Behavioral Health

Pacesetter Award

in Support of Direct Care Workers

BETTER JOBS
BETTER SERVICES
BETTER BUSINESS

Pacesetter Case Study: Thresholds, Chicago, Illinois 2011 Pacesetter Award Winner

To learn more about the Behavioral Health Pacesetter Award, please see a description of the process on the last page of this report.

THE ANNAPOLIS COALITION ON THE BEHAVIORAL HEALTH WORKFORCE

THE HITACHI FOUNDATION

A Culture of Listening, Caring and Effective Action

Thresholds
Bright Futures for People with Mental Illness

Thresholds is the oldest and largest provider of community-based services for people with severe mental illness in Illinois. In recent years, Thresholds, like every other behavioral health agency in the state, has been adapting to a fundamental change in the way its services are financed.

After decades of paying for behavioral health care using a grant-based system, in 2006, the Illinois Department of Mental Health began converting to fee-for-service reimbursement. In 2010, this culminated in a switch at Thresholds from a monthly payment equal to one-twelfth of their total annual grant award to Medicaid payments based on the number and duration of actual service encounters between staff and members (i.e., clients).

The new payment method meant that direct care staff would need to meet rigorous productivity standards in order to maintain the financial viability of the agency as a business entity. Part of the challenge that now confronted Thresholds was that it had to figure out how to train staff on services that were vital to its members, such as Integrated Dual Disorders Treatment (IDDT), without compromising productivity and resultant revenue. Since sending staff to IDDT classroom training cut into their availability to provide care, a new approach was needed. The problem was magnified by the decentralized structure at Thresholds, which has dozens of service locations throughout Chicago and surrounding counties.

As the new funding mechanism took effect, Thresholds CEO Anthony (Tony) Zipple and his leadership team were clear about one thing: the current training approach, which tied up front-line staff for lengthy periods in classroom lectures and thereby reduced billable contacts with members, wasn't working very well from either an educational or fiscal standpoint. The classroom method yielded uneven performance results, and although most staff enjoyed the lectures, they had little sustained effect on staff interventions with members. Additionally, this off-the-job training method added to operating costs because of the need to cover some vacant posts with substitute workers.

Compounding the problem, ongoing evaluation revealed that direct care staff were unable to operationalize IDDT skills, primarily because trainings were too theoretical and supervisors were not sufficiently involved. Immediately following a training event, line staff would return to their normal duties, with no follow-up discussion or supervision linked to training content. Thus, there was no clear structure connecting training with the real work at hand.

Facts about Thresholds

Founded in 1959, Thresholds serves about 6,000 people annually in more than 100 locations throughout Chicago, and in Kankakee and McHenry counties. Among its wide array of services, Thresholds provides:

- ***Outreach***—Assertive community treatment and community support (psychosocial rehabilitation) using a team approach
- ***Residential Care***—75 sites, approximately 600 beds
- ***Center-Based Psychosocial Rehabilitation***—On-site delivery of group and individual services

In 2010, the agency had an operating budget of $52.7 million and employed 902 full- and part-time staff, including outreach workers, case managers, employment specialists, residential managers, psychiatrists, health care professionals, and specialists in the treatment of co-occurring mental illnesses and substance abuse. Among the direct care staff at Thresholds, 67% have a bachelor's degree or less.

Finding an Answer: The "Embedded Consultant" Model

To create some "breathing room" to rethink the IDDT training strategy, in 2007, Director of Clinical Practices Sheila O'Neill obtained a grant from the Michael Reese Health Trust (a Chicago-based foundation dedicated to improving services for the area's most vulnerable residents). O'Neill's grant application brought in $150,000 over three years to support a new approach to the training.

As part of the grant application process, O'Neill and the foundation staff devised a plan in which classroom trainers at Thresholds would begin serving as "embedded consultants." These individuals were all highly experienced clinicians with subject matter expertise in IDDT. The embedded consultant model envisioned that the trainers would begin teaching IDDT to direct care staff out in the field, not in classrooms.

