



Behavioral Health

Pacesetter Award

in Support of Direct Care Workers

BETTER JOBS
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***Pacesetter Case Study:
Mosaic Community Services - Chesapeake Connections
Baltimore, Maryland
2011 Pacesetter Award Program of Merit***

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



Chesapeake Connections

Surviving and thriving are not terms often used in the same breath when describing inner-city mental health programs that serve people with the most severe psychiatric illnesses, but Denise Chatham at Mosaic Community Services in Baltimore can claim some success with both. Chatham is director of Mosaic’s Chesapeake Connections, a community-based program that offers a variant of assertive community treatment for 166 people with schizophrenia and other psychotic disorders, most of whom live within blocks of the city’s historic Penn Station. Clients in the program are called “members” and about half come directly from Maryland state hospitals, while the rest are people already living in the community who have had multiple psychiatric hospitalizations and have not succeeded in other community programs. For them, Chesapeake Connections is their lifeboat. Chesapeake’s programmatic culture is part of its success formula—an emphasis on workforce development, coupled with a unique blend of quirky rituals and family-like cohesiveness within treatment teams.

Chesapeake has 46 full-time direct care workers who operate in three teams, each with a specific focus: Team 1 serves older members, Team 2 has more members living independently and Team 3 supports recovery from both psychiatric and substance use conditions. Eighty-five percent of the program’s staff members are women, two-thirds are African American and nearly 80% are unlicensed and hold a bachelor’s degree or less.



Dr. Effie, Team Psychiatrist (left) with Denise Chatham, Director, Chesapeake Connections

While the challenges of serving people with severe mental illnesses in a large city that struggles with budget problems are not to be underestimated, Chesapeake Connections has also been swept up in major organizational changes. At the time of its application for the Behavioral Health Pacesetter Award in May 2010, Chesapeake Connections was part of North Baltimore Center, a community-based mental health agency in operation since 1969. But after several years of serious financial problems that left it faced with a choice of merger or closure, the agency agreed to become part of Mosaic Community Services. Because Chesapeake Connections and other North Baltimore Center programs were vital to the survival of so many people with severe mental illnesses, Baltimore simply could not allow them to fold.

Leveraging its strong financial position, Mosaic had gone through four mergers in five years. Mosaic's Executive Director, Jeff Richardson put it this way: "The math of what we're dealing with here is clear—rates have remained relatively flat, while our costs keep going up. So, in order to protect vitally important community services, we've had to reduce overhead and fixed costs as a percentage of our total budget. To do that, we had to get bigger."

Fortunately, only three employees lost their jobs as the 170 full-time North Baltimore Center workers were absorbed within Mosaic (which now has nearly 600 staff members), but there was plenty of anxiety to go around. After learning that their jobs were secure, Chesapeake staff members worried about whether they would be able to maintain their programmatic identity following the merger. In retrospect, the distinctive identity Chatham had been cultivating at Chesapeake would prove helpful, not only for the program's survival, but also for its ability to continue providing quality services while the merger took place.

So, how did this happen? There were two protective factors involved, one financial and the other the result of workforce development within Chesapeake Connections and throughout Mosaic.

Impact of Financing Mechanism—In 1986, the City of Baltimore received a five-year grant from the Robert Wood Johnson Foundation to establish the Baltimore Mental Health System, Inc. (BMHSI), a private-nonprofit local mental health authority that would serve as a model for many similar entities established throughout the nation. Since its inception, BMHSI has focused on expanding behavioral health services, improving continuity of care, developing affordable housing, creating financial incentives for better care and promoting community acceptance of people with mental illnesses through public education.

BHMSI created Chesapeake in 1993 as a pilot program supported by a capitated funding mechanism that was designed to support flexible services for people with severe mental illnesses. Under the capitation arrangement, the program would receive a fixed, per-member, per-month fee (currently \$2,410) to provide all community-based psychiatric services needed by each member and assume risk for any costs above that amount if a member was hospitalized or seen in an emergency department for psychiatric care. Chesapeake would operate teams comprised of a psychiatrist, team leader, case managers and other specialists (including vocational, social recreation, substance abuse, housing and entitlements workers) who were given broad latitude to “do whatever it takes” to assist members. In other words, rules and guidelines normally associated with services provided to this population were set aside, giving the program wide flexibility to use non-traditional strategies to help members. This also made it possible to hire case managers (and other direct care workers), with the objective of creating a match between staff and members. Chesapeake began to recruit and promote staff based on characteristics like resourcefulness, tenacity and unflappability, rather than on the usual academic credentials.

