

A group of diverse healthcare professionals, including nurses and doctors, are sitting in a circle in a meeting room. They are all holding notebooks and pens, suggesting a collaborative meeting or training session. The background shows a typical office or clinical setting with a whiteboard and a door.

Staffing and Sustainability - Strategies to Improve Hiring & Retention of Staff at Your ASO/CBO

Disclaimer

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About PCDC

Primary Care Development Corporation (PCDC) is a national nonprofit organization and a community development financial institution catalyzing excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity.

Sustainable Strategies for Ryan White HIV and AIDS (RWHAP) Community Organizations

PCDC's HIV care and treatment capacity building assistance program provides **free training and technical assistance** to AIDS Service Organization (ASOs) and Community Based Organizations (CBOs) with the goal of revising and/or developing service models to increase engagement and retention in care of People Living with HIV (PLWH).

Facilitating and Presenting



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Follow up Office Hour!

- Looking for:
 - a deeper dive?
 - individual level support?
 - further discussion on marketing?
- Join some of today's experts for a drop-in "office" hour
- Wednesday, December 11 at 2:30 E/1:30 C/12:30 M/11:30 P
- Registration link (https://pcdc.zoom.us/webinar/register/WN_ZVj--MQfRca1i-7D1GdRNQ) will be included in the post-webinar email



Objectives

- Understand best practices for hiring at ASOs/CBOs
- Expand knowledge of clinical supervision and staff wellness methodologies
- Identify 3 areas of success or for improvement within their own ASO/CBO



Setting the Stage: Staffing and Sustainability



CBO/ASO and Staffing

- Organizational “Sustainability” = ability to sustain work/services over the long term allowing for continual fulfillment mission
- How does staffing link with sustainability?

Getting Concrete

Grantee	Typical Age	Typical Education	Typical Work Experience	Total # Ever Employed (2004 – Aug 2008)	Current # Employed	Position Type	Adjusted Salary	Enrollment Aug 2008
	22 - 25	High school + some college	3 - 4 Years	11	3	Part-time	\$30,977	15
	18 - 21	Less than High school	1 - 2 Years	10	5	Part-time, contracted	N/A**	43
	30 - 33; 34+	College degree; High school + some college	3 - 4 Years; 5+ Years	4	3	Full time, salaried + benefits	\$56,995	28
	Varies	Varies	1 - 2 Years	2	1	Varies	\$47,918	45
	22 - 25	Varies	1 - 2 Years	6	1	Full time, salaried + benefits	\$33,569	3
	26 - 29	High school + some college	1 - 2 Years	5	2	Full time, salaried + benefits	\$38,867	52
	18 - 21	Varies	1 - 2 Years	6	2	Full time, salaried + benefits	\$34,700	8
	22 - 25	High school + some college	1 - 2 Years	7	3	Full time, salaried + benefits	\$35,279	28

* Harris County submitted two turnover tools, one for the Harris County Hospital District and one for Harris County Health and Human Services Department. When their answers differed, both are presented in this table. The salary information was average across the two sites.

** BAS employed peer/outreach workers on a short-term basis, paying them a stipend and not an annual salary.

By the Numbers

- 8 grantees, 1-4 years, 51 peer/outreach workers employed
- By the end of the grant cycle over half (29) had left or been fired
- Turnover rate at over 50% (nonprofits typically turn over at 16-23%)
- Median length of employment was 14mo
 - Ranged from 3 weeks – 3 years
- 19 were terminations, with 10 as “voluntary” departures



By the Financial Impact

Table 4.3: Costs Associated with Replacing One Peer/Outreach Worker

Grantee	Separation Cost	Hiring Cost	Training Cost	Total Staff Hours	Total Cost per Replacement
	\$8,367	\$11,024	\$5,591	1039	\$24,981
	\$1,432	\$980	\$3,817	129	\$6,230
	\$153	\$1,937	\$1,951	131	\$4,041
	\$273	\$1,090	\$2,580	131	\$3,943
	\$395	\$261	\$1,688	73	\$2,344
	\$163	\$1,086	\$1,052	43	\$2,300
	\$25	\$780	\$853	35	\$1,659
	\$90	\$224	\$627	32	\$940
Median excl. BAS	\$273	\$1,086	\$1,951	129	\$3,943
Median incl. BAS	\$218	\$1,033	\$1,820	101	\$3,144

Total Costs Incurred By Grantees due to Peer/Outreach Worker Turnover

Grantee	Total Turnover	Total Cost
	9	\$35,487
	0	--
	1	\$2,300
	1	\$1,659
	5	\$124,905
	3	\$18,690
	6	\$24,246
	4	\$9,376
Total	29	\$216,663
Median incl. BAS	3.5	\$14,033
Median excl. BAS	4	\$18,690

