

# DA/SSA Workforce Recruitment and Retention Strategic Plan-**WORKING DRAFT**

**Co-Chairs:** Cheryle Wilcox, DMH and Anne Bilodeau, HCRS

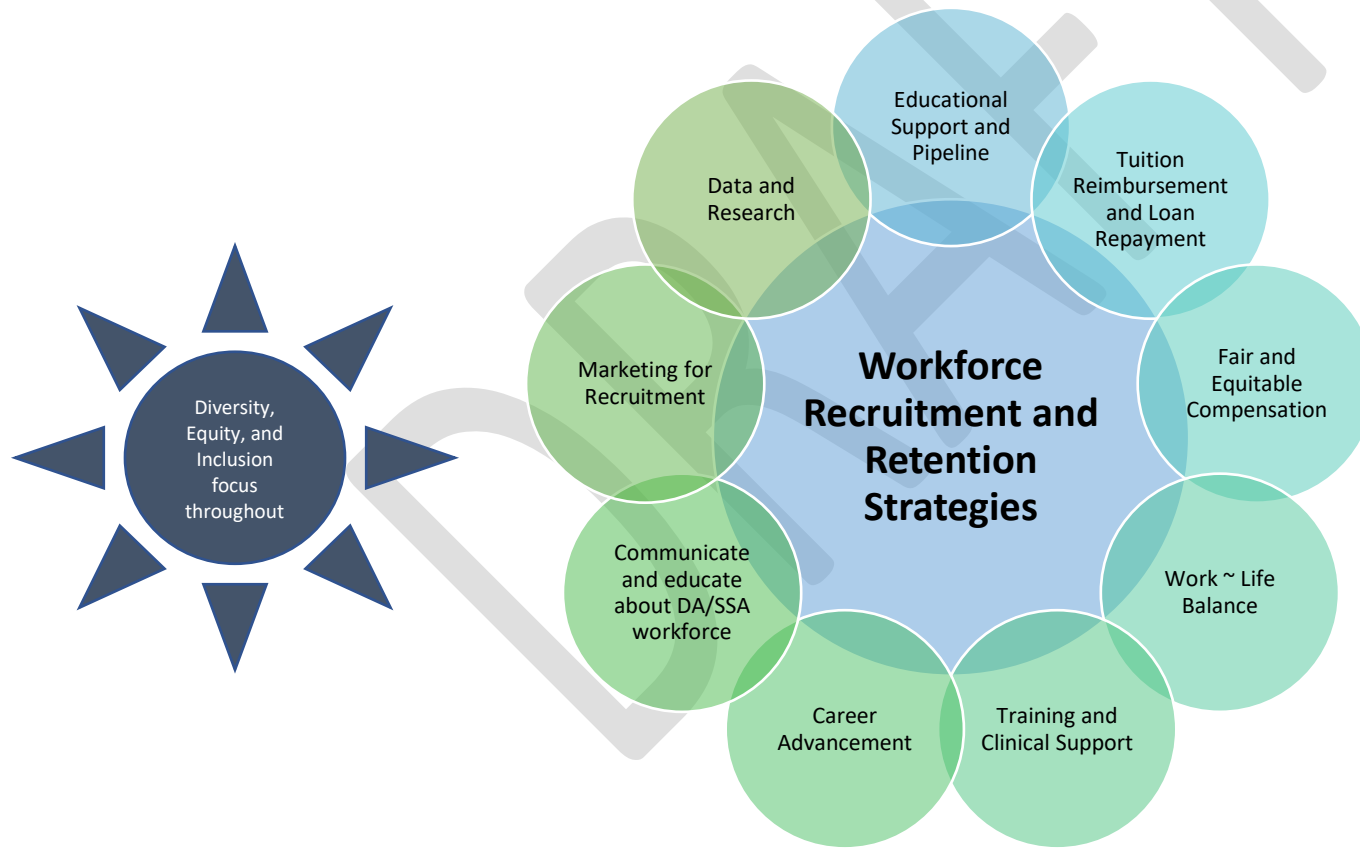
**Sponsors:** Alison Krompf, DMH Deputy Commissioner and Monica White, DAIL Commissioner

**Participants:** DMH: Laurel Omland, Samantha Sweet; VDH-ADAP: Emily Trutor, Roy Belcher; VCP: Dillon Burns, Julie Tessler, Simone Rueschemeyer; Marie Lallier; DAIL: Debbie Smith, Amy Roth; DA/SSA: Cheryl Huntley, CSAC; Josh Smith, GMSS; Stacey Remillard, NCSS; Dept. of Corrections: Annie Ramniceanu

**2021 Meetings:** June 9, July 21, August 24, September 24, October 13, November 10, December 9

**2022 Meetings:** January 24, March 28, April 25, May 23, June 20

**PURPOSE OF THIS GROUP:** Leverage collective resources to create a system-wide strategic plan that addresses workforce recruitment and retention for the DA/SSA network in Vermont and identifies advocacy opportunities.



