PRESENTER: Recruitment and Retention strategies with you. I want to tell you a little bit about the Great Lakes ATTC. We're one of 10 US based regional and six international HIV ATTC centers. We serve the great states of Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. Like all the ATTC's, we are funded by the Substance Abuse and Mental Health Services Administration.

This is actually the second webinar in a series focused on workforce development. The first webinar was presented on May 25. It provided an overview of issues in workforce development in the behavioral health field. That webinar was recorded and is available for viewing on the Great Lakes ATTC website.

Today, Dr. Hoge and Dr. Paris will cover additional strategies for recruitment and retention, with a focus on building a diverse workforce. Webinar 3 coming up on July 25 will continue the discussion with a focus on building a workforce using the expertise of lived experience of people in recovery and a special focus on strategies for workforce issues in rural areas. We'll provide additional information on the date and time for a webinar 3 at the end of today's webinar. It's also posted on the Great Lakes website.

Few housekeeping issues today. The audio will be broadcast through your computer speakers. So please make sure that they're turned on and up. There's no call-in number available. You can download the presentation slides and related resources from the file pod.

If you look at the lower right-hand corner of your screen, you'll see the SAMHSA workforce-- I'm sorry recruitment and retention tool kit. And to access those resources, just click on the presentation. Just click on the link to browse to that file.

You can use the chat questions feature throughout the webinar to ask questions or add comments. And we'll have time for question and answer at the end of the webinar. We'll also share information and how you can obtain your CEU certificate after the Q&A.

And about our presenters, Dr. Michael Hoge was the presenter in our first webinar and will be a presenter in all three. Dr. Hoge is a professor of psychiatry at the Yale University School of Medicine and Director of Yale behavioral health, which provides a broader array of mental health and addiction services to adolescents and adults. Dr. Hoge is a founding member of the Annapolis Coalition on the behavioral health workforce. And he was instrumental in launching

a national interprofessional effort to improve the recruitment, retention, and training of people who provide prevention treatment and recovery services for people with mental health and substance use conditions.

Dr. Manuel Paris is associate professor of psychiatry at the Yale University School of Medicine and director of Training for the Latino Track of the Psychology Pre and Post-doctoral fellowship program. He serves as a senior consultant to the Annapolis Coalition on the behavioral health workforce and has collaborated on numerous initiatives, including a commissioned review by SAMHSA on recruitment and retention, published recommendations on competency development and behavioral health, and a set of workforce recommendations presented to the Institute of Medicine on workforce development. And now I'd like to turn it over to our presenters.

MICHAEL HOGE: Good morning, and good afternoon to everyone, depending on what time zone you find yourself in today. Thanks for joining us for this webinar, for coming back for this webinar if you had the opportunity to participate in the first one. As Marine said, this is the second webinar in the first. We talked a little bit about the recruitment challenges and the high level of turnover that we find in the behavioral health field and in the addictions specialty.

We focused on the fact that these seemingly simple terms of recruitment and retention are actually quite complex concepts. And that makes it imperative to sort of ask careful questions when we are talking about recruitment and retention in terms of retention in what we're trying to accomplish. And we talked about the fact that there's not a lot of good data and evidence, in this area, but lots of examples of recruitment and retention strategies and the negative impression on client services and services organizations and finally, about the importance of advocating for better support for workforce development in this field, but also the imperative to act within our own organizations to improve recruitment and retention on a day-to-day basis, because there's lots that we can do.

If I can just ask the staff-- I'm getting a lot of feedback now on the line. Are others hearing that? The speakers are often on my end.

PRESENTER: Could everyone makes sure that your speakers are off. Testing. Is there still--

MICHAEL HOGE: That sounds much better. Can you hear me OK? Marina, Veronica, can you hear me all right?

PRESENTER: Yeah.

MICHAEL HOGE: OK. I'm going to continue on then. So for today, we're going to focus on basic recruitment or retention strategies. And then Dr. Paris will talk about strategies for recruiting and retaining people of color. And at the end, Marine will take some of the questions that you've posed in the chat box, and we'll have an opportunity to respond to some of those.

The best resource by far that is available in the behavioral health field is the SAMHSA recruitment retention tool kit. And I've put the link to that tool kit at the bottom of this slide. The tool kit is somewhat complex to use, because it's all online. And there are thousands of resources linked to it. But if you make your way through it, you'll find that it is a robust compendium of information that you can use to map out a recruitment retention plan.

The SAMSHA model has nine different steps to it from building a plan to your recruitment strategies, selection, orientation and onboarding, supervision, recognition, strategies, training career development, and support of staff. I've highlighted number two, this recruitment strategies, because I think often, when we talk about recruitment retention, we focus on looking for simple practical strategies that we can use. And those are important, and we will be highlighting many of those for you.

But what the SAMHSA model outlines and what other organizations that focus on sophisticated attempts at recruitment and retention emphasize is that finding and keeping people is not a matter of using a set of simple strategies. It's about having a comprehensive approach to workforce recruitment and their development. And then in fact, it is all of these other steps that you find here-- number four through number nine, what you do with employees after you find them, that not only strengthens your workforce, but feeds directly into your ability to retain them in your organization.