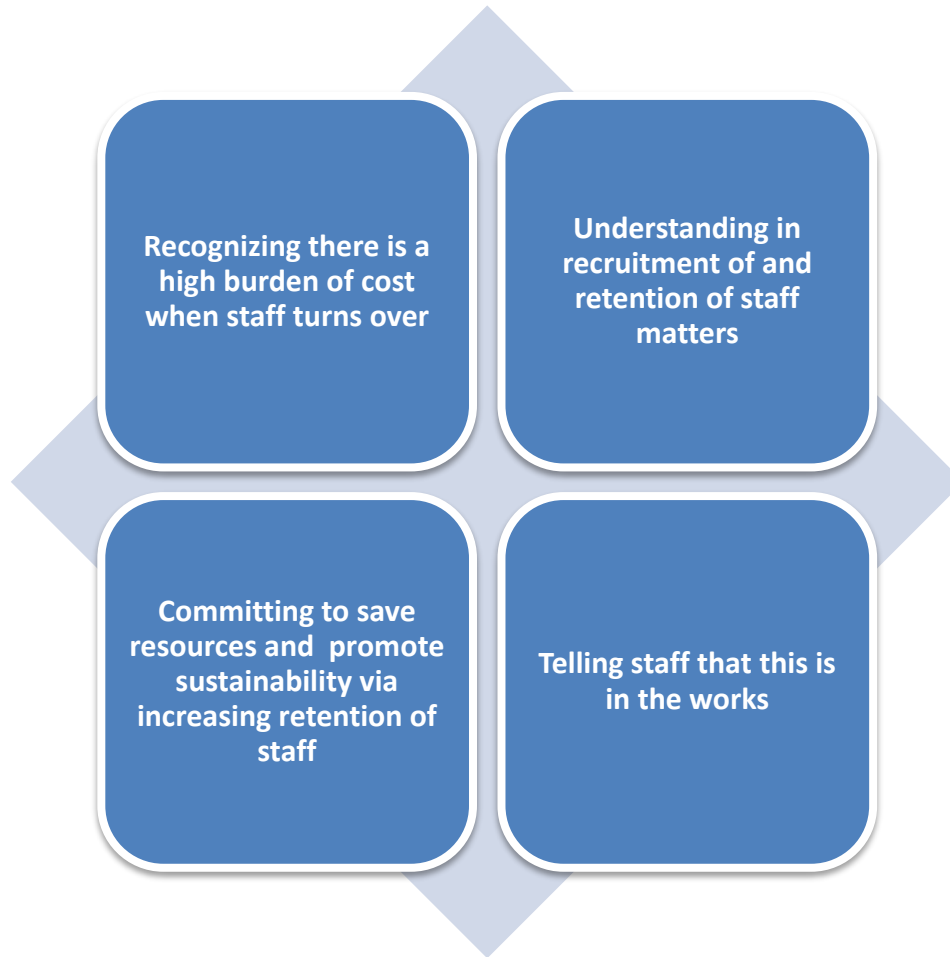
Making it Happen

- Turnover was correlated with:
- Salary
- Position type
- Age
- Educational attainment
- Work experience
- Population of the city in which the program was located
- Total client enrollment

Critical Misses

- Grantees did NOT:
 - Recognize impact of staff turn over on other staff
 - Integrate outreach staff within other teams and org goals (full vs part time)
 - Factor in complex community relationships
 - Provide guidance and mentorship on professional boundaries in informal settings

The Easy Part



The Hard Part



MAKE
IT HAPPEN

HIV Workforce Landscape

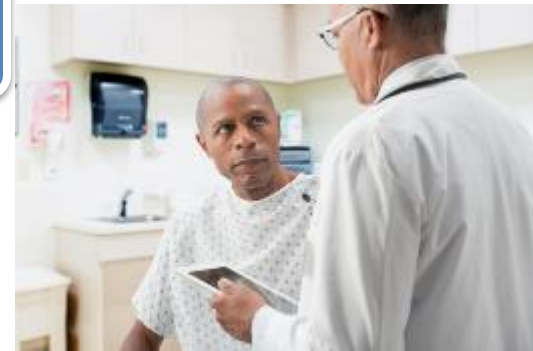


The HIV Workforce Landscape

The U.S. is facing a severe shortage in the HIV workforce

The current HIV-care workforce is predominantly white

Burnout is a key issue for recruiting and retention, as are workplace factors, compensation, and career development



What Does the Research Say?

- According to the National Healthcare Disparities Report, racial and ethnic minorities are more likely to:
 - Experience disparities in health care
 - Receive lower quality of healthcare
 - Face more barriers in accessing care
 - Experience higher rates of preventable hospitalizations

<http://diversity.universityofcalifornia.edu/diversity.html>

<https://www.ahrq.gov/research/findings/nhqdr/nhqdr17/index.html>

What Does the Research Say?

