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Strategies for Recruiting, Retaining, and Developing the Knowledge and Skills of Behavioral Health Technicians

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Walden University

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Shirley Williams

has been found to be complete and satisfactory in all respects,
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Walden University
2023

Abstract

Strategies for Recruiting, Retaining, and Developing the Knowledge and Skills of
Behavioral Health Technicians

by

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MA, Webster University, 2009

MA, Webster University, 2006

BA, Pembroke State University, 1993

Doctoral Study Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Psychology in Behavioral Health Leadership

Walden University

May 2023

Abstract

To be effective, behavioral health organization leaders must recruit and retain behavioral health technicians (BHTs) to provide nonclinical services. The focus of this case study was on identifying strategies to promote the recruitment and retention of BHTs and to help these workers develop the knowledge and skills they need for effective job performance. The Baldrige Framework for Excellence was used to guide this case study of a behavioral health organization located in the southeastern United States. The organization had one residential substance use facility serving men and five serving women and experienced a constant shortage of BHTs. Data were collected by interviewing the organization's chief of behavioral health care and reviewing the organization's website, job descriptions, strategic plan, and an existing community needs assessment. Findings indicated that the direct care staff at the behavioral health organization were not appropriately trained to address the behaviors displayed by the populations served. Further, compensation was a main driver of BHT turnover and recruitment challenges. Employee recruitment, retention, and training strategies may be beneficial in addressing the organization's practice problem. This study may contribute to positive social change by providing insight that the study organization's leaders can use to develop strategies for training BHTs. This support may contribute to the retention of these workers and assist them in providing services that enhance the mental and emotional health of clients.

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Dedication

This study is dedicated to my parents, John and Shirley Govan, who believed in me when I did not believe in myself, encouraged me when my spirit was low, and saw something in me that I did not see in myself. My father has always been my champion, and it was his desire to see me complete my doctoral degree. My mother has always been my hero, and when I feel like giving up, I can hear her saying “You are strong, and you can do this.” My parents did not live to see me complete this process, but I carry them in my heart. It is with great pride that I dedicate this to my parents as I know they are super proud of me, and they are cheering for me from heaven. I love you, Mom and Dad, with all my heart, and I miss you dearly.

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I would like to thank my Lord and Savior Jesus Christ, who is the author and finisher of my faith. I would like to thank my family, who has been very supportive of me during this journey. I would like to give a special thank you to my husband, Alvin Williams, who made this possible for me and always let me know that quitting was not an option. Thank you, sweetheart, for always being my soft place to land. Thank you to my two children, Leslie and Dijon, and my seven grandchildren, Johnavon, Liam, Kylan, Destiny, Stephen Jr., Kacen, and Kahlani, for your understanding when I couldn't be present for some activities and family functions.

I would also like to thank the faculty and staff of Walden University for helping me reach my educational goals. A special thank you goes out to my first and second chair for all of your guidance in this process. Thank you to my friends and work family, who provided great support that I will always be grateful for. Finally, thank you to my host organization for allowing me to complete this study. Thank you all for helping me reach this point in my academic career.

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Section 1a: The Behavioral Health Organization

Organization A, the study site, is a private, nonprofit, federally qualified health center (FQHC) that provides primary health care and behavioral health care services in the southeastern United States. As noted on its website, Organization A opened its first community health center 38 yrs. ago and its first behavioral health residential center 41 yrs. ago. The organization consists of one men's residential treatment program, five women's residential treatment programs, eight health care centers, and a dental office. Five of the health care centers also house pharmacies.

Pregnant women and women of childbearing 18 to 50 years of age and their children are served in the women's behavioral health residential programs. Men with substance use disorders or co-occurring disorders, age 18 years and over, with an address in the state where the residential program is located are served in the men's behavioral health residential program. In accordance with the federal Substance Abuse Prevention and Treatment Block Grant program, which is a funding source for the program, pregnant women are given preference in admissions to the women's residential facilities. Priority admissions are as follows: (a) pregnant women using substances intravenously, (b) pregnant women with a substance use disorder, (c) women using substances intravenously, and (d) all others (Substance Abuse and Mental Health Services Administration [SAMHSA], 2021).

Organization A's services are extensive, as its website illustrates. Health care services are provided in the areas of family medicine; prenatal, postpartum, and newborn

care; and chronic disease management, among others. Behavioral health services focus on substance use and are provided in both inpatient and outpatient settings. One location provides dental care. Pharmacy services are available in five of the health care centers.

Organization A's mission, as stated on the organization's website, is to provide primary and preventive care services that will improve the health status in the communities it serves. The organization's core values are compassion, teamwork, commitment, integrity, respect, accountability, and excellence, the chief of behavioral health services (CBHS) noted. The corporate vision is to secure and maintain resources to remain at the forefront of the health care industry, according to the organization's website.

The organization's corporate priorities include full financial recovery, including operating with a positive cash flow and establishing a cash reserve for future needs. Joint commission readiness and staff recruitment and retention are other key priorities, according to the organization's strategic plan. Workforce development was identified as a need in an existing community needs assessment. I addressed staff recruitment and workforce development in this study.

Practice Problem

The practice problem addressed in this study was the ongoing shortage of behavioral health technicians (BHTs) in Organization A's men's and women's residential behavioral health programs. This study will also address the lack of knowledge and training for BHTs to appropriately do their job. There are behaviors and other issues that

clients present with that BHTs need to be knowledgeable of. There is high BHT turnover, as evidenced by a review of available positions posted on the organization's website. The majority of recruiting efforts focused on BHTs.

Organization A is the largest provider of women's treatment in the southeastern United States, its CBHS shared. Organization A is in a rural community, which may have an impact on recruitment. The organization has a reputation for providing high-quality treatment services to the clients it serves. However, Organization A's CBHS indicated that many BHTs at the organization appear to lack the training and skills necessary to handle the demands of the program and are sometimes gone within a day because they are not appropriately prepared to work with the populations Organization A serves. Also, when patients in the residential programs have mental health crises, the BHTs on duty are often not equipped to handle these issues, and other trained staff have to be called to assist.

High staff turnover can affect treatment quality and erode an organization's reputation (Shaun, 2021). Higher wages at other places of employment can contribute to high turnover in direct care workers (Shaun, 2021). In many areas, fast food restaurants have increased starting hourly wages to levels higher than what direct care support staff make (Shaun, 2021). Organization A leaders increased BHT salaries in 2021 to be competitive and to retain BHTs, the CBHS noted. According to Organization A's chief financial officer (CFO), in 2021 the annual salary of a BHT with salary and benefits was estimated at \$31,450, and the cost of background checks, drug screening, and training

was approximately \$450. Given these costs, recruiting BHTs who will stay on the job is of key importance to Organization A. Retaining and recruiting staff is one of Organization A's corporate priorities. As such, the research questions (RQs) that underpinned this study were as follows:

RQ1: What does Organization A's leadership identify as barriers to retaining BHTs?

RQ2: What strategies does Organization A's leadership identify as contributing factors to retaining BHTs?

RQ3: What knowledge and abilities are essential to strengthen the BHT workforce?

Purpose

The purpose of this qualitative case study was to identify strategies for recruiting, retaining, and developing the skills and abilities of BHTs at Organization A. The Baldrige framework (National Institute of Standards and Technology [NIST], 2021), a systems approach to improving organizational performance and building effective and supportive workplace environments, provided the framework for this exploration. The Baldrige framework consists of seven interconnected categories with criteria for health care performance excellence: leadership; strategy; customers; measurement, analysis, and knowledge management; workforce; operations; and results (NIST, 2021). I used these components to address the practice problem and develop recommendations for improving

or changing the process of developing and strengthening BHT skills to ensure that these employees are appropriately trained and prepared for their job responsibilities.

Specifically, I used components of the Baldrige framework to assess the workforce environment, including the organization's capabilities and capacities. Using the criteria in the workforce category, which consist of how organizational leaders engage, manage, and develop the workforce, I assessed how conducive the workforce environment is to staff retention. Using the criteria for strategy, I assessed how the organization's leaders develop strategic, objective, and action plans; implement them; and change them if circumstances require, and how they measure progress toward goals. The study findings may assist leadership in focusing on key strategies that are workforce-focused processes.

Information sources for this study were interviews with Organization A's leadership, including the CBHS. I also reviewed the organization's strategic plans for the past 5 years, job descriptions of positions needed to staff the behavioral health organization, training strategies, the organizational website, and an existing community needs assessment. I sought this information from Organization A's leadership, in addition to reviewing the organization's website and print materials such as brochures or advertisements that were publicly available.

Significance

This study has value for behavioral health organization practice because its results provide insight on factors contributing to high turnover among BHTs. By focusing on

these factors, organizational leaders may be able to develop and strengthen BHT knowledge and abilities which may result in greater job satisfaction and retention. The study results may be helpful to Organization A leaders in implementing strategies to develop the organization's workforce with qualified BHTs. Using the results, leaders may be able to build partnerships to develop the workforce necessary to staff the organization.

Worker retention is an issue that affects other behavioral health organizations; as such, the study has wider relevance. The need for behavioral health care services in the United States is outpacing and growing ahead of the workforce needed to respond to the workload, and the labor cost is great in relations to needed training (Hoge et al., 2016). Increasing numbers of clients with behavioral health needs represent challenges for organizations in this sector. Leaders of behavioral health organizations in search of strategies to develop the BHTs may find the study useful. More broadly, this study may contribute to the behavioral health discipline by providing strategies to grow and develop the needed workforce to respond to the need for behavioral health care services and employees with longer tenures. This study may also assist in identifying community partners to help develop the behavioral health care field.

Developing and strengthening the knowledge and abilities of BHTs may influence social change by ensuring that BHTs are qualified to care for the clients served. Qualified BHTs may be better able to address the behavioral health needs of clients suffering from mental health or substance use disorders. These improvements may ensure that behavioral health organizations are able to respond to community needs.

With these changes, clients in the communities served by behavioral health organizations may experience positive mental and emotional health outcomes. Clients should be able to access needed services in the communities they reside in, and the services should be provided by professionals who are appropriately trained as stated by the CBHS. At the local level, the study may also contribute to positive social change by providing the leadership of the nonprofit organization with insight on how to better use their resources in order to appropriately staff the behavioral health program. These resources can be used to provide quality care to the community that the organization serves. Organization A has a strong desire to be a beacon of change for the people it serves, the CBHS states. Organization A's leadership may potentially use the study findings to increase staff morale to retain employees.

Summary

Organization A is an FQHC that provides primary health care and behavioral health care services. According to the CBHS, there are high BHT turnover rates in the organization's residential treatment facilities, and there are concerns about the BHTs having the knowledge, skills, and abilities necessary to staff the sites. Organization A's extensive service offerings necessitate the recruitment and retention of a qualified workforce.

I used the Baldrige framework to guide my exploration of the practice problem in this study, specifically, as it pertains to building workforce capacity and capabilities. Workforce development can influence social change by improving organizational

response to the needs of the communities served (Magidson et al., 2019). Having a well-qualified workforce may also support Organization A's mission of providing quality services to support the mental and emotional health of its clients.

