



Great Lakes (HHS Region 5)

ATTC

Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Workforce Recruitment & Retention Webinar Series

Organizers: Michael Hoge, PhD

& Manuel Paris, Jr., PsyD





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Workforce Recruitment & Retention – Part 2: Strategies

Michael Hoge, PhD

The Annapolis Coalition on the Behavioral Health Workforce

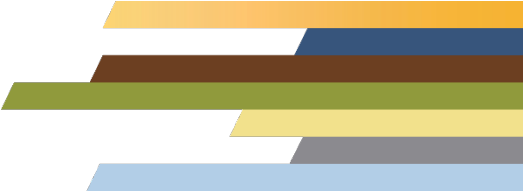
Manuel Paris, MSW

The Annapolis Coalition on the Behavioral Health Workforce

June 28, 2018

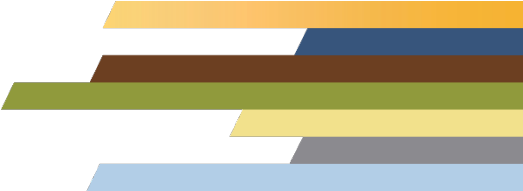
Brief Recap of Webinar 1



1. Recruitment challenges & high levels of turnover
 2. Simple terms – Complex issues
 3. Absence of good data & evidence
 4. Negative impact on clients, services & service organizations
 5. The need to Advocate & Act
 6. Examples of action in Massachusetts
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Content of this Webinar



1. Review of recruitment & retention strategies
 2. Recruitment & retention of people of color
 3. Participant comments, questions & suggestions
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A Detailed Resource

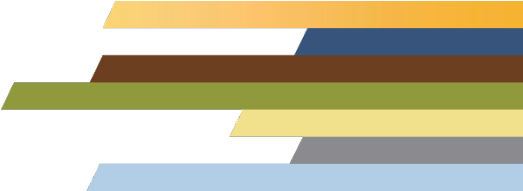
The SAMHSA Recruitment and Retention Toolkit



<http://toolkit.ahpnet.com>

The SAMHSA Model



1. Build a R&R plan
 2. Recruitment strategies
 3. Selection strategies
 4. Orientation & onboarding strategies
 5. Supervision strategies
 6. Recognition strategies
 7. Training strategies
 8. Career development strategies
 9. Support strategies
- 

Being Successful...

Entails being intentional and systematic over time rather than reactive



Step 1: Building a Plan



1. Gather baseline info: turnover rates, satisfaction
2. Select the R&R priority (which positions)
3. Conduct a job analysis
4. Write an accurate job description
5. Identify strategies / interventions
6. Develop the action plan

*Plans can focus on more than a position



An Example:

Center for Integrated Health Solutions:

- 37 job descriptions
- Performance assessment
- Reimbursement and provider payment

The screenshot displays the website for the SAMHSA-HRSA Center for Integrated Health Solutions. The header includes the tagline "Making Integrated Care Work", contact information (202.684.7457), and a search bar. The main navigation menu features categories such as "About Us", "Integrated Care Models", "Workforce", "Financing", "Clinical Practice", "Operations & Administration", and "Health & Wellness". The current page is titled "RECRUITMENT & RETENTION" and features a sidebar with links to "Team Members", "Recruitment & Retention", "Education & Training", "Supervision", "Partnerships", and "Leadership". The main content area includes a photograph of a diverse group of healthcare professionals in a meeting, a section titled "Core Competencies for Integrated Behavioral Health and Primary Care" with a puzzle-piece graphic, and a list of links: "FULL REPORT", "USING THE CORE COMPETENCIES", and "CORE COMPETENCIES".