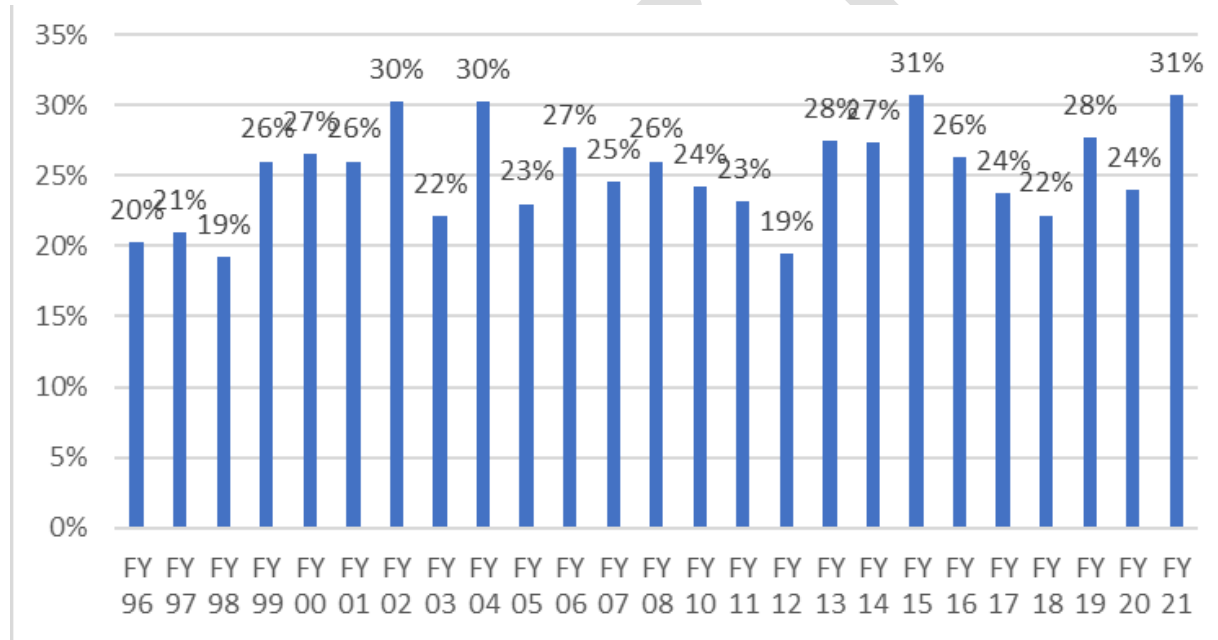
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## SUPPORTING DATA

The toll the pandemic is taking on everyone is profoundly felt by DA/SSA staff as they respond to others while managing their own experience of trauma.

