



Behavioral Health

Pacesetter Award

in Support of Direct Care Workers

BETTER JOBS
BETTER SERVICES
BETTER BUSINESS

***Pacesetter Case Study:
Stanley Street Treatment and Resources (SSTAR)
Fall River, Massachusetts
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.



Stanley Street Treatment and Resources (SSTAR) is a multi-service behavioral and physical health care agency with over 350 clinicians and support staff.¹ Located in Fall River, Massachusetts, in the past 16 years the agency has expanded its outpatient substance abuse and mental health services, and added a federally qualified health center (FQHC) that offers medical care for residents of all ages. SSTAR also offers preventive care, specialized women’s services, and treatment for individuals with sexually transmitted diseases such as HIV/AIDS and Hepatitis C. In 1995, SSTAR was contracted to provide substance abuse detoxification services for all uninsured people in the neighboring state of Rhode Island. It expanded these operations in 2006 to include acute inpatient psychiatric care.

Today, the agency would be considered successful by any standard, but for years it struggled with workforce problems that limited its growth potential. SSTAR’s CEO, Nancy Paull, reported: “For a long time SSTAR had serious difficulty hiring certified or licensed substance abuse counselors. We were spending thousands of our advertising dollars on recruitment and not getting responses.”

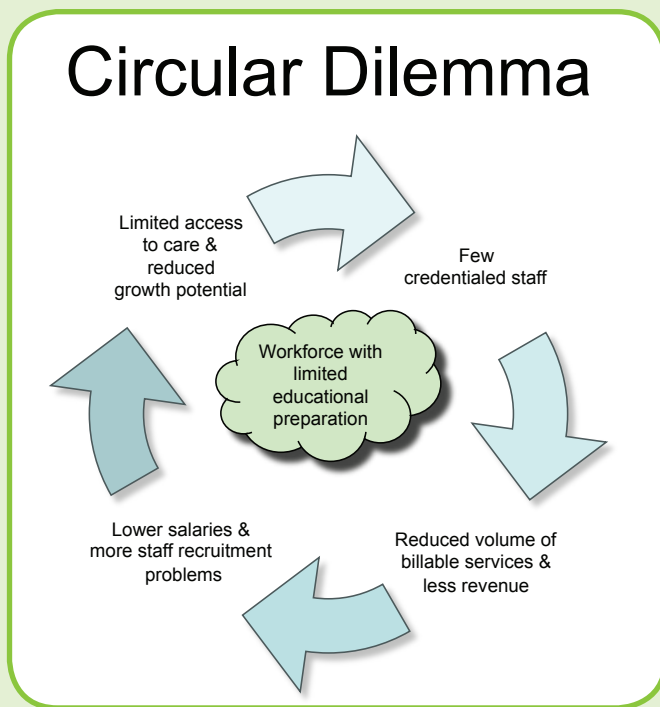
The quandary had two components. First, many people in Fall River’s workforce had inadequate educational preparation. Second, SSTAR could not afford better salaries that might attract the area’s few qualified personnel because it simply did not generate enough revenue.

Prior to 2006, the agency had only a handful of credentialed outpatient substance abuse counselors. Since state regulations required credentials for this type of work, treatment hours and resultant revenue from counseling were sharply limited. This impacted the personnel budget and compounded recruitment problems. The shortage of credentialed counselors also meant reduced access to care for people needing treatment, increasing the risk of relapse for those on waiting lists. Finally, waiting list drop-outs meant lost revenue, limiting SSTAR’s growth potential.

¹ About 100 additional staff are stationed in SSTAR facilities in Rhode Island.

But, Paull was determined to find solutions to the workforce problems. She recalls: “We tried everything – threatening people, being nice to people, offering seminars, nothing worked.” Paull also remembers her frustration about sending people to outside training events: “Those trainings would cost us money, we had lost productivity, we had to find and pay for replacement staff and it had little impact on the quality of care.” Nevertheless, SSTAR continued sending employees to outside training in order to meet state regulatory requirements.

