

# *The Landscape of Apprenticeship and Work-Based Learning Programs:* **Initial Findings Report**



NATIONAL COUNCIL  
for **Mental Wellbeing**

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## Registered Apprenticeship Program Glossary

### **Registered Apprenticeship Program (RAP)**

Apprenticeship program that is registered with the U.S. Department of Labor (U.S. DOL) or State Apprenticeship Agency (SAA).

RAP structure requires apprentices receive paid work experience, progressive wage increases and classroom instruction.

Every graduate of the program who successfully completes their apprenticeship and demonstrates the skill and knowledge to be proficient in their occupation receives a portable, nationally recognized credential – the Certificate of Completion of Apprenticeship.

### **Types of RAPs**

#### **Competency-based RAP**

Utilizes competency checklists to evaluate skills.

Easier to complete more quickly.

#### **Time-based RAP**

2,000 hours of on-the-job learning, minimum.

Based on time spent doing primary work activities.

Effective if repetition of tasks is sufficient for learning skills.

#### **Hybrid RAP**

Combines competency-based and time-based RAP.

Includes minimum and maximum range of hours and a proficiency checklist.

### **Key Players**

#### **Apprentice**

Participant of a RAP who engages in on-the-job learning, related technical instruction and steady wage increases. Will receive a nationally recognized credential upon successful completion of the program.

#### **Employer**

Assists in program development and implementation, supports training process.

Helps prioritize industry standards and needs of the employer.

#### **Intermediary**

Provides industry-specific expertise, takes responsibility for administration of program and aggregates demand for apprentices.

#### **Mentor**

Supports, advises and instructs apprentices on the job.

<p><b>Partner</b></p>	<p>Business partners, public workforce systems, educational institutions and apprenticeship systems.</p> <p>Helps identify resources needed, designs programs and recruits apprentices.</p>
<p><b>Sponsor</b></p>	<p>Single employer, consortium of employers, industry association, labor-management association, community college or community-based organization.</p> <p>Responsible for operating the program, writing agreements with apprentices and maintaining records.</p>
<p style="text-align: center;"><b>Financial Components and Considerations</b></p>	
<p><b>Progressive Wage Increases</b></p>	<p>Sponsors set wage schedules with an established entry and ending wage and wage increases as skill benchmarks are achieved.</p>
<p style="text-align: center;"><b>Entities Responsible for Registration and Oversight</b></p>	
<p><b>U.S. Department of Labor, Office of Apprenticeship States (OA)</b></p>	<p>Registers, oversees and tracks RAPs in states that do not have a recognized State Apprenticeship Agency through state field offices.</p> <p>Uses standard federal paperwork, documentation and data systems.</p> <p>Provides technical assistance and support to program sponsors, answers questions about the apprenticeship model, guides partners on each phase of developing a program, connects businesses to training providers and advises partners on available funding sources to support apprenticeships.</p> <p>Operates in the following states: Alabama, Alaska, Arkansas, California, Colorado, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Michigan, Mississippi, Missouri, Nebraska, New Hampshire, New Jersey, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, West Virginia and Wyoming.</p> <p>Includes six regional offices.</p> <p>In some circumstances, OA may register a program in a state with a SAA.</p>

**State Apprenticeship Agency (SAA)**

Recognized by the National Office of Apprenticeship to act on behalf of the U.S. DOL to register, oversee and track RAPS within their state.

May use federal paperwork, documentation and tracking systems or use processes specific and unique to the state.

Provides technical assistance and support to program sponsors, answers questions about the apprenticeship model, guides partners on each phase of developing a program, connects businesses to training providers and advises partners on available funding sources to support apprenticeships.

Operate in the following states: Arizona, Connecticut, Delaware, Florida, Hawaii, Kansas, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Montana, Nevada, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont, Virginia, Washington and Wisconsin.

**RAP Information Sources**

**Healthcare Career Advancement Program (H-CAP)**

Industry intermediary with the U.S. DOL that works with employers across the country who are interested in building high-quality apprenticeship programs.