The other big takeaway that I hope you to think about is that being successful in recruitment and retention is not about using those handfuls of strategies. It is about being very intentional and systematic over time in finding and keeping a workforce, rather than being reactive in terms of trying to just fill a vacant position. I'm going to talk about some of the steps. I'm going to use the SAMHSA framework as a structure around which to talk about this, but fill in lots of information from other places.

I can't cover it all in detail, but I want to give you just a sense of some of the elements that you'll find in a comprehensive effort to think about recruiting and retaining. Step one is about building a plan. And item one here is a very important piece, which is that many organizations

are concerned about turnover, but don't even do the basics of trying to collect data about their turnover rates or the satisfaction of their employees.

So using data, collecting data, can be a very powerful first step in managing this issue. You then select your recruitment and retention priorities, either the positions or you can focus on broader issues like diversity. And there's a lot of emphasis in the field of recruitment or retention about conducting a job analysis if you're focusing on a position so that you can accurately understand the requirements of the position and convey those to prospective employees. And that then translates into your job descriptions and into your job postings and your strategies for then sort of looking for those individuals.

There is a lot of stuff on the web that's available to you to help with this process. And here's just one example that I've pulled-- SAMHSA funds the Center for Integrated Health Solutions, which is all about promoting the development of integrated primary and behavioral health care. And they have within their site, which you see sort of posted here, 37 detailed job descriptions for all different kinds of positions and roles in integrated care arrangements. And things like this can be enormously helpful to you as you're trying to craft new roles, which many organizations have been doing around integrated care or just trying to refresh the way you think about job requirements and job descriptions in your organization.

Step 2 is about recruitment strategies. And some of the basics here are about knowing the law and staying within it, developing an ongoing marketing plan for positions as opposed to just posting, and looking for people when jobs become available. There's a lot of emphasis in health care and in industry about not only online job postings, but creating a social networking presence for your organization and working overtime to create a candidate pool with those strategies so that you have a pool of people to draw from when jobs become available.

Hiring individuals with disabilities, sometimes clients within your own organization and helping them grow into a employment role is something that become quite popular within the field of behavioral health. And we'll be talking about that strategy in the third webinar. There's also a lot of common wisdom and lots of writings about commitment strategies online and in the media.

This is a document that just was published-- this an excerpt from a document that was just published a month ago by PHI, which is one of the foremost advocacy organizations, which centers on that direct care, sort of non-degreed workforce. And here are some of the

strategies that they outlined for organizations to pursue in terms of recruitment-- building partnerships with schools, colleges, or workforce development organizations in order to help create that pool of possible candidates, emphasizing personal connections through job fairs, information sessions, or other community events. A major intervention strategy that's used by organizations, particularly those seeking a direct care workforce is offering bonuses to current employees to bring people into the organization. And again, we see the emphasis on social media, both personal stories and employee reviews to really foster interest in potential workers in joining the organization.

Step 3 is about selection strategies. And you'll see some of the common themes that are used in the selection process. And we could spend a lot of time talking about each of these. But I want to just emphasize the realistic job preview concept, which is the very last one here. And this is the concept of forwarding potential employees the opportunity to either shadow a worker to get a sense of what the organization and the job are like or creating videos that give a realistic job preview.

If you're doing a lot of hiring, this is a very efficient way to give people a snapshot of what the work would be like. The concept here is not only to sort of focus on which employees or potential employees you would like to hire, but also giving those applicants the ability to get a sense of whether they think they would really like to work in the organization. What you're trying to avoid here is the cost and the lack of productivity that occurs from hiring people who leave very quickly after they're brought on board. The estimates from statistics in this area would suggest that about 80% of employees decide in a relatively brief period of time after they begin working whether they intend to stay within the organization.

Step 4 is thinking about orientation and onboarding. And the classic orientation concept is a number of brief sessions to give you basic information about your job in the organization. And this has moved substantially away from orientation in health and in industry to the concept of onboarding, which is to supplement the information with efforts at employee engagement-- so working with new employees over an extended period of time to help them acclimate to their position into the organization. And the impact of this is that it demonstrates the value that the organization is placing on the employee and has been demonstrated to have an impact on actual retention.

So if you really focus on this onboarding process, you can not only reduce turnover. But I would argue that having a very well-structured and impactful effective onboarding process

allows you to manage turnover. If you accept the fact that you will have high turnover, it's all the more important that you have a very effective onboarding process in place.

Onboarding strategies that are recommended involve sort of advanced preparation and personalization. How often do we have an employee who is starting on Monday and we're scrambling on Friday trying to figure out where they're going to be and what we need to do to sort of get them set up with the basics for their job? Personalization is sort of reaching out to employees, even before they started with a note or a call about looking forward to them coming in with logistical information that they need to come onboard.

The use of checklists for the onboarding process is considered to be a best practice to ensure that the orientation and onboarding is organized. And this in it's best iteration is done with checklists at the organization level in terms of your onboarding into the organization. But there are also checklists for supervisors to help onboard someone to a particular job. Buddy systems or mentors, the pairing of someone with another employee to help ease the transition and help them acclimate to the organization are sort of widely used strategies as well.

Step 5 is supervision. And I turn here back to a report that we talked a lot about on the last webinar, which is the ATTC National Workforce report. There's clear evidence for the impact of supervision on the quality of care and on recruitment and retention of employees. I think I mentioned last time the old quip that you don't really work for an organization, you work for a supervisor. And satisfaction with supervisory relationships and the quality of supervision goes a long way towards retaining people in these organizations.