Although Paull and her COO, Pat Emsellem, knew their progress was being hindered by workforce issues, they remained convinced that SSTAR’s entry-level workers were a huge untapped resource – “...if we could only get more of them certified.”



Fall River: A Legacy of Strength and Weakness

During the late 19th century, Fall River became the largest producer of printed textiles in the United States, attracting tens of thousands of working class families who settled in the area. In many homes, it was expected that children would leave school at about age 16 to begin working in the mills. Although higher education was not needed for factory work, families often relied on the adolescent's paycheck. The area's reliance on the industry proved perilous, when in the last quarter of the 20th century, most of Fall River's textile companies moved out, first to southern states, and then to other countries with even lower-paid workers.

Yet the city's educational traditions have lived on. In 2010, less than a third of Fall River's adults over age 25 had completed high school, and the drop-out rate of 32 percent was three times the state's average. It remains typical for these young people to believe they were poor students, with few role models for educational success.

But with the factories gone, many area residents have had considerable trouble finding work, especially in the wake of the Great Recession. Fall River's 13 to 15 percent unemployment rate places it among the five hardest hit communities in Massachusetts. Unemployed workers and school dropouts who spend time "hanging out" become more likely to abuse drugs and alcohol, rendering them even less employable. This in turn has led to increased crime, significant burden on municipal and healthcare resources (including SSTAR), and has had many other adverse consequences for family and community life.

Recently, the city's economic troubles were compounded by a new wave of recession-related business failures including the closing of the AJ Wright Distribution Center, and the loss of its more than 800 jobs.



(Photo reprinted with permission from *The Herald News*.)

"A Fall River rescue truck rolls out of A.J. Wright's property at 350 Commerce Drive, Fall River. A woman was transported after the announcement that the company would close." December 10, 2010, The Herald News

A Community Ready to Face Challenges

Despite its economic and social challenges, Fall River is not without strong community leaders and determination to overcome adversity. In 2010 Paull approached Fall River's newly-elected mayor, William Flanagan, with a proposal to collaborate on a multi-year federal grant through the Substance Abuse and Mental Health Services Administration (SAMHSA). These "Community Resilience and Recovery Initiative (CRRRI)" grants were meant to improve behavioral health outcomes by using evidence-based health promotion, illness prevention, and treatment and recovery supports in communities hard hit by recession.

Under the plan, SSTAR would serve as Fall River's primary subcontractor, and receive the bulk of a \$1.4 million grant in each of the next four years.² SSTAR proposed to screen 10 percent of city residents for behavioral health conditions (e.g., depression, anxiety and substance use disorders) and make referrals for those needing additional care. The screening would utilize a variant of an evidence-based practice known as: Screening, Brief Intervention and Referral for Treatment (SBIRT). SSTAR would also use three other evidence-based practices: Motivational Enhancement Therapy (MET), Cognitive Behavioral Therapy (CBT), and ARISE³ - an approach used to draw reluctant drug and alcohol dependant persons into treatment.

The grant represented both a significant opportunity and a formidable challenge – the federal government wanted services up and running within four months. In a region where recruiting qualified behavioral health staff had been always been a problem, workforce issues could have easily derailed the application.

But SSTAR was ready. Fall River got the grant. SSTAR and the city government could now begin tackling conditions that contributed to the area's chronic behavioral health and economic woes.



"You can assume that when people are losing their jobs and their homes it creates enormous stress. Stress of that magnitude can contribute to substance abuse and trigger or worsen mental illnesses. We have an obligation to our citizens to help fight those conditions." William A. Flanagan, Mayor, Fall River, MA

**– William A. Flanagan, Mayor,
Fall River, Mass.**

² Continuation awards depend on the availability of federal funds and grantee performance. CRRRI grants were also awarded to Lorain, Ohio and Union City, New Jersey.

³ ARISE is an acronym for "A Relational Intervention Sequence for Engagement," for additional information see: Landau, J. & Garrett, J. (2008). *Alcoholism Treatment Quarterly*. 26 (12).

A Way Forward

Given its clinician shortage earlier in the decade, how had SSTAR come far enough to be ready for the SAMHSA grant?