- Increasing diversity in the health care workforce is critical in alleviating some of these disparities.
- Diversity in the health care workforce is associated with:
 - Increased access for minority and underserved populations
 - Improved patient satisfaction
 - Enhanced cultural competence and sensitivity within the healthcare workforce

<http://diversity.universityofcalifornia.edu/diversity.html>
www.ahrq.gov/qual/measurix.htm.

Challenges Faced when Hiring HIV Staff

Compensation can be lower

Work is often not 9-to-5

Organizational goals can seem out of reach

Burnout is high

Finding likeminded candidates can be difficult

Trauma

Stigma

Social isolation

Grief/Helplessness

Job satisfaction

Hiring the Right Staff



Building the HIV Workforce Pipeline

- Marketing the need for more HIV care professionals
- Recruiting underrepresented minority individuals and students
- Establishing structures of mentorship
- Exposing student to research opportunities



https://aidsetc.org/sites/default/files/resources_files/SEAETC_Strengthening_HIV_Workforce_11022016_Final.pdf

What to Consider when Hiring



Passion and
knowledge trump
skills

Work and life
experiences matter

Be cautiously open-
minded to
transitioning
professionals

Recruitment Necessities: Making the Right Hires

Agree on a candidate profile first

Talk to your existing team

Train your interviewers

Don't think you can change your hires

<https://www.adeccousa.com/employers/resources/employee-recruitment-and-retention-strategies/>

Recruiting Best Practices



<https://www.ophtek.com/5-best-it-practices-for-small-businesses/>

Advertise for Diversity

- Advertise with professional organizations
- Ask professional organizations for names of potential candidates
- Include affirmative action policy or statement in advertisements and websites

https://diversity.berkeley.edu/sites/default/files/recruiting_a_more_diverse_workforce_uhs.pdf

Target Recruitment Activities

Partner with minority-serving institutions in the area to develop recruitment plans

Personalize recruitment; call applicants and follow up

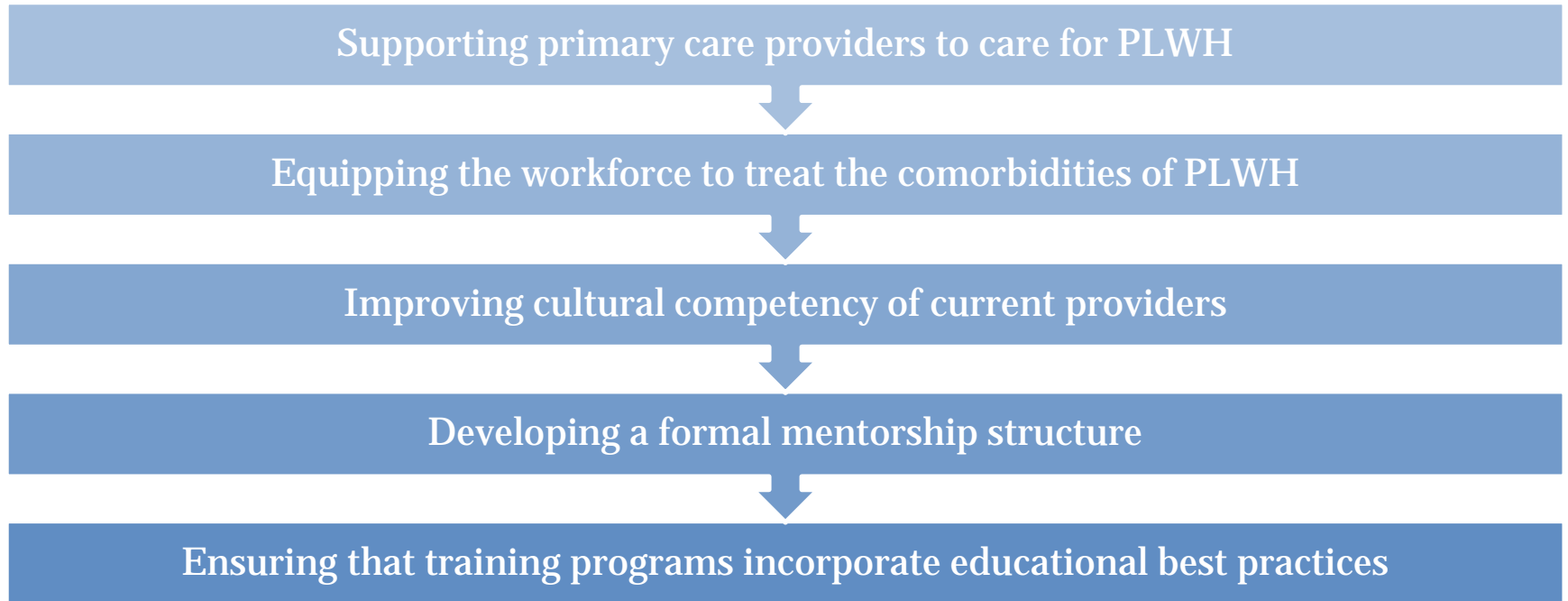
Maintain a file of resumes and contact information for potential candidates