CONTACT US: 202.684.7457

SAMHSA-HRSA Center for Integrated Health Solutions eSolutions newsletter

About Us Integrated Care Models Workforce Financing Clinical Practice Operations & Administration Health & Wellness

Glossary Facebook Twitter Listserve Ask a Question

Home / Workforce / Recruitment & Retention Print

RECRUITMENT & RETENTION

Team Members
Recruitment & Retention
Education & Training
Supervision
Partnerships
Leadership

Core Competencies for Integrated Behavioral Health and Primary Care

- FULL REPORT
- USING THE CORE COMPETENCIES
- CORE COMPETENCIES:

Providing treatment as a member of an integrated team is distinct from practicing as a sole provider or in a shared practice. Integrated care requires individuals who want to deliver healthcare as a member of a team in a workflow that is different from traditional

Step 2: Recruitment Strategies



1. Know the law and stay within it
2. Develop a marketing plan
3. Online job postings
4. Create a social networking presence
5. Expand the candidate pool
6. Hire individuals with disabilities

Drawing on common wisdom



Growing a Strong Direct Care Workforce

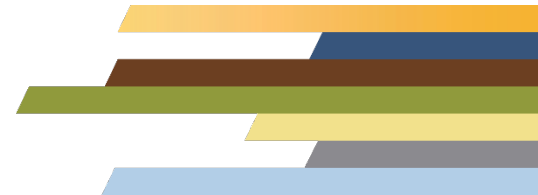


- Targeted outreach strategies
 - Build partnerships (schools, colleges, workforce development organizations)
 - Connect personally (job fairs, info sessions, community events)
 - Seek referrals (offering bonuses to current employees)
 - Spread the word via social media (use personal stories and employee reviews)

Step 3: Selection Strategies

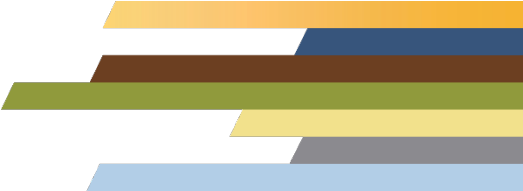


- Education & experience
- Interviews
- Testing
- Job samples
- References
- Examining the “match”
- Realistic Job Preview



Step 4: Orientation & Onboarding



- Shift from “orientation” to “onboarding”
 - Providing information plus focusing on employee engagement
 - Demonstrating the value placed on the employee
 - Effective and efficient onboarding:
 - Can help reduce turnover
 - Is essential in managing high turnover
 - *Efficiency with turnover*
- 

Onboarding Strategies



- Advanced preparation
 - Personalization
 - Attention to logistics
 - Use of checklists
 - Buddy system or mentor
 - Convey knowledge about: the organization, mission & vision, history, language, job role, benefits, performance expectations, people, politics, etc.
- 

Step 5: Supervision



- Evidence for impact of supervision on care & R&R
- Lack of adequate clinical supervision delivered
- Replaced with staff & team meetings
- Supervisors often lack competencies in supervision & EBPs
- TIP 52 on supervision as a resource

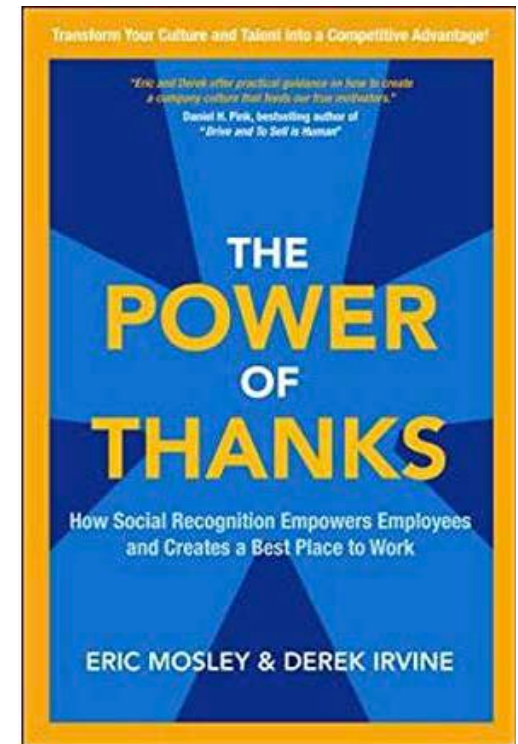
ATTC National Workforce Report 2017





Step 6: Recognition

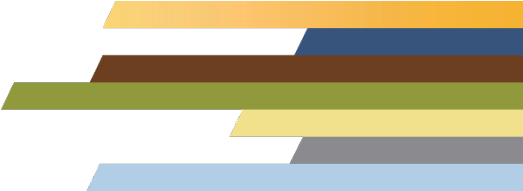
- Types
 - Personal feedback & thanks
 - Institutional recognition
 - Recognition apps
- Demonstrated impact on “engagement” & productivity
- ‘Most employers believe that workers leave jobs for more money. But few workers do.’(Leigh Branham)



