



Behavioral Health

Pacesetter Award

in Support of Direct Care Workers

BETTER JOBS
BETTER SERVICES
BETTER BUSINESS

***Pacesetter Case Study:
People Acting to Help (PATH)
Philadelphia, Pennsylvania
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.

PATH(People Acting To Help), Inc.

People Acting to Help (PATH) is a leader in Philadelphia's effort to provide high-quality services for children, adolescents and adults with behavioral health conditions and intellectual disabilities.¹ With its complement of 417 direct care workers,² 77% of whom hold a bachelor's degree or less, and an annual operating budget of more than \$32 million, PATH provides services to approximately 2,100 people each year. About 85% of the individuals who receive services at PATH are in its behavioral health division, while the remaining 15% obtain services for intellectual or developmental disabilities.

In recent years, PATH has played a significant role in the transformation that is occurring in Philadelphia's behavioral health system. Here is the story of how PATH got ready to play this role and how its focus on workforce preparation has helped its front-line workers, its service recipients and its vitality as a business entity.

In November 2004, Arthur C. Evans, PhD, became director of Philadelphia's \$1 billion-per-year publicly funded service system for people with behavioral health conditions and intellectual disabilities. Before accepting the City position, Dr. Evans had served as deputy commissioner of mental health and addictions in Connecticut, where he played a major role in creating a statewide network of recovery-oriented care for people with psychiatric and substance use conditions and had seen firsthand the advantages of this approach. Shortly after arriving in Philadelphia, Dr. Evans started a local dialogue to generate interest in recovery-oriented care. This was the beginning of a transformation process in Philadelphia's behavioral health system that started with psychiatric day treatment programs³ and soon encompassed other services. With significant input from Philadelphia's many stakeholders, several innovative models of recovery-oriented care were drafted as guidance for a request for proposals (RFP) issued by the City.

PATH, one of Philadelphia's largest providers of psychiatric day treatment services, responded to the RFP and was selected as one of three agencies to lead the City's transformation effort. PATH had already taken significant steps to prepare its workforce by convening taskforce groups to study and resolve internal operational problems and, as a result, was well positioned to take advantage of the opportunity.

¹ PATH's programs are grouped in two major divisions: (1) behavioral health services for individuals with psychiatric and substance use disorders, and (2) intellectual disabilities services for people with significant limitations in intellectual functioning and adaptive behavior (e.g., social, educational and vocational domains) that originated prior to 18 years of age.

² PATH has a total workforce of 512 staff members, including 398 full-time employees. Ninety five staff members are employed in supervisory or support functions.

³ Day treatment programs are also called "partial hospitalization" and "partial-day treatment" and offer a less intensive "step-down" or alternative to inpatient care for people with severe and persistent psychiatric disorders or co-occurring mental illnesses and substance use problems who need a highly supportive service environment.

People Acting to Help (PATH)

PATH's behavioral health division includes 207 employees, assigned to:

- **Crisis Services**—Providing assessment, evaluation, crisis intervention and stabilization, and liaison with inpatient psychiatric facilities.
- **Medical Services**—Evaluating the need for medication, as well as monitoring and adjusting medications to achieve maximum effectiveness.
- **Case Management**—Helping people adjust to community living by providing supportive counseling, assessment of needs and service planning, and by linking the individual to appropriate community resources and services.
- **Specialized and Transitional Residential Care**—Including residential services for young men.
- **Outpatient Treatment**—Including services for adults; a specialized outpatient program for children, adolescents and families; and a second outpatient program that serves Philadelphia's large Russian-speaking population.
- **Renaissance**⁴—A program that offers day treatment and rehabilitative day programming for individuals with some of the most complex and difficult-to-treat mental illnesses, like schizophrenia, bipolar disorder and other psychotic disorders.
- **School-Based Services**—Including a comprehensive treatment team that serves youth attending alternative education programs.
- **Family-Based Services**—Providing in-home family therapy and case management support for children and youth who are at risk of out-of-home placement.