H-CAP provides services to union employers, non-union employers, labor management training partners and other stakeholders to develop apprenticeship programs.

H-CAP services include, but are not limited to:

- Providing technical assistance free of charge to develop RAPS.
- Assisting work with the U.S. DOL Office of Apprenticeship or State Apprenticeship Agency.
- Developing on-the-job learning competencies for each occupation.
- Partnering with secondary and post-secondary educational providers for the academic portion of the apprenticeship.
- Partnering with the regional and local workforce system to assist in funding and other resources.
- Working on strategies to recruit and retain workforce, including diversity.
- Providing incentive funding to help organizations launch RAPS.

**Apprenticeship.gov**

Website with resources to connect individuals interested in becoming an apprentice, employers and educators with RAP resources (e.g., job finder, partner finder, occupation finder).

# Executive Summary

## Registered Apprenticeship Programs

One of the primary challenges in the mental health and substance use treatment field is the workforce shortage. To address this complex issue, we must consider innovative solutions that decrease barriers to entering the field. Registered Apprenticeship Programs (RAP) and other work-based learning programs (e.g., internships, pathway programs) may have the potential to grow and strengthen the workforce to meet increased demands for mental health and substance use treatment services.

RAPs are an industry-driven career pathway where employers play a key role in developing and preparing their future workforce. Apprentices obtain paid work experience, receive progressive wage increases, classroom instruction and a portable, nationally recognized credential at the successful completion of the program. Registered apprenticeships are industry-vetted and approved by the U.S. Department of Labor (U.S. DOL) or a State Apprenticeship Agency (SAA). SAAs are recognized by the National Office of Apprenticeship to act on behalf of the U.S. DOL to register, oversee and track RAPS within their state. The U.S. DOL registers, oversees and tracks RAPs in states that do not have a SAA.

## Project Approach

The project utilized a three-pronged methodology: an environmental scan, survey and focus groups. The goal of these deliverables was to better understand the role of RAPs and work-based learning programs in the mental health and substance use treatment field.



## Key Findings



There is a lack of awareness of RAPs as an option in the mental health and substance use treatment field. There is also an interest in learning more about RAPs and how to start the process.



Respondents described RAPs for substance use disorder treatment professionals, licensed alcohol and drug addiction counselors, peer specialists and recovery support specialists.



Non-RAP work-based learning programs include graduate internships, certification programs and pathway programs (preparatory courses that help students build the skills, knowledge and qualifications needed to enter a bachelor's or master's degree program).



A majority of respondents who participated in RAP management stated they would recommend establishing a RAP to other organizations in the mental health and substance use treatment field.



Barriers to launching a RAP include: difficulties in the registration process, inadequate funding and lack of organizational capacity to commit long-term to the demands and components of a RAP structure.



Work-based learning programs experienced challenges such as high rates of staff and participant turnover and lack of staff to act in supervisory roles, run the program or apply for grants.



Less than half of respondents participating in managing a RAP reported an apprenticeship completion rate between 75% and 100% for their program. This may be due to the number of organizations hosting a RAP that has only been active for 0-2 years. Respondents may not yet have accurate data on successful completion because apprentices are still working toward fulfilling their program requirements.



RAPs and work-based learning programs can be beneficial to the organization due to recruiting new talent, increase in skill level of employees and increase in capacity to serve client population.

## Future Directions

After Year 1, the National Council for Mental Wellbeing gained a comprehensive understanding of the benefits and challenges of RAPs and work-based learning programs. It is clear that development and implementation support, resources, funding support and awareness of options would support organizations in exploring the possible launch of a RAP or work-based learning program. Over the next year, the National Council will explore providing training and technical assistance to remove some of these barriers and lighten the lift for organizations looking to implement one of these programs.