Step 7: Training

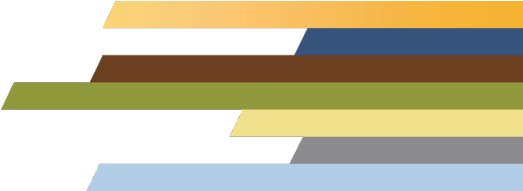


Two quick tips:

1. Stop torturing your workforce with ineffective trainings
 2. Focus on skill development using evidence-based teaching approaches
- 

Step 8: Career Development

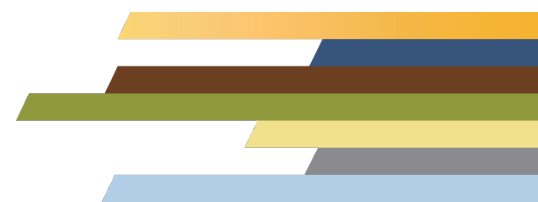


- Supervision + coaching + mentoring
 - Support in setting & reaching longer-term goals
 - Continuing education opportunities
 - Opportunities for advancement
 - Constructive feedback
 - Self-evaluation
- 

Step 9: Support

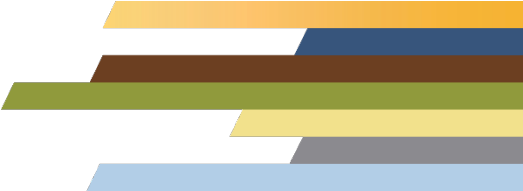


- Sources of concern:
 - Job stress
 - Compassion fatigue
 - Secondary trauma
 - Burnout



Support Interventions



- Assessment
 - Prevention & early intervention
 - Supportive supervision, groups & organization
 - Skill development on wellness & self-care
 - Caseload adjustment and mix / job redesign
 - Resolving job ambiguity & role conflict
 - Job redesign & increased autonomy
 - EAP services
- 

Additional Retention Strategies



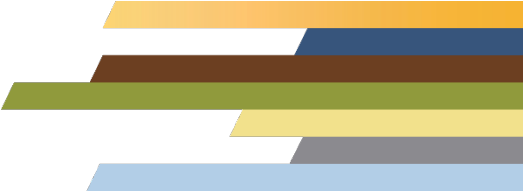
- Supportive work environment
- Team-based practice
- Employee input & participatory management
- HIT implementation
- An effective & sustainable program of services
- Opportunities to work & train with other sites & organizations

Vital Signs (ATTC)



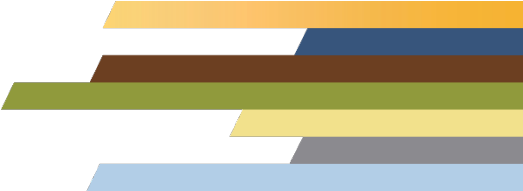
National Health Service Corps



- A program of HRSA's Bureau of Health Workforce
 - Largest % are in behavioral health (30%)
 - Loan repayment for service in a shortage area
 - Up to \$50,000 over 2 years
 - The employer/site must be NHSC-approved
 - Eligible disciplines include: psychiatry, psychology, social work, psychiatric nurse specialist, licensed professional counselor, marriage & family therapist
- 

National Health Service Corps (2)



- 37 State loan repayment programs
 - NHSC Jobs Center (www.nhscjobs.hrsa.gov)
 - Virtual Job Fairs
 - Currently 22,000 employers, 10,000 members & 5,000 open positions
 - 87% continue work with underserved areas
- 

National Health Service Corps (3)



- Outpatient Opioid & SUD treatment providers in rural/underserved areas now eligible!
- Traditional eligibility criteria focus on providing comprehensive behavioral health services
- Next application deadline is August 14, 2018

Resource: *Understanding the National Health Service Corp - for BH & PC Providers (CIHS)*



The Numbers

- The number of psychiatrists, psychologists, counselors, and social workers available to treat every 1,000 people with SUD – ranges from a high of 70 in Vermont to a low of 11 in Nevada (Vestal, 2015)
- 5.3% of all psychologists identify as African-American, 5% as Latino, & 4.3% as Asian (APA, 2013; 2018)
- Over 70% of addiction providers are non-Hispanic White; other estimates as high as 86% (Guerrero, 2013)