Thus, instead of using hypothetical examples of staff interactions with members as training material, real-life encounters would become the cornerstones upon which line staff would learn new skills. In routine operations, an embedded consultant and a supervisor would discuss with a line worker how to use IDDT interventions with an individual member. The discussion would focus on the member's needs, goals and stage of recovery. By making it real and relevant, IDDT finally began to sink in. The use of embedded consultants had the added benefit of enabling direct care staff to generate billable contacts as they strengthened their repertoire of skills and improved the quality of services they provided.

Integrated Dual Disorders Treatment (IDDT)

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) reports: "Among those with serious mental illness in the past year, 25.7 percent had a substance use disorder in the past year—approximately four times the level experienced by people not suffering from serious mental illness (6.5 percent)" [SAMHSA news release, Nov. 18, 2010]. Lifetime co-occurrence of serious mental illnesses and substance use disorders is even higher. The extraordinary risks associated with conditions such as untreated schizophrenia and alcoholism have spawned intensive efforts to develop effective treatment strategies. SAMHSA recommends integrated dual disorders treatment (IDDT), which is fully described in the SAMHSA toolkit "Integrated Treatment for Co-Occurring Disorders: Getting Started with Evidence-Based Practices."

Developed and refined at the Dartmouth Psychiatric Research Center in Lebanon, N.H., during the early 1990s, IDDT is an approach to the treatment of people with co-occurring mental illnesses and addiction disorders in which psychiatric and substance use services are provided to an individual at the same time, in the same location, by the same team.

The IDDT approach involves a multidisciplinary team of practitioners who focus on the broad spectrum of client needs. The team directly provides and promotes access to services such as treatment, rehabilitation, medical, vocational, housing and other needed supports. Duration of care is not time limited and is adjusted according to the individual's stage of treatment. Stages include:

- ***Engagement**—Treatment focus is on building a relationship with the person and providing support for daily living.*
- ***Persuasion**—Treatment focus is on motivating the individual to reduce substance use.*
- ***Action**—Treatment focus is on helping the person acquire new skills and providing support for their use.*
- ***Relapse Prevention**—Treatment focus is on developing and using strategies for maintaining recovery.*

Stage-wise interventions are coupled with use of motivational techniques. Additionally, IDDT emphasizes outreach into the community (to assist the person with housing, medical, vocational and legal issues), substance abuse counseling, group treatment (specifically designed for people with co-occurring disorders), family education, pharmacological treatments, and health and wellness interventions.

While the embedded consultants already possessed considerable expertise in the application of IDDT, Thresholds decided to take yet another step to strengthen the practice—they brought in the developers of IDDT, Robert Drake, MD, and Kim Mueser, PhD, from the Dartmouth Psychiatric Research Center. During a half-dozen face-to-face meetings and a series of telephone conferences, these experts provided targeted training, consultation and mentoring that sharpened the skills of nearly 100 staff members, including embedded consultants, supervisors and direct care workers.

In addition to individual consultations with line staff and supervisors, the embedded consultants participated in weekly team meetings (comprised of a team leader and five staff members), during which: 1) Individual members were discussed, and interventions were planned; and, 2) Focused modeling and feedback was provided to the team leader. Then, staff/member interactions were observed to assess and refine staff interventions.

Career Ladder for Direct Care Staff		
Position Title	**Median Base Annual Salary**	**Number of Staff Members**
Assistant Program Director	$40,400	10
Therapist *(master's level)*	$38,400	5
Team Leader *(master's level)*	$36,400	48
Team Leader 1 *(BA level or 5 years of experience)*	$32,300	19
Community Support Specialist 3 *(master's level)*	$31,300	74
Case Manager 3	$31,300	6
Community Support Specialist 2 *(BA level or 5 years of experience)*	$26,300	158
Case Manager 2	$26,300	4
Community Support Specialist 1	$22,800	25

The goal was to implement and sustain IDDT practice by assuring the team leader gradually took on more of the consultant's role in teaching, modeling and monitoring interventions. Additionally, agency clinical leadership was involved in reviewing the process and monitored team progress.