# Introduction

Mental health and substance use treatment organizations continue to face an increased demand for services during a period of critical workforce scarcity, a trend that began early in the COVID-19 pandemic and grew as the public health crisis highlighted the need for equitable health care access and the difficulty for organizations to meet demand ([National Council for Mental Wellbeing, 2023](#)). With 83% of mental health and substance use treatment workers concerned about not having enough new workers entering the field, creative and accessible solutions are necessary to address ongoing difficulties in recruiting and retaining staff at the local level ([National Council for Mental Wellbeing, 2023](#)). The implications of mental health and substance use treatment workforce shortages can negatively impact society by reducing access to care and it is imperative that the field prioritizes maintaining, and even increasing, the workforce.

In 2023, the National Council for Mental Wellbeing launched the Apprenticeship Program Capacity Building project, focused on understanding the landscape of apprenticeships. Apprenticeships are training models that combine on-the-job learning with educational instruction and are a proven method to promote recruitment, training and retention as well as increase diversity in various industries and occupations. In the face of a mental health and substance use treatment workforce crisis, the National Council wanted to better understand whether apprenticeship programs could offset staffing shortages to ultimately increase access to quality, appropriate care for those in need.

**RAPs** – a focus of this inquiry – are nationally or state-registered apprenticeship programs with industry-driven guidelines and occupational standards. They provide an opportunity for employers to invest in the career development of their industry by preparing their future workforce with on-the-job learning and technical instruction. RAP structure requires apprentices to receive paid work experience, progressive wage increases and classroom instruction. Every RAP graduate has successfully completed their apprenticeship, demonstrating the skill and knowledge for proficiency in their occupation, and receives a portable, nationally recognized credential—the Certificate of Completion of Apprenticeship. RAPs are industry-vetted and approved by the U.S. DOL or an SAA. Core components of RAPs are outlined in Table 1.



**Table 1:**

<b>Seven Core Components of Registered Apprenticeship Programs</b>	
<b>1.</b>	Programs are industry-vetted and approved to ensure alignment with industry standards.
<b>2.</b>	Apprentices are paid employees and receive progressive wage increases as they gain new skills and reach benchmarks.
<b>3.</b>	Apprentices receive on-the-job training from an experienced mentor according to the apprenticeship training plan that details the skills and knowledge an apprentice will learn to become fully proficient.
<b>4.</b>	Apprentices receive supplemental education and instruction that complements their on-the-job training. This classroom instruction provides technical and academic competencies that apply to the job and can be provided by a community college, technical school or apprenticeship training school and may be delivered online or in-person.
<b>5.</b>	Programs are designed to reflect the communities where they operate through strong non-discrimination, anti-harassment and recruitment practices to ensure diversity, access, equity and inclusion.
<b>6.</b>	Apprentices are afforded worker protections to equip them with the skills they need to succeed and the proper training and supervision they need to be safe.
<b>7.</b>	Every graduate of a RAP earns a portable, nationally-recognized credential within their industry after demonstrating skills and knowledge required to be proficient in their occupation.
<b>Note:</b> These components are required of RAPs only and are not requirements for other work-based learning programs.	

RAPs are administered by sponsors and/or employers.

**Sponsors** are any employer, association, committee or organization that operates a RAP. Sponsors assume responsibility for administering and operating the apprenticeship program, including creating program structure and registering the RAP, and can be a single business or a consortium of businesses.

**Employers** are organizations that host apprenticeships and apprentices through the RAP and may sometimes assume the role of a sponsor as well. To participate in management of a RAP, an organization may become a sponsor and start a RAP or partner with an existing sponsor and RAP and host apprentices as an employer.

**Apprentices** refers specifically to participants of a RAP who engage in on-the-job learning and related technical instruction, receiving steady wage increases during the program and earning nationally certified credentials upon completion.

In addition to RAPs, the project looked at the role and viability of non-RAP work-based learning programs as potential solutions to workforce shortages. A work-based learning program was defined as a structured program where a worker or student completes meaningful job tasks in a workplace to develop readiness for work, knowledge and skills that support entry or advancement in a particular career field. Non-RAP work-based learning programs may be paid or unpaid learning experiences and can support the attainment of a credential or higher education degree when used for required program placements. Work-based learning programs are usually adapted to the organization that retains the oversight and control of program direction.

