

# Recruitment & Retention in State-Operated Behavioral Health Organizations

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# What We Know

- Growing shortages in healthcare workforce in general, and in the behavioral health workforce, in particular
- ... And it's not just recruitment that's a problem, Retention is just as bad.
  - Workforce is Aging = Retirement tsunami
  - Workforce is fleeing = the "Employment contract" is broken

# Headline after Headline

Major Publications

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**The US can't keep up with demand for health aides, nurses and doctors**

by Parija Kavilanz [@CNNMoney](#) May 4, 2018

**Five Steps To Heal The Healthcare Workforce Shortage Crisis**

by Richard Levick [Forbes](#) Dec 5, 2018



# So What are the Numbers?

- Medical Professionals
  - Nursing
    - ❖ Demand is growing
      - 581,500 new positions created in 2009 (22.2% increase)
      - Demand to grow 2 – 3% each year
      - Nursing shortage to grow to 510,394 by 2030
      - 51,500 new nurse practitioner positions needed by 2025
    - ❖ Supply is shrinking
      - RNs over 50 is the largest age group
      - Nursing schools graduating fewer nurses
      - National vacancy rate is 8.1% (and that's from 2007)
    - ❖ To meet the need, schools need to increase graduation rate by 90%!!!



# So What are the Numbers? (con.)

- Medical Professionals
  - Physicians
    - ❖ US: shortage of 91,500 in 2010, growing to 121,300 by 2030
    - ❖ Currently, only 2.5 physicians for every 1,000 people
  - Context
    - ❖ Increase in average life expectancy from 47 in 1900 to 78.8 in 2019
    - ❖ Aging of the US population

# So What are the Numbers? (con.)

- Physicians - So which medical fields are in high demand?
  - Primary Care
    - ❖ Family Physicians: short between 14,800 and 49,300 by 2030
    - ❖ Pediatricians: demand is growing at 15% or higher
  - Psychiatry
    - ❖ 20 years ago, all providers were increasing the numbers of psychiatrists on staff, now psychiatric numbers are shrinking
    - ❖ Result
      - 15% of psychiatric positions are vacant, with 3,716 ads for psychiatrists nationally
      - Number of psychiatry slots decreased 10% over the past decade
      - Net replacement deficit of 100/year
      - 6,090 to 15,600 shortfall by 2025
      - 2/3 referrals from primary care are difficult to arrange



# So What are the Numbers? (con.)

- Special problems with Psychiatry
  - Aging: 55% are 55 or older
  - Rate structure = salary inequity
    - ❖ Salaries are 30% lower than other medical specialties
    - ❖ Only 4% of medical school graduates apply to psychiatric residency programs
  - Problems in Specialties
    - ❖ Only 8,312 child and adolescent psychiatrists, compared to need for 12,624
    - ❖ Ratio of board-certified gero-psychiatrists per 100,000 population will be 50% lower in 2030 compared to 2000
  - Time devoted to patient care decreasing from 67 to 60%

# So What are the Numbers? (con.)

- Other Behavioral Health Professionals
  - High Demand
    - ❖ State Mental Health Authorities survey: 44 of the 45 who responded reported shortages
    - ❖ 13,091 recruitment adds nationally
    - ❖ National Council for Behavioral Health: 77% of counties have severe shortages in behavioral health professions
  - High Turnover
    - ❖ Case Managers: turnover rates between 23 and 54%, depending upon the state polled
    - ❖ Average age of psychologist = late 50s
  - Low Salary
    - ❖ Reimbursement rates = Missouri case managers paid 30% less than the prevailing wage
    - ❖ Low salary rates compared to other employment sectors relative to the education received



# So What are the Numbers? (con.)

- Other Behavioral Health Professionals (con.)
  - Results
    - ❖ Practitioner Shortfalls
      - 11,000 today
      - 15,000 therapist by 2025
      - 195,000 social workers by 2030
    - ❖ Only 17% of phone calls are successful in obtaining appointment
    - ❖ Bottom Line: Behavioral Health is a training ground for other employment sectors

# So What are the Numbers? (con.)

- Not just professionals, either!
  - Largest area of need will be in home health aides
  - 423,200 positions will be open by 2025
  - Place extraordinary pressure on all nursing aide or unlicensed assistive personnel positions in state facilities
- And government healthcare is particularly scary
  - 45- 50% of the 500,000 workers are likely to retire in next 5 years
  - 20% vacancy rates overall
  - 18.5% turnover rates