Provide opportunities for potential candidates to get a sense of the diversity in the workplace or broader community

Recruit continuously—not only when there are openings

https://diversity.berkeley.edu/sites/default/files/recruiting_a_more_diverse_workforce_uhs.pdf

Steps to Capacitate the Workforce



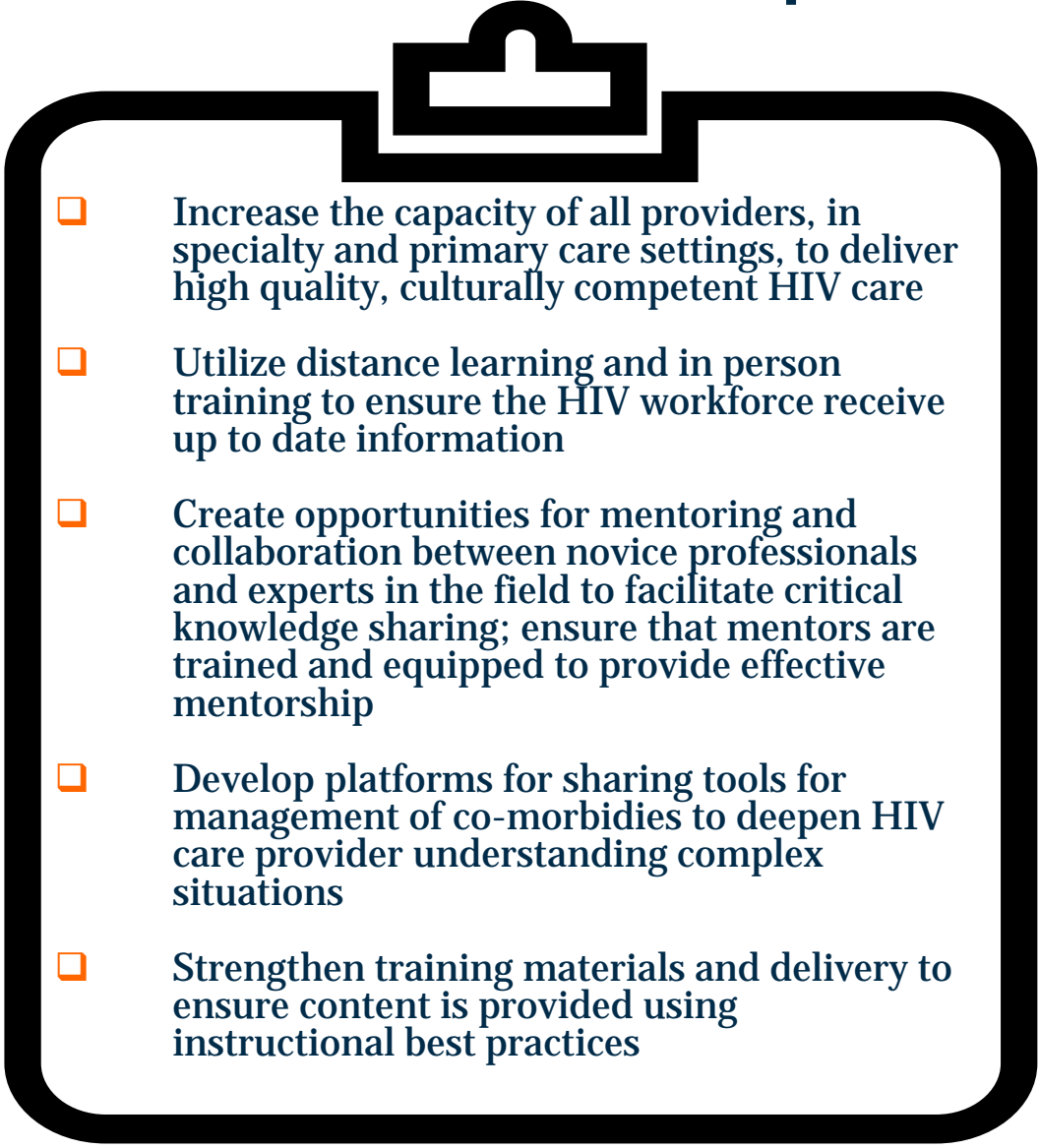
https://aidsetc.org/sites/default/files/resources_files/SEAETC_Strengthening_HIV_Workforce_11022016_Final.pdf