We've found, however, that the supervision that's delivered in this day and age is often very inadequate and often focuses almost exclusively on administrative issues. And a lot of organizations have replaced individual supervision or quality group supervision with staff and team meetings, which may seem like supervision at some level, but tend as well to function much more with an administrative sort of case management, case organization focus. The other thing we challenge-- we struggle with in this field-- is that supervisors may often lack competencies in the process of supervision or in the evidence-based practices that we want frontline staff to deliver. And so that presents a challenge for us in the workforce need, which is to develop supervisors as well.

We have the tip 52 on supervision as a resource. And there are other resources related to the tip. Supervision is a huge topic that we could spend a lot of time talking about as well. But the

basic message, I wanted to leave you with today, is one from my favorite slide, which is, this is too often what we have as supervision in our field. And it's not really supervision. It's more along the lines of what I call surveillance. And we have both the need and the opportunity to restore quality supervision, again, both for quality care and for retention of our employees.

Step 6 is about recognition. And there are really three different ways this is happening. One is personal feedback and thanks-- a CEO or another senior leader in an organization, sending a note to an employee recognizing some particularly good work that they did. A lot of organizations institutionalize recognition. They have a process for nominating workers and then selecting and recognizing individuals perhaps on a yearly basis.

There's also some very cool things happening with recognition apps. You can go online and find a variety of these, including some that are free. They allow employees to do things like give virtual high fives to another employee for helping them with a particular task or a particular act of good care that was given and to recognize that work in that way.

We don't have a lot of good research on this-- really much of any research in the behavioral health field. But if you look in other areas with health and industry, research has suggested that recognition has a demonstrated impact on engaging employees in the organization, keeping them connected, and also on productivity. And that brings me to one of the main points I want to emphasize today. And I'm going to do that using this quote from Lee Branham, which is, "that most employers believe that workers leave jobs for more money, but few workers actually do."

If everyone left jobs for money, then we would have health care positions that just would be vacant at massive levels all over the nation. So money matters. If you have money give it to your workers.

It will help with retention. It will help with recruitment. But I think we overestimate the impact that it has and grossly underestimate how much impact we can have on recruitment and retention and particularly retention with actions like this that the power of thanks, for example, that are completely within our control and cost us a little if nothing to implement.

Step 7 is about training. And we could talk about this topic forever as well, but I'd like to emphasize two things that I'm really passionate about as recommendations. One is stop torturing your workforce with ineffective trainings.

The evidence is very clear from controlled research that a brief lecture or a single shot workshop of an hour or two will not change what your employees do, but it does take them away from the workplace. And it conveys to them that there is a better way to do their work than they're currently doing it, but that we don't really have the resources to provide them with full skill development in that area. And these can be very damaging in many ways.

We know how to build skills. It takes much more time and attention than a single lecture or workshop. And I highly encourage you to take your limited training and staff development dollars and focus on true skill development, using evidence-based teaching approaches.

You will be able to train less people or develop skills with less people in this way. Your money won't go as far in terms of numbers, but it will be much more impactful in terms of your actual outcomes.

Step 8 is career development. And here the essence of this is really going beyond supervision and adding coaching and mentoring, where we begin to help employees think about setting and reaching longer term goals, helping them find substantive continuing education and skill development opportunities, opportunities to advance within the organization, and that we give them constructive feedback and help them self-evaluate all along this process. Step 9 is about support.

And these are terms I'm sure that you've seen many times. These are the things we most often talk about and worry about in terms of our employees-- job stress, compassion, fatigue, secondary trauma, and burnout. And my colleague and I have been doing an analysis of the literature in these areas and trying to distill the kinds of interventions that are routinely used to address these things. And these are some of the support interventions that you see.

One is assessing things like burnout or levels of job stress so that you know what's happening with these things amongst your workforce. Prevention and early intervention are key concepts, which occurs most often by training your supervisors and even your frontline staff and how to recognize the signs and symptoms of some of the dysphoria that staff can experience. The key thing you see over and over again in terms of support interventions have to do with the essential need to have supportive supervision, groups of employees that are supportive, and supportive organization as the context in which people can work and to teach staff skill development on wellness and self-care.

At the very practical level, we talk about the possibility of caseload adjustment and mix. If you

have somebody who has been exposed to a lot of secondary trauma, because their caseload is comprised of individuals that maybe were severely ill or there were some multiple bad incidents, the importance of adjusting that caseload so that the employee is not overwhelmed-- mixing it up more with a blend of sort of severity-- can be quite helpful or redesigning a job overall to make the job more viable. Another very practical issue is to resolve job ambiguity and role conflict for our employees.

Manny and I did some research some time ago and around recruitment and retention. And the lack of clarity about job roles emerged as a key factor of dissatisfaction for many individuals in the workforce. We asked them to work with individuals and families that have multiple problems and to do this work in complex systems. And sometimes we're not clear with them about the parameters of their roles and responsibilities. And getting clear can be enormously helpful to them.

As we redesign their jobs, we can also think about the opportunity for increased autonomy, which has shown to increase job satisfaction. And the last thing here is the classic strategy of making sure that people have EAP services that they can avail themselves of as well. We talked last time about the vital signs report, a classic report on workforce done by the ATTCs. And these are some of the things that they emphasized about retention strategies.