# So What are the Numbers? (con.)

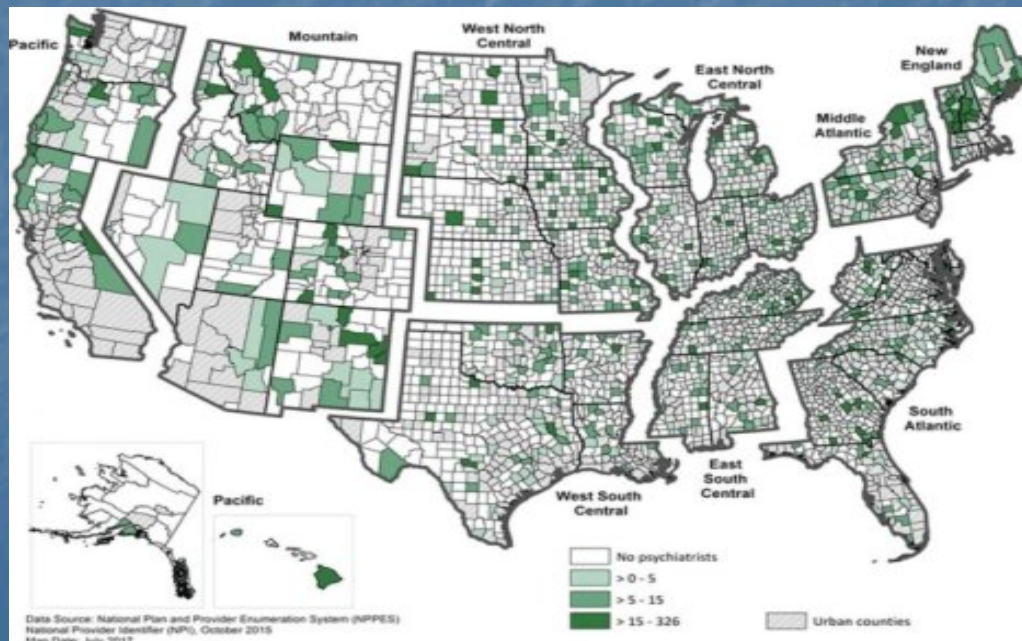
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- Nature of the Need
  - 1 in 5 people have some sort of mental health condition
  - 9.8 million adults have serious and persistent mental illness
  - 22.5 million age 12 and older need but don't receive treatment for substance use disorders
  - 11.9 million adults need but don't receive mental health treatment
  - 111 million live in mental health professional shortage areas

# Other Challenges

## ■ Distribution

- More than 1/4 of the US population = rural
- Only 10% of the workforce = rural
- 85% of counties are health professional shortage areas



Psychiatrists in rural US counties per 100,000 population by Census Division



## Other Challenges (con.)

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- Diversity – notable lack of it among practitioners, yet more than 50% of the child population will be part of minority racial or ethnic group
- De-professionalization = 145,000 (28%) members only a bachelor's degree
- Training and practice silos, with limited integration of behavioral-physical health care

# Costs to Employers

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- Separation costs – Exit interviews
- Fill-In Costs: Temporary workers and overtime pay
- Replacement Costs: Advertising, interviewing, and training
- Productivity/Efficiency before and after employees leave, and while new employees develop competence



# Costs to Employees

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- Increased hours and responsibilities and high caseloads
- Stigma
- High rates of stress, compassion fatigue and burnout, with loss of work/life balance
- Decreased ability to provide quality care
- Poor interpersonal relationships between staff and management

# Costs to Consumers

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- Limited access
- Lower quality of care from over-burdened, missing or not yet competent staff
- Stigma
- Lack of stability due to frequent staff turnover
- Longer waiting lists, resulting in consumers lost to service
- Poor interpersonal relationships between staff and consumers, aggravated by lack of diversity



# Solutions from the Literature

## Workforce Planning: How to Recruit and Retain Mental Health Workers (

[http://www.nasuad.org/sites/nasuad/files/hcbs/files/23/1100/Vol\\_2\\_Iss\\_1.pdf](http://www.nasuad.org/sites/nasuad/files/hcbs/files/23/1100/Vol_2_Iss_1.pdf))