The Numbers

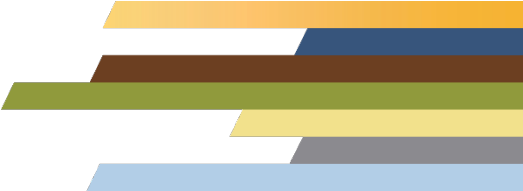


- Racial and ethnic minorities with a SUD comprise 40% of admissions to publicly funded treatment programs
- Blacks and Latinos were 3.5-8.1 percentage points less likely than Whites to complete treatment
- Completion disparities:
 - Socioeconomic factors (employment; housing)
 - Lower quality and fewer treatment options
 - Lack of cultural and linguistic sensitivity (i.e., spiritual & cultural practices)

(Saloner & Le Cook, 2013)

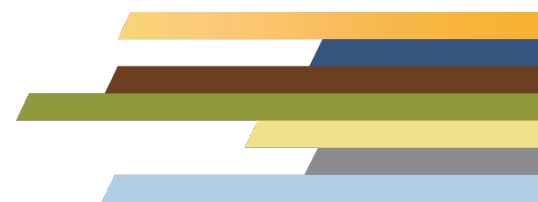


Why Should We Care About Recruiting and Retaining a Diverse Workforce

- Ethical issue: providing access to jobs and opportunities for advancement
 - Matching issue: research to suggest that ethnic/racial provider-client matching can translate into successful treatment completion
 - Agency Culture issue: the presence of people of color within the agency can help educate other staff and enhance the development of culturally appropriate services
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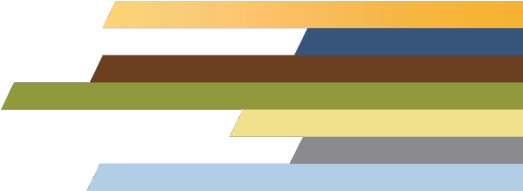
Recruitment Strategies, Part 1

- Networking with academic institutions:
 - attending job fairs at the local community colleges and universities
 - offering internships & practicums
- Offering tuition assistance
- Paying for licensure, certification, and/or conference attendance
- Providing sign-on bonus for special skills



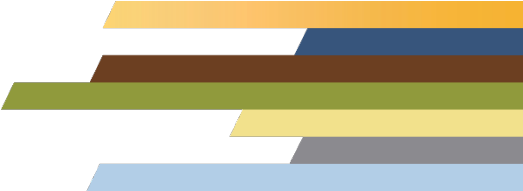
Recruitment Strategies, Part 2



- Deal with potential bias in the hiring process
 - Recruit continuously - create a pool
 - Provide on-the-job culturally relevant mentorship and career ladders
 - Demonstrate an organizational commitment to diversity
 - Build on the reputation of your organization
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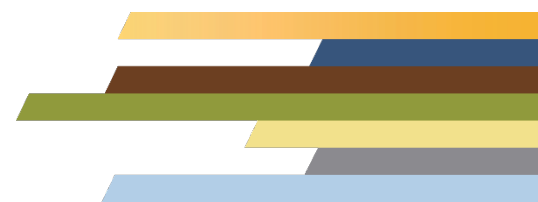
Recruitment Strategies, Part 3



- Posting jobs on culturally relevant websites:
 - [i Hispano](#)
 - [Hispanic Alliance for Career Enhancement Online](#)
 - [Im Diversity](#)
 - [Diversity Search](#)
 - MFP job boards
- 

Retention Strategies

- Meaningful minority representation on boards and other key roles in policy development, program evaluation, and design
- Recognition & awards
- Job satisfaction
- Work-life balance
- Track effectiveness of diversity retention



Strengthening the Focus on Culturally/Linguistically Competent Care

- Adopting competency standards: The Enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (OMH, DHHS, 2013)
- Providing multicultural supervision & supervision training
- Compensating for special skills