"Through this embedded teaching practice, IDDT program implementation and outcomes for our members have improved significantly, as has productivity," reports Zipple. "Moreover, staff feedback regarding real-time instruction and oversight continues to be very positive. What we've learned is that behavioral health organizations can provide in-vivo training that integrates training, practice and supervision, as staff members learn skills while delivering services."

▶*The Thresholds Mission*

Thresholds assists and inspires people with severe mental illnesses to reclaim their lives by providing the supports, skills and the respectful encouragement that they need to achieve hopeful and successful futures.

Origins of the IDDT Initiative at Thresholds

Although Thresholds is widely known for quality care and innovation, the challenges that created momentum for the organization's internal changes are less well known. In the late 1980s, Thresholds, like many other mental health agencies across the county, was wrestling with one of those challenges—Zipple's predecessor, Jerry Dincin (CEO, 1964–2002), had become deeply concerned that about two percent of the agency's members were using a disproportionately large share of the resources. Each of these (approximately 100) individuals had repeated crisis services and psychiatric hospitalizations. Known as a passionate advocate for high-quality care, Dincin asked a representative group of his staff to form a taskforce and investigate why this was happening.

Dincin felt strongly that his taskforce had the right combination of resources to make an informed assessment. The group included seasoned mental health clinicians and homeless outreach staff who knew volumes about the lives and habits of Thresholds' members and the subculture of Chicago's streets. After careful consideration, the taskforce concluded that the predominant cause of re-hospitalizations was the more than 50 percent rate of co-occurring psychiatric and substance abuse disorders among people served by the agency.

At the time, most mental health agencies (including Thresholds) were requiring that individuals with substance use disorders be detoxified and sober prior to psychiatric treatment. Yet, most substance use treatment facilities were not prepared to treat people with mental illnesses or would not permit these "patients" to take psychiatric medications while in their care.

This impasse meant that members with dual psychiatric and substance use diagnoses were routinely bounced back and forth between mental health and addiction treatment facilities and were experiencing dreadful outcomes, such as homelessness, victimization, incarceration, repeated hospitalizations and worse.

None of the local Chicago agencies seemed willing to budge. However, as the leading community mental health provider in the Chicago area, Dincin knew that Thresholds had to break the standoff. But how?

Preparing Line Staff to Meet the Challenge

The main problem was that front-line workers felt unprepared to intervene in situations involving people with mental illnesses who were intoxicated or actively abusing drugs. Although skilled in the treatment of mental illnesses, many Thresholds employees knew little or nothing about treating those with combined psychiatric and substance use conditions.

Moreover, Thresholds' high percentage of unlicensed staff made it vitally important that they be carefully trained and supported in order to carry out their work in a safe and effective manner.

To address the needs of both members and front-line workers, the Thresholds taskforce recommended better ways to serve people with co-occurring disorders, including:

- Establishing specialized group residential programs,
- Cross-training staff on the assessment and treatment of substance use conditions, and
- Focusing on individuals' strengths, motivations and personal goals.

A Need to Focus on Unlicensed Direct Care Staff

In the United States, it is estimated that 40 percent of direct service employees at community-based mental health agencies lack advanced professional degrees. Yet, each day, these workers have some of the most demanding assignments and often spend more time with people in care than any other segment of the behavioral health workforce.

The agency also changed its treatment philosophy. For example, it was agreed that abstinence, while still a goal for all people receiving care, would no longer be required for continuing treatment. Similarly, recovery would not be expected to occur on an upward linear path, and relapses were to be anticipated, even in agency-owned housing.