On-the-job Mentorship and Career Ladders

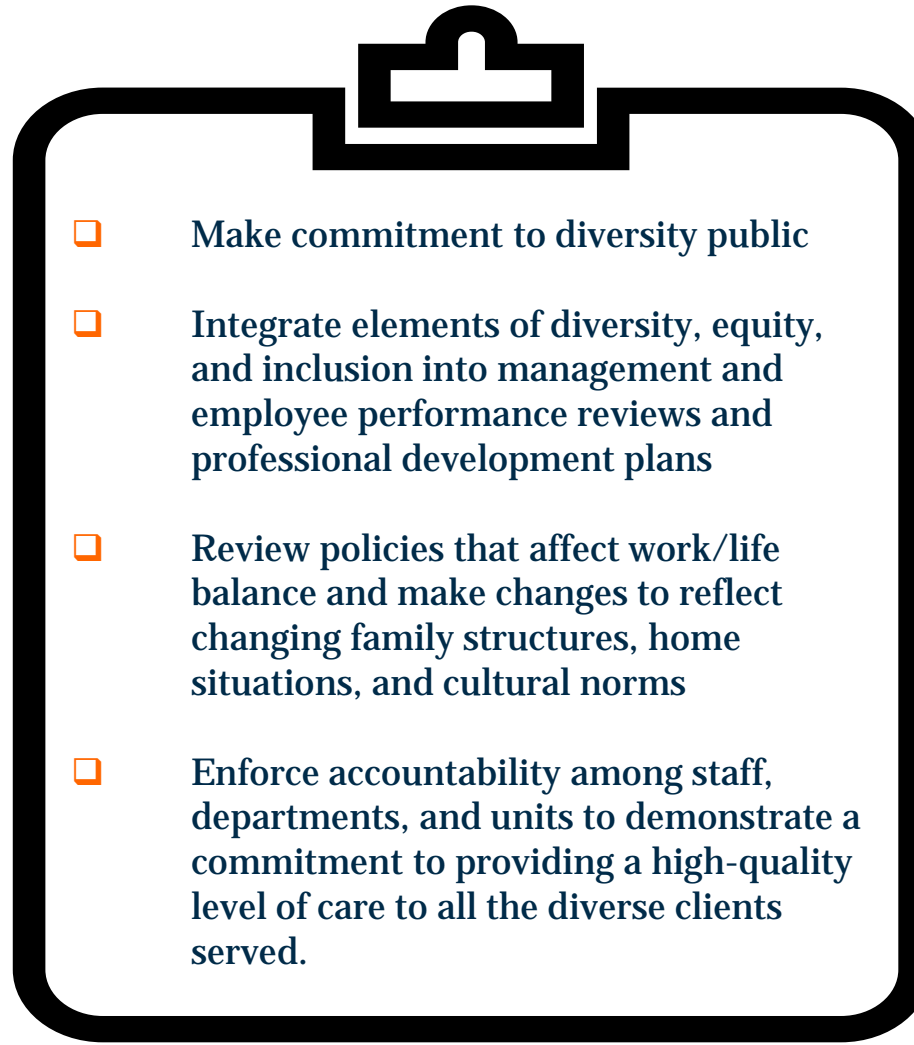
- Increase (and publicize) ability for advancement
- Provide information on training and mentorship opportunities
- Create career development and mentorship opportunities within the organization
- Provide mentors for staff from underrepresented groups
- Offer compensation for participation in diversity recruitment and community outreach endeavors including participation in conferences, committees, or coalitions related to diversity and the reduction of disparities.

https://diversity.berkeley.edu/sites/default/files/recruiting_a_more_diverse_workforce_uhs.pdf

Recommendations to Capacitating

- 
- ❑ Increase the capacity of all providers, in specialty and primary care settings, to deliver high quality, culturally competent HIV care
 - ❑ Utilize distance learning and in person training to ensure the HIV workforce receive up to date information
 - ❑ Create opportunities for mentoring and collaboration between novice professionals and experts in the field to facilitate critical knowledge sharing; ensure that mentors are trained and equipped to provide effective mentorship
 - ❑ Develop platforms for sharing tools for management of co-morbidities to deepen HIV care provider understanding complex situations
 - ❑ Strengthen training materials and delivery to ensure content is provided using instructional best practices

Demonstrate an Organizational Commitment to Diversity





A Few Tips for Interviewing and Retention

Culturally Competent Interviewing Strategies

Allow applicants to discuss and/or demonstrate what they can offer the organization

Always check with the candidate to if there is a need for any specific arrangements

Have questions prepared in advance, but rely on a relational style to get deeper into important discussions