Providing Culturally Relevant Continuing Education



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- Northeast & Caribbean ATTC:
 - Cultural Competence: A Modality for Practice
 - Cultural Elements with Hispanic Adolescents
 - Theory and Practice of Motivational Interviewing
- National American Indian & Alaska Native ATTC:
 - Leadership Academy
 - Spirituality and Behavioral Health
 - Annual Symposium
- Ecuador Professional Preparation Program
- Latino/a Mental Health Providers Network
- PASEO Program
- Pepperdine University
- Southern CT State Univ
- University of Miami

Be Mindful of the “Minority Tax”

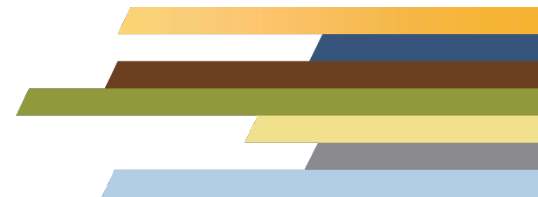
- The burden of extra responsibilities placed on minority professionals in the name of efforts to achieve diversity
- Leads to disparities on multiple fronts:
 - Diversity efforts
 - Racism
 - Isolation
 - Mentorship
 - Clinical
 - Promotion



Minimize Discrimination & Bias

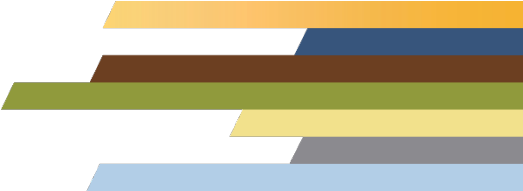


- Take workplace discrimination seriously:
 - Training for administrators and employees
 - Safe reporting options
 - Attend to pay equity (Buche et al., 2017)



Perceptions of Treatment in the Workplace

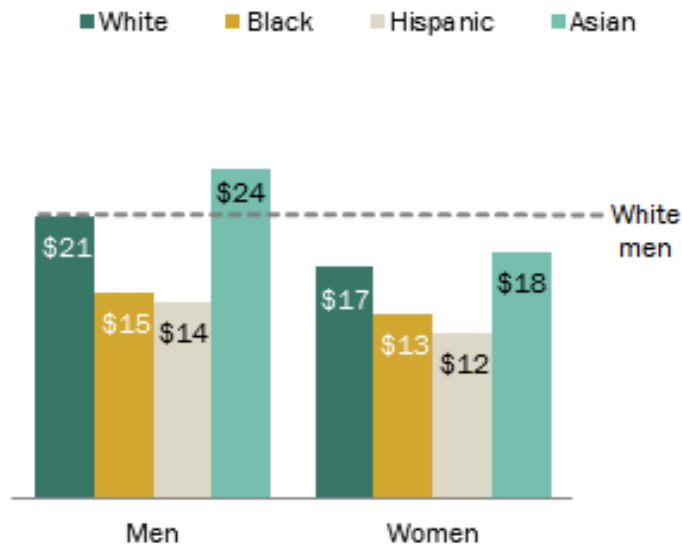


- Survey conducted by the Pew Research Center (2016)
 - “Personally treated unfairly in hiring, pay, or promotion in the past year because of race/ethnicity”:
 - 4% of Whites said YES
 - 16% of Hispanics said YES
 - 21% of Blacks said YES
- 