These philosophical changes led to policy changes. Thresholds eventually dropped policies that extruded people from care, such as automatic discharge of anyone in a residential program who showed up intoxicated. As a result, some members were permitted to stay in care at the very time when treatment was most needed. These initial changes became part of a process at Thresholds that led to implementation of IDDT.

But if the pathway to client recovery was nonlinear, the same could be said for staff willingness to adopt IDDT. Some line staff liked the idea of learning a new technology, but others felt that treating people with substance use problems was not what they had been hired to do, and a handful actually quit. Many others were ambivalent, or even fearful, about the impending change.

To overcome staff reluctance, Dincin again asked for staff opinions. This time they advised him to begin IDDT implementation gradually with a single outreach team, selected based on willingness to voluntarily adopt the practice, strength of the team's leadership, and the percentage of individuals with co-occurring disorders served by the team.

A Crucial Transition

When Dincin retired in 2002, some at Thresholds wondered if Zipple would continue pushing for IDDT. It wasn't long before that question was answered with a resounding "Yes." Not only did Zipple support IDDT, he also wanted the agency to implement several other evidence-based practices, such as supported employment, illness management recovery, cognitive behavioral therapy and motivational interviewing. Additionally, during the next several years, Zipple moved Thresholds toward an explicit focus on recovery-oriented care for all services provided. It was clear that the new CEO's passion for quality care was as strong as that of his predecessor.

Like Dincin, Zipple also recognized the importance of maintaining a welcoming atmosphere for staff and members. As one employee described it, "Everyone feels at home here; there's a palpable sense of family—we're all working together on the same things." There was a clear sense of continuity as the agency changed CEOs.

BETTER JOBS

The way in which Thresholds implemented IDDT illustrates the organization's commitment to its front-line staff. For example, Thresholds has an outstanding record of encouraging career development. It does this through advanced training, supportive supervision or mentoring and promoting people from within its own ranks. Thus, nearly 30 percent of senior managers at Thresholds obtained a master's degree while working at the agency. Additionally, 14 percent of current senior mangers have a bachelor's degree (some of these individuals are also working toward their master's).

Thresholds also creates internal promotional opportunities by developing one or two new programs each year (e.g., the recently established Veteran's Outreach program). Staff members who show potential for advancement are encouraged by supervisors and others in leadership positions to seek promotions and/or attend school or become licensed so they can advance within the agency. In some instances, staff may be encouraged to change their career path. For example, some clinicians have strong administrative skills and may be better suited for careers in those functions.

But perhaps the best way to understand how Thresholds has promoted the careers of front-line workers is to examine their personal stories.

Debbie Pavick's Story—Debbie started at Thresholds 30 years ago as a Community Support Worker, the lowest rung on the direct care career ladder. Today, she is Senior Vice President of Clinical Operations. Years of mentoring and support for her educational goals, coupled with her natural abilities as a leader, made it possible for her to advance to the organization's senior leadership team. Because she has worked in direct care and supervisory positions at many levels within the agency, she knows the agency's work in intimate detail. This has helped her to connect with line staff and be responsive to their needs.*

"I've been very fortunate. What kept me here is that I've always had smart, compassionate bosses—people I could learn from and whom I admired, who also cared for me as an individual. In this agency, I've had so many opportunities to grow. Often, I didn't even recognize that I could do it. If it hadn't been for my supervisors, I wouldn't have even thought I could take the next step in assuming leadership responsibility."

—Debbie Pavick, Senior Vice President of Clinical Operations

** In March 2011, Tony Zipple announced his plan to become Executive Director of a large non-profit human services agency in Kentucky. Debbie Pavick will serve as Acting CEO at Thresholds.*

Michael Williamson's Story—With his interest in becoming a psychologist and eight years of experience as a Community Support Specialist at Thresholds, Michael has a bright future ahead. He is currently working full-time at Thresholds and taking a full course load at Chicago's Argosy University. When asked how he does it, he responds, "I'm organized. You've got to be organized." Although budget cutbacks in 2008 forced Thresholds to suspend its longstanding tuition reimbursement policy, the agency remained committed to helping staff pursue job-related educational goals. Williamson was granted a flexible work schedule and has been given lots of encouragement from supervisors and coworkers. Frequently, in team meetings, he is asked to discuss how materials from his college classes pertain to clinical events occurring on the job. This has helped consolidate his learning process and enrich both school and work experiences.