During the merger with Mosaic, Chesapeake Connections was seen as an asset because, unlike other programs at the former North Baltimore Center that were losing money, the Chesapeake program generated an operating surplus. Additionally, Mosaic, which ran mostly grant or fee-for-service-supported programs, wanted to learn more about the impact of capitated funding on program operations, in anticipation of future movement toward that payment method within the behavioral health field. Thus, capitated funding acted as a protective cocoon for Chesapeake during the merger.

Impact of Workforce Development—Upon arrival at Chesapeake Connections in 2003, Chatham began strengthening the program’s workforce by promoting training, skill building, educational and career advancement, and support for a tight-knit community atmosphere within the workplace. Her philosophy was simple: “If we take care of our staff, everything else will follow.” She focused on several themes:

Slogans for Success—Chatham promoted what she described as “CHAOS Theory for Creating a Strong Staff Community” and spent time in staff meetings modeling and reinforcing each element.

C = Communication: The more we share what’s going on and the more transparency we create, the better we’ll be able to do our jobs.

H = Humor: Having a sense of humor helps relieve stress and keeps us moving in a positive direction.

A = Adaptability: Being flexible is the only way we can keep up with all of the changes around us without becoming overwhelmed.

O = Open-Mindedness: Being willing to consider doing things differently helps us to best meet the needs of our members and the program.

S = Solidarity: Our sense of community is everything; if we stand together as members and staff, we can tackle any problem that comes our way.

Voice Equalization—Chatham empowered front-line staff by listening to and supporting their ideas about how to assist individual members and improve program services. This helped dissolve hierarchical relationships between degreed and non-degreed employees and modeled the style of active listening that came to guide staff interactions with members.

Educational Advancement—Chatham and her clinical coordinator, Susan Fleischmann, encouraged the educational aspirations of direct care workers, gave career advice and granted flexible schedules to facilitate school attendance. Educational advancement was also assisted by Mosaic’s policy of encouraging all staff members to participate in psychosocial rehabilitation training at the Community College of Baltimore at no charge to the employee. At present, six Mosaic staff members are expected to complete the two-year certification program by September 2011 and will receive a \$0.50-per-hour raise.

Kudos and Rituals—Praise for the hard work of employees and recognition for their willingness to provide mutual assistance became an important part of weekly staff meetings. Additionally, corny rituals were incorporated into day-to-day business. For example, Beanie Baby turtle dolls nicknamed Zip and Zoom were awarded each week to two staff members who had gone the extra mile in helping a program member or co-worker, and new employees would be asked to sing at their first staff meeting. They were told, “We’d like to welcome you, and the way we do that is to ask you to sing.” These seemingly silly activities created extraordinary camaraderie and cohesion among the program’s workers, which program staff and leadership felt led to improved care for members. “We can’t prove it, but we do feel that the sense of community within the program makes for better outcomes for the people we serve,” says Chatham.

Experiential Interviews—Role playing was incorporated into employment interviews to help guide the selection of direct care staff. In one scenario, Fleischmann would play the role of a member who was angrily demanding to be discharged from the program. The job candidate’s reaction would be assessed and follow-up questions would be used to evaluate the candidate’s comfort level in dealing with this type of situation.

Career Advancement—In order to provide opportunities for advancement, Chesapeake added Team Leader and Senior Team Assistant to the program’s career ladder, each with a salary increase (see chart on p. 8). “At any given moment, every case manager is being groomed to take the next step up,” says Fleischmann.

In addition to Chatham’s efforts within Chesapeake, Mosaic provides workforce support to employees across the agency. For example, Mosaic has a well-defined employee training program for new hires and offers ongoing training for existing staff. The agency also pays tuition reimbursement up to \$300 per semester for job-related education and has access to continuing education unit and continuing medical education courses for licensed and certified employees through its affiliation with the Shepard Pratt Health System in Baltimore.

Employee Benefits	
	Percent Paid by Mosaic
Health Insurance	84%
Prescription Plan	48%
Dental Insurance	6%
Short-Term Disability	100%
Long-Term Disability	0% (voluntary)
Life Insurance	0% (voluntary)
Section 403(b) Retirement Plan	Up to 3% match added to employee contribution
Paid Annual Leave	<ul style="list-style-type: none"> • 0 to <3 yrs: 22 days/yr • 3 to <5 yrs: 27 days/yr • 5 to <7 yrs: 29 days/yr • ≥7 yrs: 31 days/yr

Service Outcomes—As a result of its efforts, Chesapeake Connections has helped many seriously disabled people move toward recovery from mental illnesses and is highly regarded by its funding agency.