# Environmental Scan

The project utilized a three-pronged methodology: an environmental scan, surveys of National Council members and focus groups.

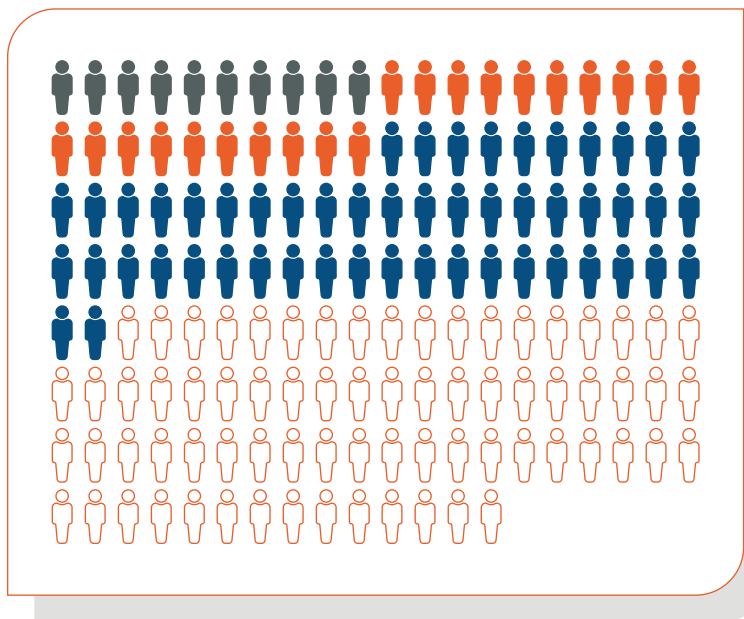
The National Council conducted an environmental scan to explore and assess the apprenticeship landscape in the mental health and substance use treatment field. Consulting resources and information made available by the U.S. DOL and the Healthcare Career Advancement Program (H-CAP), the team gathered data on apprenticeship programs, key players, entities responsible for registration and oversight, types of RAPs, types of occupations, benefits, challenges, program structure and finances. Key benefits and challenges in implementing RAPs and work-based learning programs are discussed in Table 2.

**Table 2:**

Benefits and Challenges in Implementing Registered Apprenticeship Programs and Work-based Learning Programs	
Benefits	Challenges
RAPs provide apprentices with education and training directly related to the occupational track through a paid learning experience.	The process to register an apprenticeship program with the U.S. DOL or SAA can be unclear and requires a heavy lift by the organization.
RAPs have required guidelines and components that can be helpful in the process of launching a RAP as there is an existing program structure to follow.	Organizations starting a RAP must be mindful of how to merge the requirements of the apprenticeship office and the licensing requirements of the accrediting bodies.
Organizations can choose the work-based learning programs that best fit their needs (e.g., internship sites, certification programs, pathway programs).	Organizations must be able to meet the demands of RAP structure, such as progressive wage increases.
Organizations report benefits in recruitment of new talent, increased retention of staff and increased capacity to meet demand for services.	There is a lack of existing trainings and technical assistance specific to mental health and substance use treatment RAPs to support organizations in starting a program.
Offers current staff skill development opportunities by taking on a supervisory, mentorship role.	Organizations may not have staff capacity to develop and sustain a work-based learning program and funding sources.
Supports diversification of the field, as paid apprenticeships can help overcome barriers to entry such as financial status or educational attainment.	Other personal barriers, such as caregiving responsibilities and transportation, may be a challenge in participating in a RAP.

# Survey

The National Council surveyed its membership in April 2023 to better understand the role of RAPs and work-based learning programs in the mental health and substance use treatment field, and to contextualize the environmental scan findings in real occupational settings. The survey consisted of three tracks, screening for respondents' experience and populating questions depending on whether the respondent was a non-RAP work-based learning program employer/administrator, a RAP sponsor/ employer, or a former or current RAP apprentice. The first two tracks aimed to learn from organizations currently participating in a RAP as a sponsor and/or employer or administering a similar non-RAP work-based program that may speak to the details and impact of their respective programs. The third track aimed to learn about the experiences of individuals who are currently participating or have previously participated as apprentices in a RAP in the mental health and substance use treatment field.



