

SYSTEM WORKFORCE TASKFORCE
Provider Leadership Association / ADAMH Board
FINAL REPORT

April 2002

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Note: Members of this group will be asked to serve on the steering committee of the Human Resource Collaborative set to begin in May 2002. Invitations will go out to HR staff at all contract agencies regarding participation on this group.

Purpose of Report

To make recommendations to the Franklin County ADAMH Board and system regarding recruitment, retention and other critical system workforce issues that will ultimately support system employees and promote consumer growth.

Background

Employee turnover is very costly to an organization, and ultimately takes its toll on organizational performance and productivity. A 1995 Human Resources Development Plan commissioned by ADAMH estimated turnover in the ADAMH system to be 24% on an annualized basis. Currently, Human Resources managers at several provider organizations have indicated increased difficulty in retaining and recruiting qualified candidates necessary to meet quality and funding standards. An October 2001 survey of human resources personnel at ADAMH's five largest contracted providers attempted to measure this phenomenon. The responses revealed 133 out of 860 full time positions in the agencies were currently vacant and difficult to fill. Of these 133 positions, over 90 require some level of professional licensure, 73 % require social work licensure. There is also an expressed sense that in the workplace, the amount of work to do is expanding, and the time in which to do the work is contracting, creating pressures and tension. This condition typically leads to "burnout" and increased turnover.

In the preceding years, a concentration on achieving higher levels of accountability and client outcomes meant little attention and resources directed toward workforce needs of the ADAMH system. However, providers of behavioral health services in the system became aware that successful outcomes depended on an important characteristic of human service organizations: the quality of its personnel. Because services are provided through the medium of human interaction, the quality of this interaction determines the accessibility and effectiveness of the organization's services (Austin, 1987). Human service organizations, therefore, are highly dependent on the availability of qualified employees, and the retention of those employees (Ewalt, 1991).

Initial Proposal

After brainstorming and identifying common workforce issues in the system, and a review of the empirical literature surrounding the recruitment and retainment of behavioral healthcare providers (see attached Workforce Bibliography), the group produced draft recommendations using a systems approach for retention, recruitment, and marketing/image building in the ADAMH system:

Employee Retention

Recommendation: ADAMH and provider agencies work together as a system to maximize retention of employees in the system.

Strategies:

- (1) Establish an ongoing arena for human resources (HR) representatives from all agencies to share information, strategically plan as a system, develop system strategies (best practices), and pool resources as appropriate.
- (2) Develop shared training as a system (core curricula, career path, time management, etc.).
- (3) Develop strategies to balance investment in employees with returns (i.e. business agreements/contracts signed by employees who are receiving extensive training).
- (4) Develop incentives for employees leaving one agency to stay in the system as opposed to leaving entirely (i.e. maintaining current benefits package at new ADAMH provider agency).
- (5) Develop realistic retention expectations for the ADAMH system.
- (6) Develop incentives and support system for administrative support personnel.

Recruitment

Recommendation: Develop and maintain mutually beneficial relationships with the institutions training potential staff.

Strategies:

- (1) Develop liaisons/linkages with schools training clinical and administrative support staff and include representatives of these institutions in ongoing arena described under Retention Strategy (1).
- (2) Offer additional training opportunities for students (brown bag lunches at OSU/CSCC, X# of slots for students at agency/system trainings, etc.).
- (3) Develop a method for system input in curriculum development at training institutions to ensure curriculum is consistent with ADAMH system needs.
- (4) Expand development of internships/field placements with institutions training potential clinical and administrative/support staff.
- (5) Develop a mechanism to relay information regarding employment opportunities in the system to career placement officers at institutions training potential staff.

Marketing/Image Building

Recommendation: Enhance the image/desirability of employment in the ADAMH system using existing opportunities and developing new outreach methodologies.

Strategies:

- (1) Using focus group methodology, poll existing case managers to enhance understanding of system/agency-specific variables that may contribute to retention/recruitment of case management staff.
- (2) Use of exit interview information as feedback to further/monitor strategy development.
- (3) Use resources such as community education/levy leadership to make public the work of system staff.
- (4) Use of training opportunities to students (brown bag lunches at OSU/CSCC, X# of slots for students at agency/system trainings, etc.) as marketing/image building opportunity.