### ■ Recruitment

- Loan forgiveness/scholarships
- Aggressive recruiting of recent college graduates
- Use of Recruitment consortia
- Job-specific competencies to guide hiring, targeting person and environment fit, particularly around mission and values
- Realistic Job Previews

# Solutions (con.)

- Retention
  - Scheduling flexibility
  - On site childcare/eldercare
  - Monetary and Non-Monetary Recognition programs
  - Career progression programs
  - Facilitated on-boarding and engagement
  - Transformational leadership
    - ❖ Inspiration
    - ❖ Fairness
    - ❖ Role clarity
    - ❖ Opportunities for advancement



# Solutions (con.)

## ■ Retention

- Training, training, and more training
  - ❖ Pre-employment apprenticeship (practica, clerkships, interns)
  - ❖ Use of hands-on mentors to provide job shadowing, outside the classroom instruction
  - ❖ Mentor training and compensation, and mentor/mentee matching
  - ❖ Supervision training
  - ❖ Web-based training
  - ❖ Use of post-doctoral training/fellowships
  - ❖ Continuing education, with focus on leadership / performance improvement
  - ❖ Focus on wellness, both physical and behavioral health, and trauma awareness

# Solutions (con.)

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- Workforce Development
  - Use of public financing to support education of hard to fill positions
  - Subsidizing faculty salaries/positions to increase faculty availability and numbers of graduating students
  - Targeting communities served to increase staff diversity and satisfaction
  - Partnering with community colleges and universities to offering curricula targeted to high demand professions, including para-professionals



# Solutions (con.)

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- Workforce Alternatives
  - Telehealth/Teletherapy – particularly for rural communities
  - National, rather than state-based, licensure to promote movement and redistribution
  - Contingent (ad hoc) staffing / travelers, temp staffing
  - Peer Support

# Challenges at SLPRC

- Statement of Problem: Vacancy and turnover rates in Nursing Staff, involving
  - Psychiatric Technicians (paraprofessionals)
  - Professional Nurses – LPNs and RNs
- Context
  - Urban hospital in a metropolitan area of 2.85 M
  - Competing with multiple private & public sector hospitals, many offering sign-on & retention bonuses to RNs
  - LPNs able to make more in SNFs
  - PTs can obtain competitive wages in fast food industry without overtime hours



# The Numbers

- 18 month baseline data: Jan 2016 – Jun 2017

<b>Table 1</b>	<b>PTs</b>	<b>LPNs</b>	<b>RNs</b>
<b>Annualized Vacancy Rate</b>	15.8%	7.6%	11.1%
<b>Annualized Turnover Rate</b>	55.5%	41.7%	40.7%

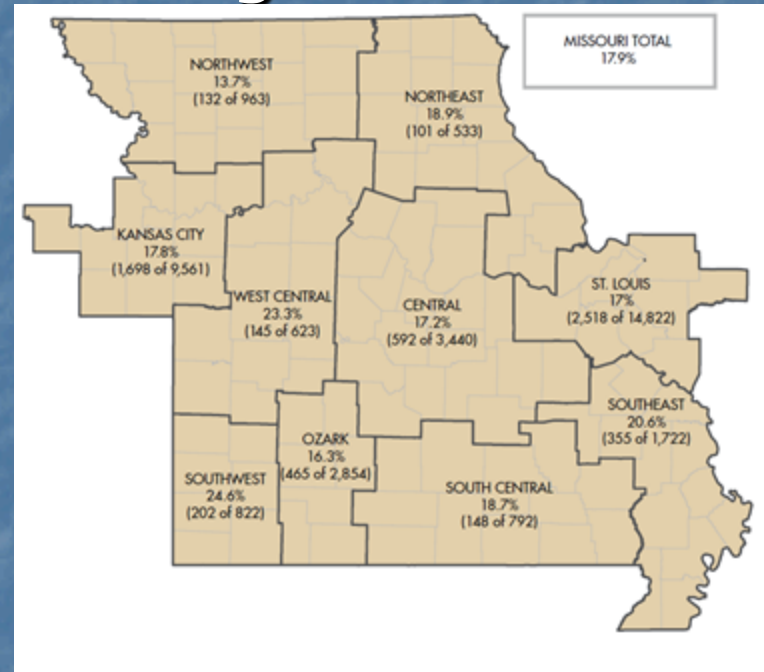
- What does that mean?
  - Over the course of 2 years
    - ❖ PT population would be replaced twice over
    - ❖ Only 1/5<sup>th</sup> of the supervising nurses would remain
  - These represent 37% of the entire SLPRC workforce