“We think they provide excellent quality care,” says Steve Johnson, Associate Director for BMHSI. “The staff work very hard and, as a result, are able to achieve better outcomes for their clients, some of whom have not done well in traditional outpatient treatment settings.”

Program outcome data show that Chesapeake successfully reduced hospitalizations in 95% of its members. Other performance indicators also reveal positive outcomes:

- <1.7 psychiatric hospital days have occurred per member per year for six years.
- 63% of members live independently.
- 34% of members participate as volunteers, work or attend school.
- 36% of members regularly attend groups or skill-building classes.
- 56% of members who have had active substance abuse achieved one year or more of sobriety, and 33% reduced substance use after program enrollment.
- An independent evaluator recorded member satisfaction at 88%.

Homelessness rates have been negligible among members during the past three years, and housing retention rates have held at more than 90%.

BMHSI has given Chesapeake an overall annual performance evaluation score of 93% for the past six years.

Staff Retention—Stability of the workforce is also a factor in Chesapeake’s success, and although Chatham readily admits the program is often “a stepping stone to better-paying jobs elsewhere,” staff retention rates have been relatively good—the last six team assistants averaged 6.5 years of employment, and 59% of case managers have worked for Chesapeake for two to seven years (average of 2.7 years).

Perhaps the best way to illustrate the impact of workforce development at Chesapeake is through the stories of its front line workers.

Tasha Pope’s Story—Tasha Pope started at Chesapeake six years ago as a case manager. Since then, she has been promoted twice, first to team leader (a new position created by Chatham five years ago) and then to team coordinator (see salary chart below).

“I really enjoy working here,” says Pope. “In part, because they’re very flexible and understanding about things we deal with on a day-to-day basis in our family life. For example, if I have to pick up my child who has become sick at day care, or if I get a flat tire on my way to work, they’re OK with it. The fact that I’ve been promoted means a lot to me. Knowing your effort is being acknowledged and that you’re being rewarded makes me want to stay and work that much harder.”



Tasha Pope, Team Coordinator

Use of Non-Traditional Methods

Capitated funding gives the provider broad latitude in the selection of therapeutic interventions.

“We had a member who was very psychotic and aggressive, even on medications. He was also very intelligent and had a passion for rap music. He could rap about anything; his songs were very creative. As a way of engaging him in treatment and getting his aggressiveness under control, we bought him studio time to record a rap CD. He was very happy about being able to display his artistry, and we were able to show him that he was more than his illness. He learned that he had something to offer and could give back for things he had received. This was the beginning of a therapeutic relationship.”

—*Tasha Pope, Team Coordinator*

Keisha O’Neill’s Story—Although she was hired in 2009 as case manager, Keisha O’Neill aspired to become a therapist. Today, O’Neill is working as a therapist at Chesapeake, helping to run a women’s group and providing services to members with co-occurring psychiatric and substance use problems. She is also working toward a master’s degree in applied counseling at the University of Baltimore and expects to sit for her licensing exam later this year.

“When I had to conduct research for class, meet with my supervisor or prepare for an exam, Chesapeake gave me support and flexible scheduling,” says O’Neill. “It showed me that they really appreciate the value of an education. The fact that they’ve helped so much in supporting my educational goals says a lot about who I’m working for. It helps to keep me here. If it hadn’t been for their willingness to support my educational goals, I probably would have left, because my education means that much to me.”



Keisha O’Neill, Therapist

Career Ladder at Mosaic’s Chesapeake Connections Program (Team Positions Only)		
Position Title	Entry-Level Annual Wages (Based on 2,080 hours/yr)	Number of Staff Members
Team Coordinator	\$40,019	3
Team Leader	\$30,430	3
Case Manager	\$29,266	19
Team Assistant	\$25,376	6

Conclusion

A combination of capitated funding and attention to workforce development and team building helped Chesapeake Connections weather the stressors of merger while continuing to provide quality care. Much of what was done to support program staff occurred at little or no cost to the agency. Instead, creative recruitment, skillful supervision and use of seemingly silly support techniques, coupled with opportunities for educational and career advancement, gradually forged strong relationships between staff, which paid dividends as positive outcomes for people receiving services. Chatham took care of her staff, and everything else followed.

Capitated funding and freedom to use these funds in virtually any manner necessary to assist a member shifted the emphasis away from myriad regulator requirements that typically encumber fee-for-service programs. This enabled Chesapeake to focus on client outcomes, select staff well-suited to individual members and be creative in solving programs that might have otherwise become barriers to recovery.

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”***