Stakeholder Participation

Stakeholder groups were identified, and discussion groups formed to solicit input and feedback on the plan. The stakeholder groups identified included:

- Consumer and Family;
- Federation and AOD Agencies;
- Crisis and Assessment staff;
- Administrative/Support Staff & ADAMH Board of Franklin County staff;
- and Case Managers.

Feedback in the discussion groups was structured around the following questions:

- Does the plan include activities that would best be handled in another arena?
- Did we miss anything? If so, what?
- How would you prioritize the suggested activities?
- Who should be involved in implementing this plan?

Additionally, the discussion groups with case managers sought to identify job, system, and agency-specific variables that may contribute to retention/recruitment of case management staff.

I. Consumer and Family Response

Consumer and family members prioritized the proposed **retention** strategies as follows:

Strategy (1): Establish an ongoing arena for human resources representatives from all agencies to share information, develop system strategies including best practices, and pool resources where appropriate.

Discussion group members recognize that although the effect of worker turnover is more pronounced at an agency level, this is a system issues that requires contract agencies and the ADAMH Board of Franklin County to work collaboratively.

Strategy (4): Develop incentives for employees leaving one agency to stay in the system as opposed to leaving entirely, i.e., maintaining vacation benefits agreements between agencies.

Discussion group members perceive workers often make lateral moves within the system, and recognize that the loss of experienced workers adversely affects the ADAMH system

Strategy (2): Develop shared training as a system including core curricula, career path training tracks, administrative and staff training, i.e., time management.

Discussion group members recognize the need to provide ongoing training to system workers as feasible, realistic strategy.

Consumer and family members prioritized the proposed **recruitment** strategies as follows:

Strategy (1): Develop liaisons/linkages with schools training clinical and administrative support staff and include representatives of these institutions in ongoing arena described under Retention Strategy 1.

Strategy (5): Develop mechanism to relay information regarding employment opportunities in our system to career placement officers at educational institutions.

Strategy (3): Explore system input in curriculum development at educational institutions to ensure training is consistent with mental health workforce needs.

Discussion group members perceived these three strategies as important objectives that support/reinforce each other. Additionally, the group suggested the use of the internet/website as recruitment tool (ADAMH system openings at one centralized site).

In addition, this group stated that a stable and happy workforce could enhance consumer recovery/stability/outcomes, and a need to identify good workers and use them as mentors/tutors/trainers for those new to the system. This group also suggested that the idea of who ‘potential workers’ are needs to be expanded—is there an untapped resource in our current consumer base? The group also advocated for ADAMH to set salary standards for positions at contract agencies. There was also a recognition that frontline workers are not paid well, have high levels of accountability, but often have little power and support to do their jobs. The group suggested further data collection around: (1) worker traits/experiences that contribute to desire to work in this field; (2) where workers go when they leave the system; and (3) what contributes to job satisfaction/dissatisfaction of system employees.

II. Federation and AOD Agency Response

All Federation and GCADA members received our draft report through Federation mailing or at a Provider Leadership Association meeting. They were asked to provide general comments on the initial proposal, and were also asked to share the proposal with their administrative/support staff for the same feedback. There was consensus from this group that the proposal captured and addressed the main issues surrounding recruitment and retention. No responses had specific additions suggested to the plan, nor did the responses received prioritize the suggested strategies.

III. Crisis and Assessment Staff Responses

Discussion with frontline and administrative staff at Netcare yielded responses similar to those of case managers. In addition, in an effort to understand the reasons for involuntary separation, Netcare currently conducts a modified exit interview on employees that change status from full time to part-time, contingent, or resignation. During the past year, data collected indicates the majority of employees resign full-time positions due to burnout, and to seek better opportunities such as higher salaries, higher levels of responsibilities, and simply a change from the crisis nature of Netcare's line of business.

