although workforce studies have produced differing evidence as to why mental health workers leave their jobs, the evidence as to why they stay is quite consistent. According to a December 2000 study by the King County Mental Health Board on case manager turnover,<sup>6</sup> the top two reasons to stay were: personal fulfillment and a commitment to serving clients with mental illness. In another study, community mental health workers in psychosocial rehabilitation services



were asked to rank the factors they felt were most important to them in their decision to remain in the field. The reasons endorsed most frequently were: a desire to help clients, the interest and challenge of the work, satisfaction with client outcomes, and a commitment to the philosophy and practices of psychosocial rehabilitation services.<sup>7</sup>

Given that the personal reward of helping people with mental illness is the number one reason behind job satisfaction, it is important to look for candidates who are motivated by a desire to help others but understand the challenges involved in that mission.

**Tip #1:** Look for workers who will be a good fit with your organization’s mission and principles.

- Start by identifying the values and goals of your organization—the Removing the Revolving Door kit has some helpful worksheets to get you started.
- Next, develop a profile of your “ideal” candidate. What qualities are important for mental health workers in the position for which you are hiring? Think about personal qualities, such as maturity and reliability, as well as skills in areas like problem-solving, communication, or basic reading and math.
- Translate the skills and qualities you’re looking for in workers into interview questions. For example, you may want to ask why a candidate is interested in the mental health field and probe for past experiences with friends or family members who have experienced mental illness. If reliability is an important factor in the successful performance of the position, consider scheduling interviews in two parts or asking the candidate to call back at a specific time in order to assess how reliable he or she is.

**Tip #2:** Don’t keep job seekers in the dark about the real nature of the work.

- Candidates who are unprepared for the job’s day-to-day challenges are more likely to leave the position in the first few months on the job.
- Realistic Job Previews (RJPs) are a great way to both market the work and prepare potential employees for its realities. RJPs can take many forms, including: videotapes of workers on the job, internships or volunteer programs, web-based multimedia presentations, booklets or brochures, and meetings with current employees or clients.

**RESOURCE:** The National Alliance of Direct Support Professionals

The National Alliance of Direct Support Professionals (NADSP), a coalition of organizations and individuals in the human services industry, has produced an excellent overview of the benefits and downsides of various RJP formats. This resource, along with other workforce development tools, can be found on their website at:

<http://www.nadsp.org/library/wdtoolkit.html>

#### Step 4: Retaining Quality Staff

Once you have hired workers that you feel will be a good fit for the position, the next step is to consider how to keep those workers on the job. Some key topics in this area include:

- Training
- Advancement
- Recognition
- Mentorship



#### Training

Well trained workers perform their jobs better and stay at their jobs longer than poorly trained workers. Training for mental health workers can be broken down into pre-employment training, apprenticeship training, and post-employment training.

- Pre-Employment Training:

Many students with an interest in mental health leave a 2 or 4 year college program with a degree in psychology or another related academic discipline. If they do not wish to continue on to M.D. or Ph.D. programs and instead try to enter the mental health field in an entry-level position, they often find themselves woefully unprepared. The work of a mental health technician or case manager is specialized; the necessary skills are unlikely to be taught in a typical academic setting.

What can be done to address this problem? The key to appropriate pre-hire training is for the public service system in general, and mental health provider organizations in particular, to create linkages with educational establishments in order to develop relevant programs that educate students before they enter the workforce.

#### EXAMPLE: The Maryland Training Consortium

In the 1980’s, a coalition that included family advocates, consumers, mental health service providers, and academic representatives from the community college, 4-year college, and university levels formed the Maryland Training Consortium on Serious Mental Illness. As part of the Consortium, providers, students, and faculty began meeting and sharing information about mental health education. As a result of these meetings, new graduate and undergraduate courses on treating persons with severe mental illness were developed.

**Find out more:** An edited book entitled *Serving the seriously mentally ill: Public-academic linkages in services, research, and training* discusses the Consortium in Chapter 18.

This book, published by the American Psychological Association, can be ordered through the APA website at: <http://www.apa.org/books/4318280t.html>

**EXAMPLE: Vermont’s PAL/HRD Initiative**

The Public-Academic Linkage/Human Resource Development (PAL/HRD) initiative combined the efforts and expertise of the Mental Health Division of the Vermont Department of Mental Health and Mental Retardation and the University of Vermont. PAL/HRD work groups developed new courses, such as a community counseling course, and created public mental health internships for graduate students.

**Find out more:** Chapter 17 of *Serving the Seriously Mentally Ill* (see above) describes the initiative in greater detail.

