

## STAFFING AT STATE PSYCHIATRIC FACILITIES

### I. INTRODUCTION

The Department of the Public Advocate's Division of Mental Health Advocacy monitors the services provided to consumers at New Jersey's five state psychiatric hospitals. DPA attorneys and investigators work with consumers in those hospitals on a daily basis. Over the past year, DPA has examined the qualifications required for front line staff and has identified concerns that threaten to undermine patient care, safety, and wellness and recovery efforts.

The Department of the Public Advocate has also researched the number and type of professional direct care staff at each hospital, based on records provided to us from the Division of Mental Health Services. A thorough examination of professional staff will be the subject of a later report.

This report examines the credentials and qualifications of those staff members who have the most contact with patients. Human services assistants [HSAs] and human services technicians [HSTs] provide a wide range of direct care services to patients, and are the persons with whom patients spend the majority of their time.

DPA initiated study of this issue as a result of our own experience working with consumers in the hospitals. Governor Richard Codey's 2005 Task Force on Mental Health pointed the way toward this study. Inadequate qualifications and training of direct care workers were identified as challenges that must be addressed in order to improve patient care. The Task Force recommended upgrading the qualifications of direct care staff and requiring staff to undergo ongoing training so that they can more effectively help consumers benefit from recovery-oriented rehabilitation.<sup>1</sup>

The Department of Human Services and the New Jersey State Legislature are also interested in the improvement of conditions at the state's psychiatric hospitals. DHS Commissioner Jennifer Velez issued Administrative Order 1:91, the purpose of which is to "maximize and realign existing resources to expeditiously deliver tangible improvements to Ancora Psychiatric Hospital." The Assembly and Senate have introduced a series of bills to improve conditions at the psychiatric hospitals as well.

As a result of our review, we also concluded that custodial direct care could be improved through modifications to the current staffing practices. This report provides an overview of the conclusions we reached and recommendations for improving the quality of custodial direct care at state psychiatric hospitals.

---

<sup>1</sup> New Jersey's Long and Winding Road To Treatment, Wellness and Recover, Governor's Task Force on Mental Health Final Report, March 31, 2005, pp. 177-179.

## II. OVERVIEW OF DIRECT CARE STAFF IN PSYCHIATRIC HOSPITALS

Individuals in custodial direct care positions are responsible for assisting patients in meeting basic adult living needs and for implementing patient care plans designed by the patient’s treatment team. As such, these staff members have a great deal of responsibility for consumers who are seriously and persistently mentally ill. There are a number of different civil service titles used to fill these direct care positions, including Human Services Assistant [HSA], Human Services Technician [HST], Senior Human Services Technician [SHST], Therapy Program Assistant [TPA], Senior Therapy Program Assistant [STPA], and Residential Living Specialist [RLS]. All of these titles are used within the Department of Human Services, and there is overlap among the functions described for each title within the specific job descriptions.

Of these custodial care positions, there are no requirements for education, although post-high school education may be substituted for experience in some cases. The chart below reflects that even with no experience or education, staff may be hired to work in some of these positions.

### Custodial Care Civil Service Titles Used in State Psychiatric Hospitals

Position	Required Education and Experience	Salary Range
Human Services Assistant (HSA)	None.	\$26 – 36,500
Human Services Technician (HST)	No educational requirement. One year of experience in non-professional nursing	\$31 – 43,500
Senior Human Services Technician (Senior HST)	No educational requirement. One year of experience in non-professional nursing. Must pass training courses during introductory period.	\$32 – 45,500
Therapy Program Assistant (TPA)	No educational requirement. Two years of experience direct care of people with various disabilities; may substitute college credits on a year-for-year basis.	\$29,800-41,500
Senior Therapy Program Assistant	No educational requirement. Three years of experience in direct care of people with various disabilities; may substitute college credits on a year-for-year basis.	\$33,900-47,600
Residential Living Specialist (RST)	No educational requirement. Two years of experience in direct care of persons with psychiatric or physical disabilities.	\$33,900-47,600

Entry-level custodial care employees, such as HSAs and HSTs, assist patients with basic activities of daily living, including bathing, dressing, and eating. They may also encourage or assist patients with more complex tasks like socialization, planning, and communication. Staff at the HSA/HST level typically have little or no relevant education or experience prior to beginning their work, but do receive one to two weeks of classroom training when hired. Senior Human Services Technicians (SHSTs) have a supervisory role and have more direct participation in the patient’s treatment plan. In contrast to HSAs and HSTs, the SHST must have two years of experience and pass two training courses.