Ensure consistency and fairness in questioning

Allow the interviewee time to make their point

Do not ask invasive and irrelevant questions

<https://diversityofficermagazine.com/cultural-competence/the-top-ten-culturally-competent-interviewing-strategies/>

Culturally Competent Interviewing Strategies

Keep records of questions and answers

Do not use stereotype or discriminatory language or discriminatory requirements

Ensure recruitment consultants are fully briefed on your requirements and have a good understanding of equal opportunity and anti-discrimination principles

Ensure that a diverse group of employees are part of the hiring decision

Diversity-related interview questions

Examples of specific scenario-based interview questions

<https://diversityofficermagazine.com/cultural-competence/the-top-ten-culturally-competent-interviewing-strategies/>

Keep them: Retaining your staff

- Never stop training
- Train your managers, too
- Always ask for feedback
- Offer small perks to improve employee retention



<https://www.adecousa.com/employers/resources/employee-recruitment-and-retention-strategies/>

THANK YOU



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Staff Retention



What is Leadership



Reflection Questions:

Think of a supervisor/mentor/leader you admire who has positively impacted you

- What specific qualities did that person bring to the relationship & how did that help you?
- What specific tools/strategies did they use to bring out the best in you?
- What can you learn from their example?

Please type your examples briefly in the “chat box” to share with our group

Leadership Responsibilities

- Modeling best practices
- Inspiring/attending to morale
- Building team cohesion
- Transparency & consistency
- Ensuring service quality & productivity
- Setting clear expectations & accountability
- Addressing grey areas/difficult questions
- Support & encouragement/helping staff grow
- Boundary-setting/ maintaining safety for all
- Keeping team connected to vision/bigger picture



Unskilled Leadership



- Being rigidly "by the book"
- Unwillingness to take a risk
- Chronic lateness/over-scheduling/distracted
- Gratifying own need for power/control
- Absentee landlord (disappearing into your own work)
- People pleasing (trouble with no/needing approval)
- Power dynamics (race, class, gender, sexual orientation, religion)

What Makes HIV Program Leadership Hard?



- No training, too few healthy models
- Competing demands
- Broken systems
- Limited resources (time, \$) & high expectations
- Very diverse staff & clients
- Personal vulnerabilities/weaknesses get magnified
- Everyone's authority issues! (Mommy/Daddy projections)
- Undervalued, under-supported work

Collaborative Supervision: Administrative & Clinical Approaches



Individual Supervision



- Purpose: quality assurance, ***relationship-building**, professional development, crisis prevention
- Frequency: formal, regularly scheduled biweekly meetings for an hour
- Approach: look at caseload & care plans, assess PN skill & support learning, strategize around challenges, triage complex cases, build respectful trusting collaboration
- Benefits: protect your time for your staff, share your time equitably across team, contain daily requests for help

Supervision Forms

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PN Individual Supervision Form

Date _____ Staff Member _____ Supervisor _____

1. Clients Discussed: _____ To Review Next Session: _____

2. Programmatic Issues: _____

3. Administrative Issues/time off, etc: _____

4. Education/theme discussed: _____

5. Staff Development/Trainings: _____

6. Other Issues: _____

- Supervision is an activity not just a role!
- Keeping a log
- Make sure all clients get reviewed
- Ensures staff are seen regularly
- Make sure actions steps happen
- Mutual accountability between staff & supervisor

Sharing What You Know

PNs face complex patients, limited training, low pay, and are often impacted by the same barriers as patients. In light of that:

- Give generously & respectfully
- Modeling is golden
- Pounce on teachable moments (MI, SoC, patient-centered care, trigger management)
- Share your thought process & practice reflecting together
- Stance: curiosity, openness, collaboration, awareness of power, using differences as a resource
- Create safe opportunities to practice (eg: role play)



Group Supervision/Team Meetings

Purpose

- Care coordination, team-building, professional development, peer learning

Frequency

- Biweekly is ideal, minimum monthly, ideally at regular time to facilitate scheduling & space

Approach

- Look at tricky clients, assess group strengths & challenges, address programmatic confusion/conflicts (on staff or with other players), case review, psychoeducation training, group process, stress management

Benefits

- Gets team on same page, builds accountability to team, minimizes splitting & acting out

Clinical Supervision Makes Space for Staff to:


- Express emotions
- Increase self-awareness
- Explore triggers
- Transmute venting into creative problem solving
- Strengthen the team (camaraderie, communication, & trust)
- Care for themselves




Clinical Supervision vs. Administrative Supervision

Key Commonalities:

supportive, collaborative & respectful, linked to program goals & values, individualized, require active listening and relationship-building, ensure high quality service to patients, support staff growth.