**EXAMPLE: Middlesex County College, NJ**

Middlesex County College in New Jersey has established an Associate of Science (A.S.) degree in Psychosocial Rehabilitation as part of its undergraduate curriculum. The degree acts as an entry-level professional credential. A study of the program’s graduates found that 85% of students were functioning comparably to full-time employees by the end of the first semester and that 93% of the sites that hired students reported enhancements in services due to the students.<sup>8</sup> The A.S. program not only serves a recruitment need by providing a “short cut” into the field, but also improves retention by ensuring that newly hired employees are well trained and informed about the job’s challenges.

• Apprenticeship Training

According to the Office of Apprenticeship Training, Employer, and Labor Services (OATELS), a division of the U.S. Department of Labor, an apprenticeship is, “a combination of on-the-job training (OJT) and related instruction in which workers learn the practical and theoretical aspects of a highly skilled occupation. Apprenticeship programs are sponsored by joint employer and labor groups, individual employers, and/or employer associations.” Many different occupations use apprenticeships to train new workers because of the obvious training benefits. Benefits to the apprentice can include: paid employment while training, increased wages as skills and training progress, higher skill versatility, and portable credentials for future work. Benefits to the employer can include: decreased turnover, enhanced versatility of workforce, increased productivity by highly skilled workers, enhanced employee relations by developing a collaborative approach to work, attraction of high quality applicants who wish to advance and succeed, and increased national and state recognition. Although apprenticeship programs are traditionally associated with the building trades (e.g. carpentry, plumbing, etc.), the Direct Support Specialist position in the disabilities field was nationally recognized as an apprenticeable position on November 16, 2001.

**RESOURCE: Apprenticeship**

The OATELS website can be found at: [http://www.doleta.gov/atels\\_bat/](http://www.doleta.gov/atels_bat/). An excellent slide show on the advantages of apprenticeship and the development of the Direct Support Specialist position can be found at: [http://www.nastad.net/Documents/13/Apprenticeship\\_inthe\\_Human\\_Services\\_Field.ppt](http://www.nastad.net/Documents/13/Apprenticeship_inthe_Human_Services_Field.ppt)

In addition, the Standards of Apprenticeship for direct support professionals can be found in multiple locations on the web, including: <http://rtc.umn.edu/pdf/DOLApprenticeshipGuidelines.pdf>

- Post-Employment Training

Once a provider organization has hired a new employee, that organization is responsible for ensuring that the worker has been properly trained. Unfortunately, staff shortages due to difficulties in recruiting and retaining workers have become so extreme, that many providers cannot afford to keep new workers in training for a sufficient length of time. In an effort to fill vacancies on the staffing schedule, new hires are often hustled out of training and into full-time work without sufficient preparation.

Providers must acknowledge the importance of training to retaining staff members and work to improve the efficacy and context-specific relevance of their training processes.

Ideas to improve the training process include:

- Make training “hands-on” by including a component outside of the classroom. For example, allow new hires to shadow current employees on the job or add a required number of training hours that take place in a real-world setting.
- Incorporate core competencies (see below) into the training program.
- Consider web-based training (see below) as a supplement to traditional classroom training.
- Improve continuing education efforts to reflect new realities in the mental health field, such as the impact of managed care, or to incorporate more day-to-day workforce skills.

**Core Competencies**

Core competencies are the attitudes, values, knowledge, and skills needed to deliver quality service to people with developmental disabilities, serious mental illness, or any other impairment.

In 1993, the Human Services Research Institute (HSRI), in collaboration with the Education Development Center, received a grant from the U.S. Department of Education to

develop voluntary national skills standards (core competencies) for direct service positions in the human services industry.

The Community Support Skill Standards for the competent Community Support Human Service Practitioner (CSHSP) include the following areas:

- Participant empowerment
- Communication
- Assessment
- Community & service networking
- Facilitation of services
- Community living skills & support
- Education, training, & self-development
- Advocacy
- Vocational, education, & career support
- Crisis intervention
- Organizational participation
- Documentation

Each competency area includes specific sub-parts and activities with which CSHSPs can be trained.

**Find out more:** The Community Support Skill Standards, and a guide to their Best Practices usage, can be ordered from the HSRI website at: <http://www.hsri.org/>

## Online Training

Web-based training has already been developed and implemented for direct support professionals who work with adults with developmental disabilities and could be modified for mental health workers.

The College of Direct Support (CDS) is an online educational resource designed to meet the needs of adult learners in a distance education setting. The CDS program can include: an individual online orientation, group learning and discussion, in-service/continuing education, review/remedial training, and college credits. CDS currently offers courses in safety, abuse, healthy lifestyle choices, individual rights and choice, community inclusion, positive behavior support, documentation, connections with family and friends, professionalism, and other topics in developmental disabilities.

