

WASHINGTON ASSOCIATION FOR CHILDREN & FAMILIES

EBP Sustainability Meeting August 21st, 2014 1:00PM to 3:00PM, HopeSparks in Tacoma

Attending:

Shannon Bayne - Catholic Community Services
Bill Barrett - Children's Administration (by phone)
Kerry Beymer - Encompass
Charlotte Booth - Institute for Family Development,
WACF FPSS Division Chair
Ifeany Chukwu - Washington National Counseling
Jessie DiPardo - Service Alternatives
Kymm Dozal - Comprehensive Life Resources
Ron Gengler - Eastern WA Comprehensive Mental Health
(by telephone)
Melissa Gorgone - Institute for family Development
Scott Hanauer - Community Youth Services
Tim Kelly - Children's Administration
Annie Kurtz - Children's Administration (by telephone)
Christi Lyson - Institute for Family Development

Byron Manering - Brigid Collins
Jack Maris - Eastern WA Comprehensive Mental Health
(by telephone)
Phoebe Mulligan - HopeSparks
Terry Pottmeyer - Friends of Youth (by phone)
Tom Rembeisa - Youthville
Rose Quinby - YMCA Seattle
Kerry Ann Shaughnessy - Tacoma Youth for Christ
Rochelle Clayton Strunk - Encompass
Anna Thompson - Tacoma Youth for Christ
Beth Wilson - Tacoma Pierce County Health Department
Rebecca Wilson - Children's Administration (by
telephone)
DeAnne Yamamoto - King County Sexual Assault
Resource Center

Charlotte welcomed all and opened the meeting. The purpose is to provide input regarding how we can work together to sustain EBPs. One shared frustration is staff turnover. We want to see what we can do on the private side and what CA can do. Our "line workers" tend to be younger and that segment of the workforce tends to turnover more quickly in general. Training can help with retention, though. Tim Kelly is here from Children's Administration to co-facilitate this conversation.

Tim: At Children's Administration (CA) we don't always see some of the detail, but we do see up to as much as 50% turnover in a year in trained EBP provider staff. That's tough. We are losing some staff before they ever touch a case. Different circumstances come up but we don't want to use up limited resources this way. Lower attrition will allow more growth of EBPs.

Group discussion: full time vs. part time

Kerry Ann: If agencies can plan for FT staff in delivering EBPs instead of part time staff, we will be more likely to retain longer. Other factors are agency culture, staff selection. We also need to look at time spent with new hires. What support do they receive, and do they have someone experienced to mentor them.

Beth: Most of our staff people are FT and their salaries don't go up or down based on referrals. Those people have benefits and retirement. That makes a difference in stabilizing the workforce. It can't happen based on reimbursement rates. We are subsidized by our health department.

Christi: The referral stream is not steady. We want to cross train staff in multiple EBPs to be more efficient. If staff can work with more than one program, that helps move toward employing people fulltime. CA put out a great tool to help in the hiring process. Those criteria are really important.

Jessie: we cross train but then losing that person can be a huge setback. We do try to make EBPs a percentage of a job along with other duties. We have lost two trained people who were recruited away by CA.

Tim: We did draw a line at a three EBPs. There are so many people waiting to be trained and it doesn't make sense to "stack" an agency. Asked if agencies find those hiring forms from CA to be helpful?

Consensus is yes, along with careful consideration of resume, prior training. Tim then asked for input about next steps. CA can help provide tools but then needs to step back and look at results. No percentage of turnover has been set as being inappropriate. But if you have 80% turnover, we can't justify continued spending on training there. We want to use actual data to drive decisions. We want to support agencies but this is your data; we don't always know when turnover is happening.

Group discussion: referral stream and staff retention rates

Byron: If agencies are being rated, we need to know that. Is there a benchmark? What is the expectation?

Linda: We need the referrals to keep coming so staff can stay familiar and comfortable with the EBPs. There's an impact when several months go by between referrals. Consistency of referral is part of the equation with staff turnover.

Tim: there is no "rule." We need to make an effort together to figure this out. We need to remember what happened with PCIT – we trained everybody but then those people "starved on the vine." FFT is a success story and one of your highest areas of retention. There is ownership. We can't saturate the market. At CA we need to look at expenditures by services by month and use calculations based on that data. We need to look at how much we are buying and how much capacity we have. This is not a firm, steady situation and we know that. But, we are easily meeting our target for use of EBPs. We see a step curve.

Scott: We are asking ourselves how we can boost referrals with social marketing.

Stephanie: We invite providers out to meet people; send emails about what's open; try to constantly share what's going on. Also tracking what's being used by county.