Comparison of Traditional vs. Transformed (Recovery-Oriented) Day Treatment Models

Dimension	Traditional Program	Transformed Program
Expectation for individual improvement	Relatively low/prevent deterioration	Tangible progress toward recovery
Treatment setting	Quasi-institutional	Active integration into community and social settings
Approach to care	Focus on controlling psychiatric symptoms	Focus on client strengths, preferences and rehabilitation
Locus of treatment control	Therapist	Individual receiving services
Family involvement	Little or none	Strongly encouraged

⁴ PATH's Renaissance program was at the center of the effort to transform day treatment services in Philadelphia.

Preparing the Agency's Workforce for Transformation

Elizabeth (Betty) Andl-Petkov is CEO at PATH and has been with the organization for 32 years. During this period, she has seen a gradual decline in the educational preparation of job applicants.

“Years ago, nearly all of our applicants in the behavioral health division had at least a bachelor’s degree, and many were master’s prepared or above,” says Andl-Petkov. “Today, there’s a mix of people with a BA or high school diploma. Even those with a college degree typically lack practical skills and have little idea about what it’s like to work in behavioral health. Additionally, most candidates for employment in our programs for people with intellectual disabilities are high school graduates. Because our new recruits have less education, one of our major challenges has been training them at work and encouraging them to continue their formal academic studies.” Andl-Petkov also recognized there was greater turnover among less prepared staff. This raised questions about how the lack of preparation may have contributed to increased stress and frustration among these fledgling workers.

To remedy its workforce preparedness problems and ensure delivery of quality care, PATH decided to provide training in the use of evidence-based practices, such as cognitive behavioral therapy, motivational interviewing, and illness management and recovery. BA-level employees in PATH’s Renaissance program have also been trained as psychosocial rehabilitation specialists, using an evidence-based model developed by William A. Anthony, PhD, at Boston University’s Center for Psychiatric Rehabilitation. This approach to rehabilitation emphasizes consumer empowerment and community inclusion, including involvement in employment (or volunteer work), education, recreation and participation in social activities.

Additionally, Renaissance added new positions for certified peer specialists (CPS)—people in recovery from mental illnesses who were specially trained to assist individuals in developing Wellness Recovery Action Plans⁵ and mental health advance directives.⁶ CPS staff also inspired program participants, family members and other program staff with their personal stories of recovery, and creative ideas about how to overcome the disabling effects of mental illnesses.



**Elizabeth Andl-Petkov,
CEO, People Acting to
Help (PATH)**

5 Wellness Recovery Action Planning (WRAP) is an evidence-based practice developed by Mary Ellen Copeland, PhD, that empowers people to take better control of their mental illness, reduce symptoms and prevent relapse by planning for stressful situations, improving diet and exercise, and using social networks and other community supports.

6 Mental health advance directives are plans and instructions developed by persons with serious mental illnesses that specify their preference and goals for the handling of future crisis situations or recurrences of acute psychiatric symptoms when they may lose capacity to give or withhold informed consent for treatment.

Andl-Petkov and her board of directors recognized the critical link between retention of qualified staff and quality of care. “Development of therapeutic relationships between staff and individuals receiving services is essential to the recovery process,” she says. “You can’t build these relationships when staff is constantly turning over. Because of that, we’re very careful about selecting the right people to perform direct care work, and we spend a lot of energy on supporting them once they’re here.”

Based on their review of the research literature, Andl-Petkov and PATH Behavioral Health Director Dorothy (Dottie) Lynch concluded that they could improve staff retention by ensuring that job candidates had a good preview of their duties before accepting a position. To achieve this, PATH developed and purchased video recordings of front-line workers who spoke about what it was like to work with people with behavioral health conditions or intellectual disabilities and described their day-to-day activities. PATH also developed a recruitment and retention task force, which recommended the creation of:

- **Standardized Interview Questions**—Carefully planned interview questions were written to assess job candidate readiness for working with people with disabilities and reduce unwanted variability in the job interview process.
- **Focused Advertisements**—Job ads were created that focused on the personal characteristics, level of commitment and values needed for successful employment at PATH.
- **Job Testing**—A process was developed to assess mathematical skills (e.g., those needed to assist individuals with budgeting) and writing skills (needed for record keeping and documentation).
- **Revised Orientation Process**—Detailed orientation materials were developed describing the array of services offered at PATH, and a bus tour was used to help new employees grasp the scope of PATH’s operations, which encompass 68 program sites.