Team-based practice can be very supportive-- assuming that you have a good team director and supportive team-- allowing employee input or using what is called a participatory management style, providing a functional health information technology system, a medical record, can decrease the burden. Another point that the Vital Signs report made was that you need an effective and sustainable program of services, because it will create a great deal of stress for employees if they sense that the organization is struggling and that there are questions about its functioning and its viability. And the last, which I found interesting, was that opportunities to work and train with other sites and organizations is something that employees often value.

The last thing I was going to touch on was the National Health Service Corps. This is basically a loan repayment program that draws employees into shortage areas and can bring them up to $50,000 over two years in loan repayment funds. 30% of the employees that are in this program are in the behavioral health field. It's the largest percentage coming from behavioral health. So it's been very important to developing and in helping to bring our workforce into underserved areas.

They're also in collaboration with HRSA, 37 state loan repayment programs, where the states put up money that's matched by the federal government. And just moving towards the bottom here, you'll see that there are about 22,000 employers that have registered to be part of this program. We've had 10,000 members participating and the 5,000 open positions that are posted.

The last statistic here shows that people, once they're recruited into underserved areas, often continue to work in those areas after their obligation under this program is exhausted. The main thing I wanted to emphasize for you is very-- this is sort of completely new this year-- is that outpatient opioid and substance use treatment providers in rural and underserved areas are now eligible based on the fact that you provide those services. Traditional eligibility criteria typically involve comprehensive behavioral health services, but these new criteria for outpatient opioid and substitute treatment are hot off the press.

And the application deadline is August 14 to become eligible to receive employees and offer them loan repayment through this program. If you search on the CIHS, Understanding the National Health Service Corps document, this was developed specifically for behavioral health. It's a little dated, but it will give you a good sense of the opportunities that exist there. So at this point in time, let me turn this over to Dr. Paris to talk a little bit about the recruitment of retention of persons in of color.

MANUEL PARIS: Wonderful. I'm hoping everyone can hear me. Thank you. Thank you, Michael, and thank you for allowing me the opportunity to talk with you today.

Before we begin, I just wanted-- there's a poll there and I'm hoping people can take a second and answer, which is to estimate the percentage of people of color in your organization, just to get a sense of how diverse your organization and your workforce is. And as you're doing that, I'll just kind of keep on talking, and I'll come back to it in a couple of minutes. So I'm hoping to spend about 20 minutes or so discussing recruitment and retention strategies in the context of people of color.

Now, we recognize that the data around this is weak, but we're going to outline what is considered to be the recommended or best practices. Essentially, we're going to be talking about three main strategies. One, of course, is how to find people-- which is a recruitment piece-- how to keep people-- which is the retention piece-- and then how to grow the

workforce. How do we increase the pipeline?

So as Michael had mentioned at the last webinar back in May, just a few numbers here, that the number of counselors, psychologists, social workers, and psychiatrists that can provide services to every 1,000 individuals with a substance use issue runs from a high of 70 in Vermont to a low of 11 in Nevada. So there's great disparity there. When we drill down a little bit and we look at the percentage of folks who are professionals that come from racially and ethnically diverse backgrounds-- if we just take a look at psychologists, for example-- we know that 5.3% of all psychology identifies African-American, 5% is Latino or Latina, and only 4.3% as Asian.

Now the psychologists figure-- if we can just look at that for one minute-- the psychologists figure it does not account for linguistic competence. And we're talking about creating a diverse culturally competent and linguistically competent workforce. So not all psychologists who identify as Latino or Latina speak Spanish.

Some may not speak it proficiently enough to provide services. And not all psychologists who are Spanish speaking are working in public sector care, where you are more likely to find monolingual Spanish speakers in need of services. So the number is lower to begin with.

But when you start looking at folks who can actually provide services to monolingual Spanish speakers, for example, then the number is actually lower. And an interesting statistic is the fact that there are about 41 million native Spanish speakers in the US right now. So it is almost as many people in Spain, which has a population of 46 million people. So the number is very robust, but the people able to provide the services is not.

When we look at the addiction providers, for example, there we see that from 70% to about 86% of the addiction providers are non-Hispanic white-- so overwhelmingly white. Though we know that the people who are receiving services them are not overwhelmingly white. Let me just go to the slide here.

So looking at those numbers, for example, we know that 40% of admissions into publicly funded treatment programs are people from racially and ethnically minority backgrounds. Blacks and Latinos drop out at a higher rate than whites do. And you see the statistic there. And there are many reasons why.

We have these completion rates. Some of it is around socioeconomic factors. Some of it could

be the fact that there are lower quality care available and there are fewer treatment options, but we do find at times that there may be a lack of cultural and linguistic sensitivity, whether it's knowledge about an individual spiritual, religious, and cultural practices or the discrimination and racism some clients face from a historical and current context.

So let's stop for one second. Let's take a look here at these numbers just to get a sense of where we are at. So we see here of less than 5%, about 22%, 5% to 10%, about 30%, almost 32% and interestingly, got almost a quarter over 50%. So there's very little kind of in the middle. So that's an interesting statistic to get a sense of how diverse we are as a workforce.

So moving right along. Why should we care about recruiting a diverse workforce? Why does it really matter? So there's multiple reasons why it matters. We kind of highlight three here.