Things began to change in 2005 when SSTAR was chosen as one of 17 sites to receive 3-year funding from the Jobs to Careers initiative. This program fostered partnerships between employers, educators and other organizations to help promote skill development and career advancement among direct care workers.⁴ The centerpiece of “J2C”⁵ was work-based learning; a model in which employees acquire advanced skills, college credits and industry-recognized credentials in the context of their everyday jobs. In the previous year, SSTAR had received a small grant from its local workforce development council to strengthen staff training, but the Jobs to Careers initiative really offered a way for the agency to rethink their training system from the ground up. Paull, Emsellem and SSTAR’s Workforce Development Director, Ray Gordon, began collaborating with J2C technical consultants, while also remaining mindful of how the region’s unique history had influenced employee willingness to pursue advanced education.

Before long, they brought in highly-respected substance abuse services trainer, Arthur Trundy, founder of the Trundy Institute for Addiction Counseling. Trundy began by helping a group of SSTAR employees strengthen their writing and documentation skills, an essential foundation for future training. He also began preparing them for the state’s substance abuse counselor certification exam, by integrating the technical information they would need with the rich clinical experiences they encountered every day.



Nancy Paull (left) and Pat Emsellem, flanking portrait of SSTAR’s founder Fredericka Alpert

Jobs to Careers: Employer Self-Assessment

Lessons learned from the Jobs to Careers initiative led to development of an Employer Self-Assessment Tool. The tool helps employers identify strengths and limitations of policies, practices, and processes, that might influence adoption and implementation of work-based learning and career pathway initiatives. Employers may wish to discuss findings from the self-assessment to facilitate successful work-based learning interventions. The tool, created by Jennifer Craft Morgan and Bob Konrad of the University of North Carolina at Chapel Hill, can be found at www.jobs2careers.org/EmployerSelfAssess_080510.pdf

⁴ The Jobs to Careers initiative was supported by the Robert Wood Johnson Foundation, The Hitachi Foundation, and the U.S. Department of Labor. The Hitachi Foundation also funded this case study.

⁵ A nickname used for the Jobs to Careers initiative.

The J2C initiative required a partnership with an academic institution, so SSTAR contacted nearby Bristol Community College (BCC), which agreed to have a recruiter meet with SSTAR workers. The recruitment meeting did not go well. BCC's representative delivered the institution's standard enrollment talk (normally used for high school students who had already decided to attend college) to SSTAR's cohort of working adults. Topics like: How to succeed in college, How to pick a major field of study, and Career exploration were ill-suited to the audience, and the idea of taking BCC's enrollment test "scared people to death." Overall, the event just reinforced negative preconceptions some employees had about school.



Dr. Frederick (Fred) Rocco, Dean of Behavioral and Social Sciences, Bristol Community College

As Ray Gordon worked to reassure staff, Paull and Emsellem set up a meeting with Dr. Frederick (Fred) Rocco, BCC's Dean of Behavioral and Social Sciences. A man known for resolving bureaucratic problems, Rocco began exploring whether academic credits might be offered for training being provided by the Trundy Institute. During the coming weeks, Rocco performed a detailed content analysis of Trundy's training materials and identified parallel content in courses that were already offered at BCC; subjects like: Behavior Modification, Alcohol Use and Abuse, Personal and Community Health (each, 3 credits) and Human Services Practicum (6 credits).

Rocco proposed to BCC's College-wide Curriculum Committee that the institution create a 15-credit, 3-course package. SSTAR employees would enroll at BCC for \$50 per course, be trained by Trundy on-site at SSTAR, and receive credits toward a college degree. More importantly, the credits could also be used in partial fulfillment of Massachusetts certification or licensing requirements.

Initially, the college leadership balked. Some worried that BCC would be "giving something away for nothing," or that the new enrollees would earn credits without ever setting foot on BCC soil, and then disappear, or still worse, transfer the credits elsewhere. But, Rocco prevailed. In the end, his prediction that BCC would benefit from the arrangement turned out to be true. Some SSTAR employees stayed on to take other classes and complete degrees at BCC. And as students, they outperformed most of their classmates and enriched every classroom discussion.