IV. Administrative/Support & ADAMH Staff Responses

There was a strong message from those surveyed in this group that a missing component of the proposal relates to baseline and ongoing data collection. Data to quantitatively define the problem, measure any interventions, and compare our results with others (best practices). For example, a specific formula/method used to regularly collect HR indicators such as turnover rates for a specific employee job classification. ADAMH staff report based on contacts with system staff, there are three main areas of worker concern: (1) low salaries; (2) productivity standards; and (3) the quantity of paperwork associated with service delivery. In addition, feedback from this group indicated that diversity-related recommendations should also be incorporated into any workforce plan.

V. Case Manager Responses

Case Managers prioritized the proposed **retention** strategies as follows:

Strategy (4): Develop incentives for employees leaving one agency to stay in the system as opposed to leaving entirely, i.e., maintaining vacation benefits agreements between agencies

CM in the group agreed this strategy sounded as if it may limit "agency hopping", but acknowledged this may be difficult to do as some agencies have collective bargaining.

Strategy (1): Establish an ongoing arena for human resources representatives from all agencies to share information, develop system strategies including best practices, and pool resources where appropriate.

CM in the group endorsed this strategy for the "systems approach" it takes, recognition that retention is a system-wide problem requiring a coordinated system-level approach.

Strategy (2): Develop shared training as a system (core curricula, career path, time management, etc.).

Case Managers prioritized the proposed **recruitment** strategies as follows:

Strategy 1: Develop liaisons/linkages with schools training clinical and administrative support staff and include representatives of these institutions in ongoing arena described under Retention Strategy 1.

Strategy 5: Develop mechanism to relay information regarding employment opportunities in our system to career placement officers at educational institutions.

Strategy 3: Explore system input in curriculum development at educational institutions to ensure training is consistent with mental health workforce needs

The group stated that all three of these strategies must be used simultaneously to be effective. The group agreed that many students do not know what CM do, and it is difficult to learn through books. Expanding and enhancing the experiential learning (field work) offered at educational institutions may increase applicant pool. Many of the participants were hired by the agency following a field placement, or became interested in working in the system following placement experience at a provider agency. CM did express a concern that adding students means an increase of educated staff, yet a lack of practice experience. More training time for this group would be required; CM questioned who would provide this needed training?

In addition, this group provided six variables they see as contributing to case management turnover in the system: (1) burnout; (2) lack of advancement potential; (3) low salary ranges for case managers as compared to other systems (FCCS, MRDD); (4) the amount of paper work required for service delivery; (5) the quality of supervision offered to support case managers; and (5) personal/job satisfaction. This group agreed that increased training is a reachable and realistic goal for system improvement, while also recognizing time and productivity demands as barriers to attending training sessions.

Revised Proposal

After consideration of the information collected from the stakeholder groups, the Workforce Taskforce recommends:

- 1) To prioritize retainment strategies in an effort to decrease existing employee turnover;
- 2) To add a data collection component to exit interviews and collect additional data on job satisfaction measures for further strategy development and input into system change, and;
- 3) To apply exit interview and job satisfaction data to system-specific recruitment efforts.

Recommendation 1.

Implement prioritized retainment strategies in an effort to decrease existing employee turnover.

- (1) Establish an ongoing arena for human resources (HR) representatives from all agencies to share information, strategically plan as a system, develop system strategies (best practices), and pool resources as appropriate.
- (2) Establish a Workforce Steering committee with representatives from the community, the ADAMH system, and the ADAMH Board.
- (3) Develop shared training as a system for frontline staff (core curricula, career path, time management, etc.).
- (4) Develop enhanced training for supervisors.

The first priority of the revised proposal is a short-term goal designed to address the immediate needs of system providers—implementation of the prioritized retainment strategies to decrease turnover of the current system workforce. Although the strategy to develop incentives for employees leaving an agency to stay in the system was well received, the discussion group and Taskforce members recognize this may not be a realistic approach as there are numerous barriers to effective implementation of this strategy. Similarly, the strategy to balance investment in employees with returns (such as business arrangements/contracts) and standardization of salaries were equally well received, but implementation of these concepts was seen as impractical.

The first recommendation calls for HR staff from contract agencies to establish an ongoing arena to share workforce information, develop system and agency-specific strategies (best practices), and pool resources as appropriate. An HR collaborative has met in the past, but there is no such current forum in operation. Current system HR staff has expressed interest in restarting this group. This group is responsible for development, implementation, and evaluation of exit interview questionnaire (see below). Information gathered from these evaluations will be translated into training opportunities for system staff.