## TURNOVER DATA

Source: Vermont Care Partners

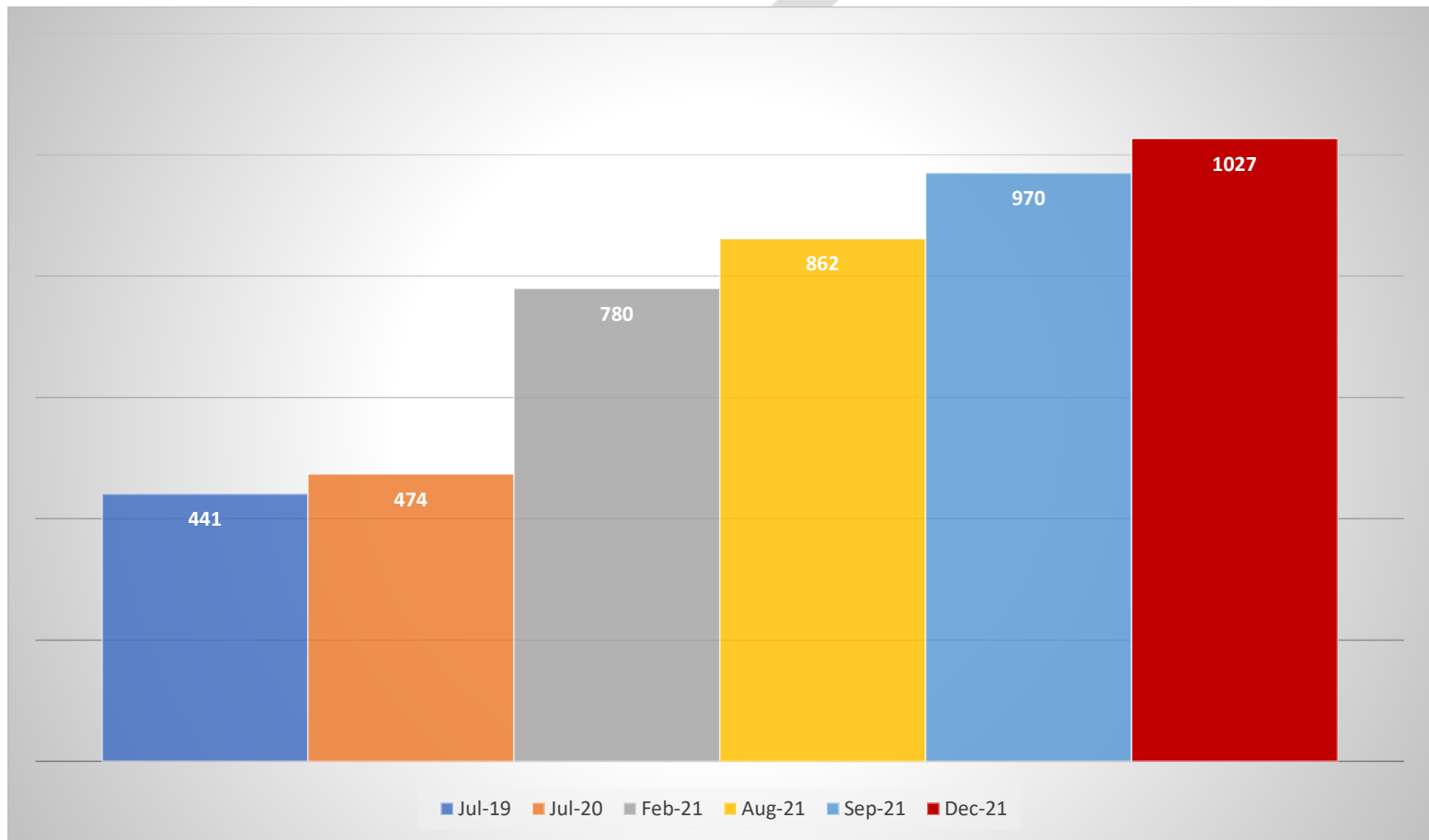


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## DA/SSA VACANCIES

*Out of approximately 5,000 staff-staffing numbers may go up and down due to contract and/or grant staff*

*Source: Vermont Care Partners*



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## WAITLISTS

### February 2021

- Developmental Disability Services: 190
- Mental Health Services: 519
- Substance Use Disorder Services: 29
- Other (facilities, maintenance, admin): 42

**Total Vacancies: 780**

### August 2021

- Developmental Disability Services: 327
- Mental Health Services/SUD: 436\*
- Other: 99

**Total Vacancies: 862**

\*VCP is now combining MH and SUD data

**597 Vermonters were on waitlists as of 8/20/21.**

Data from Vermont Care Partners shows:

- ✓ 234 adults and 329 children were waiting for agency outpatient mental health treatment
- ✓ The maximum wait time was 112 days (adults) and 150 days (children)

<i>Treatment</i>	Number of People Waiting	% Change Since August 2021	Average Wait (days)	Change Since August 2021	Range of Wait Times (days)
<i>Adult Mental Health</i>	281	+16%	38	+2 days	0-90
<i>Children/Youth Family Mental Health</i>	342	+4%	56	+19 days	0-180
<i>Substance Use Disorder</i>	42	+247%	38	+35 days	0-180
<i>Mental Health Residential</i>	26	+4%	132	+18 days	0-270
<i>ID/DS Shared Living Provider</i>	88	+35%		+23 people	
<b>Total</b>	<b>779</b>				