Better Jobs

A cohort of nine staff were chosen to start the training. These “early adopters” served as role models, helping to attract other employees who saw them enjoying the experience. The camaraderie and support that was established in these groups strengthened professional relationships, improved intra-agency communication, and was reportedly noticed by clients and visitors.

A few employees felt considerable uncertainty as they started the training, but this hesitation gradually disappeared thanks to the support and encouragement of supervisors and co-workers. Others who had not yet started because of class size limitations began expressing concern about being left behind. By 2010, three staff groups totaling 23 employees had completed training. Ninety six percent passed the certification test. Additional groups were trained in a variety of specialized interventions (described below).

Motivating Front Line Workers – In order to encourage acceptance of training among a few unmotivated staff, agency leaders found it beneficial to use the same Stages of Change model and motivational techniques applied in the treatment of substance use disorders.⁶ Not everyone wanted training; supervisors and co-workers helped convince most of those who lagged behind. This was fueled by pressure from state regulators to increase the number of certified and licensed staff.

However, most staff were ecstatic about work-based learning. On-site preparation for certification coupled with college credits (plus other specialized training events) that helped staff perform their jobs was exactly what people wanted. Employees who had been fearful about higher education were soon bragging to friends and family members that they had successfully completed a college semester.

Workforce Development from the Employee’s Perspective

Another way to understand how SSTAR has helped front line workers is to examine their personal stories.

Paula’s Story – Paula Quinn is a highly respected counselor in SSTAR’s Intensive Outpatient Program. All her adult life she harbored a secret, one that shame and guilt compelled her to hide; she had never finished high school. “I never told anyone and nobody asked. But, I was surrounded by educated people, and felt trapped by my unwillingness to expose myself. At times I felt like a phony.” The issue came to a head when Quinn started certification training. She panicked when she realized a high school diploma or GED was required. Although extremely anxious, Quinn revealed her secret in a staff development meeting. She immediately experienced great relief. “I didn’t realize how much of a burden it had been until I let it go.” She redirected her energy and within months had completed her GED. Quinn went on to obtain certification, and received a related pay increase. “Now, I’m a new person,” she explains, “I’m more confident and outgoing. SSTAR helped me to start a new life.”



Paula Quinn

⁶ The Stages of Change include:

Precontemplation – not intending to take action in the foreseeable future.

Contemplation – intending to change, weighing alternatives and making some cognitive preparations.

Preparation – intending to take action in the immediate future, and making more extensive cognitive preparation.

Action – have begun to make specific behavioral changes.

Theresa's Story – At age 17, when her mother became seriously ill, Theresa Santos quit school and took a factory job in Fall River. Although her father worked full time, his income was insufficient to support his wife and their seven children. “I had to get work to help the family live,” she explained. In 1996, Santos began working at SSTAR as a nursing assistant. At the time, she had four small children and held little hope for her own future. Today, all the children have finished high school and are on their own. Santos grinned broadly as she stated: “Now it’s my turn.” But her decision to complete the GED was not an easy one.

Santos heard about meetings SSTAR was holding to assist employees who needed a GED. At first she did not want to go. Then, a coworker colluded with her niece, who also worked at SSTAR, to pressure her into attending. “I was scared. I didn’t know if I could do it. They dragged me into it.” Now, she is well along toward completing her GED and says she loves it. Among the twelve people in her class, Santos is at the highest level. “When I was growing up everyone told me I was stupid. So, I thought I was stupid until SSTAR got me back in school. Now, I can go forward because I know I can do it.” Next, she plans to go for her nursing license.

Laura's Story – Ten years ago, at age 19, Laura Washington was hired as a nursing assistant at SSTAR. With only a high school education, Washington viewed her prospects for career advancement as limited, however her supervisors recognized her potential. She was invited to participate in SSTAR’s certification training. At the time, Washington was four months pregnant and also had an infant at home. She stated: “I was so nauseous. I was getting sick every 30 minutes, but I didn’t want to miss the training.”