- Overall, **154 respondents** completed the survey and provided insight into their workforce experiences in the mental health and substance use treatment field
- Ten respondents** reported that they were/are an apprentice in a RAP
- 20 respondents** reported participating in the management of a RAP
- 52 respondents** stated they were not associated with a RAP but participated in the management of a similar work-based learning program

Remaining respondents did not meet survey eligibility criteria and were not participants in RAPs or work-based learning programs as either an apprentice or organizational leader. These respondents did not fill out survey questions that were included in data analysis, however, they were given the opportunity to leave a comment regarding questions or interest in RAPs or work-based learning programs.

Within the responses from the sample of 10 former and current apprentices, 85.7% reported that the greatest benefit and value of the RAP is the opportunity for professional skill development. Commonly reported structural challenges within the apprenticeship program were related to the application process and low pay. Some of the greatest personal barriers to participating in an apprenticeship program were challenges obtaining transportation and personal caregiving responsibilities. Overall, 85.7% of apprentices stated they would recommend a RAP to others looking to advance their career in the mental health and substance use treatment field.



The Certified Community Behavioral Health Clinics (CCBHC) model gives states, clinics and grantees the tools needed to support a range of mental health and substance use challenge treatment services, providing expanded care while helping to improve access to crisis services and coordinated care across the behavioral health system.

>> [Learn more](#)

Fifty-two respondents were not associated with a RAP but participated in the management of a similar work-based learning program. Respondents largely worked in community-based organizations (44.2%) or Certified Community Behavioral Health Clinics (CCBHCs) (28.8%) that served multiple geographies including urban, suburban and rural. The respondents reported providing one or more types of work-based learning programs at their organization such as certification programs (28.8%) and internship sites for graduate students (86.5%).

Those who participated in the management of other work-based learning programs reported organizational benefits such as opportunities for current staff to serve as mentors/supervisors (86.5%) and recruitment of new talent, increase in skill level of future employees and increased capacity to serve the client population (78.8%). Commonly reported challenges included work-based learning program participants leaving for other organizations after completion of the program (53.8%) and capacity of the organization to meet program requirements (51.9%).

## RAP Return on Investment

- Benefits to workers include higher wages over time, transferable skills and portable credentials.
- Benefits to the organization include a skilled workforce, reduced turnover and positive impact on productivity and profitability.
- Benefits to the overall economy include increased job opportunities and stability for diverse populations and higher salaries that funnel more money into the economy.

Many of the respondents stated that they had never considered implementing a RAP at their organization because they did not know RAPs were an option in the mental health and substance use treatment field. There was great interest in learning more about RAPs and how to start the process.

Many of the respondents who participated in the management of a RAP (N=20) were from community-based organizations (40.2%) or CCBHCs (25%). Organizations typically served multiple geographies including urban (65%), suburban (65%) and rural (55%). Most respondents (75%) stated their organizations were generally newer to RAPs and had sponsored or hosted their program for less than two years. The occupational tracks available through their RAPs were largely addiction/alcohol and drug counselors and substance use disorder professionals.

Survey questions also aimed to learn more about the structure and implementation of RAPs. Respondents shared that their apprenticeship programs were funded by state grants or contract funds (75%) and more than half (55.5%) said the cost to the organization totaled \$6,000 or more per apprentice to support salary and other benefits. Respondents described difficulties understanding the national RAP registration process and setting the standards for the program structure.

Commonly reported challenges managing a RAP were related to capacity to meet program requirements as outlined by the U.S. DOL or SAA and financial costs of running the program. Additionally, fewer than half of respondents reported a RAP completion rate between 75% and 100%. This may be due to the breakdown of respondents (75%) who reported that their organization is hosting a newer RAP that was active for two years or less at the time of the survey. Respondents cited recruitment of new talent and increased retention of staff as the most common RAP benefits and an overall majority of survey respondents (85%) stated they would recommend establishing a RAP to other organizations in the mental health and substance use treatment field.