**Filling Just ONE Clinical Position can take 25-30 people off of waitlists. The impact of that:**

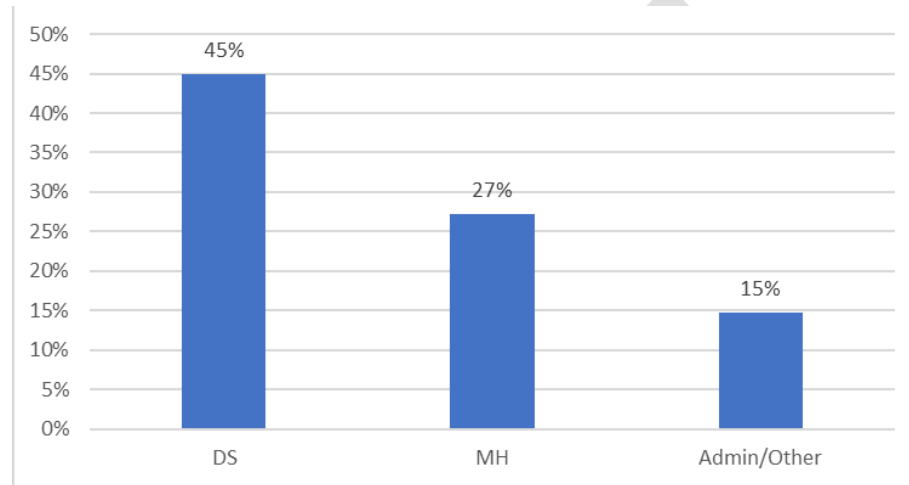
- ✓ Crisis mental health needs are addressed immediately, reducing Emergency Dept. pressures
- ✓ Vermonters can access mental health treatment to prevent crisis escalation

Source: Vermont Care Partners, point in time data October 25, 2021-November 5, 2021.

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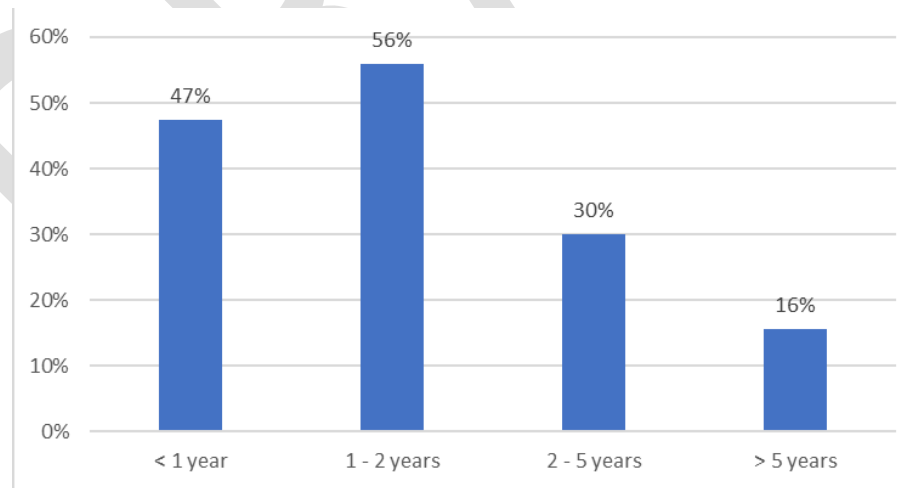
## FY22 Turnover by Services

Source: Vermont Care Partners



## Turnover Based on Years of Service

Source: Vermont Care Partners



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### WHAT HAS BEEN DONE?

Date	Action	Outcome
<b>2021 Legislative Session</b>	\$47,125,799 (3% rate increase)	<b>Increased payment rates for DMH and DAIL funded staff (not ADAP funded staff)</b>
<b>November 2021</b>	\$1.5M distributed through contract with Vermont Care Partners to support tuition reimbursement and loan repayment	<b>Looking to see if this will create higher retention rates</b>
<b>December 2021</b>	AHS Secretary's office has identified \$2M for immediate distribution to network for workforce retention	<b>Stabilize current workforce</b>
<b>December 2021</b>	Submitted request to Centers for Medicare and Medicaid Services (CMS) to utilize \$15M from increased FMAP related to Home and Community Based Services for workforce recruitment and retention efforts. More details to come in January and February, 2022.	<b>Invest in workforce recruitment and retention efforts</b>
<b>December 2021</b>	The progress monitoring tool, ANSA (Adult Needs and Strengths Assessment) will be pay for reporting only for calendar year 2022 with no minimum threshold tied to payment for collection of the ANSA.	<b>Decrease pressure associated with pay for reporting thresholds.</b>
<b>January 2022</b>		