Section 1b contains Organization A's profile. In this section, I provide further details on key factors for the organization that pertain to recruitment, retention, and the workplace environment. The Baldrige framework is used as a guide for this discussion.

Section 1b: Organizational Profile

Introduction

The practice problem that was the focus of this study was the poor retention of BHTs and the need for insight on how to recruit, retain, develop, and strengthen their knowledge and abilities. Employee retention as it relates to BHTs is low in the residential sites. When BHTs don't feel prepared for their job or they don't feel they are appropriately compensated for the work they do they tend to seek other employment leaving Organization A with vacancies. Staffing is a problem in Organization A; staffing shortages are constant, and there is a high BHT turnover rate at the organization. More broadly, there is an identified need for qualified and trained BHTs to staff behavioral health care programs according to the CBHS.

The purpose of this qualitative case study was to explore strategies to recruit, retain, develop, and strengthen the knowledge and abilities of BHTs. The organization is a private, nonprofit FQHC that provides primary and behavioral health care services. The behavioral health residential programs serve (a) pregnant women and women of

childbearing age between the age of 18 and 50 years old and their children and (b) adult men age 18 and older. The organization provides men's and women's residential treatment programs in the southeastern United States. The RQs for this study were as follows:

RQ1: What does Organization A's leadership identify as barriers to retaining BHTs?

RQ2: What strategies does Organization A's leadership identify as contributing factors to retaining BHTs?

RQ3: What knowledge and abilities are essential to strengthen the BHT workforce?

Major topics in Section 1b are the organizational profile and key factors and organizational background and context.

Organizational Profile and Key Factors

Organization A is a private, nonprofit, FQHC that provides primary and behavioral health care services. The organization is governed by a board of directors, members of which vote on all major organizational decisions, including hiring the CEO. Organization A is led by an executive team that includes the CEO, chief operating officer (COO), Chief Finance Officer (CFO), chief medical officer (CMO), chief human resource officer (CHRO), and CBHS. The next leadership level consists of middle managers who supervise the organization's programs and service offerings.

According to Organization A's website, no one will be turned away from services for an inability to pay. The CBHS stated that although no one will be turned away from services for an inability to pay, this does not mean that Organization A's services are free. As a private, nonprofit organization, Organization A relies on grants, and there is a tendency not to compensate for knowledge at market rates due to a "shoestring budget."

The key factors identified as being of strategic importance to Organization A in its strategic plan reflect its workforce profile. They include positions available, job eligibility requirements, position salaries, the benefit package, and hiring practices. These key factors are important because staff recruitment and retention are priorities for the organization. The more the organization has to offer, the more attractive the organization is to an individual who is considering working for it, the CBHS stated. They added that a strong benefits package can increase the behavioral health department's workforce.

As the CBHS noted, the services offered by the behavioral health section of Organization A are another key factor of strategic importance. Organization A has the capacity to serve 77 women and nine men for residential substance use treatment. At the time of the study, Organization A was a leading provider of women's treatment in the southeastern United States. The organization is also recognized for providing high-quality treatment services to the clients served.

When data were collected, Organization A had five locations for women, which provided gender-specific treatment, and one for men. According to the website, the women's treatment locations are designed specifically to meet the unique needs of

women and their children. Organization A's approach to treatment is to provide clients with safe, clean, and 24-hr supervised living environments where they can focus on recovery from substance use disorders while maintaining a family structure for their children. Each client has an individualized plan of care, and Organization A works with them to meet the goals of their plan. The programs are designed so that each family receives the support and wrap-around services that are essential in achieving and maintaining recovery as well as living a healthy and independent lifestyle, the CBHS stated.

While enrolled in care at Organization A, clients participate in substance abuse comprehensive outpatient treatment (SACOT), which is held 5 days a week for 4 hr per day. Other treatment services offered include medication management; case management; access to medical and dental care; well-baby checkups, immunizations, and physicals; transportation; childcare while clients are in group sessions; and daily living skill-building classes on topics such as parenting and food and nutrition, according to the CBHS. Each child receives a developmental screening as part of their physical.

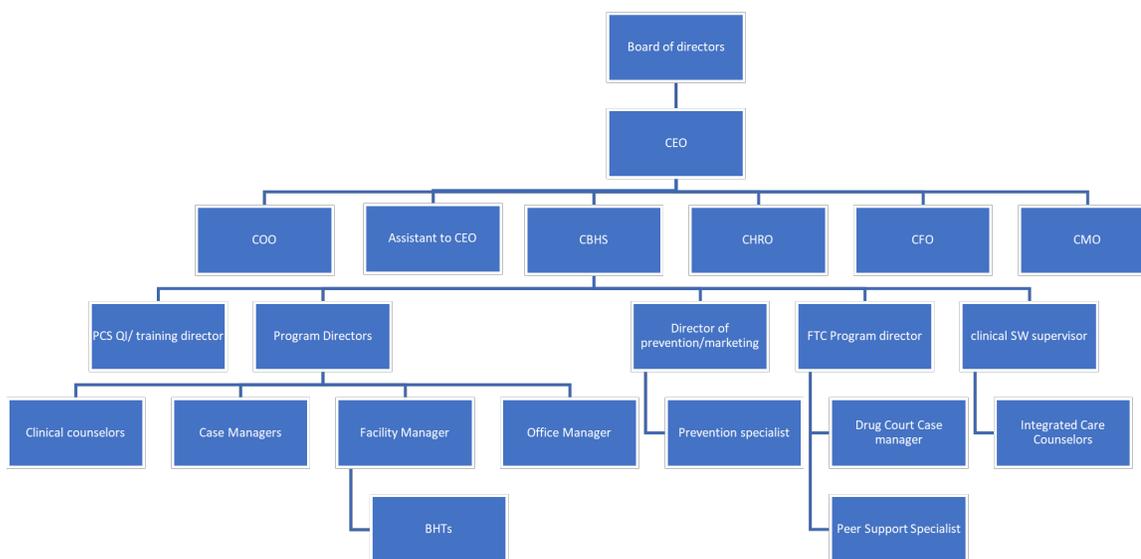
Organization A's strategic direction is to achieve and maintain a staff profile that reflects competency, diversity, and financial viability. Strategies include reducing staff turnover from the current rate of 28% to the industry standard rate of less than 18% according to the strategic plan and continuing the development and hiring practices that support and quantify training, competency, and cultural fit. The organization's mission is

to improve the community's health status by providing an integrated system of high-quality primary and preventive health services to all they serve.

According to the organization's strategic plan, Organization A aspires to secure and maintain resources to remain in the forefront of the health care industry. The plan identifies the organization's core values as compassion, teamwork, commitment, integrity, respect, accountability, and excellence. Corporate priorities included full financial recovery with a cash reserve established for future need, readiness to meet Joint Commission standards, and staff recruitment and retention per the strategic plan.

Organizational Background and Context

At the time of the study, Organization A employed 250 employees, 115 of whom were in the organization's behavioral health division. Eighty-five percent were full-time employees. Positions included the executive team, program directors, facility managers, clinical counselors, case managers, a peer support specialist, and BHTs. Figure 1 shows the organization's behavioral health section.

Figure 1*Agency Behavioral Health Organizational Chart*

The study organization is an FQHC that provides primary and behavioral health services. The behavioral health services include comprehensive clinical assessments, SACOT, substance abuse intensive outpatient treatment (SAIOP), case management, parenting classes, medication management, transportation, daily living skills, and childcare. Childcare is available to women—both women of childbearing age (18–50 years old) with children up to age 12 and pregnant women—with substance use disorders, some having a co-occurring mental health disorder. The staff provides clinical and

support services for the clients served by the program. According to the CBHS, the organizational structure is as follows:

- The CEO provides leadership and management guidance for the agency and is supervised by the board of directors.
- The executive team consists of the CEO, COO, CFO, CMO, CHRO, and CBHS. The team members provide leadership for the departments they head.
- The CBHS is the executive team member responsible for leading Organization A's behavioral health section.
- Under the CBHS are the program directors, who provide oversight for the residential facilities. The program directors also supervise the facility managers, office managers, clinical counselors, child and family therapists, case managers, and BHTs.
- The clinical counselor's complete admission assessments of clients and provide SACOT to program clients.
- The child and family therapist provide treatment services to children and families in the program.
- The case managers provide case management services to clients.
- The facility manager provides oversight of the facility and ensures that the facility is operated according to the state guidelines.

- The BHTs provide facility oversight to ensure that the facility is kept safe and clean. They also teach daily living skills to clients; monitor the self-administration of medications; and ensure that facility rules, policies, and procedures are being followed.
- The office manager provides administrative services and support to the office and program director.

Definitions

Key terms and definitions for this study include the following:

Authorizations: Determinations that clients meet medical necessity for services provided. The managed care organization (MCO) approves requests by the provider to offer services to the client. When the authorized units are expended, the provider has to resubmit for additional authorization, according to the CBHS.

Comprehensive clinical assessment: Face-to-face evaluations that are typically completed by licensed mental health professionals to help develop appropriate treatment plans, according to the CBHS.

Coping skills: Actions that one can take in an uncomfortable situation that can help prevent substance use (SAMHSA, 2021).

Daily living skills: Techniques to increase a client's abilities to care for themselves and their children, including those related to parenting, food and nutrition, and housekeeping, according to the CBHS.

Evidence-based protective interventions: Interventions that are based on approved curricula and that replace non-crisis interventions. They are used to provide de-escalation strategies and nonrestrictive interventions to address client behaviors, according to the CBHS.

Medication-assisted treatment: A treatment approach that combines medication with counseling and behavioral therapies to provide a whole-patient approach for treating substance use disorders (SAMHSA, 2021).

Recovery: A return to a normal state of health, mind, and strength without using drugs and alcohol (SAMHSA,2021).

Relapse prevention skills: Techniques to help clients stay on track, according to the CBHS.

Return to use: A situation that occurs when an individual goes back to using drugs and alcohol after a period of abstinence (SAMHSA, 2021).

Substance abuse comprehensive outpatient treatment (SACOT): A treatment program that meets 5 days a week for 4 hr per day. During SACOT meetings, clients participate in therapeutic and educational groups, according to the CBHS.

Substance abuse intensive outpatient treatment (SAIOP): A treatment program that meets 3 days a week for 3 hr per day. SAIOP consists of direct services for people with substance use disorders or co-occurring mental and substance use disorders. During SAIOP, clients establish psychosocial support and develop relapse management and coping strategies, according to the CBHS.

Fiscal and Personnel Management Issues

Organization A's fiscal year runs from July 1 to June 30. Operations are budget driven. The budget officer meets annually with the program directors to plan for the fiscal year and design a budget to meet program and staff needs. Budget areas include staff training, staff certification and license renewal fees, office supplies, transportation, vehicle and building maintenance, and housekeeping supplies.

Organization A takes pride in being the largest provider of women's services across the state. However, the turnover rate in the behavioral health program is high, especially among the BHTs. According to the CBHS, management works to minimize turnover by providing pay increases comparable to the market, offering competitive benefits, and assisting the staff's educational goals. Organization A does not compete with the other women's programs in the state. Clients on its waiting list are referred to other programs in the state that operate similarly to Organization A, the CBHS noted.