So one there's the ethical issue. And we should be providing access to jobs and opportunities for advancement to individuals of color. People need to make a good a decent living wage. So that from an ethical standpoint, it's important.

The other issue is a matching issue. And there is research that does suggest that ethnic, racial provider client matching does translate, in many cases, into successful treatment completion. Now this kind of matching may not be enough on its own. There are other things that are needed.

Obviously, being a competent clinician for one thing is probably something that's exceedingly important. But this aspect can have the ability to enhance the therapeutic alliance that is so critical for any positive movement to occur. The other issue, of course, is that of an agency culture.

We know that having people of color in our agency will enhance the cultural and linguistic competence of our agency, focusing on making everyone hopefully culturally competent, which of course in turn can make the professional environment even more appealing to individuals of color. It can really help to counteract some of the tokenism or the minority tax. And that's a term that we're going to be talking about in a couple of minutes that people of color may experience.

So let's jump right into some of the recruitment strategies. So one of them is, of course, networking with academic institutions. And again, some of these-- the ones that are going to be talking about today, I'm guessing that a lot of this that you already know, but my hope here

is that there will be something useful from which you can kind of take something back to your agency.

So networking with academic institutions is one of those things. And here you're looking at, as an example, attending job fairs at a local community college or university. And here what we want to do is particularly focus on institutions where addiction certification courses are offered. So that's one example.

Another one is-- for example, I work at a Hispanic clinic here in Connecticut, which is a state agency that provides services to monolingual Spanish speakers. And one of the things that we have done and have found great success in is in developing relationships with academic institutions in Puerto Rico. And from there, we have a great success in recruiting very, very talented individuals from there. So that can be another source, another place where you may want to consider networking and recruiting a talented pool of applicants.

Now when interacting with academic institutions, you're really dealing with the existing pool of people that are available in essence. You're trying to get your share of the pie. And we know that studies from STEM tell us that it's really important to intervene early in the educational pipeline.

So here what we're doing is potentially talking about shaping the workforce. So we would advocate for going into high schools, for example, and in underrepresented areas and really looking at educating guidance counselors or giving a presentation in one of the health classes, for example. And there you'll notice that you'll be talking to some students who will become first generation college students. And these students will typically have less support. And providing them with information and options is really key to helping them shape their professional decisions.

Another area you want to consider then, of course, is that of internships and practicum. Now we found here in Connecticut that in many of the agencies that provide practicum and internship opportunities, these individuals will go on to hire the staff or these trainees once they've completed their training or they graduated from their program. So this is a really good way to recruit motivated and talented individuals.

The issue of paying for licensure or offering tuition assistance or providing some sort of certification or dollars for conference attendance, we know that this is not a high-- that is it not the highest paying field. So providing these types of incentives can communicate to the person

that you care about their future professional development. And the same goes for providing a sign-on bonus for a special skill.

So this can be for example for linguistic competence. It can be for a particular certification the person possesses. It can be for a proficiency in an evidence-based practice, for example, but the bottom line is it is a recognition that they bring something valuable to the table.

Something to look at in terms of recruitment is dealing with the potential bias in the hiring process. Now this can be a sensitive topic to discuss. But it could be due, for example, to some sort of an implicit bias. And this is something that has been over the last couple of years talked about a lot. So making the issue of implicit bias part of the conversation is something that really is important.

Recruiting continuously. We talk about kind of creating a pool. So if possible, you want to build and develop relationships with potential candidates, keeping them in mind for future openings and asking existing staff to assist in recruiting from their own networks.

So if you have the resources, for example, kind of offering a staff member a referral fee. If someone who is referred and hired stays on the job for say, at least, like six months, that can be a great incentive and a great way of recruiting talented people. It is something that is commonly done in other sectors, such as in the business world.

So essentially, you want to track who applies, maintaining a file of resumes and contact information for potential candidates from underrepresented groups that you can then tap into when there are future openings. Something else that's really important is this notion of providing culturally relevant mentorship and career ladders. This is probably one of the top issues for staff, along with supervision that we'll be talking about in a couple of minutes. And there are different models on how to do this based on the particulars of your agency. But all of this demonstrates your commitment to diversity.

The other thing to look at finally on the recruitment front is posting jobs and culturally relevant websites. I'm sure that you as agency's, you will post on LinkedIn. And there's a Monster and Indeed and so forth. But we would encourage you to focus on some of these that probably, from a diversity standpoint, you may have some good luck in attracting a diverse pool of applicants.

So sites like iHispano, the Hispanic Alliance for Career Enhancement online, and so forth are

good options that you may want to look into when you're thinking about posting your jobs. The same thing with the MFP job boards. And that's the Minority Fellowship Program that we'll be talking about in a few minutes.

But all the MFPs, whether they're on the addiction or the mental health side, all of them offer job boards, where you're able to post your job openings. And you can actually probably access some really, really talented individuals by doing. So let's switch gears now and spend a few minutes talking about some other retention strategies that are out there.

So one of them is really having meaningful minority representation on the various boards and committees of your agencies and organizations. And representation is key as it is typically lacking in most agencies. So this really demonstrates that diversity issues matter to you. It will also have a positive influence on the services provided, as you will benefit from the unique experiences and the insights that these individuals will bring to the table.

Along the lines-- and Michael had mentioned this before-- this whole idea of recognitions and awards. And this really, really does have an impact. Those agencies that recognize their staff typically will have happier staff. And we see it here in Connecticut with many of the agencies that may have once a year-- may have an awards ceremony for their Staff.