Pay Gap Statistics

White men had higher hourly earnings than all except Asian men in 2015

Median hourly earnings of men and women from each race/ethnicity

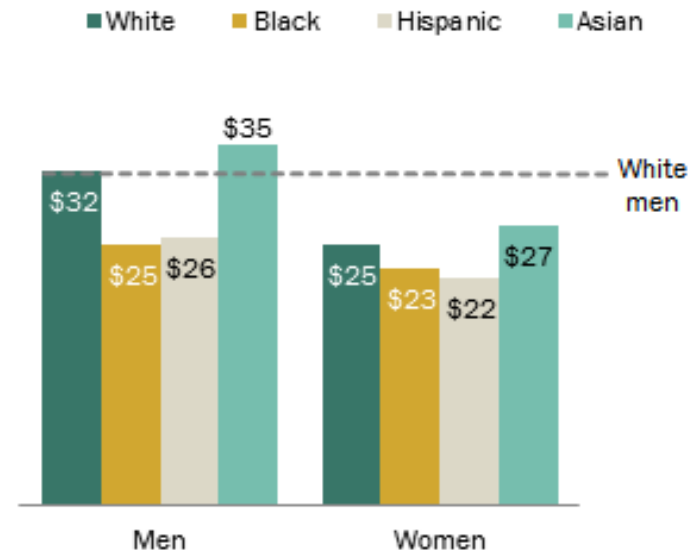


Note: Figures are rounded to the nearest dollar. Based on civilian, non-institutionalized, full- or part-time workers with positive earnings. Self-employed workers are excluded. Hispanics are of any race. Whites, blacks and Asians include only non-Hispanics. Asians include Native Hawaiian and Pacific Islanders.
Source: Pew Research Center tabulations of 2015 Current Population Survey data.

PEW RESEARCH CENTER

Controlling for education, white men still out-earned most groups in 2015

Median hourly earnings among those ages 25 and older with a bachelor's degree or more



Note: Based on civilian, non-institutionalized, full- or part-time workers with positive earnings. Self-employed workers are excluded. Hispanics are of any race. Whites, blacks and Asians include only non-Hispanics. Asians include Native Hawaiian and Pacific Islanders.
Source: Pew Research Center tabulations of 2015 Current Population Survey data.

PEW RESEARCH CENTER

Pay Gap

- Hispanic women will have to wait until 2233 and Black women will wait until 2124 for equal pay



(Institute for Women's Policy Research, 2018)

Increasing the Pipeline: SAMHSA Funded MFP Programs in Addictions & HRSA LRP



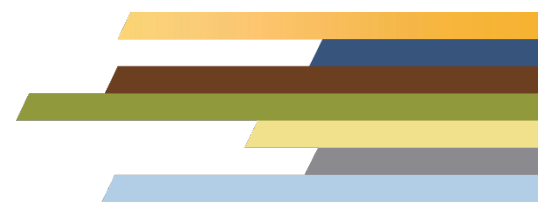
NMFP-AC

NAADAC MINORITY FELLOWSHIP
PROGRAM FOR ADDICTION COUNSELORS

 **Minority
Fellowship Program**

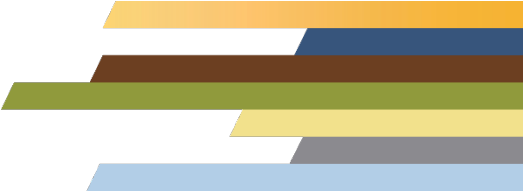
The National Board for Certified Counselors

 **HRSA**
Health Workforce

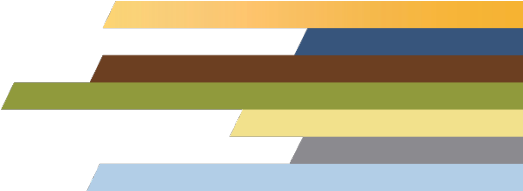


How can you link to/benefit from the MFP



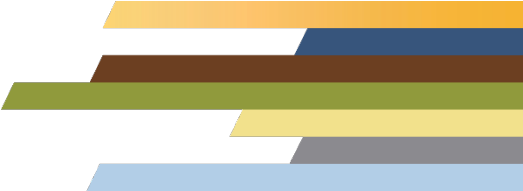
- State Level: Make sure educational programs and provider agencies are aware of it
 - Providers: Access point for recruitment/internship placement
 - Educational Programs: Link students to the MFP
- 

Increase the Pipeline: HRSA Faculty Loan Repayment Program

- Eligibility criteria:
 - Come from a disadvantaged background, based on environmental and/or economic factors
 - Have an eligible health professions degree or certificate
 - Have an employment commitment as a faculty member at an approved health professions institution for a minimum of two years
 - Loan payment assistance up to \$40,000
- 

Increase the Pipeline: State Example



- Both offer training in addictions and a pathway towards licensure and certification (LADC & CADC):
 - Black Addiction Counselor Education Program
 - Latino Behavioral Health Workforce Program
- 

Questions & Comments



For additional information:

- Michael Hoge michael.hoge@yale.edu
 - Manny Paris manuel.paris@yale.edu
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Future Webinar



- July 25, 11:00 Central, Noon EDT
 - Additional Strategies & Resources
 - Recruitment & Retention of People in Recovery