The Workforce Steering Committee serves an oversight function, but is also responsible for communicating progress and status through quarterly reports to the Board. The committee's initial challenge is the development of enhanced training for frontline staff, and establishing an enhanced supervisory training curriculum. Frontline staff relationship with their supervisor has been shown to be an important variable contributing to job satisfaction, and was cited in the case manager discussion groups as an important variable when case managers decide to leave their current position.

Recommendation 2.

Include a data collection component in exit interviews and collect additional data on job satisfaction measures for further strategy development and input into system change.

The second priority of the proposal seeks to enhance retainment efforts. During the information gathering stage of the project, it was clear that there was little qualitative information collected on the system's current workforce. The Taskforce and discussion group members agreed that more information is needed on the current workforce to develop meaningful strategies tailored to the unique needs of the ADAMH system. Factors affecting child welfare worker's decision to stay/leave their positions are emerging in the empirical literature, but many questions about ADAMH's MH and AOD workforce remain unanswered: What variables, if any, contribute to longevity in a case manager? What contributes to an individual's job satisfaction/dissatisfaction? Do these variables differ among frontline and support staff? Are there any common variables demonstrated by those who choose to pursue careers in a publicly funded behavioral health system? When a worker leaves their position, do they remain in the ADAMH system? If workers are leaving the ADAMH system, where are they going? Some preliminary data was collected during discussions with case managers. Determining more definitive answers to these questions is necessary to develop effective recruitment and retainment interventions specific to the needs of the local system and its workforce, and the data collected should also serve as a guide for identified training needs.

Two data collection measures are recommended for implementation:

- (1) Use of standardized exit interview form to determine variables that may influence individuals to leave their positions and;
- (2) Implementation of job satisfaction studies with current system staff to determine contributing motivators to satisfaction, and maintenance factors contributing to job dissatisfaction.

Recommendation 3.

Apply exit interview and job satisfaction data to system-specific recruitment efforts.

This strategy is seen as a long-term outcome as it requires an investment of considerable resources. The strategies initially suggested for recruitment were received as realistic and

positive by the stakeholder groups. It is hoped that recruitment efforts will be maximized through the application of the data collected in the above recommendation. The individual strategies initially proposed are recommended for implementation:

- (1) Develop liaisons/linkages with schools training clinical and administrative support staff and include representatives of these institutions in ongoing arena.
- (2) Offer additional training opportunities for students (brown bag lunches at OSU/CSCC, X# of slots for students at agency/system trainings, etc.).
- (3) Develop a method for system input in curriculum development at training institutions to ensure curriculum is consistent with ADAMH system needs.
- (4) Expand development of internships/field placements with institutions training potential clinical and administrative/support staff.
- (5) Develop a mechanism to relay information regarding employment opportunities in the system to career placement officers at institutions training potential staff.
- (6) Develop ADAMH system employment opportunities web page.

Time Frame for Implementation

Human Resources Collaborative

April 2002	Letter of invitation sent to HR staff at all contract agencies.
May 2002	First meeting of HR group
July 2002	HR group drafts standardized exit interview document
August-November 2002	Exit interview data collection
December 2002	Initial data review; evaluation

Workforce Steering Committee:

April 2002	Letter of Invitation sent to participants
May 2002	First meeting of Steering Committee
July 2001	Committee drafts training schedule
August-November 2002	Training sessions conducted
December 2002	Evaluation

Measuring Success

Possible Productivity Measures

- (1) Number of agencies participating in HR collaborative.
- (2) Number of staff training sessions held.
- (3) Number of system participants in training sessions.
- (4) Number of supervisors participating in enhance supervisor training.
- (5) Number of exit interviews completed.
- (6) Number of job satisfaction surveys completed.

Possible Outcome Measures

- (1) Increased retention rate.
- (2) Decreased turnover rate.
- (3) Increased worker job satisfaction.
- (4) Increased supervisory skills.
- (5) Development of “Best Practices” for retainment/recruitment of system staff