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STRATEGY	ACTION STEPS	LEAD(S)	TARGET DATE	WHAT SUPPORT AND/OR RESOURCES ARE NEEDED	
<b>1. Tuition reimbursement and loan repayment</b>	1. Execute contract to VCP to distribute legislative funds in the amount of \$1.5M to DA/SSA staff (SU, MH) for loan repayment and tuition reimbursement.	Cheryle Wilcox, DMH Julie Tessler, VCP Luca Fernandez, VDH	Executed November 2021	Will assess how far this funding goes to see what additional need exists	
<b>2. Fair and Equitable compensation package</b>	1. Advocate for salaries that are entail a livable wage <sup>1</sup> and fair market value, including benefits for staff who are involved in frontline direct service and administrative support staff.				
	2. Advocate at the federal level for funding				
	3. Allow additional reimbursement for merit, longevity, retention			Grants, philanthropy	
	4. Child Care: Increase access to childcare <ul style="list-style-type: none"> <li>a. Consideration of onsite childcare capacity</li> <li>b. Childcare stipends</li> </ul>				
	5. Additional mileage reimbursement (it is different by agency and averages .40-.58 cents a mile which does not cover vehicle maintenance/wear and tear.				
	6. Housing <ul style="list-style-type: none"> <li>a. Working remotely (if appropriate) until they can secure housing.</li> <li>b. Consideration of DAs providing short-term housing</li> </ul>	DA/SSA		Funding to support	

<sup>1</sup> <https://lifo.vermont.gov/assets/Subjects/Basic-Needs-Budgets/1defd5222f/2021-Basic-Needs-Budget-and-Livable-Wage-report-FINAL-1-16-2021.pdf>

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	<ul style="list-style-type: none"> <li>c. Housing allowances provided by DAs</li> <li>d. What about colleges that have closed, utilizing their living spaces as places to live for the workforce shortage?</li> </ul>			
	7. Benefits to working in this field—discounts at businesses, heating oil, Casella, fitness programs, Shelburne Farms, entertainment			
<b>3. Educational Support and Pipeline</b>	<ul style="list-style-type: none"> <li>1. OPR issues:                             <ul style="list-style-type: none"> <li>a. Reciprocity and licensing—cross state reciprocity is a barrier to hiring out of Vermont. There have been some rule changes, but they haven’t shared that broadly-needs to be clearer.</li> <li>b. Advocate with OPR for acceptance of course work from other states, institutions, etc.</li> <li>c. Bill looking at single MH license with subspecialties. Bill H661: Bill Status H.661 (vermont.gov)</li> </ul> </li> </ul>	Dillon Burns  <i>Ask Me Anything</i> occurred last week with OPR and there is a Q and A that will be coming from Dillon. Fast track endorsement and removing other barriers to licensure (criminal background, out of country moves). OPR is willing to have ongoing discussions to keep the dialogue and communication open. Here’s the link to resources re: <i>Reducing Barriers to Licensure</i> : <a href="https://sos.vermont.gov/opr/regulatory/reducing-barriers/">https://sos.vermont.gov/opr/regulatory/reducing-barriers/</a>	November 2021 and ongoing	Legal Supports



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		Dillon is doing follow up regarding LADC billing issues including DVHA, DMH, ADAP.		
	1. Licensing renewal fees, exam costs, CEU training	Simone and Cheryle looking into philanthropy investment	January 2022	# of LADC, LICSW, LCMHC at agencies- VCP is gathering this information
	2. Make internships more possible by hosting interns/fellows at agencies: <ul style="list-style-type: none"> <li>a. Stipends to pay interns</li> <li>b. Stipends for interns to drive to more rural regions</li> <li>c. Fellowship program for child and adolescent psychiatrists. Current cohort has 8 fellows.</li> <li>d. Social work</li> <li>e. Mental health clinicians</li> <li>f. Alcohol and Drug Counselors</li> </ul>	DMH/Agencies talk to those in the fellowship program to find out more about how this works.		
	3. Build connections with high schools, community colleges, and peer-based organizations (example: recovery centers)			<ul style="list-style-type: none"> <li>• Need broadband access for online learning</li> <li>• Access to proper equipment</li> </ul>