As an FQHC, Organizational A has many organizational advantages, including the ability to provide primary health care, including medication-assisted treatment. Also, at the time of the study, there were close to 80 residential beds within the organization, according to the CBHS. Organization A's staff works diligently to provide quality substance use disorder treatment and ensures that the clients are treated with dignity and respect. Organization A provides services in line with the licensure requirements in the state where it operates and with the requirements outlined in the SAMHSA block grant. It also operates per the MCO's requirements. Organization A goes through annual

unannounced audits by the state, annual block grant audits, and postpayment reviews conducted by the MCO.

Organization A has a performance improvement department that receives incident reports and reviews them for opportunities to improve services, the CBHS noted. Annual performance evaluations are completed on all employees by the direct supervisor. Weekly treatment team staff meetings are conducted to discuss client progress and client treatment needs and to provide clinical supervision. Organization A leadership conducts monthly staff meetings to provide updates and discuss any program issues and needs.

Summary

Organization A offers an array of services and prides itself for being the largest provider of women's services throughout the state in which it operates. At the time of the study, Organization A had 77 residential beds for which BHTs provided nonclinical oversight. When clients experience a mental health event, BHTs are the ones who typically provide care, yet these professionals are often ill prepared to address the behaviors displayed by the clients within the residential sites. The present study's focus was on the need for BHTs' skills to be developed and strengthened so they are better prepared to address client needs, including mental health crises when they occur. In Section 2, I discuss Organization A's background and leadership strategies. The discussion includes an assessment of how leadership governs the organization and an identification of key strategic challenges. Also, in Section 2, I review the existing literature on the practice problem.

Section 2: Background and Approach—Leadership Strategy and Assessment

Introduction

Organization A provides primary health care and behavioral health services to individuals with substance use disorders. In many cases, the individuals have co-occurring disorders that include both mental health and substance use disorders. Meeting the needs of these individuals requires a skilled workforce. Hoge et al. (2016) cited the need for increased skills among direct care workers in the behavioral health field.

Organization A's practice problem concerned how to recruit, retain, develop, and strengthen the knowledge and abilities of BHTs. I collected information from Organization A's key leadership and reviewed the academic and practice-related literature to gain a stronger understanding of the practice problem. The questions I sought to answer were the following:

RQ1: What does Organization A's leadership identify as barriers to retaining BHTs?

RQ2: What strategies does Organization A's leadership identify as contributing factors to retaining BHTs?

RQ3: What knowledge and abilities are essential to strengthen the BHT workforce?

The purpose of this study was to explore strategies to develop and strengthen the knowledge and abilities of BHTs. Developing and strengthening the skills of direct care workers who are the equivalent to BHTs has been found to be challenging due to their

lack of formal education or training (Hoge et al., 2016). Direct care workers spend the most time with clients and are the ones who see the mental health issues but are not as prepared to recognize and address mental health challenges (Konnert et al., 2019). Konnert et al. (2019) indicated that direct care workers' self-reported knowledge of mental health issues was higher than their actual knowledge. This gap indicated that workers had misconceptions of clients' mental health issues.

I sought to identify strategies necessary to develop and strengthen BHTs' knowledge and abilities to appropriately understand and address the behaviors of clients in the residential setting. The Baldrige framework provided a means of assessing how the organization builds an effective and supportive workforce environment. The Baldrige framework is a systems approach to improving organizational performance (NIST, 2021). The key sections in Section 2 are the following: Supporting Literature, Sources of Evidence, Leadership Strategy and Assessment, Client Population, Workforce, Authentic and Inclusive Leadership, and Analytical Strategy.

Supporting Literature

I searched Walden University Library databases and Google Scholar for scholarly literature on the practice problem addressed in this study. The searches were limited to articles published from 2016 to 2023 to ensure the most current information as it relates to the practice problem. Table 1 shows the databases and search terms used.

Table 1

Databases, Search Engines, and Terms Used to Conduct the Literature Search

Database or search engine	Date range	Search phrase
PsycINFO	2016–2018	Workforce development AND behavioral health care
ERIC	2018–2020	Workforce development AND behavioral health care
Gale	2017–2020	Workforce development AND behavioral health care, workforce development AND behavioral health OR mental health
EBSCOhost	2017–2020	Workforce development AND behavioral health care, workforce development AND behavioral health OR mental health, workforce development AND behavioral health OR mental health AND direct care, staff workforce development AND training AND behavioral health AND support staff
Google Scholar	2017-2021	Workforce development OR direct care staff in behavioral health

The search results yielded a variety of information on developing the skills of direct care workers in the mental health and substance use disorder field. The search results also revealed core competencies for which this level of professionals requires training when interacting with clients in behavioral health programs. The results also yielded strategies that can be used to develop and strengthen the knowledge and abilities of the BHTs.

Cultural Diversity

Cultural diversity is a core competency for BHTs because they need to be able to work with diverse populations with diverse needs. Focusing on rural areas, Baffour (2017) noted the need for a diverse and culturally competent staff to effectively provide behavioral health care services. Baffour also focused on the social determinants of

behavioral health in rural areas among racial minorities, how to improve the delivery of services, and how to develop the workforce necessary to address health disparities.

Organization A is located in a rural area. Given this, organization leaders must ensure that their employees are culturally competent.

Legislative Changes in Behavioral Health Care

Many factors play a role in behavioral health care workforce shortages (Beck et al, 2018). These factors include legislative changes that increased demand for behavioral health services by making mental health and substance use services reimbursable at the same rate as physical health services, which has affected supply and demand in the field (Beck et al, 2018). Extensive planning is needed to address these factors, yet planning efforts have been hampered by a lack of quality data on behavioral health workers (Beck et al., 2018).

Beck et al. (2018) recommended developing data that can be used for planning workforce recruitment in behavioral health care. They further recommended developing a minimum data set that encompasses key worker characteristics that leaders can use to develop the workforce and meet the growing need for behavioral health services. Data collection is becoming more and more important in guiding program operations (Beck et al., 2018). The results of an existing community needs assessment conducted by Organization A show that workforce development is a major need in the community and for the organization.

Peer Support as a Workforce Development Strategy

Peer support is defined as support provided by someone with lived experience who is trained to assist those who struggle with substance use and mental health disorders (Chapman et al., 2018). This is a feasible and highly possible solution to developing and strengthening the BHTs, according to the CBHS. The use of peer providers with lived experiences is becoming increasingly popular in treating individuals with mental health and substance use disorders (Chapman et al., 2018).

Research indicates that the use of peer providers has a positive effect on the treatment and recovery of individuals with an identified behavioral health need (Chapman et al., 2018). Chapman et al. (2018) examined peer provider workforce development and employment best practices in four states—Arizona, Georgia, Texas, and Pennsylvania. Study findings showed that peer providers work in a variety of settings; have the potential to assist in addressing workforce shortages; and assist clients in attaining long-term recovery by building a rapport with clients, making treatment staff aware of client needs, and promoting recovery-oriented environments (Chapman et al., 2018). This is important because the use of peer providers is growing in the area where Organization A is located, according to the CBHS. At the organization, peer providers are called peer support specialists. Peer support specialists are a population of professionals who can help to address the workforce's needs in behavioral health care.

According to Neme and Mullen (2017), policy-focused training has workforce development effectiveness. The policy of focus includes initiatives in psychiatric

rehabilitation and behavioral health care (Nemee & Mullen, 2017). The behavioral health field is going through some policy changes related to interventions such as supported employment, supported education, integrated health care, the use of peer support specialists, and the training required for these interventions (Nemee & Mullen, 2017). There is a serious need for understanding of the policy and what it means for direct service providers and the provision of services to the clients as presented by Nemee & Mullin (2017). The study found that organizations need to be educated on policies in order to offer appropriate training geared at workforce development.

Weller et al. (2021) completed a study on two innovative, interdisciplinary, federally funded workforce development programs designed to address the behavioral health needs of individuals with co-occurring opioid use and mental health disorders in underserved communities. Weller et al., (2021) indicated that there is a need for social work and occupational therapy graduate level students, the use of peer support specialist, and community providers in rural communities to develop the workforce in behavioral health.

Weller et al. (2021) found that in order to develop the workforce, graduate students, peer support, and providers can be trained in evidence-based practices. According to Weller et al., evidence-informed training such as motivational interviewing and screening, brief intervention, and referral to treatment provides opportunities to apply the training received. The authors also indicated that if funding is available, students should receive incentives for participating in the training.

Supervision Needed for Direct Care Staff

Choy-Brown and Stanhope (2018) focused on the role of evidence-based supervision in behavioral health. This study seeks to bring awareness of the types of supervision that are available and the characteristics that are unique to the mental health profession. According to Choy-Brown and Stanhope, evidence-based supervision in workforce development and the provision of quality services is significant in behavioral health care. This study signified that supervision is very important in improving the staff's skills and developing the workforce (Choy-Brown & Stanhope, 2018). Clinical supervision in behavioral health care is a type of incentive for mental health professionals as it is required if the professional is seeking a credential. In many situations supervision is more administrative and not focused on clinical practice. Some may even have to go outside the organization for quality clinical supervision.

Working in an agency with individuals with behavioral issues can prove to be challenging. Clinical supervision is very important and is often the link between the staff and the knowledge and skill development needed (Sewell, 2017). According to Sewell, (2017), clinical supervision has a direct impact on quality client care. Supervision has been identified as an important aspect of the implementation of evidence-based programs in behavioral health programs (Sewell, 2017). Organization A is focused on the clinical practice of gender specific substance use disorders and they have the capacity to offer mental health counseling therefore quality clinical supervision can be an important factor in developing and strengthening BHTs.

Core Competencies for Direct Care Staff

Hoge et al. (2016) pointed to it being important to increase the skills of direct care workers who have no formal education or training in the mental health field. This study is the focus of a multiyear Alaskan Core Competencies Initiative where direct care staff skills are developed and strengthened (Hoge et al., 2016). This study indicated that developing core competencies for one group has proven to be challenging. Hoge et al. provided information on the creation of a set of cross-sector core competencies relevant to direct care workers. BHTs fits the same description as the direct care workers, and BHTs spends a lot of time with clients and their skills need to be developed where they can have the most impact on the client.

Konnert et al. (2019) focused on the knowledge, skills and abilities of direct care workers in caring for clients with mental health issues from the perspective of direct care workers and key administrators. The study identified how the direct care worker spends the most time with clients and are the ones who see the mental health issues, but are not as prepared in mental health challenges (Konnert et al., 2019). According to Konnert et al., direct care workers' self-reported knowledge of mental health was higher than it really was given misconceptions related to the mental health issues of the clients served. Konnert et al., (2019) identified areas in the care of clients that need to be developed based on the perspective of the direct care worker and the key administrators.