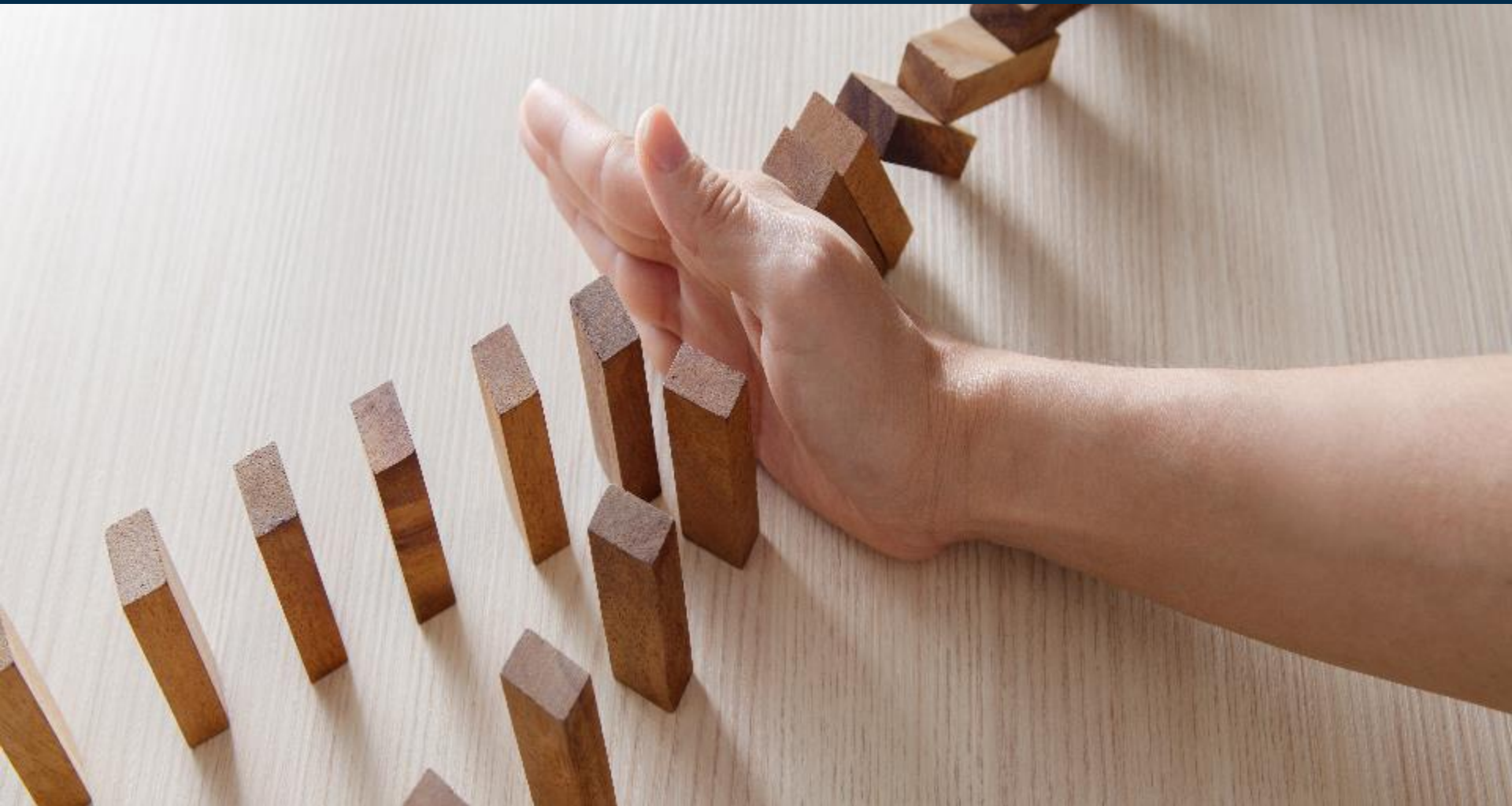


Admin supervision focuses on compliance: practical, hands-on, concrete, and goal-oriented re: program requirements, client progress, human resource issues, and professional development.



Clinical Supervision focuses on: reflection, self-awareness, skill building, identifying and processing feelings, going deeper, stress management, work/life balance.

Burnout Prevention



Breathing Practice: Breath of Joy

- Energizing
- Free, safe, easy
- Great first thing in the morning or any time you feel sleepy & likely to reach for coffee/sweets



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Stress

Stress is a **natural** physical, mental, and emotional response to a danger, challenge, or intense pressure.

- The “Stress Response” = fight, flight, freeze, flow. It is built into us humans. (Sabretooth tiger!)
- Physiological effects of stress last in the body after the stressor is gone.
- Chronic stress can lead to a host of physical and mental problems.



Group Discussion: Stress

- What are your biggest sources of stress at work?
In life?
- What are signs that you're stressed (in feeling or behavior)?
- What can you do to help yourself/ask for help from others?