## Focus Groups

### Purpose

Following the initial survey analysis, all respondents who indicated they were willing to be contacted were invited to participate in an hour-long focus group to share more about their experiences with RAPs and work-based learning programs. A total of 19 focus group participants took part across five focus groups.

The goal of conducting focus groups was to better understand the role of RAPs and work-based learning programs in the mental health and substance use treatment field and their potential to meet workforce needs. Focus group questions aimed to understand how organizations started their RAPs and work-based learning programs and what resources they wished had been available to support them. Discussions also tackled benefits, challenges, metrics of success, perceived value and return on investment.

### Findings: Non-RAP Work-based Learning Programs

Participants from non-RAP work-based learning programs often managed internship programs for bachelor's- and master's-level students in mental health and substance use treatment roles. Since these types of programs are not held to federal or state standards regarding program structure, many participants shared that their programs are unpaid while few offered paid roles or offered stipends. These programs were typically funded by state and federal grants, fundraisers, community donors or simply built into company costs.

Participants described how their organizations benefitted from partnerships with higher education institutions as a helpful resource in launching and managing their work-based learning programs. This helped provide a pipeline for program participants by marketing the opportunity to current students. Higher education curricula also had clear expectations of the internship programs that were helpful in providing guidance and standards for the organization as they designed their program structure. Some organizations also supplemented on-the-job training and experience with other certification training to bolster program participants' learnings and takeaways. Focus group participants even mentioned receiving guidance and support from larger organizations such as the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Council.

Challenges included a high rate of participant turnover and a need for better marketing and outreach to attract participants to their work-based learning program. One of the largest challenges reflects the initial workforce crisis. While these programs aim to bring in more workers to the mental health and substance use treatment field, organizations are also experiencing staffing issues that reduce availability and stability for supervision and training. Some organizations also found that senior leadership pushed back against providing additional compensation to team members taking on a supervisor role, which acted as a deterrent for potential supervisors and disincentivized taking on the added responsibilities. Other staffing issues that posed a challenge to work-based

learning programs include organizations not having a dedicated team for responsibilities such as grant writing or management of the internship program. This became burdensome for current staff who took on extra roles and responsibilities on top of their existing workload to support the continuation of the organization's work-based learning programs.

Organizational buy-in for work-based learning programs commonly resulted from executive leadership seeking solutions to staff shortages and high turnover rates, which encouraged increased financial investment for interns and supervisors to incentivize recruitment and retention. Leadership and program management also described personal motivation and passion to support the next generation of professionals.

Many focus group participants shared a desire to give interns a positive experience and provide the helpful resources they had, or wish they had, when they were in their early career.

## Findings: RAPs

Focus groups with participants who have been part of the management of a RAP were affiliated with organizations that offered RAPs for substance use disorder professionals, licensed alcohol and drug addiction counselors, peer specialists and recovery support specialists. They received grant funding either from state or federal organizations and other foundations or funded the program directly from the operations budgets of the employers. One mental health and substance use treatment organization shared a desire to implement a RAP for a clinical, direct service role but found that apprentices were unable to bill for services and opted to pivot to a non-clinical administrative RAP occupation.

Resources and partnerships that were helpful for launching the RAP included working with representatives from state licensing bodies, SAA offices, and the H-CAP, a national labor/management organization supporting training opportunities that build up the health care workforce. Finding training providers and educational institutions to provide the training, technical assistance and knowledge of the RAP structure required was also important. Some of the organizations were able to hire managers whose dedicated role was to build out and oversee the RAP.

Participants agreed that the work of starting and maintaining their RAP was a long and convoluted process. They found that submitting the necessary documentation and paperwork was a heavy lift and it could be a challenge to merge the requirements of the apprenticeship office with the requirements of the occupation's accrediting body.