Behavioral Health Care Workforce Shortage

There is a nationwide shortage of behavioral health care workforce, especially in rural areas, exasperated by the opioid epidemic in the United States (Magidson et al., 2019). Magidson et al., (2019) provided strategies to improve client access to mental health services to clients with opioid use disorder in rural communities and strategies to strengthen the workforce. According to Magidson et al., (2019) the opioid crisis has caused a shortage of prescribers of medications to treat opioid use disorder and providers of evidence-based psychosocial interventions to address the needs of those with opioid use disorders. The study found that in urban areas the workforce shortage appeared not to be as great as it is in rural areas which hinders access to care (Magidson et al., 2019). The use of lay health workers to address the workforce shortage in behavioral health has been discussed as a way to develop the workforce (Magidson et al., 2019). Organization A is in a rural area where the opioid crisis is prevalent. Organization A has a medication for opioid use disorder (MOUD) program.

Roche and Nicholas (2017) completed a study on Australia's National Alcohol and other drug workforce development strategy. This strategy outlined the range of factors impacting the individual worker and it also focused on workforce development strategies such as workers well-being, workforce planning, leadership and management, worker recruitment and retention, effective learning environment, and training (Roche & Nicholas, 2017). Roche & Nicholas (2017) shared that the central focus of workforce

development should be approached from a system focus. A systems approach is a comprehensive process focused on the individual, organization, and structure.

Sources of Evidence

Gaining an understanding of Organization A's operations to include the services they provide and the population they provide these services to is necessary to understand the practice problem of recruiting, retaining, developing and strengthening the knowledge and abilities of BHT's. Sources of evidence used in this qualitative case study included a structured interview with the CBHS of Organization A. Secondary data were collected to provide understanding of the practice problem such as a review of job descriptions, the strategic plan, the website of Organization A, and an existing community needs assessment.

Organization A uses job descriptions to provide an explanation of the job duties and roles of the BHT. It also provides educational and background criteria necessary for the position. Organization A completed a community needs assessment along with other collaborative partners as a part of a grant Organization A was awarded to address the opioid crisis in the rural area that Organization A is located. In the existing community needs assessment, gaps in addressing the opioid crisis were identified that included those pertaining to the workforce.

The interview questions were designed to gain information on Organization A in order to better understand the practice problem. The interview questions prompted data on the skills necessary for BHT's to work with the service clients. Interviews were

structured to collect data and identify any gaps in services. Analyzing data that has been collected provides an understanding of the practice problems and what strategies could be utilized to address the problem.

Leadership Strategy and Assessment

Assessment

According to Organization A's bylaws and policy and procedures, the board of directors is the governing body of the organization. The board's responsibility is to develop and approve policies that allow it to plan, budget, implement, and monitor behavioral health and primary medical care services to those citizens who are in need and meet established criteria for enrollment. The board is responsible for employing the president/CEO. The board has delegated the management of day-to-day activities of the total agency to the president/CEO, who has the authority to implement administrative strategies and/or procedures to carry forward the intent of the board's policies and/or statutory responsibility. These strategies include employment and dismissal of employees, the organizational staff, and using available resources.

The purposes for which the corporation is organized are exclusively to establish and operate primary health care centers, dental facilities, supervised living facilities, skilled and semiskilled nursing facilities, mental health facilities and to operate such other charitable, medical, educational and/or scientific enterprises as may be beneficial to the citizens of the county that it is located in and the surrounding areas. Organization A provides primary health care and behavioral health care services to the patients and

clients in the rural area where it operates. Organization A provides an array of services to include residential substance use disorders working specifically with women and their children.

Strategic Planning

Organization A uses strategic planning to effectively manage the agency. According to the CBHS, Organization A values the input of different levels of management to come up with strategies to implement the focus areas of their strategic plan. The process of strategic planning begins by obtaining a consultant who is knowledgeable about community health centers but is not directly connected to the organization. Organization A typically schedules a strategic planning meeting over a weekend in an area other than at the organization. Those included are the board of directors, the executive team, select middle managers from the primary health section and the behavioral health section of the organization and select administrative support staff. During the strategic planning meeting focus area goals for the organization are developed and discussed (CBHS, personal communication, September 21, 2021). Each goal identifies the strategies, key action steps, reporting and metrics, time frame, and the person(s) responsible for the goal and its implementation. The strategic plan of the organization is for a 3-year period. Once the strategic plan is finalized the board of directors approves it and then each executive head work with the supervisors in their department in order for the staff of Organization A to be trained on the necessary

components. It is important to the leadership of the organization that all employees are informed of the corporation's goals and objectives.

Challenges that tend to arise tend to involve spending issues and the competitive environment in which they serve. The leadership of Organization A works closely with the employees to cut spending where necessary and they work hard to provide quality services to the community they are located in (CBHS, personal communication, September 21, 2021).

Clients/Population Served

The primary service area is in a rural community in the southeastern United States. Organization A has residential facilities in four different counties and accepts clients from all over the state that they are located in. The residential sites are strategically located across the state and are one of the largest providers of women's services (personal communication September 21, 2021). Organization A is able to serve nine men and 77 women and their children. Organization A accepts referrals from the detox agency in the area it is located in as well as detox centers in the surrounding areas. Referrals are also received from the Department of Social Services, other treatment facilities, the prison system and self-referrals. Organization A serve a diverse group of clients although most are Native American, African American and white. They have also served English speaking Hispanics in residential sites. Organization A makes every effort to employ a diverse workforce. According to the CBHS of Organization A the residential sites are primarily substance use facilities but many of the clients present with co-

occurring substance use and mental health disorders. The residential sites need qualified and highly trained BHTs to provide oversight of the facility.

In order to obtain information from client's Organization A receives a referral form from the referring party. Once the referral is received and reviewed the responsible staff calls the client to schedule an interview. The interview is conducted through video chat and the treatment team completes an in-depth interview to gain information from the client to determine if the program is a good fit for the client and if the client is a good fit for the program. After the interview is completed and the client is given an admission date, the clinical staff completes a comprehensive clinical assessment (CCA). It is from the CCA that Organization A obtains information from clients (Personal Communication September 21, 2021). The questions that are asked are respectful to the client and they are given the autonomy to answer or not answer anything they are not comfortable with. Organization A begins the process of building a therapeutic relationship with the client from the time someone calls and voices an interest in the program. According to the CBHS the staff of the organization work with clients in a respectful and ethical manner in order to engage clients and build relationships (Personal Communication September 21, 2021). Organization A prides itself on providing culturally sensitive, person centered, wholistic and gender specific services. The majority of the client population served by Organization A receive Medicaid as their primary insurance source.

Workforce and Operations

Management of operations for Organization A is the executive team that includes the CEO, COO, CMO, CHRO, CFO, and the CBHS. The residential facilities of Organization A each have a Program Director that provides supervisory oversight. Organization A is a FQHC and it is governed by a board of directors. The CEO, COO, CBHS, CHRO, all hold master's degrees in various specialties. The CMO has an MD. The program directors also have master's degrees. The counselors hold master's degrees in mental health counseling or social work. Case managers have a bachelor's degree in human services, the facility manager has a high school diploma, and BHTs have high school diplomas some have associates degrees. The credentials held by the program directors include Licensed Clinical Addiction Specialist and Certified Clinical Supervisor.

Organization A controls overall costs with the executive team meeting regularly going over the budget, and discussing losses and gains, and revenue generating opportunities. According to the CBHS, the CFO is responsible for the operating budget of Organization A, and she is responsible for submitting reports to the board of directors and the executive team concerning the financial status of the organization. Organization A is a private, nonprofit organization. Although people are not turned away for inability to pay, the organization does not advertise itself as a free clinic (CBHS, personal communication, September 21, 2021). Organization A has what is called a sliding fee scale where payment is based on income. According to the CBHS the board of directors

and the executive team are very supportive of the professional goals and well-being of the employees and they seek to assist them in being the best version of themselves. The Baldrige framework (NIST, 2021) states that in order to ensure workforce engagement and high-performance environment there are many factors to consider which includes development and career opportunities; the work environment and management support; workplace safety and security; the workload; effective communication, cooperation and teamwork. To ensure the success of their organizations, health care leaders need to be mindful of how much empowerment, job security, and support that they provide employees and how much they recognize and diversity within the organization, according to the Baldrige framework (NIST, 2021). It is important that organizations employ a diverse workplace that reflects the people they serve (NIST, 2021). Diversity encompasses the differences among the workforce that includes but is not limited to race, gender, religion, age, and sexual orientation (NIST, 2021).

Organization A has a performance improvement department that is dedicated to ensuring corporate compliance and ensuring effective management of operations. A standing continuous performance improvement committee (CPIC)/risk management committee exists within the organization and has a compliance officer (CBHS, personal communication, September 21, 2021). The performance improvement department handles all complaints and concerns that may come into the organization. If Organization A receives any complaints they are directed to the compliance officer who takes it before the risk committee for the complaint to have resolution.

Workforce Recruitment and Training

Organization A builds an effective supportive workforce environment by offering a competitive salary and benefits to its employees. Other ways that Organization A leadership builds an effective supportive workforce environment are by conducting annual corporate day training and providing supportive supervision. Organization A has several community partners to include the local university and provides internship opportunities for students. According to the CBHS the state requires that all staff of the residential sites receive training that covers a variety of areas necessary to meet the licensure requirements. The CBHS shared that Organization A ensures these trainings are provided within the first 90 days of employment. These trainings are completed by the program directors of the residential programs. Organization A provides opportunities for staff to attend continuing education training that are necessary for the staff to maintain their credentials (CBHS, personal communication, September 21, 2021).

Professionals are recruited by word of mouth via Organization A's website that has a link to where positions are advertised. Organization A also advertised vacant positions on its Facebook page and through the substance abuse professional practice board. Positions are advertised for approximately 2 weeks. Once the interview process is complete and candidates are chosen a background check is completed before employment is offered. Once the position is offered and the candidate accepts the position a start date is given and the human resources administrative staff begin the process of completing the

new employee paperwork and references are checked. The new employee orientation is conducted at the end of the month.

Workforce Supervision and Support

Organization A engages its staff to achieve a high-performance work environment through the training they provide and makes it possible for them to attend. Organization A encourages all staff to further their education by providing a \$1,000.00 stipend towards a college level course. Organization A show appreciation to employees by providing service awards and they also acknowledge an employee of the month. Quarterly bonuses are also provided to all employees if a certain amount of revenue is generated according to the CBHS. Organization A provides a competitive benefits package to include health insurance, short-term and long-term disability, annual leave, sick leave, personal leave, inclement weather days, and 403B program. Supervisors have the ability to offer mental health days as incentives to staff.

Workforce Communication

According to the CBHS, Organization A has an open line of communication that all employees have access to. Communication is done by emails that are sent to all employees, on occasion the CEO has a team's video conference that all employees are able to attend, and the executive team visit the sites to check in with the staff and offer support. Organization-related information is communicated to all staff during the annual corporate day training. There are occasions when information is communicated to

supervisors and supervisors are then responsible for disseminating the information to the staff under their purview.