Andl-Petkov and her leadership team also concluded that the ongoing relationship between direct care workers and their supervisors was the most critical variable affecting staff retention. This led to a major emphasis on preparation of managers and supervisors for their duties. PATH again created a task force to study the issue and make recommendations. As a result, several steps were taken:

Regular Supervision—It was decided that (1) all new outpatient therapists should have at least one hour of supervision each week, (2) supervisors should hold departmental meetings on a regular basis, and (3) reciprocal communications should be encouraged between supervisors and line staff.

Advice for Supervisors—A “Questions and Answers Handbook” was developed to provide practical guidance for supervisors in dealing with a wide variety of potential workforce “irritants” (e.g., how to discuss appropriate attire with an employee, what to do when multiple staff request the same day off). This was not meant as a human resources policy manual but rather as a tool to assist supervisors in making periodic adjustments while maintaining good relationships with their staff.

Supervisor Job Descriptions and Training—PATH (1) developed standardized job descriptions for all supervisors that clearly articulated their responsibilities in managing an effective team to meet PATH’s mission; and (2) established a specialized supervisor training program consisting of five to six sessions (two to three hours each) in which supervisors were taught the importance of communicating to each worker how his/her function contributed to the organization’s overarching goals. Communication of mission-related expectations was done with all employees, from therapists to van drivers and receptionists.

Administrative Support for Clinical Operations—An explicit principle was articulated that administration was meant to support clinical processes within the agency. As a result, a great deal of emphasis was placed on organizing administrative activities (e.g., human resources, data processing and procurement) to minimize burden on clinicians, reduce duplication of effort and to streamline their work.

Transformation of the Renaissance program was also driven by significant input from a stakeholder committee comprised of seven staff members, seven program participants and a family member, and co-chaired by Lynch and a Renaissance participant. This ensured that recovery values were incorporated into every aspect of workforce preparation and operations.

Results of the entire effort and of PATH’s support for career development among its line staff are best communicated in the personal stories of its employees.

Colleen Roberts’ Story—When Colleen Roberts was hired as a support worker (an entry-level case management position) at PATH in 1997, she had just earned her bachelor’s degree in psychology. Today, Roberts has a master’s degree in social work (MSW) from Rutgers University, is a licensed clinical social worker, holds certification as a psychiatric rehabilitation practitioner and is one of four program managers directing operations in the Renaissance program. To meet the training requirements for her MSW, Roberts had to complete two, six-month internship placements.

“I had no problems arranging my internships because PATH allowed me to switch jobs within the agency,⁷” she says. “PATH was very flexible.” PATH also provided the supervision Roberts needed to obtain her professional license. Describing why she has been at PATH 14 years, Roberts says, “People feel valued as individuals; that’s why they stay here a long time.” Roberts’ current supervisor also started at PATH as a student more than 20 years ago.

Finally, Roberts comments on the difficulty of making the transition from her role as a line staff member to supervisor: “The supervisor training I received really made the difference. It helped to improve my confidence and gave me practical resources that I could use. I had a lot of support.”



Colleen Roberts, Program Manager, Renaissance

7 Many master’s-level social work programs require supervised internship placements in positions that are different from the individual’s regular job duties. Typically, this requirement can be met by switching jobs or by working extra hours (e.g., 14 to 20 hours per week) in a second job.

Brenna Wallace's Story—Twelve years ago, Brenna Wallace completed her BA in psychology at Philadelphia's Chestnut Hill College and immediately began searching for a job in behavioral health. Although employment was a pressing need, she also wanted to continue studying toward an advanced degree. She had heard through the grapevine about PATH's excellent reputation as an employer—one that actively supported the educational and career advancement aspirations of its workers. This perception was reinforced during a subsequent job interview: "PATH just felt like a nice fit for me," says Wallace. She was also attracted by PATH's pay scale and employee benefits, which her job quest had revealed were somewhat better than other local organizations.

Wallace started her career with PATH in children's services. During her employment, she pursued a MSW at Temple University. She was able to easily arrange required internships as a PATH employee assigned to the Larkspur Crisis Center program, which at the time was jointly operated by PATH and Friends Hospital. She obtained supervision from a licensed social worker at PATH (some of the supervision was provided during family home visits).