# MHA RN Benchmarks CY17

## MHA Benchmark

- ❖ Turnover – All RNs
  - ❑ MO = 17.9%
  - ❑ STL = 17.0%
- Turnover – Behavioral Health RNs
  - ❑ MO = 29.2%
- ❖ Vacancy – MO Only
  - ❑ 8.3% = All RNs
  - ❑ 10.5% = Behavioral Health RNs
- SLPRC
  - ❑ Vacancy = 14.91%
  - ❑ Turnover = 28.95%

## Nursing Turnover



Job Title (Collected January 2016)	Number of Working FTE's	Number of FTE Vacancies	Vacancy Rate (FTE)	Working Number of Employees	Number of Vacant Positions	Employee Vacancy Rate	Total Employee Separations	Employee Turnover Rate
Behavioral Health Nurse (R.N.)	408	48	10.5%	479	65	12.0%	159	29.2%



# Consequences

- Provision of Care
- Continuity of Care
- Client and staff safety concerns
- Overtime costs
- Personnel services replacement costs
  - Average replacement cost for RN is \$36,567
  - Total cost during baseline period **for RNs alone** estimated by C-Suite Analytics at \$563,332

Note: As little as a 20% reduction in turnover could net savings of over \$100,000

# Corrective Actions Taken

- Adoption of Private Sector schedules for RNs and LPNs
  - Conversion from traditional state 8-hour schedules to 12-hour shifts, limiting overtime obligations to 4 hours on any given day, working only 7 days in 2 week pay cycle
  - Option for 0.9 FTE employment (6 days only)
- Associated staffing solutions
  - Conversion of long-standing LPN vacancies to RN positions
  - Creation of career ladder opportunities for PTs
  - Commitment to hiring in anticipation of attrition for PTs



# Corrective Actions Taken (con.)

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- Training Enhancements
  - Development of RN preceptorship program
  - Development of mentorship program for PTs
  - Trauma-Informed Care
    - ❖ Assaulted Staff Action Program (ASAP)
    - ❖ Alive & Well training from Regional Health Commission
    - ❖ Racial Equity Learning Exchange

# Corrective Actions Taken (con.)

- Associated Performance Improvement initiatives
  - Use of Robust Process Improvement (Lean, Six Sigma), e.g.
    - ❖ reducing cycle time associated with RN recruitment
    - ❖ enhancing on-boarding and engagement processes
  - Movement from a punishment/investigation model toward a system improvement option (Coach and Console)
  - Use of listening sessions and staff satisfaction surveys



# Corrective Actions Taken (con.)

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  - Development of RN preceptorship program
  - Development of mentorship program for PTs
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    - ❖ Assaulted Staff Action Program (ASAP)
    - ❖ Alive & Well training from Regional Health Commission
    - ❖ Racial Equity Learning Exchange

# Results

- Pretty dramatic when benchmarked against -
  - CY 17 data from Missouri Hospital Association (MHA)
  - Baseline data from SLPRC

	Average # Employees Per Month	Average Vacancies Per Month	Employee Vacancy Rate	Total Employee Separations	Employee Turnover Rate
<b>MHA - 2017</b>					
Behavioral Health RN	557	78	14.0%	136	24.4%
LPN (non IV certified)	388	38	9.8%	70	18.0%
Unlicensed Assistive Personnel	7,014	533	7.6%	2,329	33.2%
<b>MHA - 2018 St. Louis Metropolitan Region</b>					
Staff Nurse - Bedside RN	15,575	3,421	22.0%	2,720	17.5%
LPN (non IV certified)	380	63	16.6%	69	18.2%
Unlicensed Assistive Personnel	2,775	463	16.7%	957	34.5%
<b>SLPRC Baseline Period (Jan, 2016 - June 2017) Annualized for Turnover</b>					
Behavioral Health RN	36	4.00	11.1%	14.67	40.7%
LPN (non IV certified)	16	1.22	7.6%	6.67	41.7%
Unlicensed Assistive Personnel	173	27.39	15.8%	96	55.5%
<b>SLPRC - FY18</b>					
Behavioral Health RN	36.17	1.83	5.1%	11	30.4%
LPN (non IV certified)	15.67	1.92	12.2%	4	25.5%
Unlicensed Assistive Personnel	173.17	10.92	6.3%	80	46.2%
<b>COMPARISONS</b>					
<b>SLPRC FY18 vs. Baseline</b>		AvgChange Vacancies	% Drop	AvgChange Separations	% Drop
Behavioral Health RN		54.2%	6.0%	25.0%	10.3%
LPN (non IV certified)		-56.8%	-4.6%	40.0%	16.1%
Unlicensed Assistive Personnel		60.1%	9.5%	16.7%	9.3%
<b>SLPRC FY18 vs. MHA 2017 Statewide</b>					
Behavioral Health RN			8.9%		-6.0%
LPN (non IV certified)			-2.4%		-7.5%
Unlicensed Assistive Personnel			1.3%		-13.0%
<b>SLPRC FY18 vs. MHA 2018 St. Louis Metropolitan Region</b>					
Staff Nurse - Bedside RN			16.9%		-13.0%
LPN (non IV certified)			4.3%		-7.4%
Unlicensed Assistive Personnel			10.4%		-11.7%