And it really, really does make an impact. It's not just about money. These things, which are really kind of inexpensive to do, are very meaningful to the individuals-- the same thing with job satisfaction surveys. That's another great way of getting a sense as to what's working and what's not in your organization. It really provides a regular feedback loop.

And you need to take into account your resources so you can then realistically respond to any concerns that may come up. Along the lines of work-life balance, you may have staff who are single parents, who are caring for elderly parents, staff who may have particular cultural and/or spiritual beliefs. So to the extent that you can, taking these elements into account can be very, very important.

And again, you want to maintain an ongoing evaluation of your efforts. You want to kind of track the effectiveness. And in doing so, you really want to integrate elements of diversity, of equity, and inclusion into the management and employee performance reviews and professional development plans, as well as you want to review policies that affect work-life balance and make changes to reflect changing family structures, home situations, and cultural norms. Again, all of these points demonstrate your commitment to diversity.

Along those lines, we also want to focus on strengthening the culturally and linguistically competent care that we provide now. The first point here is around the class standards. And I'm sure that most everyone on this call has heard of the class standards has probably read them and maybe even implemented them in your agency. But the class standards will really help your organization reduce disparities or for those agencies with a leg up, that I've already implemented it, it will help to enhance your ability to provide appropriate care.

We know that there are 15 standards spanning four domains in the class standards. The principal domain is around the provision of equitable care. The second domain is around of governance, leadership, and workforce. The third is around communication and language assistance. And the fourth is around engagement, continuous improvement, and accountability.

So as you can see, it's a very comprehensive plan. The other thing to keep in mind, very similar to the mentorship, is kind of providing multicultural supervision and, in many cases, supervision training. Because what tends to happen is someone is put into a supervisory role just by virtue of their tenure or their time in the position, not necessarily because that individual may be a good supervisor.

So in many cases, you want to think about providing supervision training as well. But some of the best practices in this type of supervision include showing interest and respect for each other's unique culture, modeling and imparting multicultural competencies, and valuing ongoing culturally relevant professional development opportunities-- just to name a few. Now in the recruitment section, we spoke about a sign-on bonus. And here what we're talking about is some type of ongoing compensation for a special skill.

Again, it could be around language competence, some sort of certification, a proficiency in a particular intervention. And of course, you do want to discuss with your human resources department issues of equity when providing additional dollars for a skill. You want to have a good rationale and policy for why you're doing this. Now all these areas will reinforce the staff members' commitment to your organization, because you are committed to diversity.

The other thing to keep in mind is continuing education. And there is a lot of continuing education out there and particularly from a culturally and linguistically diverse standpoint. So not only do we have the Great Lakes ATTC, but we also have the Northeastern Caribbean ATTC, the National American Indian and Alaska Native ATTC. Here's examples of stuff on the

left-hand side. All of these put on some amazing, amazing webinars and trainings on the cultural front.

On the right-hand side, we have some examples of some other programs that are from across the country-- summer immersion program, certificate programs, Spanish language skills training, and these are all for working professionals. Some are webinar-based. Some you have to go on site. Some are free. Some have a cost associated with it, but there are no lack of continuing education opportunities available on the culturally diverse fronts.

Like I mentioned, I work at the Hispanic clinic. And we understand that finding competent professionals that speak Spanish is really difficult. And we want our staff to provide outstanding care to our clients. But in order to do that, we need to provide opportunities for our staff to grow and advance, and this is just one example of how we can do that.

One thing that we want to be mindful of, I mentioned it a few minutes ago, is this whole notion of the minority tax. And some of you may make may have heard this and may have read about this. But this is a term you'll find in the literature to describe the burden that minority professionals have to take on, these extra responsibilities they have to take on in the name of diversity. And this is a term that initially came out of the world of academic medical centers, where black, Latino, and American Indian Alaska native faculty representation stands at approximately 8%. So a little bit better than the behavioral health front, but not by a lot.

And from a retention standpoint, this can definitely become a problem, because it can lead to issues of feelings of discrimination for example. It can lead to feeling isolated and out of place and alone in your agency. It can lead to issues, as well, of course, in mentorship, where you're either not getting the mentorship that you really need or you're asked to be a mentor and you're not prepared to do that.

It could also lead to issues on the clinical front, where you're overburdened by virtue of your racial or minority status, where you have to disproportionately take on cases because of that. And all of this going to have a deleterious effect on your ability to get promoted. So this can lead to the person potentially quitting, or if the person stays on the job, it can definitely lead to burnout.

So along those fronts, we also want to talk a little bit about minimizing discrimination and bias. And we do want to take workplace discrimination seriously. We talk a little bit about this whole

notion of implicit bias. So training for administrators and employees may be a good idea. And maybe offering implicit bias training could be something that you can do, or you can have an ongoing process group, where these issues are discussed in a place where people feel safe discussing them. And that's an issue that comes up a lot, because when we talk about safe reporting options, a lot of people will complain that they don't talk about these issues, because they feel if they do that they're going to be pegged in some way, that they're going to be pegged as a troublemaker, or they're going to be-- they may get fired as a result, or they may get passed over for a promotion.