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	4. Ensuring disability education happens across programs (talk to Center for Disability and Inclusion)			
	5. Service hours to go toward degree requirements			
<b>D. Work ~ Life Balance (Quality)</b>	1. Time off (should this be under compensation?) 2. Hybrid schedules or other flexibilities (working 4 vs. 5 days a week) 3. Technology use for virtual work 4. Decrease documentation/administrative burden	Agencies and DMH	Current	
<b>E. Increase training and clinical support</b>	1. Ensure support of staff through supervision	Agency		
	2. Offer more supervisory training about creating positive workplaces.			
	3. Support the mental health of staff	Agency		
	4. Offer leadership/manager opportunities (e.g. peer support for supervisors, reimbursement for supervising).	Agency		Funding to support the training, incentive for staff to attend and create space for staff to attend training.
	5. Statewide online training for direct service positions			
	6. Increase training for professional direct support professionals (e.g. Direct service certification/education/training) Coming from Dept. of Labor related to employment codes for agencies. Reinforce specialty positions so there is advancement without the need to leave your role.			

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<b>F. Increase the use of career advancement</b>	1. Foster the development of supervisors and leaders among all segments of the workforce.			Look at the work early childhood did regarding career ladders
	2. Work on professional development plans with staff.			
	3. Offer Micro-academies			Funding for trainings including admin funds.
	5. Another possibility might be paid internships that could bring undergrads, high school students, etc. in to educate and see what options are for a career in human services.			Have a document that could be helpful to agencies where some of this is laid out.
<b>G. Communicate and educate others about DA/SSA workforce</b>	1. Vermont data related to workforce challenges at DA/SSA.	Vermont Care Partners	As needed and available	
	2. Formalize job descriptions so it is clear what positions entail. (e.g. Clinician—areas with the most challenging recruitment)			
	3. Communicate and publish positive stories of successes about what our system in VT has accomplished. <ul style="list-style-type: none"> <li>a. Local Hometown Heroes to inspire others.</li> <li>b. A Day in the Life of Workers.</li> <li>c. Annual events of appreciation for human services workforce</li> <li>d. Virtual Open House</li> </ul>			

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<b>H. Marketing for Recruitment: Increase the implementation of a multimedia public service campaign that promotes direct care worker positions.</b>	1. Create presentations at schools, universities about MH/DD system needs to build knowledge base for emerging grads to join the system.			
	2. Create campaign materials include new Vermonters, younger people including high school students, older people, individuals with disabilities and diversity of perspectives.	Laura Flint, DMH— Laura has reached out to Creative Workforce solutions and is waiting to hear back		
	3. Create a digital hub to connect with universities for intern development and connection—also hub for job seekers—Also, need supervision for interns. Onboarding, training programming.	Laura Flint, DMH and Alex Lehning, VCPI VCPI is connecting with DOL to see if there is support to create a hub.	TBD continue exploring	Funding
	4. Recruiting backed up with one-time financial incentives: <ul style="list-style-type: none"> <li>a. Moving expenses</li> <li>b. Cash sign-on bonuses that get paid over-time (like \$500 each month for 10 months)</li> <li>c. Rent/down payment support.</li> <li>d. Sign on bonuses</li> </ul>			Funding
	5. Advertising move to Vermont funds. <a href="https://thinkvermont.com/relocate/">https://thinkvermont.com/relocate/</a>			
	Shift language to focus on Human Services: <i>Early Childhood Education Career Viewer</i> <i>Observe, Connect, Consider</i> <i>This program is essentially a “guided tour” of the Early Care and Education field. Have you ever wondered what it might be like to work with young children? This program offers you a chance to consider a career in Early Childhood without a commitment or leaving your current employment.</i>		Information from Debbie Smith	