RAP focus group participants represented states including California, Massachusetts, Maryland and Iowa and the practice of registering RAPs with an apprenticeship office varied. Some organizations found it more beneficial to register federally with the U.S. DOL; some found it more beneficial to register on a state-only basis; and some registered their apprenticeship program with both the DOL and their SAA.

When asked about the value of their RAP, participants in the focus group shared mixed feelings. Most agreed that RAPs have the potential for organizational benefits such as increased staffing and supervisory skill development opportunities for current staff. However, they also reported that the real, larger benefit of a RAP is to the apprentice who receives free education and training with paid learning experience. In fact, some participants shared that they would be looking into other work-based learning programs in addition to their RAP. While standardized requirements and guidelines are helpful in the process of developing and launching a well-structured RAP, those same stipulations can be a barrier to maintaining the program long-term because of the need for dedicated staff hours to ensure compliance.

# Conclusions

The findings from the initial survey and subsequent focus groups reflect the workforce challenges of the mental health and substance use treatment field and the need to find a creative and accessible solution. This process highlighted the barriers, benefits, helpful resources and desired improvements in work-based learning programs (including RAPs) and helped to inform the potential role of the National Council in supporting workforce needs.

Organizations in the mental health and substance use treatment field vary heavily in capacity, services, staffing, funding and more. While some organizations may be able to meet the structural requirements of a RAP, it's not always a viable option. For example, many organizations cannot run a RAP due to an inability to meet the required progressive wage increases. In fact, there were survey respondents who participated in the management of a RAP who had to pause their RAP entirely or reduce the number of apprentices due to financial barriers.

Staff shortages are not the field's only workforce challenge; current employees are overworked and overburdened. Work-based learning programs can help offset workforce shortages through recruitment, training and skill development of new professionals, but it is important to remember that work-based learning programs rely on the work, support and oversight of current employees who may be experiencing burnout. Therefore, organizations want to see transparent, accessible and digestible information, as well as tools and resources to help start and maintain these programs. For example, one focus group participant expressed wanting a "how-to" guide that plainly outlined the necessary steps to start a RAP, as their organization had a difficult time navigating the complex process.

Apprenticeships and work-based learning programs are used by organizations to address workforce shortages, meet industry demand, improve employee retention and support skill development. Many found these programs helped with workforce staffing and provided benefits to both employer and employee. They are most helpful when they are well-organized, coordinated and structured. Even with structural and personal barriers such as transportation challenges and level of pay, a majority of the RAP apprentices responding to the survey reported they would recommend the apprenticeship program to others looking to advance their career in the mental health and substance use treatment field.

At the outset of the project, it was thought that RAPs would emerge as the potential future of work-based learning in the field. However, the survey and focus groups illustrate that both RAPs and non-RAP work-based learning programs (e.g., internships, pathway programs) need appropriate attention and support in scaling. Work-based learning programs should help the organization and not become a burdensome and impossible task. Organizations at different capacity levels should be able to learn about different work-based learning programs and receive guidance and support to identify and launch the program that best fits their organizational capacity and needs.



## Future Directions

In the next year, the project goal is to help National Council members access resources on RAPs and work-based learning programs and provide a clear understanding of implementation processes. Training and technical assistance specific to mental health and substance use treatment apprenticeships and work-based learning program implementation has been identified as one potential avenue. Existing guidance and support from the U.S. DOL and SAAs tend to focus on occupations outside of mental health and substance use treatment, and the National Council may be able to fill this gap.

The strategy may include hosting discussions with longer-standing RAPs and partnering with state associations to better understand RAP structure, management and administration and identify opportunities to maximize return on investment while minimizing organizational burden.

There is also a continued need to learn from member experiences in RAPs and work-based learning programs. The initial survey and focus groups have informed the direction of the project and there may be more opportunities to learn from participants in the future through individual conversations.

For example, no apprentices took part in the focus groups, but their perspectives are important for organizational programming. Survey respondents and focus group participants have shared interest in being contacted for further engagement in the project.

The Apprenticeship Capacity Building team will work in coordination with the Center for Workforce Solutions in their shared mission to support the mental health and substance use treatment field in addressing workforce needs.