Higher level custodial care employees, such as Residential Living Specialists [RLS] and Therapy Program Assistants [TPA] are responsible for implementing some of the more therapeutic and progressive aspects of the treatment plan. They participate in treatment activities and help residents gain skills they need to live outside of an institution. Employees in the TPA title are required to have two years of experience in working with people with mental illnesses or other disabilities, but college credits may be substituted for some of the experience. Employees in the RLS title do not need to hold any degree, but must have relevant experience. While these are all distinctive titles, all of the custodial positions share similar and overlapping job descriptions.

For example, the DOP job specifications for the HSA, HST and RLS positions indicate each position may require employees to assist residents or patients with maintaining appropriate hygiene, assist with meal preparation, and other tasks that are considered to be “activities of daily living” (ADLs). In addition to assisting with such activities of daily living, however, employees in the RLS title also function as part of the treatment team for each patient, and are able to give input regarding the patient’s progress.

Despite the variety of titles available, the vast majority of the custodial direct care employees at Ancora Psychiatric Hospital are either in HSA or HST titles. Data provided by the Department of Personnel shows that 67 percent of these employees are in the HSA title and another 23 percent are in HST titles. In total, employees holding the HST or HSA title comprise 90 percent of all custodial direct care employees. Ancora employs only one person in the RLS title, and this position is allocated specifically for patients who are deaf.

In contrast, Greystone Psychiatric Hospital utilizes a significant number of higher-level custodial direct care employees. There, only 34 percent of custodial direct care employees are in the HSA title and 32 percent are in the HST title. Twenty-four percent of Greystone’s custodial direct care staff consists of employees in the RLS title. Greystone’s greater reliance on the RLS title is related to its maintenance of on-site cottages, in which residents are prepared for independent living in the community. Trenton Psychiatric Hospital also utilizes the RLS title, and employees in this position account for 24 percent of its custodial direct care staff.

	<b>Ancora</b>		<b>Hagedorn</b>		<b>Greystone</b>		<b>Trenton</b>	
Title	Number	%	Number	%	Number	%	Number	%

	of staff in this position	Direct Care Staff	of staff in this position	Direct Care Staff	of staff in this position	Direct Care Staff	of staff in this position	Direct Care Staff
HSA	351	67	28	14	138	34	197	48
HST	122	23	141	72	130	32	93	23
Sr. HST	20	4	13	7	17	4	36	9
TPA	6	1	5	3	13	3	3	1
Sr. TPA	22	4	10	5	5	1	16	4
RLS	0	0	0	0	97	24	57	14
RLS Deaf	1	0	0	0	6	1	9	2
Asst. Supervising RLS	0	0	0	0	4	1	0	0
Total	522		197		410		411	

Note: Ann Klein Forensic Hospital is not included here because medical security titles are used there, unlike the direct care titles used at the four other state psychiatric facilities.

According to data obtained by the Public Advocate from the Department of Human Services, most HSAs and HSTs have a high school diploma or a high school equivalency diploma. At Ancora, more than 10 percent of the HSAs/HSTs have not completed their high school education. At Greystone, less than 2 percent of staff at this level lack a high school diploma.<sup>2</sup> This is significant in the area of patient care, as it is important that all staff be able to read and write in the English language, in order to read charts, write notes, and carry out instructions in each patient's treatment plan.

Commissioner Velez addressed training issues in Administrative Order 1:91. The Order directed that a training unit must be established so that both newly hired and experienced staff may benefit from on-going training. The latest available information on the progress made at Ancora is encouraging. According to DMHS, patients are now receiving more active treatment, and there has been a large decrease in the number of patients who leave the hospital unattended. The new CEO, Allan Boyer, is continuing the work that had begun under former action CEO, Gregory Roberts.

Bills pending in the Legislature, A 2973/S2492, would impose training requirements on staff at state psychiatric hospitals. The primary sponsors of A2973/S2492 are Assemblywomen Pamela Lampitt and Sheila Oliver and Assemblyman Louis Greenwald in the Assembly and Senate President Richard Codey. If passed, the bill would require that training be provided in such areas as safety, reporting requirements, disease prevention, skilled decision-making, and dealing with emergencies. This training would include an experiential component, which will allow supervisors to observe the work of new staff on each unit, and for the staff to receive the correction they may need to appropriately do their jobs.

Only two categories of direct care employees are required to have bachelor's degrees: Behavior Modification Program Technicians [BMPT] and Instructor-Counselor [I-C]. There is some overlap between the types of work performed by individuals in these two

<sup>2</sup> DHS/DMHS Personnel Management Information System, June 2008.

positions and those who hold HSA, HST, TPA, and RLS titles. Employees in the BMPT and I-C job titles, however, may also conduct groups and perform other therapeutic activities in addition to assisting with the patient's activities of daily living or supervising others. As of May 2008, three of the five state hospitals employed staff in the BMPT title: six in Ancora; two in Hagedorn, and four in Trenton. Instructor-counselors were employed at four of the state psychiatric hospitals: two in Ancora; four in Hagedorn; six in Trenton and seven in Greystone.<sup>3</sup> Again, Ann Klein Forensic Hospital uses medical security titles rather than human services titles.