"When I first started at Thresholds, I didn't have a good strategy for helping people. But now I've got the training. I've seen people who were not working and getting high, who are now working and not getting high. It's a blessing—to see people take what you give them and make it part of their lives. It's a beautiful thing."

—Michael Williamson, Community Support Specialist

Dennis Crosby's Story—Using evidence-based practices can also serve as a recruitment tool, helping to attract the best and the brightest. This is exemplified by Dennis, who started work at Thresholds two years ago while working on his master's in forensic psychology. Now, Dennis has completed his master's and has become Team Leader in the Justice Program, a specialized service for people with serious mental illnesses who have involvement in the criminal justice system.

"I came to this agency because I wanted to get more hands-on training with the things I was studying in school. It took me about eight months to get the job here, but I was persistent. I had heard about Thresholds, and I knew that's where I wanted to work."

—Dennis Crosby, Team Leader, Justice Program
Shown at the Irving Park "L" station in Chicago

Employee Compensation and Staff Retention

In addition to its efforts in support of educational and career development among its employees, Thresholds strives to offer competitive salaries, bonuses and other benefits. After some belt tightening in its employee compensation package in 2008, in October 2010, Thresholds awarded bonuses in the amount of 2 percent on base wages up to $50,000, and 1.5 percent on base wages above that level.

When announcing the bonuses, Zipple told his staff, "I am humbled by your dedication and commitment. I thank you for all your efforts to help our members reclaim their lives. You are really the best!"

As another means to improve staff retention, in late 2009, Thresholds began offering cash incentives to line staff who met productivity goals and timely filing requirements. Direct care staff who achieved 100 percent of their monthly goal received an additional $100 in their paycheck. The incentive increased to $150 for those who achieved 110 percent of their target. For entry-level staff, the incentive increased their paychecks by five to seven percent. Each month, about 28 percent of staff met productivity and timely filing requirements. The average incentive was $117.

"This is a way of giving something back in return for your efforts."

—CEO Anthony (Tony) Zipple, announcing annual bonuses to staff

This commitment to helping employees learn and grow has not gone unnoticed. During each of the past five years, Thresholds has received an award as one of Chicago's 101 Best and Brightest Companies to Work For.

Full-Time Employee Benefits

- **Medical**
- **HMO** (Individual—employer pays 78%; Family—employer pays 72%)
- **PPO** (Individual—employer pays 70%; Family—employer pays 60%)
- **Dental**
- **Vision**
- **Flexible Spending Accounts** (covering health care and dependant care)
- **Basic Life and Accidental Death and Dismemberment Insurance**
- **Optional Life Insurance**
- **Long-Term Disability**
- **Legal Plan**
- **Auto and Home Insurance Discount**
- **Pre-Tax Transportation Program**
- **403(b) Retirement Savings Plan**
- **401(a) Defined Contribution Plan**
- **Employee Assistance Program**
- **Time-Off Benefits** (vacation/sick/personal days and holidays)

Thresholds - Bridge West Community Support Team, recognized as Team of the Year at the annual awards dinner

BETTER SERVICES

Based on advice from the developers of IDDT, Zipple asked his senior staff to implement a system designed to evaluate the extent to which Thresholds was adhering to IDDT "fidelity" requirements. This fidelity measurement system assesses compliance with 12 organizational characteristics and 13 treatment dimensions that research has shown are necessary for successful IDDT implementation. For example, treatment measures check whether staff used motivational interviewing, provided psycho-education to family members regarding dual diagnosis and offered services on a time-unlimited basis.

