

Workforce Work Group – 5.13.2021

Rick:

Focused on workforce issues, challenges, development strategies. First of 4 meetings over the next several months. Planning to stick to the same schedule as of now.

Goal is to come away with the process with strategic, realistic, actionable recommendations with a plan to achieve them.

Presentation on the deck by Marti Rosenberg

Rick:

What Marti presented is based on having a trained and ready workforce. To synthesize those needs:

We heard a lot about rates and how they affect compensation and how compensation affects capacity.

Workforce shortages

Recruitment and turnover challenges

Lack of race equity and culturally competent care

Training and education

Need for continuing education

Many compelling and critical issues as a part of our SOC development.

Today, we're going to drill down on those issues, with the goal of ID'ing the most critical top priorities issues, that we have the potential to impact short-term/long-term through a variety of strategies: budgetary and otherwise. Ultimately come forward with a plan of action.

Small groups:

Group 1:

Highest need care with the least

High caseload, burnout

Demands of balancing care and productivity

Issues of SOOH – Housing, transportation, food insecurity

Basic across the board certification, might include MH first aid, suicide prevention. Trauma, etc.

Strengths:

Community MH system

Great children's psych hospital

Children's care system

Small state

Evidence-based practices

Ultimately ended up talking about that and the need for more resources.

Group 2:

Given limited workforce, the struggle to have equitable, culturally, and linguistically sound options for families. So desperate – what you get is what you get.

Ability for training and the career ladder is a struggle.

Would like a certificate program in higher ED for higher payment and continuity across the state.

Our group had a lot of EI and home-based programming – not the hospital side.

Talked about the way it's developed – programs grew out of Cedar centers – referring services out to providers. Now we're left with PASS – it's a consumer-driven program. Families would come with staff to render the services. So, changing the way the system and the scope of services is established, so we can better staff the program

Strengths: Incredible dedication. Working with children for near minimum wage rates and continue to do so. Testament to the workforce that is hanging on.

Families are very resilient and savvy with the limited resources. Take what they can get and do their best, clinically to support their children.

Eager to make transformative change with rates. It will all go back to the main issue.

Group 3:

We also had a diverse group of folks with a lot of different perspective. One challenge – cross-sector competency. Folks in education versus hospitals, community-based orgs. Families are put through a confusing process – extends to workforce. Confusion about roles and not common language. It's a workforce challenge.

Not an accurate inventory of MH services for kids – presents challenges for families and workforce. Study done reviewing the MH services and children's providers not contacted. Lack of clarity. Creates a difficulty about finding those resources.

Jobs themselves – jobs are really hard. Difficult schedules, hours are irregular. Part-time roles, unfulfilling from a benefits standpoint. Jobs are likely to lead to burn-out.

Strengths: workforce is resilient, committed and they got through the pandemic.

Workforce might not meet the need. Not graduating enough people to meet the need. Not typically represented of our BIPOC community, or Spanish speakers at the highest clinical roles.

Strength: Workforce is representative at some of the lower-level roles. There is diversity there.

Lot of trust from the families. Believed in. Lot of trust from relationships.

From an educational standpoint, this is relevant in the schools as well – translating to the education system so that our families don't feel like they're running in circles. Teachers' assistants representing our communities – how do we get them to advance?

Group 4 –

Lot of similar things talked about.

Challenges: Lot of people can see this as a job and not a career. Can lead to people not being fully vested and higher turnover. High turnover – staff takes the knowledge with them and the gains that the child has made, building trust. Every couple years, we're starting at square one.

Training – 20 years ago having agency-wide types of training sessions with multiple modules, hosted by an outside provider. (more on the adult side) On the children's side – child-specific and not a certification for this type of work.

Concerns with carrying over ways to assist the children in different environments – how to ID certain areas of needs, etc. Being able to help the child with whomever they'll be coming in contact with.

Strengths – workforce able to work independently, 1:1 in the home. Innovators, making their own schedules. Flexible, willing to work part-time.

Overall characteristics: empathy, compassion, determination, willingness to persevere. It's how they are.