**Find out more:** For more information on the curriculum or to sign up for a demonstration, visit: <http://www.collegeofdirectsupport.com/>

## Advancement

A frequent cause of employee dissatisfaction and turnover is the lack of a well-formed career ladder for mental health workers. There are few credentials or standards to distinguish levels of mental health workers below the Ph.D. or M.D. levels. Sensing that they have no ability to rise in rank



without obtaining such an advanced degree, experienced and highly skilled direct care workers frequently depart the industry to find a position with greater advancement potential. Voluntary credentialing and the creation of additional, higher staff levels based on training or experience, especially coupled with increased compensation as workers rise, can be an effective means of ensuring retention. An example of a credentialing program that could be used as part of a career ladder can be found below.

### **EXAMPLE: The Certified Psychiatric Rehabilitation Practitioner**

Noting that there were no core requirements or industry standards for practicing psychiatric rehabilitation workers, besides a voluntary registry, the International Association of Psychosocial Rehabilitation Services (IAPSRS) retained a testing company to develop, administer, and score a new certification examination for psychiatric rehabilitation practitioners. The Certified Psychiatric Rehabilitation Practitioner (CPRP) credential can be earned by passing a 150-question, 3 hour examination that is administered in various locations across the country. IAPSRS offers some study aids and training sessions, but the exam is intended for students who have either an Associate's, Bachelor's, or Graduate Degree in a related field as well as some psychiatric rehabilitation experience, though a high school graduate with a G.E.D. could be eligible given their training and experience.

The development of the CPRP exam has been so successful that 8 states now recognize the certification and mandate that some percentage of staff are certified.

**Find out more:** For more information on the CPRP exam, including its development and content, please visit the IAPSRS website at: <http://www.iapsrs.org/certification/>

Advanced degrees are another means of creating advancement potential. Rewarding employees for obtaining such degrees, for example by increasing salary, benefits, and status within the organization, encourages employees to stay with the job longer and increase their knowledge.

### **EXAMPLE: Graduate Program in Community Mental Health**

Southern New Hampshire University has created a Graduate Program in Community Mental Health (PCMH) that is designed to prepare individuals for work in community-based behavioral health care services for adults, children, and adolescents with psychiatric or emotional disabilities. PCMH offers multiple degree options, including a Certificate, a Master's, and a specialized counseling track of the Master's degree.

The program targets current mental health staff who desire additional training or are moving from an institutional to a

community setting, mental health consumers and family members who wish to become providers, and members of the general public. PCMH is a distance-learning program designed for adults who are working full time. Intensive weekend instruction is provided at “learning community” sites, currently located in Vermont, New Hampshire, Wisconsin, and Alaska.

Find out more: For more on the Program in Community Mental Health at Southern New Hampshire University, visit their website at: <http://www.nhc.edu/pcmh/>

## Recognition

Because funding shortages often mean that mental health providers receive low salaries, it is important for organizations to recognize and reward their employees in other ways.

Non-monetary forms of recognition include:

- Balloons, flowers, cards
- Candy, chocolate
- A mug or clothing printed with the agency logo
- Time off from work
- Movie tickets or tickets to a sporting event
- Lunch out with colleagues
- Gift certificates to local stores or restaurants
- Public praise in a meeting, conference, or newsletter
- An inscribed plaque or trophy

Be sure to talk with employees beforehand to get a sense of what kinds of recognition would be most appreciated by them.

### EXAMPLE: One Great Unit

In the long-term care field, the Alexian Brothers Sherbrook Village, a nursing home in St. Louis, created the “One Great Unit” program as a response to staffing difficulties. In addition to offering recruitment bonuses for staff who referred new hires, they started a “Small Rewards” program that recognized perfect attendance within every two week pay period with small gifts and an announcement. The “One Great Unit” program virtually eliminated the use of temporary staffing at the facility.

## Mentorship

Peer mentoring programs are helpful as a retention measure because they reduce turnover among new employees and provide opportunities for advancement among committed workers. Mentors act as “buddies” for new employees, easing the transition from training to working, helping new hires adjust to the responsibilities and challenges of the job, and acting as a friend or advisor.



Furthermore, developing a peer mentorship program communicates to committed employees that the organization values their skills and experience.

The Paraprofessional Healthcare Institute (PHI) has developed nine key program design elements that organizations must consider when beginning a peer mentoring program.