Another trainee; her friend and powerful role model, Gail Fernandes reported, “Any time she showed hesitation about going to class we’d push her.” Fernandes, who had raised her own child as a single parent, told Washington with a cheeky grin: “Do you think we care in the slightest that you’ve got a 2 year-old at home and you’re feeling nauseous? We’re all here, now you get down here.” With the encouragement of her co-workers, Washington went on to obtain certification, and is now working on her Bachelor’s degree. Recently, she was promoted to become part of SSTAR’s community behavioral health initiative with the City of Fall River.



Theresa Santos

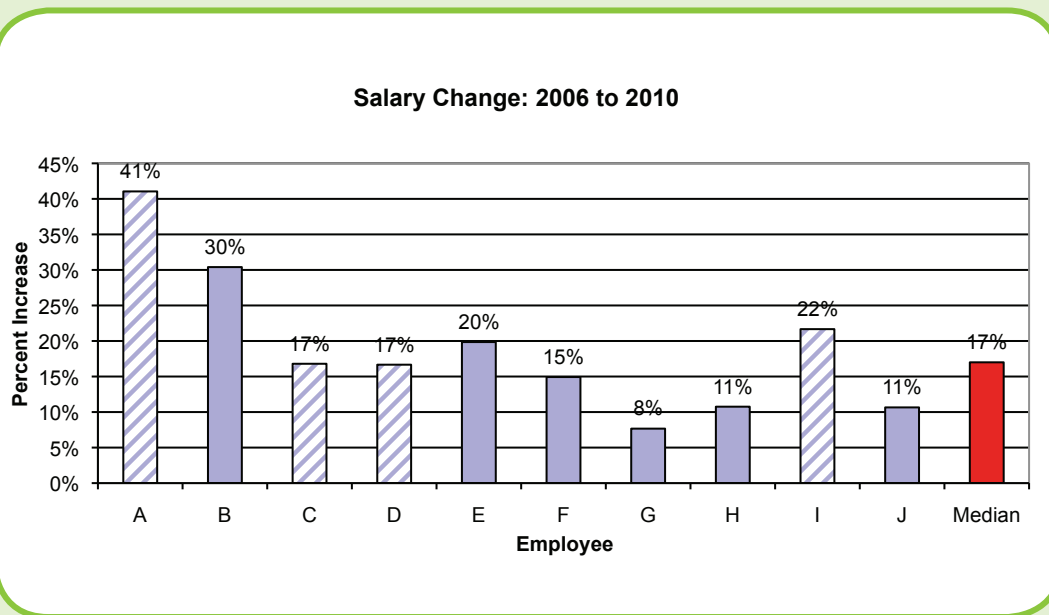


Laura Washington (on left) and Gail Fernandes

Employee Benefits

- **Health Insurance (HMO)** – employer pays 66%
- **Dental Insurance** – employer pays 50%
- **Life Insurance** – equal to annual salary, no cost to employee, \$100,000 cap. Additional group life and critical illness insurance available, but paid by employee.
- **Short Term Disability** – Up to 60% of salary, no cost to employee, capped at \$750/week.
- **Medical Spending Account**
- **Tax Sheltered Annuity**
- **Earned Leave** – based on years of services.

In addition to attending to employee training and educational needs, SSTAR has supported its workers through promotions and salary increases. A sample of employee salary changes in ambulatory care during the four-year period between 2006 and 2010 revealed a 17 percent median increase. Salary increases for four employees (shown in the figure below with diagonal lines) were caused by the combined effect of promotions and annual increments.



Better Services

Although SSTAR works hard to ensure the quality of its services, it is not alone; the agency shares this responsibility with many other stakeholders including some at the state level. For example, since 1981, a non-governmental organization; the Massachusetts Board of Substance Abuse Counselor Certification (MBSACC) has set competency-based standards and administers the certification process. More recently, in 2004, the Massachusetts Department of Public Health, Bureau of Substance Abuse Services implemented a licensing process. These entities do not make it easy for candidates to meet their requirements, because they wish to reassure payers and the public that treatment services are being provided by qualified personnel. This is especially important in a state that permits people to qualify for some types of addiction counseling positions without having a Bachelor's or Master's degree.

