

Staff training persists despite cuts; many agencies turn to online formats

These days in many community mental health agencies, a client no-show for an appointment no longer leaves a clinician grasping for alternatives to staring at the wall. The clinician is likely to use the newfound time to complete mandated training activity, simply by going online to access the educational material.

Community mental health agencies now have a number of alternatives to sending staff members off-site for training and incurring the transportation costs and productivity losses associated with employees leaving their work site for an extended period. A number of companies offer online learning systems covering most or all of the training areas affecting behavioral health organizations, and agencies are reporting that staff members are becoming increasingly comfortable with less face-to-face interaction with a trainer.

"Some are hesitant at first, but once they participate they get sold on it," Tasha Walsh, a vice president in the Eastern Division operation of Providence Service Corporation, a national company managing more than 100 community mental health offices across the country, told *MHW*. "Clinicians appreciate the flexibility, because in direct care they always have to juggle a client schedule."

The National Council for Community Behavioral Healthcare responded to the emergence of online training opportunities in recent years by cementing an exclusive partnership with the company Essential Learning, which offers customized e-learning for mental health, addiction and other human-service

agencies. As part of that arrangement, the National Council hosts a small-agency version of Essential Learning's Learning Management System, tailored to the needs of member organizations with 60 or fewer employees and helping reduce their overall training costs.

"In online training, if a clinician is waiting for a client, they can start on a course," Essential Learning CEO Sue Erskine told *MHW*. "Also, some agencies let their employees take the training classes at home."

'These types of training are not going away; they don't get cut when governments cut agencies' budgets.'

Sue Erskine

Specific training needs

Staff training needs in behavioral health organizations are far-ranging, involving an array of state and national regulatory requirements, professional accreditation standards and other mandates. They have represented something of a fixed cost for agencies, in that the requirements don't tend to be lifted when an agency's government funding gets reduced. If anything, the continued push to evidence-based practice will only intensify the need for consistently updated training schedules in

Bottom Line...

Some mental health agencies are seeing a variety of benefits in moving more toward online training, from cost, productivity and staff satisfaction standpoints.

behavioral health agencies.

"These types of training are not going away; they don't get cut when governments cut agencies' budgets," Erskine said.

Providence Service Corporation's Walsh said that while state training requirements differ greatly among the many offices in its decentralized operation, the company has been able to organize common training needs for everyone into an all-staff orientation. Covered topics include ethics, the Health Insurance Portability and Accountability Act (HIPAA), cultural awareness and environmental safety, she said.

Likewise, the director of education and training at community mental health agency COMTREA, Inc. in Missouri lists ethics training at the top when asked to cite the hot-button subjects in staff training these days. Overall, San Mueller says training remains an important priority in the organization's administration. "We feel it's important for our staff that evidence-based principles are used in the therapy that we do," Mueller told *MHW*.

Mueller said her agency has used the Learning Management System from Essential Learning for about three years. In many cases, the provider organization employs a blended approach to training, offering a combination of live sessions and online learning. Mueller said

See **TRAINING** on page 2

TRAINING from page 1

the agency's non-clinical staff obtain probably about 75 percent of their training information online, a somewhat higher percentage than what clinical staff receive online.

For several of the training areas important to COMTREA's staff, the organization has been able to upload additional pertinent information to the Essential Learning system, Mueller said. Erskine explained that the Essential Learning system includes a library with special sections in areas such as community health and corrections. She added that some of the training material available online has been customized for individual states' specific regulatory requirements.

Neither Walsh nor Mueller believe their organizations ever will choose to replace all in-person training with online learning. For one thing, Walsh said, some state regulations that spell out training requirements still include provisions that cap the number of training hours that can be accounted for via online means for a particular subject area. But both say that integrating online training into their operations has generated numerous benefits

from a productivity standpoint.

Mueller explained that the online training proved efficient as her agency was transitioning to becoming accredited under CARF, after having received accreditation from another entity in the past. She said that while the agency's receiving a three-year accreditation from CARF can't be attributed solely to its staff training protocol, the move toward blended live and online training has assisted the agency in its compliance with training areas that are carefully scrutinized as part of accreditation review.

Cost impacts

It is likely that as training options for behavioral health organizations grow, more agencies will begin to engage in more sophisticated financial analyses of their training choices. "Many of these agencies don't carefully analyze their spending on training," Erskine said.

COMTREA looked at the period between June 2008 and June 2009 and could see a stark difference in its costs of live training vs. online training. During that period, it offered 5,510 hours of live training at a cost of just over \$63,000 (trans-

portation and logistics are included in those costs), while 5,292 hours of online training during the same period cost the agency only \$7,679.

At Providence Service Corporation, officials are testing a third option of "tele-learning" through trainer-led classes that employees can attend from their own offices. Walsh said that for a six-hour training, her organization has estimated that in-person training costs it about \$115 per continuing-education hour, while a tele-class costs only about \$15 per CEU hour.

The agency now is participating in a research project under which it will test the effectiveness of the various training methods for staff, by measuring staff members' retention of material under various learning formats and then how that shapes their everyday work, Walsh said.

"We think that the tele-classes can be better than in-person," Walsh said. "Sometimes you go to an in-person session and you're all excited, but you've left work behind and when you return to your workplace you have to immerse yourself in all the work you didn't do. At that point you're lucky if you remember one thing from the training." •

It is illegal under federal copyright law to reproduce this publication or any portion of it without the publisher's permission

MENTAL HEALTH WEEKLY

Essential information for decision-makers

Executive Managing Editor Karienne Stovell

Managing Editor Valerie A. Canady

Associate Editor Sarah Merrill

Contributing Editor Gary Enos

Production Editor Douglas Devaux

Executive Editor Isabelle Cohen-DeAngelis

Publisher Sue Lewis

To renew your subscription, contact Subscription Distribution US, c/o John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; (201) 748-6645; e-mail: subinfo@wiley.com.

Mental Health Weekly (Print ISSN 1058-1103; Online ISSN 1556-7583) is an independent newsletter meeting the information needs of all mental health professionals, providing timely reports on national trends and developments in funding, policy, prevention, treatment and research in mental health, and also covering issues on certification, reimbursement, and other news of importance to public, private nonprofit, and for-profit treatment agencies. Published every week except for the first Monday in April, the first Monday in July, the last Monday in November and the last Monday in December. The yearly subscription rates for **Mental Health Weekly** are: Electronic only: \$699 (individual), \$3950 (institutional); Print and electronic: \$769 (individual, U.S./Can./Mex.), \$913 (individual, all other), \$4345 (institutional, U.S.), \$4489 (institutional, Can./Mex.) and \$4537 (institutional, all other). **Mental Health Weekly** accepts no advertising and is supported solely by its readers. For address changes or new subscriptions, contact Subscription Distribution US, c/o John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; (888) 378-2537; e-mail: subinfo@wiley.com. © 2010 Wiley Periodicals, Inc., a Wiley Company. All rights reserved. Reproduction in any form without the consent of the publisher is strictly forbidden. For reprint permission, call (201) 748-6011.

Mental Health Weekly is indexed in CINAHL: Cumulative Index to Nursing & Allied Health Literature (EBSCO).

Business and Editorial Offices: John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; e-mail: vcanady@wiley.com