Workforce Engagement and Progression Operations

Organization A prides itself on being one of the best providers of services of its kind. Organization A designs its program by utilizing services grounded in best practices (CBHS, personal communication, September 21, 2021). Services are developed and provided using evidence-based practices. Staff of Organization A work to build a rapport with clients from the initial contact in order to build trust and a therapeutic alliance to aid in the treatment process. Employees of Organization A employ active listening skills to show empathy and build a positive relationship with the client. Organization A is licensed by the state and uses a national accreditation agency which is a Joint Commission. The professionals providing care for clients are appropriately trained. The CBHS shared that Organization A conducts client and employee satisfaction surveys and annual focus groups are conducted with the clients to gather feedback on their experiences in the program. Organization A hires an independent consultant to conduct the focus groups (CBHS, personal communication, September 21, 2021).

Authentic and Inclusive Leadership

Organization A show genuine concern for all employees. As a part of the employee benefit package all employees have access to an employee assistance program (EAP) to take care of their overall well-being (CBHS, personal communication, September 21, 2021). The CEO gives out mental health days randomly to staff and it

consist of the employee who is awarded the mental health day is able to take a day off, and they do not have to use their personal leave time. The Baldrige framework shares how important it is for organizations to practice and demonstrate high standards of overall conduct (NIST, 2021). The personal actions of the leadership are important to guide and sustain the organization and they intentionally engage and promote equity in the workplace according to the Baldrige framework (NIST, 2021). Supervisors of Organization A are responsible for completing annual evaluations of employees and they discuss areas that need improvement as well as strengths of the employee with the employee. Organization A works hard to ensure they provide an environment that is safe, secure and accessible for all staff and clients (CBHS, personal communication, September 21, 2021). Organization A leadership uses these various methods to motivate and engage the workforce. Organization A promotes the fair treatment of the workforce and the people they serve.

Analytical Strategy

In completing this doctoral study, I served as a doctoral scholar-consultant. As I completed this study, it was my goal to understand Organization A's processes when recruiting, retaining, training, developing and strengthening BHTs who are hired to provide nonclinical direct care to the clients of the program.

I obtained approval from Walden University's Institutional Review Board before conducting any interviews (approval no. 09-08-21-0750289). Written informed consent has been obtained from those involved in the study. I received permission to review

documents that could be helpful in completing this study such as job descriptions, strategic plans, an existing community needs assessment, organization bylaws, and policy and procedures of the organization.

Participants and Procedures

A key source of data for this research was obtained as a result of a structured interview and is the foundation of this qualitative study with the CBHS who is a key leader in Organization A as an informant. The interview will be thematically coded to determine if there is support from the literature and secondary data. The participant for the interview was determined based on his leadership role in Organization A's behavioral health section. I used my Walden University email account to contact selected individuals once they returned their consent forms. An interview will be scheduled during a time that is convenient to the participant. The interview questions were carefully constructed in a manner to gain important information for the practice problem. The interview questions and the responses will be transcribed using NVivo for MAC qualitative software.

Sampling

Purposeful sampling also referred to purposive sampling will be utilized to assist with the goal of understanding how the leadership of Organization A experience retaining qualified BHTs needed to staff the residential programs in the behavioral health section. This researcher chose the participants for this study based on their leadership role within Organization A and also their capability to communicate about relevant topics that align with the Baldrige framework. The participants in this study were also chosen

based on their ability to assist in answering the RQs. Qualitative research does not require random probability sampling as in quantitative research (Ravitch & Carl, 2016).

I strove to adhere to high ethical standards while conducting this research to avoid any conflicts of interest. Ethical research standards of Walden University and the American Psychological Association were observed. Before collecting data, I obtained the informed consent of participants. Informed consent is defined as the written agreement to engage in qualitative research study before it begins (Ravitch & Carl, 2016). Walden University requires that this consent be in writing. The participants are made aware of all expectations of the research before it begins. In the capstone, I refer to the organization using a pseudonym to protect its identity.

Summary and Transition

Organization A needs qualified BHTs to staff its residential facilities. The residential facilities serve men and women who have substance use disorders and, in many cases, co-occurring mental health disorders. The BHTs need to be appropriately trained to address the issues that many times come up during their shift at the facility. This research study was conducted to explore strategies to recruit, retain, develop and strengthen the skills and abilities of the direct care nonclinical staff which are the BHTs.

A search of the literature revealed that the direct care staff are typically not equipped with the skills necessary to recognize or understand the behaviors that are displayed by the clients served by the facilities. The literature also suggests that this is especially true in rural areas.

In Section 3, the analytical strategy of Organization A, workforce engagement and operations are explored. Also, workforce recruitment and training, workforce communication, engagement, leadership, knowledge management, risk management and information and technology security are examined as they relate to the practice problem of Organization A.

Section 3: Measurement, Analysis, and Knowledge Management Components of the Organization

Introduction

Organization A has six residential substance use disorder facilities: five for women and one for men. The residential sites employ BHTs to provide nonclinical oversight of the facilities. The present study's focus was on providing Organization A strategies to recruit and retain BHTs and develop these workers' ability to recognize and respond to the behaviors of clients who present with co-occurring substance use and mental health disorders. I explored the training necessary to develop and strengthen BHTs. Within its six residential facilities, Organization A employed approximately 80 BHTs at the time of the study. I examined the services provided by Organization A to gain a better understanding of the role of the BHTs in the program. The job description and training requirements were examined to determine what is needed to provide nonclinical services to clients in the residential setting. To guide my analysis of Organization A, I used the Baldrige framework (NIST, 2021). Sources of evidence included an interview with the CBHS and a review of organizational documentation related to the practice problem. Documentation included strategic plans, job descriptions of BHTs, Organization A policy and procedures, an existing community needs assessment, and other documentation.

I obtained sources of evidence to explore the need for Organization A leadership to develop and strengthen the knowledge and abilities of BHTs. Strategic plans and other

sources of evidence were reviewed to determine how Organization A plans for workforce development. An interview with the CBHS was conducted, which provided data on the nature of the need, as well as a review of the website, which provided vital information on the organization and services provided. The data collection for this qualitative study was necessary to address the practice problem.

Analysis of the Organization

To analyze organizational performance, I used the Baldrige excellence framework (NIST, 2021). At the time of the study, Organization A had been a staple in the community for over 37 years and had a reputation for providing quality primary and behavioral health services. Organization A was the largest provider of women's services in its state and was known for the services its staff provided. To better understand the knowledge, skills, and abilities needed by the staff of the residential facilities, I examine the organization's workforce operations and knowledge management in the following sections.

Knowledge Management

The Baldrige framework (NIST, 2021) states that knowledge management is critical for success in managing organizations amid ever increasing organizational knowledge. Knowledge management also includes having the knowledge needed to improve processes and to innovate and add value to patients and other stakeholders of the organization (NIST, 2021). Organizational leadership establishes ways to manage and

evaluate the knowledge of the workforce, patients served, and other collaborative partners, as described in the Baldrige framework (NIST, 2021).

Organization A's leadership is responsible for collecting data that measure areas needing improvement. According to the CBHS Organization A makes every attempt to employ highly qualified clinicians, including those with credentials, to offer services to meet the needs of clients within the community. Organization A is known for growing its own professionals by assisting them in becoming credentialed to provide the quality services needed to meet the demand of the community. Organization A leadership conducted a community needs assessment that provided insight on the services needed in the community as well as the workforce needs in the rural area.

Organizational Performance

To measure, analyze, and improve organizational performance, Organization A's leadership relies on its CPIC/risk committee. This body reviews incident reports and completes a strengths, weaknesses, opportunities, and threats analysis. Also, Organization A leaders complete an annual cross-site evaluation and client satisfaction surveys. They also complete the state standardized tool assessment when a client is first admitted, 3 and 6 months later, and annually and biannually. The assessment measures the client's progress at the assessment completion point, the CBHS noted.

Risk Management

Organization A has a performance improvement department that is dedicated to ensuring corporate compliance and effective management of operations. A standing

continuous performance CPIC)/risk management committee exists within the organization, which has a compliance officer, the CBHS noted. The performance improvement department handles all complaints and concerns received by the organization. The compliance officer takes complaints before the risk committee for a resolution.

Information and Technology Security

According to the CBHS, Organization A has several data collection tools including the electronic medical record system EPIC and SEDCARE. Organization A track patient data and outcomes with these systems. Data are stored on redundant servers and the cloud. Organization A has an information technology department that designs systems to keep the information safe and accessible. Minutes are kept electronically for all meetings, and personnel files are electronically stored on the cloud as well. The data collected are outcome measures for clients of the organization. The only employee-related data are employee health screens and documentation of influenza vaccination.

Summary

In Section 3, I provided an overview of Organization A, which included information on the environment of Organization A and how it engages its employees and ensures that quality services are provided to its clients. I discussed Organization A's effectiveness and means of improving care and managing data. Organization A's leaders have built a supportive workforce by providing ongoing training and supervision. At the time of the study, Organization A provided \$1,000 annually towards the completion of a

college class. This stipend was available to all employees who enrolled in and passed the class with a C grade or better. Organization A leaders also gave quarterly bonuses to all employees based on revenue generation. Organization A offered a competitive benefit package to its employees.

The organization has an information technology department who ensures the security and safety of the technology of the organization. Organization A has a performance improvement committee whose members monitor incident reports and ensure the safety of the clients served by the organization. Organization A hires highly qualified individuals and they have a reputation for growing their own professionals to provide quality services to the clients in the residential facilities. Organization A pays the licensure fees and credentialing fees of their employees.

In Section 4, the results, including analysis, implication, and preparation of findings are examined. The sources of evidence and how they came about will also be discussed in relation to the practice problem. Other areas that evidence will be collected and discussed to include the organizations programs, services, client-focused results, workforce-focused results, financial and marketplace performance results, and new initiatives.

Section 4: Results—Analysis, Implications, and Preparation of Findings

Introduction

The purpose of this qualitative study was to explore the need for Organization A to train, develop, and retain qualified behavioral health technicians to staff its behavioral health residential facilities. The participant in this study, the CBHS, was a member of the executive team. By providing insight on the retention of qualified BHTs, this study has the potential to assist Organization A leaders with meeting one of their strategic plan goals and objectives of retaining employees.

Organization A has been a pillar in the community for over 37 years, providing quality primary health care and behavioral health care. According to the CBHS, Organization A leaders have worked diligently to establish a positive reputation in the community and across the state. Organization A has residential facilities strategically placed in various areas of the state. Many of the clients who enter the residential facilities present with co-occurring mental health disorders and substance abuse disorders. Many have also experienced some type of trauma that exacerbates their presenting symptoms. Leadership of Organization A realized the need for the BHTs to be appropriately trained to be able to recognize and respond to the needs of clients as they present. Leadership also expressed that appropriate training was necessary to retain BHTs in the residential setting.

I examined workforce operations, engagement, training, benefits, and community role to provide insight on the need for retaining qualified BHTs. The leaders of the

behavioral health agency in this study are always looking for ways to incentivize their employees to retain them. Organization A leaders identified a need to train and develop BHTs and equip them with what they need to work with the population served.