Thresholds collected baseline fidelity data and then provided supervisors and line staff serving on outreach teams with frequent feedback on their performance. These fidelity measures became "instrumentation on the dashboard," helping to guide outreach teams toward better quality care and improved client outcomes. Soon, rivalry developed, as teams began competing to outdo one another on fidelity scores.

Fidelity Assessment Scores—Thresholds IDDT Teams

Thresholds IDDT Team	Baseline	Six-month	12-month	Δ from Baseline	Percent Change
Original Teams					
Team 1	2.43	2.82	2.75	0.32	13%
Team 2	2.14	2.85	3.10	0.96	45%
Team 3	2.14	2.70	2.92	0.78	36%
Team 4	2.21	2.64	2.89	0.68	31%
Team 5	2.18	2.82	3.04	0.86	39%
Team 6	2.50	3.70	3.70	1.20	48%
Mean	**2.27**	**2.92**	**3.07**	**0.80**	**35%**
New Teams					
Team 7	2.50				
Team 8	2.71				
Mean	**2.60**				

Note: *Fidelity scores shown here include baseline, 6-month, and 12-month assessments for the six original teams at Thresholds. These data reveal an average increase of 35% (range 13% to 48%) over baseline. IDDT scores range from 1 to 5, with higher scores meaning greater fidelity. Each score is the average of 14 subscale scores. Given the difficulty of implementing IDDT, scores of 3 or higher, in a non-research setting such as Thresholds, are desirable. Baseline data (shown above) have also been collected on two new teams. Each of the eight teams has an average of six direct care employees. To date, a total of 50 staff have been trained.*

In addition to fidelity score increases, client/member outcome measures regarding homelessness, employment and engagement in IDDT services continue to improve. Staff also report they experience reduced workplace stress and more meaningful interactions with members due to ongoing IDDT training and the supportive supervision they receive.

The Cultural Connection

High-quality training is not the only thing that enables Thresholds to achieve positive outcomes. The agency also recognizes the importance of employing people whose racial/ethnic backgrounds reflect those of the community it serves. As can be seen in the following table, the staff composition at Thresholds is similar in important ways to its members and to the overall population of Chicago.

Comparison of Racial/Ethnic Composition			
Race/Ethnicity	**Chicago (city)**	**Thresholds Staff Members**	**Thresholds Members**
White	42%	44%	44%
Black or African American	37%	48%	52%
Asian	4%	4%	1%
Mixed or other	17%	<1%	3%
Hispanic/Latino (of any race)	26%	4%	8%

Text Message from Thresholds Senior Psychiatric Consultant Mark Amdur, MD, to front-line worker Matthew Christensen

From: Amdur, Mark
Sent: Tuesday, November 09, 2010 2:01 PM
To: Christensen, Matthew
Subject: The miracle of Pete K

Matt—Pete K came today for his scheduled visit. HE HAD GOTTEN A HAIR CUT!!!! Absolutely remarkable! He attributes the hair cut to your encouragement. Great work—really, I mean it. Restores my belief in the potential for change. Oh—and he also started a job… Please feel free to forward this e-mail of commendation to your supervisor… dr. amdur

BETTER BUSINESS

"Yes, things have changed in a big way. We're in a [Medicaid] fee-for-service environment now. We know we've got to focus on productivity, and that can have a downside. The risk is that staff may feel like their only purpose is to generate more revenue. Well, the truth is we've got to have a focus on revenue, because if we don't, we won't survive. That said, we've been able to strike a balance by maintaining a strong emphasis on supporting our staff as people while making sure they have the tools they need to provide quality services to our members."

—Debbie Pavick, Senior Vice President of Clinical Operations

Under the old grant-based system, monitoring of service delivery at behavioral health agencies in Illinois had been relatively lax. The switch to Medicaid payments required that services be measured and billed in 15-minute increments and stringent documentation standards be met. IDDT training helped by focusing staff on goal-oriented interventions, a requirement in documentation for Medicaid billing.