### **III. HIRING OF DIRECT CARE STAFF**

DHS has historically faced challenges in recruiting entry level staff with relevant experience and credentials. Typically, individuals were hired for the HSA position on an hourly, temporary basis and became permanent only after working as a temporary employee, then a part-time employee, and then a full-time employee. Because the majority of the applicant pool is seeking permanent, full-time employment, this was a likely barrier to recruitment. DHS has indicated it is revising its practices and directing hospitals to hire permanent, full-time staff into HSA positions. Since these positions offer better pay and benefits than similar positions in community agencies, it is likely that state psychiatric hospitals will be able to attract staff who are more experienced and more highly educated, but who might have previously gone into a full-time position at a community mental health agency.

In addition, the HSA position will become a competitive position, so there will be an exam required before employment. This more rigorous hiring process should result in improved qualifications among newly hired staff. The exam at the HST level will continue.

Another means of improving care for patients at the state psychiatric institutions will be to provide staff with training to give them a greater understanding of serious and persistent mental illness. Workers in entry-level titles help to implement certain aspects of the patient's treatment plan, but they are not trained to perform the instructional and therapeutic functions necessary to prepare patients for life outside of the institution. Therefore, patients spend the bulk of their time interacting with staff that have little or no formal training regarding mental health or treatment.

Additionally, ensuring that certain staff are accountable for certain functions will improve accountability and supervision of staff in entry-level positions. At this time, because responsibility for the laundry list of duties belongs to everyone, it effectively lies with no one. This lack of accountability makes it difficult for management to remediate problems in a timely manner.

### **IV. Community Programs and Salary Disparity**

---

<sup>3</sup> NJ Department of Personnel Classification Management, May 2008.

As the primary funding source for most non-profit mental health agencies in New Jersey, DMHS typically requires that even entry-level staff have college degrees or experience in order to work with mental health consumers. Yet, in the state psychiatric hospitals which are run by DMHS, there are no such requirements. In 2005, Governor Codey's Mental Health Task Force noted this disparity:

*"...the Task Force recommends eliminating the salary disparity between the state workforce and non-profit sectors by implementing a three-year plan, beginning in FY 2007, to bring salaries in the community mental health system to a level equivalent with state employees, e.g., DYFS workers and state hospital employees."<sup>4</sup>*

The beginning salary for a full-time HSA, who may or may not have a high school diploma, is about \$26,000 per year. The positions of Instructor-Counselor and Behavior Modification Program Technicians, which require bachelor's degrees, receive salaries beginning at about \$34,000 per year.

In the community mental health setting, most entry-level positions require a bachelor's degree, and the starting salaries range from \$26,000 to \$30,000 per year<sup>5</sup>. DMHS is the major source of funding for community mental health agencies, but there is significant disparity between the requirements imposed on civil service employees in state hospitals and those imposed on employees at state-funded community agencies. Professional staff members at funded community agencies are required to be more highly educated and more qualified than entry level staff at state psychiatric hospitals and other DHS facilities, yet they are paid about the same as entry level state custodial care employees who do not need to have a high school diploma.

Given that state psychiatric hospitals care for the sickest mental health consumers, this disparity makes no sense. Patients at state psychiatric facilities deserve to be treated by staff members who have the level of education and experience necessary to assist mental health consumers in achieving their treatment goals. Given that community mental health providers offer professional staff salaries that are barely competitive with entry level state positions, state hospitals should be able to recruit more qualified individuals for their direct care staff.

## **V. EDUCATIONAL OPTIONS & OPPORTUNITIES**

As noted previously, both Administrative Order 1:91, new hiring practices that DHS is instituting, and legislation proposed by the Assembly and Senate would all have a positive impact on increasing the qualifications of entry-level workers and more experienced staff, and thus should result in enhanced care for patients. Workers would be able to avail themselves of training designed to ensure that they are proficient in the skills necessary to provide care to patients with serious mental illnesses.

---

<sup>4</sup> *New Jersey's Long and Winding Road to Treatment, Wellness and Recovery*. Final Report of Gov. Codey's Mental Health Task Force, page 18, March 2005.

<sup>5</sup> New Jersey Association of Mental Health Agencies Salary Survey, 2004.

The Department of Health & Senior Services [DHSS] and the Department of Military and Veteran's Affairs [DMVA] both require that staff at their facilities who hold positions equivalent to the HSA and HST positions be Certified Nurse's Aides [CNA]. In order to obtain the CNA, a staff person must answer a screening questionnaire, undergo a criminal background check, take a 90 hour training course, and pass the examination. The individual also must be recertified every two years. The CNA could be more useful to staff at Hagedorn Psychiatric Hospital, due to the number of older patients who are treated there. The Certified Psychiatric Rehabilitation Practitioner [CPRP] credential is similar to the CNA in the number of hours needed to complete the certification. Those who hold the CPRP credential have received the training needed to work in a psychiatric setting.