So we really want to be mindful and really have safe reporting options. We also want to attend to pay equity. We know that pay is not everything. We know there are other things that we can do in lieu of paying a higher salary when we're not able to do that. That can be very, very helpful from both the recruitment and a retention standpoint.

But when it comes to people of color, pay equity really, really becomes an issue. And we want to take-- here as an example, a survey that was conducted by the Pew Research Center back in 2016. Now this data is not specific to our field. It's really, really difficult to find data concerning pay inequities in the behavioral health workforce. So we have to extrapolate from studies looking across employment sectors.

So this survey, one of the questions that was asked is to what extent were you personally treated unfairly in hiring pay or promotion in the past year, because of your race or ethnicity. Here we see 4% of whites said yes, but 16% of Hispanics and 21% of blacks said yes to this question. So there is fairly strong evidence to suggest that people are treated differently. And this is something that we do have to be mindful of.

So when we look at the statistics, this is again from the same Pew Research Center study, we look on the left-hand side. This is an example. We see that white males median hourly salary is about $21 compared to $15 for a black male and $14 for an Hispanic male, again, not specific to behavioral health. This is a cross-section of employment throughout the country.

But you can see that there's a disparity. And for women, the gender pay disparity, that is very well-documented. And here we see that women make less than men, which of course is further compounded by the issue of race. So put in another way, Hispanic women will have to wait until 2233 and black men women will have to wait until 2124 for equal pay.

So now, finally, let's spend been a couple of minutes talking about what are some examples of

ways that we can increase the pipeline. And we're going to provide three examples from the federal side and a couple of examples from the state side. So here we're going to focus on the two NMFP programs, the Minority Fellowship Programs that are focused in addictions.

One is from NAADAC, the Association for Addiction Professionals. The other one comes to us from the National Board for Certified Counselors. And then we'll briefly touch upon the HRSA faculty loan repayment program.

So what does the MRP provide? In essence, the overall goal of the MFP is designed to increase the number of culturally competent master's level addiction counselors available to provide services to the underserved community. That's in essence what it does.

When we look at NAADAC can NBCC, in particular, there we see that back in 2017 and '18, they funded about 23 students. They also provided tuition stipends. NBCC funded some more students, about 40. They also provide a stipend, but they all provide training and education. And they all provide professional guidance and mentoring.

We know that NBCC will be offering the MFP next year. NAADAC is waiting on their funding. And hopefully, they will get it, because all these MFPs provide an invaluable service to us in the addictions world. And essentially, one of the main criteria to apply to the MFP is to be a graduate student in the last year of your master's program and of course, that you have a commitment, that you really feel you want to work with this underserved community.

So how can you link to-- how can you benefit from the MFP? So if you're at the state level, you got your state hat on, you want to make sure that your state educational programs and provider agencies are aware of the MFP. It's surprising given how many years the MFP has been around, but still a lot of people aren't aware that the MFP exists or aren't quite sure what it is that they are and what it is that they do. So you really want to be aware of this.

At the provider level, if you're a provider agency, you may want to consider being a practicum or an internship site for these students. Many of the MFP students went on to be hired by their training site. The benefit of doing so is that here you're getting an individual who has received advanced training, including culturally sensitive and linguistically sensitive supervision and mentorship on issues of culture.

So hopefully, you will be hiring future leaders. If you are an academic institution, you want to make sure that you are linking students to the program. 95% of the students who apply to the

MFP knew about it through their academic program. This is the number one way that students find out about the MFP. So it's really, really important that you, as an academic institution, if that's the hat that you're wearing here today, that you get the word out.

The other thing that we want to talk about briefly is the HRSA faculty loan repayment program. Now, this in a nutshell, may be of interest to those of you working in the education sector, as there is a huge issue when it comes to recruiting and retaining minority faculty. And of course, we know that these are the individuals who are in the best position to train the next generation of health professionals.

So here you see what the eligibility criteria is. The biggest selling point is the fact that you're getting up to $40,000 in loan repayment assistance and the feds are paying for your taxes as well. So you want to claim it as income earned. So it's a pretty good deal if you can get it.

Finally, I want to just briefly talk about two state examples. Both of these examples come out of the state of Massachusetts. One is the Black Addiction Counselor Education Program. The other is the Latino Behavioral Health Workforce Program.

So the goal of both of these programs is to increase the number of people of color with addiction treatment credentials-- in this case, both the LADC and the CADC-- to increase access to culturally and linguistically appropriate care and of course, to increase the capacity of the community to serve people of color. And they really do really, really good work.

So I know a lot of information was provided here. And I kind of bombarded you with a lot of information. I apologize for that in such a short period of time. I do hope that you will find some of these strategies helpful. And then maybe now we can spend a few minutes answering a questions that people may have.

MICHAEL HOGE: Thank you, Manny. We are happy to take emails from you with questions, or comments, or requests for resources if you care to follow-up. And we'd like to stop at this point in time and address some of the questions that have been posed.

While we're getting geared up for that, just remind you that the next webinar is on July 25, 11:00 central, noon eastern time. And as was mentioned at the beginning of this webinar, we are going to focus on two topics. We'll be talking about additional strategies and resources with a particular focus on rural and underserved areas.