At the outset, fee-for-service billing caused worry and confusion among direct care staff. Thresholds leadership had to reassure them that, while the change was indeed significant, all other behavioral health agencies in Illinois were going through the same change, and training and support would be provided during the transition. Soon, the discussion returned to a primary emphasis on how the agency would continue providing high-quality clinical services.

With a new mindset about the challenges ahead, staff began devising strategies to enhance productivity within a framework of quality care. For example, each outreach worker was outfitted with a netbook-type computer, enabling them to document services and gather information needed for assessments, treatment planning and billing while on field visits. This was especially important because 86 percent of their services were delivered in community settings, not in the office. The computers, coupled with training on documentation requirements, reduced unnecessary travel and improved results on Medicaid audits.

Thanks to its employee support efforts, Thresholds has a relatively low annual staff turnover rate (less than 25 percent). Nearly 40 percent of the staff has been with the agency six years or more.

"Our staff recognizes that they are part of something special," says Zipple. "Our training on the evidence-based practice toolkits provides them with a common language for describing and resolving problems they encounter. This, coupled with supportive supervision, helps them feel more confident and less vulnerable as they deal with tough situations they encounter nearly every day. The more rewarding we can make their [front-line staff] work, the better able we are to retain them."

Finally, in addition to strengthening its staff preparedness, Thresholds believes IDDT has given it a competitive business advantage. Although comparative data are not available, Thresholds bases this assertion on the following:

- It is well established that people with a dual diagnosis are less likely to adhere to recommended treatments and are more prone to relapses, hospitalizations, homelessness and involvement in the criminal justice system than people with a major mental illness alone (Drake & Brunette, 1998).[1]
- As a result of their increased use of acute care services, it is no surprise that people with dual disorders incur higher treatment costs than singly diagnosed individuals (Dickey & Azeni, 1996).[2]
- IDDT has been shown to reduce substance use disorders in multiple controlled trials (Drake & O'Neal, 2008), compared with non-integrated treatments.[3]
- Organizations that implement high-fidelity IDDT can expect to be more effective at reducing substance abuse among people with severe mental illnesses and associated negative outcomes, leading to reductions in treatment costs.
- Since treatment agencies bear some (if not all) of the costs of treatment, organizations that are more effective at treating dual disorders (i.e., have higher IDDT fidelity) may be expected to be more economically efficient, also making them more competitive in the marketplace of health provider organizations.

As is shown in the table below, over the past four years, Thresholds has shown increased ability to meet its service revenue goals. This tends to support the validity of its development efforts regarding workforce, business and service quality.

Attainment of Service Revenue Goals	
Year	Percent of Goal Achieved
2007	97%
2008	99%
2009	105%
2010	107%

1. Drake, R. E., & Brunette, M. F. (1998). Complications of severe mental illness related to alcohol and other drug use disorders. In M. Galanter (Ed.), Recent Developments in Alcoholism: Consequences of Alcoholism (Vol. 14, pp. 285-299). New York: Plenum Publishing Company.

2. Dickey, B., & Azeni, H. (1996). Persons with dual diagnoses of substance abuse and major mental illness: Their excess costs of psychiatric care. American Journal of Public Health, 86, 973-977.

3. Drake, R. E., O'Neal, E., & Wallach, M. A. (2008). A systematic review of psychosocial interventions for people with co-occurring severe mental and substance use disorders. Journal of Substance Abuse Treatment, 34, 123-138.

Conclusion

Thresholds is poised to expand use of embedded consultants as it develops future plans for smoking cessation, integrated medical and mental health care, employment services and other programs that focus on the needs of members with mental illnesses and criminal justice involvement. As it does this, the agency will continue to place heavy reliance on internal resources, thereby creating more advancement opportunities for its staff.

The majority of direct care staff members at Thresholds are unlicensed and hold a bachelor's degree or less. Yet, the agency is an excellent example of how internal promotional opportunities, supportive supervision, encouragement regarding employee pursuit of educational goals and in-vivo training using evidence-based practices can advance the careers of front-line staff, while simultaneously improving service outcomes and strengthening a behavioral health organization.