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STRATEGY	ACTION STEPS	LEAD(S)	TARGET DATE	WHAT SUPPORT AND/OR RESOURCES ARE NEEDED
	<p><i>Participants will attend an orientation and make 3 short observations in various age groups to assist those interested in the field in understanding if the field is appropriate for them. Working with children is rewarding and fulfilling work. It is also a highly regulated and participants will learn how providers work within regulations to provide quality care for our youngest Upper Valley residents.</i></p> <p><i>Upon completion of this program participants will receive a \$250.00 stipend regardless of career choice.</i></p> <p><i>For more information or to sign up for our next class, contact us at <a href="mailto:uveceacareers@gmail.com">uveceacareers@gmail.com</a> Limited stipends available, so sign up TODAY!</i></p> <p><i>This project generously funded by Couch Foundation</i></p>			
<p><b>6. Data and Research</b></p>	<ol style="list-style-type: none"> <li>1. Develop a business case model based on workforce demographics to present to Vermont legislature.</li> <li>2. Create a research scan with information on promising practices and models from other states regarding credentialing and demographics.</li> </ol>	<p>As part of the Direct Service Workforce (DSW) learning collaborative, the Centers for Medicare &amp; Medicaid Services (CMS), in collaboration with the Lewin Group, is offering time-limited coaching to any participating state Medicaid agency or partner agency.</p>	<ol style="list-style-type: none"> <li>1. Late August to early September</li> <li>2. Mid or late August</li> </ol>	

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## Media Coverage highlighting workforce challenges in Vermont:

- 
- July 6, 2021: <https://www.vpr.org/vpr-news/2021-07-06/close-to-a-catastrophe-community-mental-health-agencies-face-severe-workforce-shortage>
- September 2, 2021: <https://vtdigger.org/2021/09/02/workforce-shortages-may-curb-plan-to-re-up-psych-bed-capacity/>
- October 10, 2021: <https://vermontbiz.com/news/2021/october/21/health-care-leaders-support-state-workforce-initiatives-address-staffing-crisis>
- October 21, 2021: <https://vermontbiz.com/news/2021/october/21/health-care-leaders-support-state-workforce-initiatives-address-staffing-crisis>
- December 6, 2021: <https://www.vpr.org/vpr-news/2021-12-06/vermonts-mental-health-agencies-worry-staffing-shortages-are-reaching-point-of-no-return>
- January 10, 2022: <https://www.sevendaysvt.com/vermont/at-a-breaking-point-vermonts-community-based-support-providers-need-help-now/Content?oid=34610483>
- January 13, 2022: [https://www.benningtonbanner.com/opinion/editorials/our-opinion-vermont-must-strengthen-child-care-mental-health-systems/article\\_0625a82a-756c-11ec-8b40-bbe48e2ab4d5.html](https://www.benningtonbanner.com/opinion/editorials/our-opinion-vermont-must-strengthen-child-care-mental-health-systems/article_0625a82a-756c-11ec-8b40-bbe48e2ab4d5.html)

## Possible Opportunities to Explore

1. [Health and Public Safety Workforce Resiliency Training Program](#)
2. [Promoting Resilience and Mental Health Among Health Professional Workforce](#)
3. <https://nhsc.hrsa.gov/loan-repayment/state-loan-repayment-program/index.html>
  - a. *This opportunity is for licensed, clinical staff.*
  - b. *This has a 100% match requirement.*
4. **Vermont Care Partners, HCBS ARPA Supplement Recommendations, August 16, 2021:**
  - a. Address Covid-related Concerns - \$5,000,000
    - i. VCP recommends focusing on: workforce wellness, counseling around vaccine hesitancy, enhancement of short-term staffing to address the increased demand for mental health services, and an increased focus on social contributors to mental health and well-being.
    - ii. Funding to cover sick time for staff with COVID and time for testing, stipends for individuals working in high-risk situations, overtime to cover shifts for people absent due to illness, testing, etc.
  - b. Promote a High-Performing and Stable Workforce
    - i. Training - \$5,000,000  
VCP supports the investment in training including: psychiatric care for geriatric populations, communication support (use of assistive technology, FC, ASL by partnering with VT ATP), Digital literacy for Direct Support Professionals and Shared Living Providers, Digital and physical accessibility, ableism, Cultural Competence/Disability & Racial Justice, resiliency, trauma and recovery, Bystander/de-escalation training. Include funding for administrative time for DSPs to attend trainings, daily recordkeeping, and to

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- attend meetings so it doesn't create a secondary financial burden on agencies to send staff to trainings.
- ii. Additional funding for tuition assistance and loan repayment for professionals who currently cannot access existing programs including those working with people who have I/DD.
  - iii. Investment in a DSP enhanced rate pilot project to demonstrate the benefits of improved pay.
- c. Recruitment and Retention - \$10,000,000
- i. Staff vacancy and turnover which were always problematic due to low payment rates have always been problematic, but with COVID it has been exacerbated. Staff vacancies and turnover are negatively influencing client access and quality of care and are compounded by staff burnout and stress related to COVID. VCP recommends funding for workforce sign-on and retention bonuses, relocation costs, housing stipends for new employees, purchase of apartments for new employees' short-term stays, and childcare subsidies.