Beth: when we practice EBPs staff must follow the model. We make corrections as needed and if it's a problem, they are not allowed to continue. If a nurse works for me and doesn't weigh a baby, there are consequences. Why aren't there consequences when social workers don't make referrals to EBPs?

Tim: Bill (Barrett) does email blasts regularly. Annie and Rebecca too. Reach out to them. We used to do provider fairs all the time. I don't know what to say about the accountability question. Social workers' number one concern is child safety, and connecting with services.

Byron: It is obviously a challenge to know about all of these services, especially with turnover, but imagine there is some standardization that could come in based on key pieces of information: age, etc. Not everything is going to apply but why not have a specialist who know all of them and can consult/recommend to social workers?

Rebecca: That is happening already in Region 1. All the referrals come in and we can gate keep. We sit in on consultations. We are getting lots of calls from staff and attending all-staff meetings. We also developed a quick reference tool. Also, there is a core management team, but with turnover and technical information, staff don't always understand. We try to catch staff when they come on to be sure to connect and educate about resources.

April: On the Region 1 side, yes, gatekeeping is happening. Social workers say "we can't get services anymore." One person per region is very limiting. Having a single gatekeeper really slows things down.

Kerry Ann: regarding Incredible Years – fidelity monitoring seems to have disappeared. The consulting we had received really helped. If it's still available, we haven't heard about it in 2014. The contract says it should be twice a year. Can we sign up in Seattle?

Tim: Not sure about frequency. Will ask about how/if able to sign up in Seattle for consultation.

Jack: Regarding staff retention, we are very clear about expectations when hiring: the person will be trained in EBPs and understand time is involved in that. We have a two-year benchmark, and expect a pay back if the person leaves early. Prior to this, we were providing hours toward licensure, or training in a model, and then staff were leaving and going into private practice. It's hard to recruit in Yakima, but we don't have a high turnover rate now. We took strong steps to make that come about. Our staff is large and that gives us flexibility, too. It is legal to do this although if you actually try to collect, you can't deduct it from a paycheck so it can be difficult. We are looking for a creative approach with training; trainers are not available in all the counties. CA does not recognize internal train the trainers.

Tim: We are hearing an echo of CA's belief:

- 1) We need to match staffing with demand appropriately
- 2) There may be ways we can partner on social worker support. Can we create resources in the offices?

April: Empire is looking at these challenges we are talking about. The working name is a "referral specialist." In Region 1, a single person could only meet a fraction of the need.

Byron: CA was saying a while ago that more than one agency in an area should be offering a service. That may have contributed to oversaturation.

Tim: Yes, that was a strategy at one time but not a formal stance. We get a lot of pressure regarding training resources. We are very aware of the line around the block. We want to train at different agencies, not stack at single agencies. FTEs are down 25% at CA. With staff reduction it's hard to do some of the meetings that used to happen, and we need to look at partnerships. Are social workers contacting you now because they know you? Can we provide a list for social workers of staff who can staff cases at agencies? We need to use multiple strategies.

Linda: It seems we are missing something. Supervisors are keepers of practice for those 6-8 social workers. We need to be making sure that EBPs are an expectation in those units. Numbers are important but most of all we are talking about successful outcomes for kids and families. Additional support for supervisors is key and education will lead to mindfulness. We are all motivated by personal responsibility to want to know what's out there and available.

Tim: We will continue to think about how we can resource this and how we get information to social workers. Still wonder about a central number to call if they have questions about match.

Charlotte: Can you distribute the internal list of who provides what service so that we can review?

Tim: Yes, we can't put that on a public page; we use an internal webpage with an unpublished link. We will explore how the association might help maintain an up to date list.

Tim: Updates on training that will be available. We already have a list of people to fill the slots. We are trying to figure out SafeCare. There are restrictions. For example, an agency person can only train another person in the agency, but a state employee can train anyone. We don't have a state employee now who wants to be trained as a SafeCare trainer. Also, it's very expensive. We could use a contractor who could then train providers, or we could look to a few of the largest providers to see if they want to partner and we can increase our footprint that way. Could there be a conversation involving WACF? Something to consider. We are looking for partnerships and cost sharing. There is no way we can buy what Kimberlee used to do.

Jessie: Collaboration among providers is useful. We work with Youthville to stagger IY classes. The more that CA can encourage that collaboration, the better.

Melissa: Can the email announcements of openings that social workers receive also go to providers so we can collaborate?

Tim: The contract list is used for communication. It's not possible to maintain a statewide distribution list. Can WACF be involved in generating a list by region of who wants to receive those emails?

Melissa: Before we had gatekeepers, social workers would just call us. I could keep a sense of whether I needed more staffing. Now I can't do that.

Tim: We do know how much FPSB and parent ed is being bought. It depends on the region. We don't think EBPs are going away.

The meeting adjourned at 3:05PM