And joining us for that will be one of the leaders of the behavioral health education center of

Nebraska to talk about their work in the rural parts of Nebraska. And Dr. Michael Flaherty will be joining us to talk about the recruitment of retention of peers and recovery coaches. So without further ado, let me stop there and turn this to Marine, who is going to pose some of the questions or highlight some of the comments that are mentioned in the chat. And feel free to add comments or questions in the chat box now if you care to.

PRESENTER: Thanks very much Dr. Paris and Dr. Hoge for really great presentations-- lots of information and resources. So our first question comes from Kathy Worthen. When considering the supervision component of retention, what recommendation do you have for the staff-- the staff to supervisor in the substance use disorder field? Does it need to be adjusted for community-based clinical work?

MICHAEL HOGE: So that's a very complex question that is tough to answer. I think that one of the biggest problems that we've seen in organizations is that the supervisors other responsibilities, which often involve their own caseload, overwhelm their ability to provide their sort of full array of functions. So being clear about the amount of time that you have available to supervise, and then pairing the supervisory responsibilities with that, and having a clear understanding of how much time you're expecting each individual to provide to each supervisor in either an individual or group format is really critical.

I would answer that question in another way, which is that what we've found is it's really important for organizations to step back and look at their supervisory policies and practices, because too often the expectations of their supervisors are not viable. So again, sort of mapping out what kind of supervision you would like to see delivered to which type of employees and then making sure that the supervisor has that time possible. The amount of supervision that's provided varies based on individual and group.

You can get some greater efficiency by doing quality group supervision. It also varies greatly with the sort of level of licensure and independence that the supervisor has. Many organizations try to sort of achieve a cadillac approach, which is an hour of individual supervision per week for a staff member.

Many organizations for supervising a licensed individual will try to make that an hour of individual supervision per month as the minimum requirement. And it varies anywhere in between there. There are certainly organizations that don't provide individual supervision on any frequent basis to licensed staff at all. So I'm sorry, I can't give you a clear answer, but

that's a very complex question.

PRESENTER: Thanks, Dr. Hoge. We have another question that's come in from Melinda. When it comes to posting jobs on the culturally relevant sites, our recruitment dollars are limited. It seems like most of our candidates come from need based on our sourcing reports. So are these other sites worth the cost of posting their?

MANUEL PARIS: So yeah, that's a very interesting question. So I guess that all depends. So if you're having success with the Indeed website, for example, and you feel that you are getting quality candidates and you're getting enough quality candidates to do the interview and fill the positions, then I would say maybe then that's fine. Then maybe you don't need to spend the additional dollars on top of Indeed to post on some of these other sites.

For us, here at the Hispanic clinic, we have our issue is that it is just very difficult to find folks who are monolingual Spanish speaking. And we also are running on a shoestring budget as well. So we have to be very mindful of where we put or where we allocate our dollars.

So for us, we do more work around-- we probably do less work around posting on those websites and spend a lot more time through kind of word of mouth-- so tapping into our existing staff that may have connections of colleagues that may be graduating or that may be in other jobs that are looking to switch positions. So that's one avenue, which is free. Again, we mentioned this whole notion of tapping into Puerto Rico, for example, and tapping into the universities there.

And we do that not only in Puerto Rico, but we'll also tap into all the local graduate programs in Connecticut and in the Tri-State area as well and kind of connecting with training directors there as a way of trying to get quality people onboard without having to pay a lot of dollars upfront for either recruiters or for a lot of these job placement sites that charge a fee. So I think there's other ways where you can be creative. And I'd be happy to talk offline if you'd like about kind of the things that we have found to be successful that don't cost us a lot of money, and when we're still able to really kind of interview and recruit quality people, who stay with us for the long haul.

MICHAEL HOGE: If I can just add to that. This is Michael. There's a growing interest in rural and underserved areas in recruiting locally. And the concept or the idea is that you're recruiting people who are what we call place committed, meaning they grew up in an area and they're interested in staying in area. And there's a sense that they may stay for their lives if they get into the

workforce and have reasonable jobs and advancement opportunities, as opposed to somebody recruited from far away, which may be more likely, if you're using an internet-based sort of recruitment approach.

So there's a lot of power to recruiting locally, which would tap into sort of the word of mouth and connections with local educations. But as Manny says, sometimes that's not sufficient. And these other strategies can sort of complement the more local ones.

PRESENTER: Thanks, Dr. Hoge. Let's see if we have any additional questions coming in.

MICHAEL HOGE: I would just note, Marine, I see that you posted the link to the Central East ATTC Self-care Guide for Addiction Professionals. So just call the attention to folks if they did not catch that-- that would be an excellent resource to take a look at.

PRESENTER: Yes. In the lower-right corner of your screen, you'll see a number of additional resources that we've posted that were-- Dr. Paris and Dr. Hoge mentioned in their presentation. Well, I think if we don't have any additional questions and we're at the top of the hour, we can wrap it up for today. I just want to let everyone know that the webinar has been recorded. It will be posted on the Great Lakes ATTC website within the next week or so.

We'll also be posting the presentation slides. And we will be sending you information on how you will be able to obtain your CEU certificate for joining us today. Thanks so much, Dr. Paris and Dr. Hoge. And we're looking forward to the webinar coming up on July 25.

MANUEL PARIS: Thank you. It was a pleasure.

MICHAEL HOGE: And thanks to everyone who joined us today.

PRESENTER: Thank you.

MICHAEL HOGE: Bye.

MANUEL PARIS: Bye-bye. Take care.