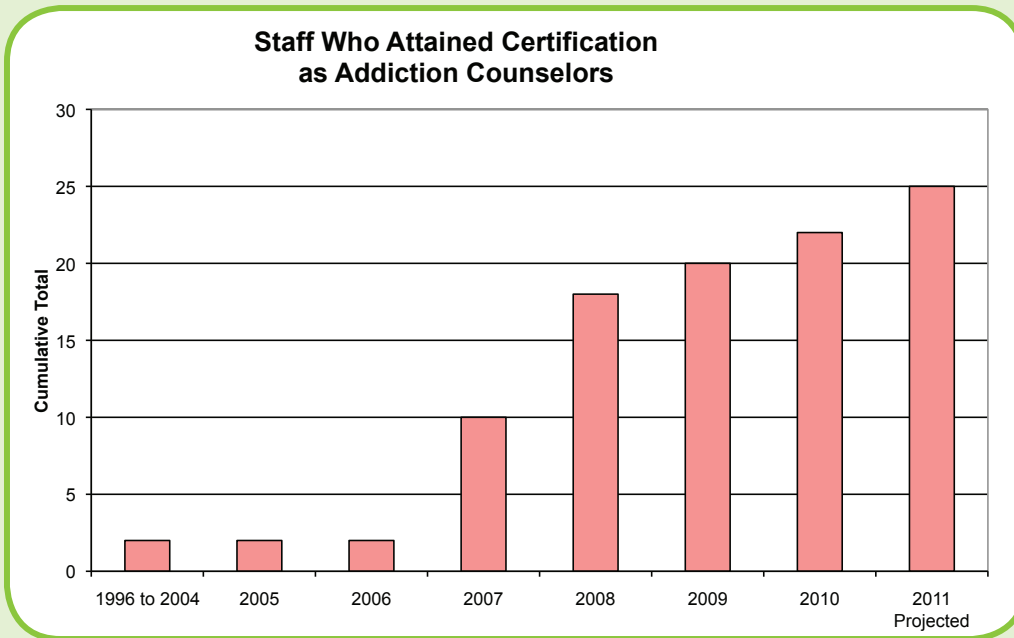
Certification Requirements Administered by Massachusetts Board of Substance Abuse Counselor Certification (MBSACC) <i>(Summary only)</i>						
Certification Type	Academic Hours	Supervised Training Hours (Practicum)	Hours of Experience in alcohol or drug	Degree required	Examination Required	Independent Practice Rights
CAC	180	220	4,000 (2 yrs full time, during past 10 yrs)	High School or GED	Yes	No
CADC	270	300	6,000 (3 yrs full time, during past 10 yrs)	High School or GED	Yes	No
CADC II (Advanced)	270	300	6,000 (3 yrs full time, during past 10 yrs)	Master's (with counseling practicum)	Yes	No
Licensure Requirements Administered by Department of Public Health, State of Massachusetts <i>(Summary only)</i>						
LADC III (Assistant)	-	50	2,000	High School or GED	Yes	No
LADC II	270	300	6,000 (4,000, if applicant holds Bachelor's)	High School or GED	Yes	No
LADC I	270	300	6,000 (4,000, if applicant holds Bachelor's)	Master's or Doctorate	Yes	Yes

CAC – Certified Alcoholism Counselor
 CADC – Certified Alcohol and Drug Counselor
 LADC – Licensed Alcohol and Drug Counselor

Apart from certification, licensing and various forms of external regulatory oversight, SSTAR has engaged in a range of activities designed to promote quality care. These include advanced training, research, and evaluation using NIATx principals (described below).

Advanced Training – Although J2C funding ended in October 2009, SSTAR has continued to use work-based learning to improve employee competencies and skills in the following areas:

Counselor Certification - Training for the substance abuse counselor examination includes 270 course-hours held at SSTAR, homework assignments, written reports, journaling, class presentations, and supervisor involvement.