When embedded consultants are used to implement evidence-based practices, the transfer of learning seems more complete, more relevant and better utilized. In combination, supportive supervision, recognition of employee effort with awards, incentives, and bonuses, and use of evidence-based practices appear to galvanize staff teams into effective work units, which in turn benefits service recipients and the employer.

These are difficult times for behavioral health organizations. Cutbacks in state funding, the burden of administrative and managed care requirements, and changes in reimbursement methods have made it vital that behavioral health agencies focus on productivity and revenue. The challenge is how to do this without causing staff burnout, reducing the quality of care, or jeopardizing the well-being of staff or people receiving services.

Thresholds' success in improving outcomes for it members, creating better jobs for front-line staff and maintaining a sound financial foundation in changing times can serve as a model for other behavioral health agencies that share Thresholds' vision of recovery.

Behavioral Health Pacesetter Award
in Support of Direct Care Workers

Better Jobs, Better Services, and Better Business

In March 2010, The Annapolis Coalition on the Behavioral Health Workforce released a national Call for Nominations for the Behavioral Health Pacesetter Award as part of its continuing efforts to identify and support exemplary workforce practices in community-based behavioral health. The Pacesetter competition is the result of a partnership between **the Annapolis Coalition** and **the Hitachi Foundation** and represents the shared desire of both organizations to improve conditions for direct care workers.

An important part of this initiative is to develop the business case for supporting lower wage employees, many of whom are unlicensed staff who hold a bachelor's degree or less, but who provide essential client services on a day-to-day basis. This initiative, created under the banner "Better Jobs, Better Services, and Better Business," is meant to focus national recognition on organizations engaged in best workforce practices.

The Annapolis Coalition received 51 nominations for the award from mental health and substance use treatment and support organizations throughout the United States. In June 2010, the Coalition convened four evaluation teams comprised of subject matter experts in behavioral health to begin the process of reviewing applications. The teams sought to identify workforce practices that:

- Strengthen business performance and bottom line results, and;
- Improve work-life, skills, and economic advancement among direct support employees, and;
- Improve client outcomes based on the organization's delivery of high quality services and supports.

The field of applicants was narrowed to a small number of finalists. This case study showcases one of those finalists and reveals details of exemplary workforce practices.

About The Annapolis Coalition:
The Annapolis Coalition is a non-profit organization dedicated to improving the recruitment, retention, training and performance of the prevention and treatment workforce in the mental health and addictions sectors of the behavioral health field. As part of this effort, it seeks to strengthen the workforce role of persons in recovery and family members in caring for themselves and each other, as well as improving the capacity of all health and human service personnel to respond to the behavioral health needs of the individuals they serve. The Coalition is celebrating its 10th year as the nation's leader in strategic planning regarding the behavioral health workforce; advisor to federal agencies and commissions on workforce issues; and provider of technical assistance to states and non-profit organizations on practical workforce development quality improvement initiatives.

About The Hitachi Foundation:
Hitachi Foundation is an independent nonprofit philanthropic organization established by Hitachi, Ltd. in 1985. Its mission is to forge an authentic integration of business actions and societal well being in North America. The Foundation's strategic focus through 2013 is on discovering and expanding business practices that create tangible, enduring economic opportunities for low-wealth Americans, their families, and the communities in which they reside—while also enhancing business value. At its core, the Foundation is on a path toward discovery, committed to investments that enhance what society can learn about socially sustainable business practice and corporate citizenship.

This report was prepared by the Annapolis Coalition on the Behavioral Health Workforce. The report was authored by Wayne F. Dailey, PhD, project coordinator for the Behavioral Health Pacesetter Award, an initiative sponsored by the Annapolis Coalition in partnership with The Hitachi Foundation.
"Better Jobs, Better Services, Better Business"