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## Resources

- National Council Behavioral Workforce Demands, October 7, 2021:  
[https://www.thenationalcouncil.org/press-releases/demand-for-mental-health-and-substance-use-treatment-has-increased-nearly-80-in-three-months/?mkt\\_tok=NzczLU1KRiOzNzkAAAF-iL\\_Jo8NghnDEPAAtOKYIMkbwCVCYSdTJhyb0L54XslqpkFEdGD\\_yNcvxA-qSYapmguysBqnJgbc\\_v10dRqRTZ5oIVRSjyrea\\_kH\\_1JVE](https://www.thenationalcouncil.org/press-releases/demand-for-mental-health-and-substance-use-treatment-has-increased-nearly-80-in-three-months/?mkt_tok=NzczLU1KRiOzNzkAAAF-iL_Jo8NghnDEPAAtOKYIMkbwCVCYSdTJhyb0L54XslqpkFEdGD_yNcvxA-qSYapmguysBqnJgbc_v10dRqRTZ5oIVRSjyrea_kH_1JVE)
- Mental Health Technology Transfer Center Network: <https://mhttcnetwork.org/centers/mhttc-network-coordinating-office/workforce-recruitment-and-retention>
- Facing compounding stressors, many American workers plan to change jobs in coming year, News Release, Oct. 4, 2021, American Psychological Association: <https://www.eurekalert.org/news-releases/930458> *“If they could only have one extra perk from their employer, one third of employees (33%) said they want more money, followed by more flexibility (14%), more time off (13%) or more benefits (12%). One in 10 (10%) said more meaningful work was their top priority.”*
- Maine: Commission to Study Long-term Care Workforce Issues: <https://legislature.maine.gov/doc/3852>
- SAMHSA Toolkit for Recruitment and Retention: <http://toolkit.ahpnet.com/>
- An Analysis of Oregon’s Behavioral Health Workforce:  
<https://www.oregon.gov/oha/HPA/ANALYTICS/HealthCareWorkforceReporting/2019-03-Analysis-Oregon-BH-Workforce.pdf>
- CMS Learning Collaborative:  
<https://www.medicaid.gov/medicaid/long-term-services-supports/workforce-initiative/index.html>
- Current Massachusetts Legislation and Documents: <https://www.mamhca.org/public-policy/current-massachusetts-bills/>
  - H2073 - An Act Relative to Establishing a Behavioral Health Workforce Development Trust Fund for LMHCs and other behavioral health providers
  - H2342 - An Act Creating an Entry-Level Licensing Program to Allow Applicants to Practice Under Supervision Prior to Becoming a Licensed Mental Health Counselor
- The America Works Report: Quantifying the Nation’s Workforce Crisis:  
<https://www.uschamber.com/report/the-america-works-report-quantifying-the-nations-workforce-crisis>
- Workforce Projections: <https://data.hrsa.gov/topics/health-workforce/workforce-projections>
- National Association of State Directors of Developmental Disabilities Services:
  - Workforce capacity is clearly a key prerequisite to expanding access to home and community-based services (HCBS). The HCBS workforce shortage has been of crisis proportions for decades and has been exponentially exacerbated by the COVID-19 pandemic. The 2019 NCI Staff Stability Report indicates that pre-pandemic, the turnover rate for Direct Support Professionals (DSPs) averaged around 43%; while post-pandemic data has not yet been validated, anecdotal evidence suggests that the workforce has been further decimated by pandemic-related issues.



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These challenges come at a time of escalating demand for community-based long-term services and supports (LTSS) and transition from institutional care to HCBS settings.

- Out of the 49 spending plans NASDDDS examined, 44 include initiatives aimed at addressing workforce issues. These were largely focused in two main areas—increased compensation for DSPs, and staff or workforce development strategies. A handful of states propose initiatives that generally influence workforce expansion. The analysis at the link below reflects the initiatives states describe in these plans; it is important to note that CMS may request changes to some plans as they are still moving through the approval process, and also that plans may evolve through quarterly iterative updates from states.
- Link to full NASDDDS Brief: [State Workforce Initiatives-ARPA Spending Plan Topical Analysis](#)

DRAFT