Group 5:

Challenges:

- Retention is a challenge and ensuring that there's continuity of care. Turn-over really impacts kids and families and the relationship.
- Doing a focus group with kids and families, that would be one of the biggest things that would come out.
- Capacity issues impacts outcomes.
- It is so bleak right now. We're all talking about this. Finding people to get in the door, to sell special things we might be able to do in addition to compensation. It's the biggest challenge ever.
- Same for Tides in 20 years. Before the pandemic, we've had these problems. People declining positions because they make more on unemployment. Thinking pre-pandemic – because the dust will settle and we'll go back.
- Challenge for a lot of the community-based in-home services agencies. We're dealing with the highest needs situations with the greenest staff. Experienced staff go to private practice. Working with the highest utilizers that cost the most and it's inexperienced staff. Good intentions and we were all there. Families are challenged and the program is not billable. Intense case, multi-layered and staffer is right out of college. I think about the struggles of staff members out there dealing with high utilizers – adults or kids.
- We've been talking about telehealth. I got a call from a recruiter. They have a huge population with people ready to do telehealth and are we interested in accessing their services. It's less labor intensive, FFS, in an office – it's not being out in the field, driving everywhere, finding time to do the notes. I think the ability to work from home is attracting our masters level employees.
- We're hurting with the same issue. Our staff are getting outreached by recruiters who are not even local.
- Given the high utilizers – home-based work is so critical. Throughout the pandemic a lot of orgs went to telehealth. Given the population we serve, for child welfare, it wasn't an option for our staff. Tough when the press conferences happened with essential workers, they weren't feeling recognized. They were in homes seeing kids – we needed to make sure kids are safe.

- How can the sector be recognized as healthcare?
- When you think about prior to the pandemic, our employees and the challenges they had balancing work/life balance. Our employees are not that far from the clients they serve because of the challenges they have. We don't always look at that – and they put their needs second. We see that we can't afford to do that.
- Real issue for a lot of us too is the saturation for all of us using the same workforce. There isn't enough of that. Indirectly competitive – some difference in the service we offer. But the sector doesn't have that respect. Essential worker definition – need to have it be a recognized thing.
- Lack of understanding of the sector – intertwined with rates and what we're not getting or seeing. Comes from the voice of the client coming from the voice of the employee or service provider.
- Reflecting the populations we serve – recognizing the systemic racism challenges. How do we overcome those? There are folks with experience – on staff with a bachelor's degree. Far more skills with their licensed folks – can't use them in the capacity I'd like to. Medicaid is discriminatory because they don't have a license. There are barriers for folks.
- Project with the coalition, to create career ladders from the entry level. That's an area – I email DCYF for waivers. There is capacity there with general revenues. There are better outcomes when folks speak the language of their clients.
- From the payer perspective, is there opportunity for all of us to think differently about the level or type of staff along the continuum. How would we know about the levels? If we don't start to think differently about each level of the system of care what the workforce needs to look like? How do we come up with the clinical level of care in a range that can provide quality care? Is this an opportunity to come to consensus on this? Hard to explain to someone even buying insurance.
- **Developing competencies and standards of care, together. That could be a solution.** What would those competencies look like?
- We've started some of that with the apprenticeship model.
- 11 domains for a great CHW in this sector – areas that you're lucky when you touch upon. Every range of cultural competency, and documentation, understanding trauma. Things that people get on the job.
- Strength – people doing the work who understand the need. You see that in the sector.
- Found someone amazing because of her experience. Came to close the deal, and we realized that she had college experience, but hadn't gotten finished her bachelor's degree.
- Strength: People who do this work – do it well and are very committed, especially people who work with kids.
- Staff members who could make more money in retail, people get secondary gains.
- There's a workforce to be had, but how are we preparing them for what's to come. Reach out to schools – and to talk about and to focus on the training we can do and getting students ready for licensure.

Key points:

Are current requirements aligned with the skill sets and competencies necessary?

State acknowledgement of the sector

Sum up: We'll take all the contributions today and turn them into the agenda at our next meeting, to brainstorm strategies and solutions in each area. Budgetary, regulatory, HR policies, workforce strategies, etc.

Thank you so much.