Recruitment & Retention Learning Collaboratives-Lessons Learned

Central East (HHS Region 3)

MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Great Lakes (HHS Region 5)

ATTC
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Background

In 2019, the Central East Mental Health Technology Transfer Center and the Great Lakes Addiction Technology Transfer Center sponsored first-in-the nation intensive Recruitment and Retention Learning Collaboratives in behavioral health. These Centers are part of the technology transfer networks funded by the federal Substance Abuse and Mental Health Services Administration. The networks deliver technical assistance designed to increase the capacity of service providers and systems to enhance the quality of prevention, treatment and recovery supports that they offer.

Both of the Centers engaged the Annapolis Coalition on the Behavioral Health Workforce to collaborate with their staff in organizing and delivering the Learning Collaboratives. Each Center selected a specific state for their Collaborative and identified a sponsor agency within that state. The sponsors' role was to review and approve the proposed Collaborative process and facilitate distribution of the Collaborative announcement to eligible provider organizations. The Central East MHTTC selected the State of Maryland and partnered with the Community Behavioral Health Association of Maryland as a sponsor (http://www.mdcbh.org). The Great Lakes ATTC selected the State of Ohio based on interest from Ohio Mental Health and Addiction Services, the state's behavioral health agency (https://mha.ohio.gov). The primary phase of the Maryland Collaborative concluded in August of 2019, but has entered a sustainability phase in which agencies that participated receive additional technical assistance into 2020. The Ohio Collaborative concluded in November of 2019.

The Collaboratives were announced separately through the release of a Request for Applications (RFA). Organizations that were selected formed three-person Change Management Teams, which generally included their director of human resources and director of services. The teams gathered in their states for a full day of education on recruitment and retention best practices. They then built their recruitment and retention plans using a template provided by the Collaborative and with technical assistance from the Collaborative leaders. Each team received ongoing technical assistance, documented their progress periodically, and participated in three Virtual Meetings of the Collaborative to share their strategies with other participants.

SAMHSA
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THE ANNAPOLIS COALITION
ON THE BEHAVIORAL HEALTH WORKFORCE

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Lessons Learned to Date

The two Collaboratives were very similar and have offered numerous lessons to the organizers and sponsors, which are summarized below.

1. **There is a high level of provider interest in the Collaboratives.**
   One example of provider interest in receiving technical assistance on recruitment and retention strategies was derived from the Ohio experience. A total of 29 provider organizations applied for the 10 available slots in the Collaborative, and all but a handful of applicants were deemed eligible and appropriate to participate. Important lessons were learned across both states regarding the importance and the challenge of disseminating the RFA in such a manner that it reaches the intended audience in a timely way. Another marker of the level of provider interest and commitment to these initiatives is that 100% of the 16 participating agencies in Maryland and Ohio completed the Learning Collaborative process. By contrast, findings in the literature indicate that drop out of agencies from learning collaboratives can be as high as 30% (Ovretveit et al., 2002).

2. **The current level of recruitment and retention challenges is unprecedented.**
   Many of the managers participating in the Collaboratives have had long careers in the behavioral health field. The majority described a recruitment and retention crisis in both the mental health and substance use sectors that is of a magnitude previously unseen. They identified multiple drivers of the current situation, including: expanded benefits for behavioral health services through state and federal healthcare reforms; an expansion of behavioral healthcare services in hospitals and large healthcare systems that have higher wage scales and stronger benefit packages than those offered in most behavioral health community non-profits; and a national unemployment rate that is the lowest it has been in 30 years. The latter has contributed to an increased number of workers leaving behavioral health to pursue careers in other sectors of the labor market.

3. **Provider satisfaction with the Collaboratives has been high.**
   Verbal feedback to the Centers and findings from surveys of participants has indicated high levels of satisfaction with the Collaboratives. One example is the Ohio Collaborative GPRA survey in which 20 participants evaluated the day-long technical assistance launch meeting on 19 dimensions. The mean rating across all dimensions was 1.47 on a scale in which ranges from a high of 1.00 to a low of 5.00. Ratings of 1.25 or better were given for: overall satisfaction; training experience; organization; training materials; instructors; and utility of the information provided. Good, but slightly lower mean ratings were given by participants regarding their ability to work effectively at the end of the launch meeting on recruitment and retention challenges. The ratings also reflected a perceived need to make the content increasingly applicable to the substance use field.