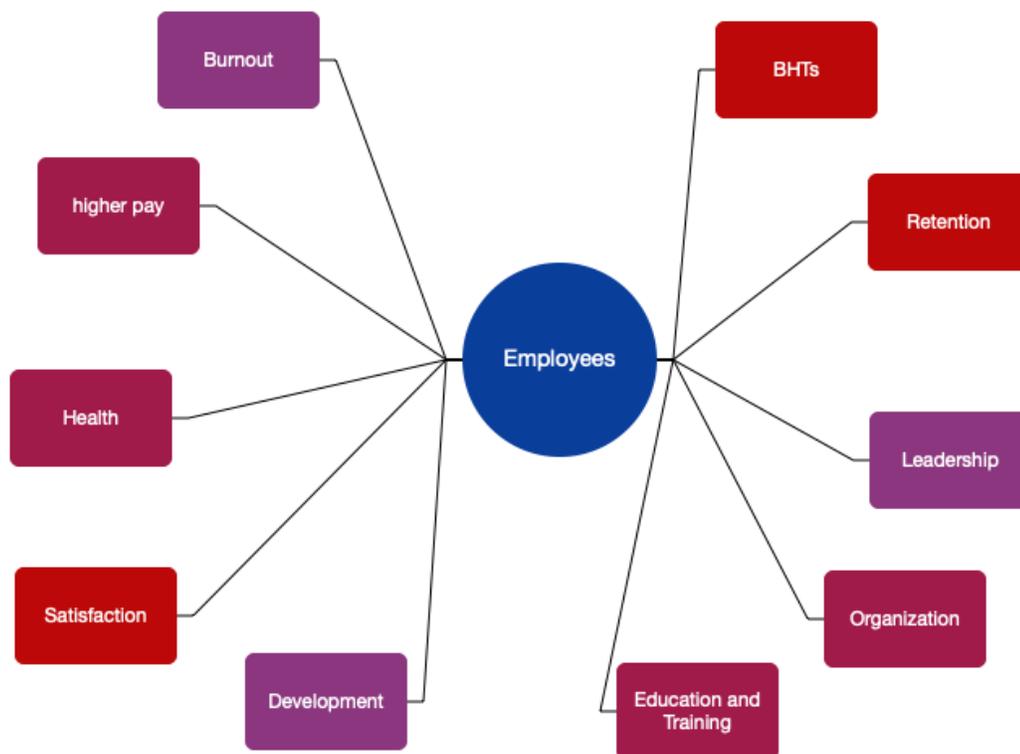
To complete this study, I first identified topics related to workforce development and what is needed to train and retain direct care staff. I searched databases to find related literature to review. A structured interview with the CBHS of Organization A was also conducted. Additionally, I reviewed the website of Organization A.

Analysis, Results, and Implications

I used NVivo coding software for qualitative data analysis. Uploading the interview transcript allowed for manual and automatic control of the data for coding themes. I created categories, or nodes, and subcategories, identified themes. The interview, which was transcribed, was grouped into word patterns and phrases to identify emerging themes and then uploaded into a Microsoft Excel spreadsheet.

Then, I used NVivo 12 software to create a word cloud based on the frequency of key words and phrases. In Figure 2, the larger words represent the words that were more frequently used in the transcribed interview. The words most frequently used during the interview included “employees,” “organization,” “health,” “workforce,” “retention,” and “position.” The words that were less frequently used during the interview included “BHTs,” “education,” “training,” and “satisfaction.”

Mind Map of Employee Retention Theme With Associated Key Words and Phrases



Emerging Theme 1: Organization A's Employees

Reviewing Organization A's strategic plan showed that its employees are one of its key focuses. The focus of this study was primarily on BHTs. Many of the CBHS's interview responses related to employees in general. Organization A identified employee retention as a goal throughout its strategic plan. The goal is to achieve and maintain a staff profile that reflects competency, diversity, and financial viability. The strategies per the strategic plan are to reduce staff turnover and continue the development and hiring

practices that support and quantify training, competency, and cultural fit. The BHT position is an entry-level position. Leadership anticipates that employees in these positions will ultimately move on to other positions that are considered higher up on the human services ladder. The expectation is that a BHT will only be employed for 1–3 years, the CBHS noted.

Emerging Theme 2: Behavioral Health Technicians

BHTs are the entry level positions that are essential to operation of Organization A's behavioral Health Organization's residential substance use facilities (CBHS, personal communication, September 21, 2021). According to the CBHS (personal communication, September 21, 2021) the BHT position is unique in that it is a shift position, and they work odd hours and require flexibility. The CBHS (personal communication, September 21, 2021) identified a link with burnout and higher pay as reasons it is difficult to retain BHTs as there is a constant state of staff shortages in the residential sites. According to the CBHS (personal communication, September 21, 2021) the BHTs earn time that in many cases they are not able to take due to others calling out of work for whatever reason. The CBHS (personal communication, September 21, 2021) also shared that many times the BHTs report that they do not feel they are adequately trained for their job, which makes it necessary for supervisors to look at the department orientation and training requirements to ensure BHTs are receiving the training necessary to do the job they were hired to do.

Emerging Theme 3: Burnout

Burnout was identified in the interview as a contributing factor of employee retention of BHTs for Organization A. The CBHS (personal communication, September 21, 2021) identified burnout as a link to not being able to retain BHTs. BHTs tend to experience burnout as a result of working long hours and not being able to take vacation time because of colleagues not working their scheduled shift (CBHS, personal communication, September 21, 2021). According to the CBHS (personal communication, September 21, 2021) when BHTs find themselves in a situation where they are working double shifts over and over due to colleague absences, the overwork contributes to BHT discontent and becoming burned out. The CBHS (personal communication, September 21, 2021) feels it is necessary for the organization to ensure they have enough staff to cover the shifts of the residential sites to prevent burnout.

Emerging Theme 4: Higher Pay

Higher pay is another link that has been identified in the interview as a contributing factor of employee retention of BHTs according to the CBHS (personal communication, September 21, 2021). The BHT position is an entry level shift position that requires flexibility. BHTs are requesting higher pay for this position, and they feel that they do not get paid what they deserve as reported by the CBHS (personal communication, September 21, 2021). One of the goals the executive team of Organization A has is to get employee compensation to where it needs to be. The CBHS (personal communication, September 21, 2021) shared that when they are looking at the

pay scale for the organization, they cannot forget the entry-level positions. Although the organization would love for the salary to be better it takes finances and being a community health center, they are limited in what they can do (CBHS, personal communication, September 21, 2021). Salary is not the only consideration according to the CBHS, (personal communication, September 21, 2021) he indicated the lower the salary employees are less likely to participate in the retirement plan the CBHS (personal communication, September 21, 2021) shared that he would love to see the organization pay a percentage into the retirement for all employees regardless of what they personally pay into it, he feels this would be a great way to retain employees.

Emerging Theme 5: Retention

Data collected showed a link with recruitment and retention being an issue for Organization A. However, retention has been identified as the bigger issue for the organization during the interview (CBHS, personal communication, September 21, 2021). The CBHS (personal communication, September 21, 2021) shared that although resources are limited he feels the organization has to do a better job of making sure they can retain those they have in the entry level positions as they are essential to the operations of the residential sites. The CBHS (personal communication, September 21, 2021) shared statistics that he obtained from the human resources department. The turnover rate of the BHTs is extremely high; the turnover rate for the organization is 24.8% and 12.1% of that was in the behavioral health department, and of that 90% is BHTs (CBHS, personal communication, September 21, 2021). The CBHS emphasized

the importance of Organization A figuring out a way to retain the employees that they recruit.

Emerging Theme 6: Knowledge and Skill Development

Some of the qualities and skills identified as essential for BHTs include the need to be compassionate, have empathy, and understand the clientele that is served (CBHS, personal communication, September 21, 2021). Without a basic understanding of the population served it will hinder the employee from moving forward in the position (CBHS, personal communication, September 21, 2021). According to the CBHS (personal communication, September 21, 2021) it is also necessary for potential employees to be team players as many times there are things that need to be done and it is not a matter of what is in the job description but a willingness to get the job done. The CBHS (personal communication, September 21, 2021) identified that it is not likely that someone walking in the door will have all the qualities but if they have a good work ethic, a motivation to learn, empathy towards the population, and an understanding of how their absence affect operations, the skills can be developed through *education* and *training*. Several themes emerged from the interview with the CBHS and the review of the secondary data. In the following section, a review and analysis of the client program and services as well as client-focused and workforce-focused results will be discussed.

Client Program and Services

Organization A's program and services were analyzed through the review of the organization's website, the organization's strategic plan, an existing community needs

assessment and an interview with the CBHS. The organization is a private nonprofit FQHC which is operated by an executive team and governed by a board of directors. Organization A offers primary health care, preventative health care and behavioral health services. Organization A has five women's residential facilities and one men's residential facility and eight community health centers. Organization A has pharmacies located within several of the health centers and they also operate a dental office. Performance improvement and daily operations are tracked through an existing continuous performance improvement committee whose members meet monthly. According to the CBHS (personal communication, September 21, 2021) Organization A is the number one provider of women's services in its region and operates from a waiting list.

Client-Focused Results

Organization A offers an annual client feedback survey without having a formal mechanism for measuring results. The men and women's residential facilities hire an independent evaluator who conducts focus groups with the clients and who compile the results into a cross site evaluation which is required by the state. During the focus groups the clients reported feeling treated unfairly by staff of the residential programs. Some of the common themes reported by clients include that staff were disrespectful, belittling towards residents, they inconsistently applied the rules, they maintained unprofessional behaviors and they had concerns regarding client confidentiality. It was also reported that staff was disrespectful towards each other, there was conflict among the staff, lack of communication, and they showed favoritism among the clients. Although the above

negative themes were reported during the focus groups there were also positive themes that were reported among the clients regarding the staff. It is important to note that the cross-site report did not specify what level of staff the clients are referring to. According to Ravitch and Carl (2016) it is highly recommended that organizations go through a formal evaluation process to improve program services. The CBHS (personal communication, September 21, 2021) shared that during the focus group clients are encouraged to share any concerns they may have regarding the site and they are able to do so in a confidential manner. The information gathered during the focus group is used to meet state requirements and also as an opportunity for improvement for the service delivery of Organization A. The leadership of Organization A receive the results of the annual client feedback survey and a copy of the cross-site report for review from the continuous performance improvement committee which do not include a formative process to measure or communicate the results with internal or external stakeholders (CBHS, personal communication, September 2021).

Organization A sets quality standards by providing quality evidence-based gender specific substance use treatment to its clients. According to the CBHS (personal communication, September 21, 2021) Organization A collects data quarterly on established outcome measures and presents them to CPIC. These outcome measures include the number of medication errors within the residential programs, the number of women admitted with opioid use disorders, the number of pregnant women with opioid use disorders, the number of babies born with Neonatal Abstinence Syndrome (NAS) and

the number of babies born with NAS complications. Organization A also tracks the length of time a baby is in the hospital due to NAS. Organization A treatment modality is delivered in the form of SACOT and 24-hr residential care.