Please type your ideas in the chat box





Common Stressors

- Life transitions (moving, job change, break up, death, birth of a child)
- Health challenges (self or family)
- Unstable housing or being broke
- Lack of regular sleep, exercise, healthy food, rest, or fun
- Conflict with loved ones
- Seasonal challenges (winter blues, anniversaries of loss)



Signs of Stress

- Irritability/no patience
- Numbness/shutting down/ not caring
- Feeling anxious & trouble being still
- Feeling tired all the time
- Changes in sleep/eating
- Increase in addictive behavior (alcohol, smoking, sex, drugs, shopping, gambling, binge eating)
- Isolating/avoiding social connection
- Feeling “burned out” at work
- Not enjoying the things that usually make you happy



4 A's of Stress Management

If current ways of coping with stress are not helping, it might be time to:

Change the situation:

- Avoid the stressor
- Alter the stressor

Change your reaction:

- Adapt to the stressor
- Accept the stressor



Coping Tips: 5Cs

- CALM – down regulate the nervous system, remain levelheaded, become centered and peaceful
- CLARITY – reflect and make sense of the experience, gain a sense of understanding, evaluate and decide on a response
- CONNECT WITH RESOURCES – internal and external which expand our options for coping
- COMPETENCE – through past experience we have learned skills and are able to draw on these competencies
- COURAGE – to persevere in coping with life experiences



<http://www.extension.umn.edu/family/cyfc/our-programs/lessons-from-the-field/traumatic-stress-series/>, from Linda Graham, MFT, *Clearinghouse of Trauma Coping Research & Resources*

Wellness

- More than not being sick
- Proactive attitude and set of behaviors to cultivate personal health & happiness
- Preventative & holistic (mind body emotions & spirit)
- Striving for balance (not just being “pure”)



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Self Care 101

- What does it mean to you?
- Why does it matter for our staff?

***Ideally is fun, consistent, & practical (part of regular life).**

“...Place the oxygen mask on yourself first before helping small children or others who may need your assistance.”



Integrating Holistic Care

- Holistic care options are many & varied
- Different things work for different people
- Non-medical ways to improve physical, emotional, mental and spiritual well-being
- Essential tools for burn-out prevention
- Try new things out as an experiment and see what helps
- Resources for clients too!



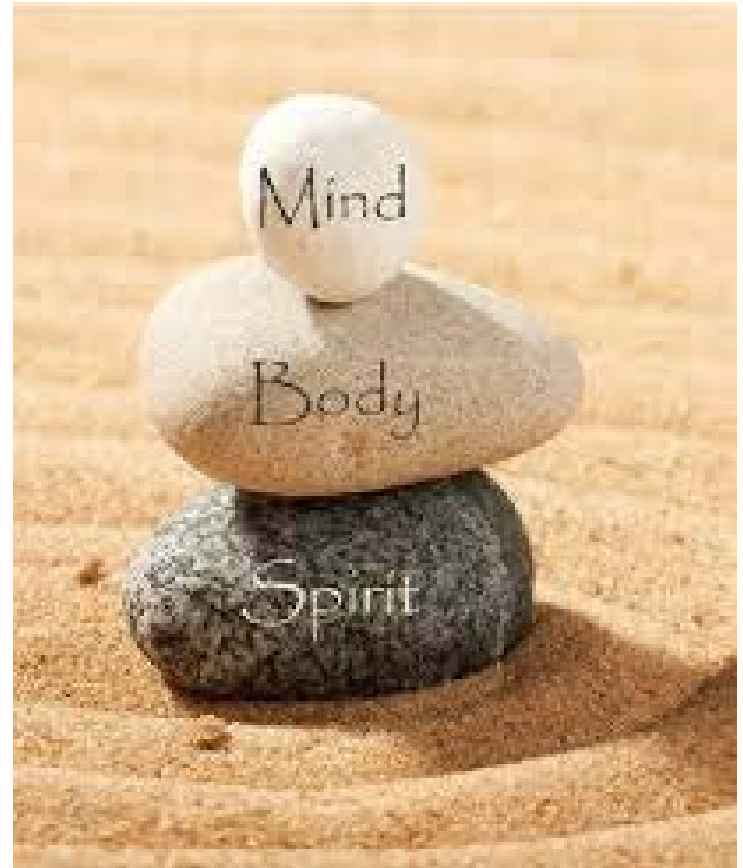
Taking Action: Simple Wellness Practices

- Read the list & choose two ideas that appeal to you
- Set a realistic Wellness Goal for yourself for the next month and one for your staff



Practice: Guided Relaxation

- Safe place or ball of life



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THANK YOU



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Questions?

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Sustainable Strategies TargetHIV Link:
<https://targethiv.org/ta-org/sustainable-strategies-rwhap-community-organizations>



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