### Program design elements:

1. Job design - Write a job description for the new mentor position. Seek feedback from employees in creating the description and be aware that the additional responsibilities of a mentor may warrant decreasing his/her case load.
2. Mentor compensation - Peer mentoring programs are most successful when they recognize that mentoring is part of a career advancement pathway and reward mentors with a wage adjustment.
3. Management buy-in - Gaining the support of the leadership is a necessity. Collaborate with management in planning the program.
4. Organizational orientation to the mentor’s role - All staff, not just the mentors and mentees, must understand the purpose of mentorship as well as the logistics of how mentors are assigned, supervised, etc.
5. Mentor selection - For a program to be successful, it cannot “play favorites.” Ensure that the application process for a mentorship position is fair and accessible to all.
6. Mentor training - PHI recommends at least 16 hours of mentor training on job/clinical skills as well as “relational skills,” such as leadership, communication, coaching, and problem solving.
7. Mentor oversight and support - Choose one staff person to oversee the program. This works best when he or she is a true believer in the value of mentoring.
8. Mentor to mentee matching - Consider both skill level and personality when matching mentor to mentee. Try to find a mentor/mentee pairing where each member complements the other’s strengths and weaknesses.
9. Mentee orientation - Make sure mentees know what to expect from the program, including the nature of the mentor relationship and its duration.

### RESOURCE: Mentorship

These nine steps are adapted from a series of reports by the Paraprofessional Healthcare Institute entitled Workforce Strategies. This particular issue, on the topic of mentorship,



can be downloaded from the National Clearinghouse on the Direct Care Workforce at: <http://www.directcareclearinghouse.org/download/WorkforceStrategies2.pdf>.

In addition, the Clearinghouse has an excellent library of workforce papers, although they are not focused on the mental health field. The Clearinghouse can be found online at: <http://www.directcareclearinghouse.org/>.

### **Step 5: Evaluating the Process**

Workforce planning is a reflective process. Over time, each workplace must try different strategies and observe the results in order to learn what will work best for their needs.

Step number 1 of this paper suggested looking at specific indicators (turnover, vacancy, etc.) as well as the qualitative feedback of employees at different levels. As new workforce planning initiatives are implemented, each organization

should return to these indicators to look for changes over time. With appropriate data and feedback, recruiting and retention strategies can be modified to achieve greater success or abandoned if ineffective.

Feedback on workforce issues may come in the form of: indicators, employee focus groups, exit interviews, and any other data gathering strategy that was used in the initial planning phase (Step number 1).

Representing workforce planning as a kind of feedback loop, in which initial indicators of the problem are revisited over time in order to modify and improve practices, reinforces the need to see workforce planning as a multifaceted issue involving the whole organization. As with any organization-wide function, successful workforce development requires planning, cooperation, and coordination.<sup>9</sup>



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<sup>1</sup>Jessica Kadis is a Research Assistant at Human Services Research Institute and a recent graduate of Yale University.

<sup>2</sup>See <http://nri.rdmc.org/Profiles01/10WorkforceIssues.pdf> for full report.

<sup>3</sup>See <http://www.cvmha.org/policy/2001/stsurvey.pdf> for full report.

<sup>4</sup>See <http://www.metrokc.gov/dchs/mhd/qc/turnover.pdf> for full report.

<sup>5</sup>See <http://www.paraprofessional.org/publications/WorkforceStrategies1.pdf> for full report.

<sup>6</sup>See <http://www.metrokc.gov/dchs/mhd/qc/turnover.pdf> for full report.

<sup>7</sup>Blankertz, L.E. & Robinson, S.E. (1997) Turnover intentions of community mental health workers in psychosocial rehabilitation services. *Community Mental Health Journal*, 33(6), 517-529.

<sup>8</sup>Gill, K.J., Pratt, C.W., & Barrett N. (1997) Preparing psychiatric rehabilitation specialists through undergraduate education. *Community Mental Health Journal*, 33(4), 323-329.

<sup>9</sup>The following people were interviewed for their insight on the workforce crisis:

Charles Ray, President and CEO of the National Council for Community Behavioral Healthcare

Ruth Hughes, CEO of the International Association of Psychosocial Rehabilitation Services

India Sue Ridout, Workforce Development Manager at the Department of Mental Health, Mental Retardation, and Substance Abuse Services in Virginia

Kevin Walker, Human Resources Manager at the Office of Human Resource Management in Georgia.

## Community Living Exchange Collaborative at ILRU

On September 28, 2001, the Centers for Medicare and Medicaid Services (CMS) awarded two grants for the implementation of the National Technical Assistance Exchange for Community Living, one to Independent Living Research Utilization (ILRU), a program of The Institute for Rehabilitation and Research, the other to the Center for State Health Policy (CSHP) at Rutgers University. The goal of the grants is to provide, in collaboration, a program of technical assistance for grantees implementing programs under the

CMS National Community Living Initiative. The views expressed in this publication do not necessarily represent the position of the funder.

Community Living Exchange Collaborative at ILRU directs its support toward systemic changes to enable children and adults of any age who have a disability or long-term illness to live as fully integrated as possible in the community, to exercise meaningful choices about any and all aspects of their lives, and to obtain quality services consistent with their preferences.



**ilru Exchange**

### For More Information

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