A continued and growing need of the residential programs and the population served is evident by the number of clients who present with an opioid use disorder, the number of fatal and nonfatal overdoses experienced in the service area, and the high rates of return to use (CBHS, personal communication, September 21, 2021). In the interview the CBHS described barriers to accessing treatment as stigma, guilt, shame, and trauma. Other barriers impeding treatment engagement and progress include fear, the client feel they do not need treatment, the desire to continue using, uninsured, and the client not knowing how to access services (CBHS, personal communication, September 21, 2021). The residential facilities have been inundated with referrals of clients whose mental health disorders is prevalent over the substance use disorders and referrals from the criminal justice system have increased ((CBHS, personal communication, September 21, 2021)).

Workforce-Focused Results

The information gathered regarding the workforce of Organization A suggests that there is an effective and supportive workforce. Although the workforce is supportive, Organization A is in a constant state of workforce shortage, especially as it refers to the BHT position. Employees are trained and supervised by highly qualified program directors. The CBHS has an open-door policy and states that the human resources

department does as well where employees can come in and discuss any concerns they have. Ongoing training is provided and supported by leadership and is an important part of the engagement of employees. The leadership of Organization A works hard to cultivate a trusting and nurturing environment for their employees. Organization A has established collaborative relationships with various organizations in the community to include the local hospital, the university, the MCO, the department of social services, the criminal justice system and other behavioral health organizations (CBHS, personal communication, September 21, 2021).

Organization A conducts an annual anonymous employee satisfaction survey via survey monkey. A question on the most recent survey asked employees to list the top three things that Organization A should work to improve and/or enhance over the next 3 years from their perspective. The top three things that were identified were increase in salary or incentives, retention of employees by offering same type of bonuses that are offered with the sign on bonus, and communication. A BHT responded to this question and shared that they did research on this position and found that this position was very underpaid compared to other BHT jobs. The BHT felt that for all the responsibilities and duties that BHT's have to carry out they are very underpaid. It was stated that BHTs are on the front line for Organization A, they have direct contact and provide direct care for the clients, and they are the lowest paid position in the organization. Gratitude was expressed for the organization, and it was expressed that the organization should be grateful as well for the services provided by BHT's.

Organization A's residential sites operate at capacity and maintain a waiting list that can have anywhere from one to 10 people on the list. The CBHS (personal communication, September 21, 2021) shared that referrals are sent to other residential sites to keep clients in the beds receiving services and keep the waiting list down. Organization A provides quality services to the community and prides itself on being one of the leading providers of substance use services.

Leadership and Governance

Organization A's leadership consists of an Executive team that include the CEO, COO, CFO, CHRO, CMO, and the CBHS. Then the organization has middle managers who are the next level of leadership. The organization is governed by a board of directors. Organization A is always looking for ways to grow and develop the organization and they work collaboratively with the employees and other stakeholders to grow the organization.

Financial and Marketplace Results

The financial reports were not available to assist in the completion of this study. The CBHS (personal communication, September 21, 2021) shared that organization A is in great financial standing, and continues to trend up and continues to grow and develop. Organization A takes full advantage of opportunities to expand services. Organization A has a small marketing team and they also rely on word of mouth and collaboration with others in the geographical area. Services are promoted on their website, through the

consortium they lead and through word of mouth (CBHS, personal communication, September 21, 2021).

Individual, Organizational, and Community Impact

The challenge identified for individual, organizational, and community impact during the review of Organization A's website and the interview with the CBHS include employee recruitment and retention. The organization has several positions available and the CBHS report that the turnover rate is significantly high.

Social Impact

Social impact for the community will result by increasing the capacity for quality substance use services to be provided and by ensuring that employees are trained and developed to address the behaviors presented at time of admission. As the residential sites equip employees with the knowledge and skills to better understand the population they increase the ability of the client to be able to be productive members of society, decrease the crime rate, increase positive outcomes and decrease the risk of fatal and non-fatal overdoses. Recruiting, retaining, and developing the knowledge and skills of BHTs will increase the likelihood that the BHTs will be able to recognize and respond to the behaviors displayed by the client appropriately. Knowledgeable BHTs can assist in teaching and modeling positive life skills that will be helpful in the client learning these skills and building their foundation to recovery. When the people served in the program are better the community is better.

Strengths and Limitations of the Study

According to Ravitch and Carl (2016) qualitative research is informed by epistemological and methodological inquiries and beliefs, and it is not linear. Qualitative research provides the researcher an opportunity to understand the perspective of the organizations mission, vision, and strengths based on the needs of the population served. Any barriers identified in the study can be addressed at this time also.

Strengths

The strengths of this qualitative study include the compliance with the high research standards of Walden University. These standards were adhered to when obtaining an organization of study and participants as they shared their perceptions and experiences to improve the outcomes of employee retention of BHTs. Consent is a very important concept and is ethical in the research process, participants must be informed of what is being asked of them during the research process to include what will be asked of them regarding their time, what participating will look like, the potential risk, and how the data will be collected and handled (Ravitch & Carl, 2016). Ravitch and Carl (2016) also speak on how qualitative research is centered on relationships so relational consideration should be an ethical issue and it includes discovery-oriented approaches and is emphasized on how data emerge between the researcher and the participant. To enhance the validity of the study triangulation is the set of processes utilized that include credibility, transferability, dependability and confirmability when analyzing and comparing the interview transcript, review of the website of Organization A, review of

the strategic plan of Organization A, the existing community needs assessment and a review the literature. In order to ensure the interview transcription was accurate the participant was provided with the opportunity to review the transcription.

I used the Baldrige framework (NIST, 2021) to direct my analysis of Organization A's performance, structure, and processes. The Baldrige framework (NIST, 2021), a systems approach to improving organizational performance and building effective and supportive workplace environments, will be the study framework. The Baldrige framework consists of seven interconnected categories that address criteria for health care performance excellence. These categories are leadership; strategy; customers; measurement, analysis, and knowledge; workforce; operations; and results. These components were utilized to address the practice problem and develop recommendations for improving or changing the process of developing and strengthening BHT skills to ensure that they are appropriately trained and prepared for the responsibilities of their job. Specifically, analyzing the components of the Baldrige framework Organization A is able to reach its goals, and improve outcomes not only for its clients but also for its employees.

An interview conducted with the CBHS was analyzed using NVivo 12 software (Conger, 2021), which allowed the transcribed interview to be coded manually and automatically. Categories were identified, the transcribed interview was imported in the NVivo 12 software and emerging themes from the transcript was coded. In order to minimize and identify personal bias I utilized reflexivity during the study to identify,

monitor, and be aware of my personal role and ongoing influence on the research. To be aware of issues of power and equity I used the concept of criticality during the research to accurately represent the participants experiences; and through a variety of concepts such as transparency, understanding of people, maintaining fidelity to participants and engagement of research design in order to build rigorous research. Finally, checking in with the participant of the study were conducted which is a person-centered approach called member checks which allowed me as the interviewer to ensure the information was a sufficient representation of what is real to the participant according to Ravitch and Carl (2016).

Limitations

The nature of this case study presented several limitations. The interview that was completed provides the views of one leader within Organization A which may not be reflective of other leader's views within Organization A or other similar organizations within the community. The internal and external validity could be brought into question due to generalizability due to the small sample size (Ravitch & Carl, 2016).

Another limitation includes the professional relationship that I had with Organization A as well as the CBHS, who was the leader I interviewed. I demonstrated reflexivity to be aware of potential conflicts I had that might relate to the leader. Data triangulation as described by Ravitch and Carl (2016) was utilized to reduce potential bias and increase accuracy. Although I was able to review the strategic plan of Organization A and an existing community needs assessment, I was not able to access

other data such as the budget of Organization A, which would have been helpful to the study. I used I Baldrige framework as a guide for this research.

Section 5: Recommendations and Conclusions

Introduction

According to the CBHS Organization A adheres to the requirements of the state, and the state licensure that the program is licensed to operate as for all employees. Organization A has a formal mission, vision, policies, and procedures, in addition to an internal performance improvement department to ensure quality of care. Organization A has an extensive service delivery that is evaluated using a client satisfaction survey. Client progress is also measured using a state tool that is completed at integral points in treatment to include initial intake, 3 and 6 months later and annually and biannually thereafter. Organization A leaders conduct annual focus groups to complete the cross-site report and measures client satisfaction and progress. Service progress performance is assessed through documentation of treatment, service progress, and compliance with billing requirements, the CBHS stated. Organization A leaders also conduct annual employee satisfaction surveys, which provide an avenue for employees to communicate what they are dissatisfied with and offer recommendations for improving Organization A. In this section, I present recommendations for practice and research that are based on an analysis of the evidence from this investigation. I also provide a conclusion to the study.

Recommendations for Practice

Quality Supervision and Peer Support

Direct care workers are typically the ones who spend the most nonclinical time with behavioral health organization clients, many of whom present with co-occurring

disorders that include mental health disorders and substance use disorders (Konnert et al., 2019). Individuals who accept this entry-level position say they have experience and knowledge of the population that they simply do not have, leaving them unprepared to manage the challenges presented by the population, according to Konnert et al. (2019). According to the CBHS, many times BHTs do not understand how much they do not know about the population and they act as if they know more than what they do. The CBHS shared that it would be better for them to acknowledge the limitations of their knowledge and present with a willingness to learn. In this study, I identified the need for BHTs at the facility to have more knowledge and skills to better meet the demands of the population served. Based on the findings, I recommend the following:

- Leadership should use existing resources to better prepare BHTs to understand the behaviors of clients who present with co-occurring disorders to include mental health disorders and substance use disorders through guided supervision.
- Leadership should call together a representative group of BHTs who have been with the organization 6 months or longer to conduct a focus group with the purpose of gaining firsthand knowledge about their experiences with the population served and what knowledge would have been helpful to better equip them to be successful as a BHT.

- Leadership should use data collected from the focus group to develop and strengthen the knowledge and skills of BHTs and also as a strategy to improve the position as a whole.
- Leadership should share data and findings with other residential sites within the state to improve conditions for BHTs in other residential sites.
- Leadership should add peer support to their contract with the MCOs as a reimbursable service and employ peer support specialists such as BHTs, which will allow for leadership to pay more salary and generate revenue for the peer support service.
- Leaders should monitor BHTs and implement a communication plan to disseminate information to BHTs as needed and as changes occur within the profession so that BHTs have a clear concise concept of changes as it occurs and also to motivate and promote change within the organization for the better good of the clients, the organization, and the employees.
- Organization A should track the performance of the BHTs monthly and communicate outcomes to stakeholders and the performance improvement committee and adjust as needed. The performance data would yield a better understanding of the population, turnover, and longevity of BHTS at the residential sites.

Providing quality supervision and utilizing peer support specialists would address the BHA's practice problem, I concluded. I would recommend that the leadership of

Organization A implement the recommendations over the course of 1 year and complete them in phases.

Recommended Implementation

I recommend that BHTs be appropriately trained and developed to recognize and appropriately respond to the behaviors often presented in the residential sites. Employee retention of BHTs should be a priority to Organization A leaders to promote motivation and to increase workers' sense of value and appreciation. This will be done in phases to ensure efficiency and effectiveness, also to allow Organization A an opportunity to learn, an opportunity to manage innovative approaches to workforce development, and to allow an opportunity to memorialize the results and offer positive value not only for Organization A but for other residential substance use facilities in the state. The recommended phases are shown in Table 2.