The University of Medicine & Dentistry of New Jersey [UMDNJ] offers courses preparing staff to become a Certified Psychiatric Rehabilitation Practitioner [CPRP]. The 15 credit Certificate in Evidenced Based Psychiatric Rehabilitation is available at all of the state hospitals. These classes prepare the individual to take the test for certification, and may also be used toward associate and bachelor degree programs at UMDNJ's School of Health Related Professions. This program has been offered to state hospital employees since 2001, when it was started at Greystone, and is funded through DMHS. The CPRP, a nationally recognized credential, requires the individual to pass an exam, work under supervision in the mental health field, and maintain continuing education credits.

While the cost of getting the 15 credits for the certificate is already paid by DMHS, there may be some personnel costs involved in assuring that all staff in HSA and HST positions take the course. For those staff members who wish to receive certification in psychiatric rehabilitation, the fees for taking the exam are approximately \$400. This may not be economically feasible for all employees, but all employees in entry-level positions could complete the coursework, even if they did not choose to become certified. Just as DHSS and DMVA require that staff get a CNA, a similar qualification could be required for DMHS and other DHS staff.

Making these investments in staff, or hiring staff who are already qualified to receive certification in some area, is necessary to ensure that patients currently in our hospitals receive the care they need to get well and reenter the community.

## **VI. RECOMMENDATIONS**

DHS has made progress in strengthening its hiring and training of front line workers in state psychiatric hospitals. DHS should continue to build on what it has accomplished. We recognize that given the state's fiscal constraints, some reforms may not be immediately achievable, but careful review of the staff levels at New Jersey's psychiatric facilities, as well as discussion with various state agencies, lead to the following recommendations:

(A.) DHS/DMHS should focus on filling higher-level custodial direct care positions.

DMHS should shift its hiring practices to move away from hiring entry-level custodial direct care staff and toward hiring higher level custodial care employees, such as residential living specialists (RLS) and behavior modification program technicians [BMPT]. Individuals in these titles are better prepared to work with patients in developing the skills and abilities necessary to thrive in the community. As noted in the earlier chart, the RLS position makes up about 24% of Greystone's entire direct care workforce. Having better trained staff may be one of the factors that have helped Greystone become a significantly improved hospital and perhaps the best facility in the current state hospital system. Greystone also has the greatest number of instructor-counselors on staff, which again suggests that having staff who are more qualified has a positive effect on a patient's outcome.

This change in practice could also help DMHS with its efforts to find placements for its CEPP patients. As patients gain skills and abilities, their care needs will decrease and make it possible for them to be placed in community settings that provide less care, and which are more readily available.

There is currently an abundance of individuals in HSA and HST positions, and DMHS should emphasize and expand existing programs to encourage employees currently in these positions to advance their education and training. These programs include the career ladders program, which assists employees in obtaining college credits. While many will be unwilling or unable to pursue this option, DMHS should encourage and accommodate those who are interested in gaining further training to enhance their skills.

(B.) When DHS does hire individuals in HSA and HST titles, it should recruit the most highly qualified candidates possible.

DMHS should seek the most qualified candidates – with relevant credentials and experience – for new hires in HSA and HST positions, so that they can more effectively assist patients with their recovery. Individuals hired for either position should have some background or training in mental health or healthcare. DMHS could consider requiring certified nursing assistant certification or completion of CPRP training. CPRP training would be especially appropriate, as it gives a thorough background in working with mentally ill populations. In addition, the training is already available on the Ancora campus. Since DMHS is preparing an exam for HSAs to take prior to being hired, it is likely that DMHS will hire more individuals who are able to move onto higher-level custodial direct care positions. By making the job full-time and permanent, DMHS will attract a larger body of applicants from which to choose the most appropriate candidates.

(C.) DMHS should improve staff training for existing and incoming employees.

DMHS should also take measures to improve the quality of all current employees. As with new hires, DMHS could require all existing HSTs and HSAs to complete CPRP



training. In the alternative, DMHS could require these individuals to undergo intensive in-house training modeled after the CPRP. Whatever training is chosen, it should focus on building a more thorough understanding of mental illness and treatment, so that direct care staff are knowledgeable in the areas of best practices.

## **VII. CONCLUSION**

The current fiscal situation that our state is experiencing indicates that there will be a need to do more with less. Mental health consumers will continue to need high levels of care while they are in the acute phases of their illnesses, and would be better served by staff with greater training and skills.