Note: The MHA18 data is ALL RNs, rather than Behavioral Health RNs



# Results (con.)

## Registered Nurses

Average Vacancies Per Month	Employee Vacancy Rate	Total Employee Separations	Employee Turnover Rate
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### COMPARISONS

SLPRC FY18 vs. Baseline	AvgChange Vacancies	% Drop	AvgChange Separations	% Drop
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Behavioral Health RN	54.2%	6.0%	25.0%	10.3%
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### SLPRC FY18 vs. MHA 2017 Statewide

Behavioral Health RN		8.9%		-6.0%
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### SLPRC FY18 vs. MHA 2018 St. Louis Metropolitan Region

Staff Nurse - Bedside RN		16.9%		-13.0%
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Note: The MHA18 data is ALL RNs, rather than Behavioral Health RNs

# Results (con.)

Licensed Practical Nurses	Average Vacancies Per Month	Employee Vacancy Rate	Total Employee Separations	Employee Turnover Rate
<b>COMPARISONS</b>				
SLPRC FY18 vs. Baseline	AvgChange Vacancies	% Drop	AvgChange Separations	% Drop
LPN (non IV certified)	-56.8%	-4.6%	40.0%	16.1%
<b>SLPRC FY18 vs. MHA 2017 Statewide</b>				
LPN (non IV certified)		-2.4%		-7.5%
<b>SLPRC FY18 vs. MHA 2018 St. Louis Metropolitan Region</b>				
LPN (non IV certified)		4.3%		-7.4%



# Results (con.)

Unlicensed Assistive Personnel	Average Vacancies Per Month	Employee Vacancy Rate	Total Employee Separations	Employee Turnover Rate
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## COMPARISONS

SLPRC FY18 vs. Baseline	AvgChange Vacancies	% Drop	AvgChange Separations	% Drop
Unlicensed Assistive Personnel	60.1%	9.5%	16.7%	9.3%

## SLPRC FY18 vs. MHA 2017 Statewide

Unlicensed Assistive Personnel		1.3%		-13.0%
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## SLPRC FY18 vs. MHA 2018 St. Louis Metropolitan Region

Unlicensed Assistive Personnel		10.4%		-11.7%
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# So What Can We Conclude?

- The solutions proposed, corrective actions taken, were largely effective
  - We hit our cost avoidance goal for RNs, by reducing our turnover by more than 20%, and did even better than that for our LPNs, and close to it for our PTs
- Particularly effective strategies were -
  - Creative scheduling for our RNs
  - Mentorship/job coaching for all groups
  - Culture changes
    - ❖ From discipline to system change
    - ❖ Adoption of trauma-focus and greater cultural sensitivity



# So What Can We Conclude?

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- Don't rest on your laurels
  - As soon as we patted ourselves on the back and shifted our focus to other strategic initiatives, our vacancy and turnover rates began to climb
  - Constant vigilance and continuous pressure are the price for making and holding any gains!!

# Shameless Plug

- SLPRC just celebrated its sesquicentennial
- Amanda Hunyar, hospital librarian/archivist, published a wonderful book  
*"St. Louis State Hospital:  
A 150 Year Journey  
Toward Hope"*
- Get your copy today!

Or go online at  
<https://www.dmhsllprc.com/>