Certified Counselors (Total as of 2010)		
Type	Massachusetts	SSTAR
CAC	89	5
CADC	395	17
CADC II	199	1

ARISE Certification – SSTAR uses this “invitational model of intervention” to engage substance dependant individuals in treatment. The technique avoids surprise and coercion, and offers assistance without assigning blame or attempts or induce guilt or shame. To date, 44 SSTAR employees have become certified interventionists. By performing these interventions as contract employees, staff can earn about \$30 per hours, and augment their monthly wages by as much as \$400 to \$500. ARISE preparation includes three days of on-site training, weekly case discussions, telephonic supervision from the developers of ARISE, and regularly scheduled implementation meetings.

Group facilitation skills – 17 staff have now participated in this four-credit course, which was jointly developed by SSTAR and BCC. The program includes on-line course work and weekly classroom sessions involving a BCC instructor, SSTAR supervisor and line staff.

SBIRT Training – In preparation for start-up of the Fall River CRRRI grant, SSTAR has provided SBIRT training to 12 workers. SBIRT is a public health approach to the delivery of early intervention and treatment services for persons with behavioral health disorders, as well as those who are at risk of developing these conditions.

Future Training Activities – SSTAR plans to continue expanding its training initiatives to include:

- Additional ARISE training.
- Seeking Safety – a manual-guided form of cognitive behavioral therapy for individuals with post-traumatic stress disorder (PTSD) and co-occurring addiction conditions.
- Parenting – The Incredible Years – an evidenced-based program designed to provide parents and teachers with effective strategies to control early childhood conduct problems and to prevent onset of these behaviors.

In addition to its training activities, SSTAR has played an important role in helping to improve the quality of behavioral health services and in the dissemination of best practices at the state, national and international levels. For example:

State and Local:

- SSTAR is an active participant in the Bristol Workforce Investment Board.
- SSTAR convinced the Massachusetts Bureau of Substance Abuse Services to include replication of its work-based learning initiative within the state’s workforce development plan.

National:

NIATx – SSTAR was a founding member of the Network for the Improvement of Addiction Treatment. This nationally recognized organization is dedicated to process improvement as a means of enhancing client outcomes.

NIDA Clinical Trials Network – In 2000, the National Institute on Drug Abuse (NIDA) established the National Drug Abuse Treatment Clinical Trials Network (CTN) in an effort to ensure that scientific advances in the treatment of addiction disorders were being disseminated and utilized in community settings. Today the network consists of 13 “nodes” in locations throughout the country. Each node tests a range of promising therapies, interventions and medications. Early in the development of CTN, SSTAR was invited to participate in the New England node (comprised of 15 community-based agencies in Massachusetts, Rhode Island and Connecticut). The New England node is currently studying two protocols:

- Web-delivery of Evidence-Based, Psychosocial Treatment for Substance Use Disorders, and
- Screening, Motivational Assessment, Referral, and Treatment in Emergency Departments (SMART-ED).

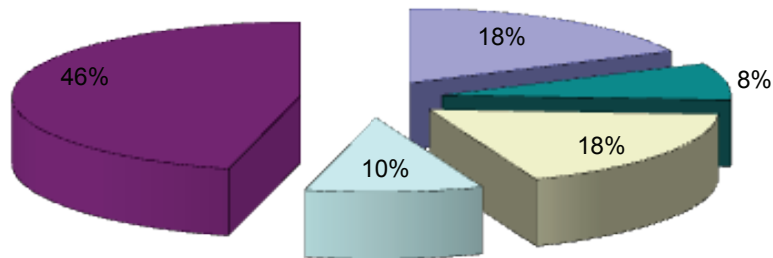
International:

Nancy Paull has served as SSTAR’s representative on:

- American International Health Alliance (AIHA) – Training health officials from Russia and other countries regarding integration of HIV/AIDS and addiction services.
- United Nations Treatnet Initiative – as one of two agencies from the United States, SSTAR has served on an international panel developing guidelines and identifying best practices for addiction treatment in developing countries.