"One of the best things about this place is its supervision," says Wallace. "They made it easy for me to get my degree, and I feel comfortable doing my job." Wallace is well on her way toward her goal of becoming a licensed clinical social worker.



Brenna Wallace, MSW, Family-based Therapist at PATH

With tongue in cheek, Wallace reported, "Every day we deal with stressful and complicated stuff. The supervisors here have an amazing ability to make you feel that you're not stupid."

Maria Storione's Story—Maria Storione started at PATH 14 years ago with a BA in psychology from Temple University. Her first position was in specialized residential services, but she later took advantage of a promotion opportunity and transferred to PATH's traditional day treatment program. When the day treatment transformation task force was established, Storione became an active member.

"I really liked the brainstorming sessions we had about how to move Renaissance to recovery-oriented care," she says. Storione is also grateful for the support she receives from PATH leadership. "This can be a very stressful job. Sometimes our program policies need fixing. If a policy isn't working, I can verbalize my disagreement without fear it will backfire on me. I never have to worry that my advice will be taken the wrong way. I'm a big advocate for the program participants, and I can't be fearful about the backing I'll get from PATH if I'm going to be an effective advocate. I've been fortunate to have great supervisors throughout the years. All of my supervisors have been wonderful."



Marie Storione, Renaissance Direct Services

"I live in South Philly – one hour and 15 minutes commute each way on public transportation, but it's worth it because this is such a supportive work environment."

**Compensation and Career Options
For Direct Care Residential and Case Management Staff**



Among the 69 master's-prepared staff members presently employed in PATH behavioral health programs, 17 (24%) received their advanced degree while working at the agency. Additionally, four of the 12 BA-prepared staff members presently employed in the Renaissance program are actively enrolled in graduate programs.

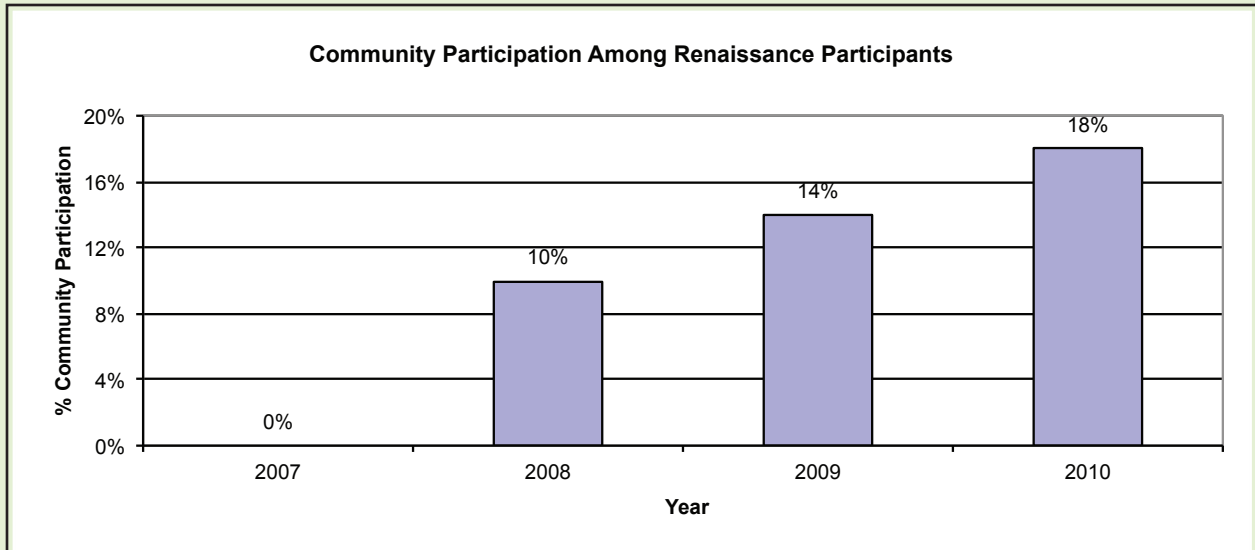
Employee Benefits at PATH

Choice of three health-care plans (depending on plan, 74%–77% paid by employer), which include:

- Medical services
- Prescriptions
- Dental
- Vision
- Retirement plan
- PATH contributes 3% of base salary
- Employee may also contribute funds, and PATH will match 25% for every dollar contributed up to 10% of base salary
- Vesting
 - 2 yrs: 20%
 - 3 yrs: 40%
 - 4 yrs: 60%
 - 5 yrs: 80%
 - 6 yrs: 100%
- Annual salary increase: typically 3%
- Retention bonus based on longevity and availability of funding (these bonuses have been awarded in each of the past 19 years)
- Holidays: 9 days
- Leave time
- Vacation: First year—10 days; Second through fourth year—15 days; Fifth year and beyond—20 days
- Sick days: 12 days per year, to a maximum of 100 days
- Personal days: 4 to 9 days per year, based on longevity
- Flexible spending accounts
- Long-term disability insurance (plus the option to purchase additional insurance)
- Life insurance
- Liability insurance
- Worker's compensation insurance
- Leaves of absence

Participant Outcomes—Prior to Philadelphia's behavioral health transformation initiative, participant activities in day treatment programs, including Renaissance, were based on a traditional model of services that did not include community-based activities. However, community integration has now been adopted as an integral part of day treatment by most organizations.

At PATH, community participation among Renaissance clients increased from none in 2007 to about 18% three years after PATH developed Renaissance and adopted the recovery-oriented rehabilitation model. This exceeded the city's 14% goal for community participation.



Additionally, the City of Philadelphia has compared the effectiveness of traditional day treatment programs with transformed day programs (such as Renaissance) in reducing the number of people seen by crisis response centers. These data indicate a statistically significant decrease in crisis episodes among participants in transformed programs compared with traditional programs.

During a recent interview with Dr. Evans, he praised PATH and its Renaissance program and stated that the newly transformed day treatment programs, which serve a total of 1,600 people each year, had reduced emergency crisis center visits by 38%.⁸ “Since nearly half of all people seen in crisis situations end up hospitalized, it is extremely important to address problems that lead to crises [e.g., disputes with roommates or landlords, substance abuse and criminal justice involvement],” said Evans.” This is an example of how recovery-oriented care is better for the consumer and is saving the City millions of dollars by reducing use of inpatient psychiatric services.” Additionally, the City reported that, in aggregate, its transformed day treatment programs have reduced Medicaid medical transportation by 41%, saving the state nearly \$1 million.

⁸ This reduction occurred for individuals enrolled in the transformed day treatment programs for at least one year.

Business Impact—Despite significant adverse impact of the 2008 national economic recession that caused revenues to decline in most nonprofit agencies,⁹ PATH has maintained relative budgetary stability. The agency’s leadership believes this is due in part to the high quality of its service, supported by its careful attention to workforce preparation and support.

Percentage of Pennsylvania Nonprofit Agencies Experiencing Declining Revenue <i>Urban Institute—National Study of Nonprofit-Government Contracting</i> <i>Survey Results (2009 data)</i>	
Revenue Source	Nonprofits reporting revenue decline from source
Local government agencies	45%
State government agencies	54%
Federal government agencies	34%
Individual donations	39%
Private foundations	52%
Corporate donations	50%
Investment income	77%

Compared with 2010, total expenditures for PATH’s behavioral health programs in 2011 are expected to decrease by less than 1%, while the agency’s overall expenditures are projected to grow by more than 3%.

⁹ Boris ET, de Leon E, Roeger KL, and Nikolova M. National study of nonprofit-government contracting: state profiles. (2010) Urban Institute <http://www.urban.org/uploadedpdf/412227-National-Study-of-Nonprofit-Government.pdf>

Conclusion

A partnership of creative leadership at the City of Philadelphia and at PATH demonstrates how an old-model day treatment program can be transformed into one that inspires hope for recovery among people with serious mental illnesses, their families and line staff. As an organization, PATH is a powerful example of how assiduous preparation and support of direct care workers can improve program outcomes and help steady an agency in tough economic times, even as it makes line staff feel good about their jobs and about the place where they work. People enjoy working at PATH because the agency has created a workforce culture that embraces change and use of evidenced-based practices and allows free expression of ideas, including dissent, while strongly supporting the career and professional growth of its employees as they perform vitally important and often difficult work.

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”