Table 2

Phases and Timeline of Implementation

Phase	Description	Month
1	Identify the leadership and behavioral health technicians	1
2	Develop a strategic plan and identify evaluator	2
3	Document orientation and training process	3
4	Complete focus groups	4–5
5	Evaluate written results of data collected from focus groups	6
6	Update policies and procedures	7
7	Request peer support in managed care organization contract	7
8	Engage in program development and implementation	7–9
9	Assess progress	10
10	Make any changes or implement recommendations to strengthen	11
11	Reevaluate progress for retention and development	12

In Phase 1, the CBHS will identify the team who will participate to include the program supervisors and the BHTs with 6 months or longer will be identified for participation in the focus groups. The program supervisors will report directly to the CBHS weekly to report findings, updates, and progress. The participants should be a diverse group representing the diversity of the clients served.

In Phase 2 the team will identify an independent evaluator and come together to develop a strategic plan. The team will determine priorities for the appropriate development of BHTs. The team will identify the behaviors that the BHTs should be able to identify and appropriate responses that will not have the BHT operating outside their scope of practice. Priorities will also include looking at peer support specialists and how they could be hired as BHTs. The team will discuss what the desired outcomes will be and a plan will be put in place to assess and evaluate the efficiency of the plan to retain and develop BHTs.

In Phase 3 the leadership team will outline and document the orientation process for newly hired BHTs. A supervision plan will be put in place to ensure that BHTs are getting the right information to be successful in their employment. The necessary training will be outlined and how this training will be obtained. Supervision will be ongoing and changes will be made as needed and as the population served changes.

In Phase 4 the independent evaluator will begin completing focus groups to gain information from BHTs who have been employed with Organization A for six months or longer. The representative group of BHTs will come from each of the residential sites

operated by Organization A. The independent evaluator will be tasked with deciding how many BHTs will be in each focus group and how many groups will be conducted in total. The purpose of the focus groups is to gain buy in from the BHTs on what their experience is with the organization, behaviors they have encountered with the clients that they feel they could have been better prepared for, and what they feel will be helpful to promote employee retention.

In Phase 5 the independent evaluator will evaluate the data collected from the BHTs and develop a written report that will be presented to the CBHS and the leadership team established to recruit, strengthen, develop, and retain BHTs. Recommendations based on the outcomes of the focus groups will be developed and presented.

In Phase 6 the CBHS and the leadership team will update policies and procedures to reflect the strategies to retain and develop BHTs to include training, supervision plan, department orientation and peer support specialist. Once the policies and procedures are updated they will follow Organization A's process and present them to CPIC and the board for approval.

In Phase 7 Organization A will follow the process outlined by the MCO and request that peer support be added to the contract as a billable service. Organization A will seek to employ peer support specialists with existing vacant BHT positions. Once the contract is approved Organization A can do a trial run of billing for the service peer support. Due to peer support specialist having to be certified, Organization A could

consider an increase in the starting salary. The increase in starting salary could be offset by billing the service added to the contract.

In Phase 8 the leadership team including the CBHS will develop the program that is geared towards retaining, and developing the knowledge and skills of BHTs which include

- Discussing and agreeing on the components of the development program.
- Creating a step-by-step training manual to include department orientation, supervision plans, and identified training to be utilized with new BHT hires.
- Identify what roles and responsibilities of the team, for example trainers, evaluator, supervisors.
- Create a plan to promote social change and memorialize the program in order to share with other residential sites who may be experiencing the same practice problem.
- Implement any needed changes to address any challenges or limitations to the program.
- Present program to the executive team and the board of directors for approval.

Once approval is obtained the program will be implemented. During this process the identified leadership team will support, guide, and report findings throughout. In Phase 9 the leadership team will work with the independent evaluator to create and implement a plan for assessment and program evaluation. This plan can include employee satisfaction surveys and client feedback surveys.

In Phase 10 the leadership team will make any changes necessary to strengthen the program and address any limitations in any phase of the program. In Phase 11 the leadership team will conduct evaluations to monitor ongoing success. Evaluations should be conducted 6 months, 9 months and annually to look at the skills of the BHTs, the employee retention of BHTs, and the strategy of employing peer support specialists as BHTs. Any adjustments needed can be made after each evaluation to increase the success of the program and increase positive outcomes.

Strategic Planning to Address Workforce and Training Issues

According to the CBHS (personal communication, September 21, 2021) the BHT is an entry-level position that does not typically work for more than 3 years. Many times, BHTs enter the position making claims on knowledge regarding the population that they simply do not have (CBHS, personal communication, September 21, 2021). Due to the growing number of clients presenting with co-occurring disorders to include mental health disorders and substance use disorders it is recommended that Organization A leadership explore strategies to develop and strengthen the knowledge and skills of BHTs in order to assist them in recognizing and appropriately responding to behaviors displayed in the residential sites.

During the leadership interview two of the six themes that emerged were of most importance. The first theme was employee. The terms linked to this theme included retention, burnout, higher pay, and job satisfaction. Organization A utilizes several avenues to advertise vacant positions to include indeed, unemployment services,

organization website and the local newspaper. Organization A works to retain staff members by promoting job satisfaction by encouraging education and providing a tuition reimbursement program, by nurturing employee talents, offering support, and promoting growth and development. The CBHS (personal communication, September 21, 2021) shared that Organization A motivates the workforce towards high performance by encouraging staff and providing recognition for years of service. Organization A's leadership conducts an all call where all employees of the organization call in and the CEO and rest of the executive team provides updates and motivation to employees (CBHS, personal communication, September 21,2021). Employees are informed of expectations in order to reach the goals of Organization A's mission and vision. Quality performance is equal to overall job satisfaction and motivation. It is therefore recommended that the leadership explore this theme in more detail to develop strategies that promote growth and development.

According to the CBHS (personal communication, September 21, 2021) Organization A does a great job staying abreast of organizational growth and workforce engagement and adjusting policies as deemed necessary. As Organization A completes annual employee satisfaction surveys they should focus on the following:

1. Professional growth and development of employees.
2. Employee retention.
3. Training opportunities.
4. Community impact, social change, and organizational growth.

The second main theme was staff shortage. Organization A is focused on recruiting qualified employees who are willing to learn and work as a team to staff its residential sites as well as other positions within the organization (CBHS, personal communication, September 21, 2021). One of the goals of the strategic plan is employee recruitment and retention. Organization A advertises vacant positions on various platforms. Organization A strives to build an effective and supportive work environment through workforce capability, capacity, and climate. Organization A has a formal mission and vision statement that they strive to uphold in the communities they serve. The priorities that Organization A collect on a regular basis is centered on client care and outcomes. Therefore, it is recommended that Organization A collect data on staff shortages, the efforts that are employed to address this issue, and recommendations that are explored. Through a structured process that includes data collection, the leadership of Organization A will be better able to strategically address the staff shortages within the organization. The following is recommended:

1. The leadership of Organization A and any identified internal stakeholders should develop a priority to address the staff shortages within the organization. Data should be collected monthly and reported to the CPIC committee quarterly.
2. A root cause analysis of staff shortages should be conducted and recommendations documented.

3. The internal stakeholders and leadership are to examine existing marketing and advertisement of vacant positions and explore innovative approaches to onboarding new employees.
4. Communication of strategic plan, outcome measures, and staff shortage analysis to invested stakeholders to include internal and external stakeholders via the corporate all call, memos, scheduled meetings in-person and virtually.

Leadership and Governance

Organization A is governed by a board of directors and an executive team and program supervisors constitute the leadership of the organization. The leadership of Organization A encourage and promote growth and development potential through a collaborative approach with employees and by promoting further education annually with a tuition reimbursement program (CBHS, personal communication, September 21, 2021). Organization A may benefit from establishing a professional relationship with the local community college and university in order to assist with workforce development through internships and educational assistance.

Social Impact

Organization A operates in a rural area in the United States where there is an opioid crisis that has resulted in an increased amount of fatal and nonfatal overdoses. Clients who present in the residential facilities often display mental health behaviors that BHTs are not prepared to address or recognize, which challenges Organization A's ability to have social impact. Community social impact could include equipping BHTs to

appropriately recognize and address the behaviors that clients display as a result of co-occurring mental health disorders and substance use disorders. Through BHTs knowledge and skills being developed they will be able to offer the clients the assistance they need thereby increasing their length of time in treatment. The longer the client is able to remain in care and receive the appropriate services will result in a reduction in the opioid epidemic, lower crime rate, lower instances of homelessness, and recidivism. The clients may become productive members of society. Organization A can share their knowledge and experience with other agencies within the target state further increasing the potential social impact.

Further Recommendations

I also recommend that Organization A do something tangible with data collected from employee satisfaction surveys so that employees know that they are listening and appreciate the feedback that they provide. The employee satisfaction surveys can be an avenue to measure workforce engagement and satisfaction which will promote organizational growth. Organization A can also utilize the evaluation completed by supervisors on BHTs as a plan for employee growth and development. The areas that the BHTs may need improvement on can be a means to put a plan in place for further supervision and training.

Recommendations for Future Study

As the literature review shows, workforce development is a very broad topic. There is extensive research that addresses licensed employees working with clients with

co-occurring disorders to include mental health and substance use. There are extensive research studies on behavioral health disorders and the social work profession. While researching the current practice problem, I found that there were limited research studies regarding workforce development of BHTs in a substance use gender specific residential facility. The one study that fit this profile was from the 1980s and, thus, outdated.

There are many studies that focus on workforce development in behavioral health with various professions such as psychiatrist, social workers, and counselors. There are limited studies on BHTs and those that are close are direct care workers. This is an opportunity for further research to shed light on BHTs and the fact that they spend the most time with clients in the residential setting but have the least amount of training to deal with the behaviors that clients many times present with. This is also an opportunity for further research on the recruitment, retention and development of knowledge and skills of BHTs in a substance use gender specific residential facility.

Dissemination Plan

To disseminate this study to Organization A, I plan to create an organized presentation that includes a summary of the research and key findings and recommendations. There will also be a question and answer process for leadership to provide comments or request clarifications.

Summary

The purpose of this qualitative study was to explore the need of Organization A to recruit, retain and develop the knowledge and skills of BHTs. The literature identified

that direct care workers spend more time with clients who have co-occurring behaviors but they are not prepared to address the behaviors that the clients present with. Literature also identified peer support specialists as individuals with lived experience as a strategy for addressing the workforce development need in behavioral health.

The goals of this study were to bring awareness to Organization A about the importance of retaining and developing the knowledge and skills of BHTs. BHTs is an entry level position that is essential to the operations of the residential substance use facility. A structured interview with the CBHS provided information regarding the processes of Organization A as it pertains to workforce engagement, employee retention efforts and employee recruitment efforts.

Recommendations for employee retention of BHTs and training and development of BHTs has been provided as a result of studying Organization A systems and approaches. Recommendations included strategies for employee retention of BHTs, training for developing knowledge and skills of BHTs, ongoing supervision for BHTs and social impact for the communities served. The results of this study may contribute to literature regarding the workforce development of BHTs in gender specific residential substance use facilities.

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