Evaluation – SSTAR monitors program performance and makes adjustments to improve the quality of care using the NIATx process improvement strategies. As an example, during the first 11 months of the ARISE implementation, 89 families were served. Seventy-Nine percent of targeted individuals entered treatment and 55 percent continued on to the next level of care. This compares favorably to “connect to care” rates that measure patient transitions from substance abuse detoxification to rehabilitative care -- where an estimated 25 to 35 percent of patients elect to stay in treatment following detoxification.

ARISE Interventions: Sobriety Status



■ No Information ■ No Change ■ Reduced Use ■ Period of Sobriety with relapse ■ Sober at last contact

Better Business

The emphasis SSTAR placed on work-based learning and encouraging staff to become certified (and licensed) has had substantial business implications. Paull is quick to point out: “We value our employees tremendously, but we’re not helping them get better training solely out of the goodness of our hearts.” While advanced training is valued by staff because it connotes greater professional attainment, it also helps SSTAR improve its competitive edge in the marketplace.

In Massachusetts, outpatient services performed by an individual with a CAC can be billed to Medicaid and other payers. Today, Medicaid payments account for more than 60% of SSTAR’s outpatient revenue in behavioral health. Additionally, by increasing the number of certified staff, SSTAR has improved access to care and greatly decreased its waiting lists. For example, in August 2005 there were 35 people on the waiting list for ambulatory behavioral health counseling. By January 2011, only nine people were on this waiting list and none of these were waiting for substance abuse treatment services.

The availability of certified and specialty trained personnel has also had other business benefits. For example, SSTAR was able to add Intensive Day Treatment as a new level of care. This gave SSTAR a huge competitive advantage over other agencies in the area that do not have as many certified counselors.

As noted above, SSTAR’s workforce readiness achieved through work-based learning made it possible to quickly augment existing staff competencies in order to meet federal CRRJ grant requirements for rapid deployment of trained personnel. And in November, 2010, SSTAR received yet another federal grant (3 years, \$300,000 per year) to provide community-based substance abuse services for Fall River area adolescents released from incarceration or discharged from inpatient psychiatric and residential treatment.

It is certain that SSTAR will continue to need strong workforce development capabilities in the future. In 2010, the Massachusetts Bureau of Substance Abuse Services informed SSTAR it would begin requiring clinicians to have five credit-hours of child development instruction in order to continue serving adolescents. BCC has already provided 3 credit-hours focused on this age group and is working with SSTAR to offer the additional training.

SSTAR’s success with workforce preparation has also created consultation opportunities for the agency. Recently, SSTAR began working with Rhode Island based Fellowship Health Resources providing training designed to replicate work-based learning at Fellowship’s Cape Cod, Massachusetts location.

Conclusion

Fall River, Massachusetts is a city hard hit by decades of economic decline. While a variety of complex forces have shaped the region's current woes, it appears likely that generations of low expectations for educational attainment played a role. Elevated school drop-out rates have lowered family income, increased poverty and acted as barriers to employment. These factors are often associated with stress-related psychiatric conditions and increased vulnerability to substance abuse.

However, there are reasons to be optimistic. People such as the city's young mayor, a community college dean, and senior leaders at SSTAR are taking steps that may change the arc of Fall River's future. SSTAR is collaborating with the City to begin screening residents for psychiatric and substance use problems and risk factors. SSTAR is also increasing access to vitally needed services.

Meanwhile, workforce development initiatives at SSTAR and BCC are producing a new generation of educational role models. SSTAR employees have learned to overcome long-held fears about higher education. They are beginning to inspire their co-workers, family members and others in the community.

As the result of its partnerships, SSTAR has strengthened its direct care workforce, improved the quality of its care, and grown its business. Meanwhile, BCC and SSTAR's other educational partners have cultivated a new group of students and faculty eager to participate in the learning experience. This has cemented the relationship between SSTAR and valued educators, offered other students board access to experienced mentors, and promoted diffusion of lessons learned from SSTAR's ongoing experiment in work-based learning. SSTAR's senior leaders have also made important contributions to the behavioral health field at the state, national and international levels. There are many potential winners here, including front line workers, the agency and its clients, the educational partners, the Fall River community, and the behavioral health field.

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"