4. **Participating providers see the need for a broad range of interventions.**
   Change Management Teams were educated about 35 highly varied recruitment and retention strategies and given broad latitude in selecting those that seemed appropriate and of highest value for their organizations. Most saw the need to implement diverse strategies within their organizations to address multiple needs. The Collaborative leaders worked with each agency to prioritize their interventions so that efforts were not too diffuse and so that meaningful change could be accomplished in selected areas. Examples of strategies identified by the agencies are as follows:
   - Create standing recruitment and retention committees to sustain a long-term focus on these issues.
   - Improve clarity and accuracy of job descriptions and job ads.
   - Broaden the dissemination and visibility of jobs ads.

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- Engage in targeted outreach to academic, professional and community organizations to find job candidates.
- Increase the use of social media to improve visibility of the organization and to disseminate information on available jobs.
- Host an increased number of students and interns in the agency as potential future job recruits.
- Adopt focused strategies to identify and recruit applicants of color.
- Create a user-friendly online portal for individuals to apply for positions.
- Hire a full-time recruiter.
- Review, benchmark and improve wages and benefits where appropriate and possible.
- Create financial incentives such as: sign-on bonuses, referral bonuses, shift differentials, tuition reimbursement, and added compensation for second language skills.
- Offer flexible job schedules.
- Create a more structured recruitment and selection process, including the use of in-person or virtual "realistic job previews".
- Improve the "new hire" onboarding experience.
- Designate and train "preceptors" for new hires.
- Increase staff access to training and professional development opportunities.
- Offer an internal leadership academy.
- Improve managers' skills in supervision and mentoring.
- Increase contact between senior leaders, middle managers, and frontline employees.
- Implement an employee self-care and wellness program.
- Implement a system for employee recognition.
- Begin "succession planning" and improve the preparation of workers identified as likely successors in key jobs.

5. Organizations face challenges in managing workforce data and measuring change.

At the start of the Collaboratives, a few participating organizations had hiring and turnover data of good quality to guide their planning; some had limited data in human resources records that they could retrieve; while others lacked access to reliable data that could yield baseline measures on important recruitment and retention variables.

As an outcome of the planning process, the following types of data-related strategies were selected among the agencies:
- Gather baseline workforce data from historical records.
- Identify benchmark data for comparison purposes.
- Track key variables (e.g., number of applicants) and outcomes (e.g., new hires) using modules in electronic human resource systems, if available, or basic spreadsheets, when necessary.
- Measure turnover across different groups of employees and different work settings.
- Assess employee opinions and attitudes at three points: entrance and exit from the organization, and while actively employed.

At least three challenges exist related to data in these Collaboratives: (1) the need for participating agencies to put basic systems and data processes in place to track workforce data; (2) the priority placed among agencies on implementing recruitment and retention interventions, without which there would be no potential changes in workforce outcomes to measure; (3) the absence of good baseline and benchmark data with which to compare

future outcomes; and (4) the fact that changes may occur or be detected after the formal Collaboratives have concluded due to small sample sizes and the time required for interventions to take effect. The Collaborative leaders are significantly increasing efforts to improve the use of data by participating agencies.

6. Lessons learned can be applied to future Collaboratives.

It is important to keep in perspective that these are the first round of intensive recruitment and retention Learning Collaboratives in a field in which systematic and sustained efforts to address the workforce crisis have been somewhat limited. The Collaboratives represent serious efforts by the Central East MHTTC and the Great Lakes ATTC to address well-recognized workforce problems in behavioral health by moving beyond webinars and workshops to methods that are more likely to result in meaningful organizational change. Collaboration between these two Centers and the Annapolis Coalition has resulted in lessons learned that can be applied to future Collaboratives, thereby maximizing the impact of these efforts on the behavioral health workforce and the individuals that they serve.

7. Investment in Collaboratives can leverage additional resources.

When managers of the Cleveland-based Woodruff Foundation learned about the Ohio and Maryland Collaboratives, they began to explore whether replicating this model could benefit the behavioral health organizations that they support in Cuyahoga County, Ohio. After the Foundation engaged in discussions with representatives of the Central East MHTTC and the Great Lakes ATTC, it contracted with the Annapolis Coalition to launch a new collaborative that began in September of 2019. Similarly, the Mental Health and Recovery Services Board serving Coshocton, Guernsey, Morgan, Muskingum, Noble and Perry Counties in Ohio is supporting the launch of this Collaborative for its provider agencies in February of 2020. Thus, as an unanticipated outcome, federal dollars leveraged non-federal funds to further address the recruitment and retention challenges in behavioral health. This also is further evidence of the perceived need within communities to more systematically address workforce issues that impact the delivery of mental health and substance use services.

Reference:
Ovretveit J, Bate P, Cleary P, Cretin S, Gustafson D, McInnes K, McLeod H, Molfenter T, Plsek P, Robert G, Shortell S & Wilson T. Quality collaboratives: lessons from research. Quality & Safety in Health Care 2002; 11: 345-351.