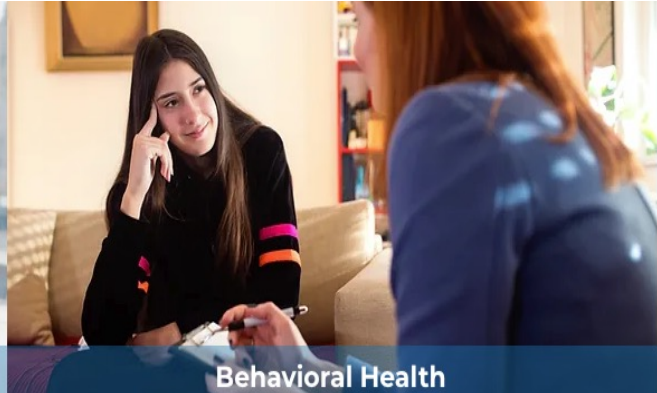
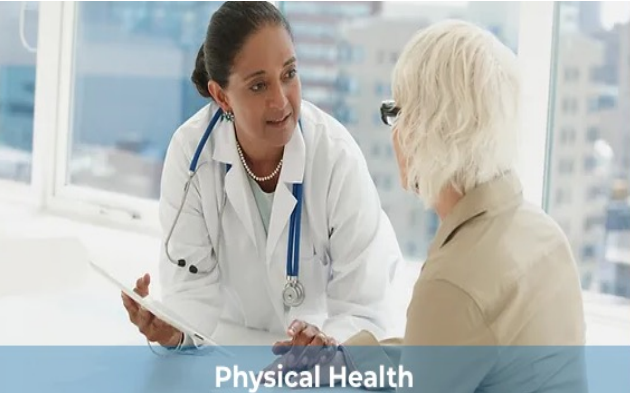




Preview of Healthcare Organization Critical Needs Survey Results

Partnership Meeting 6/12/24

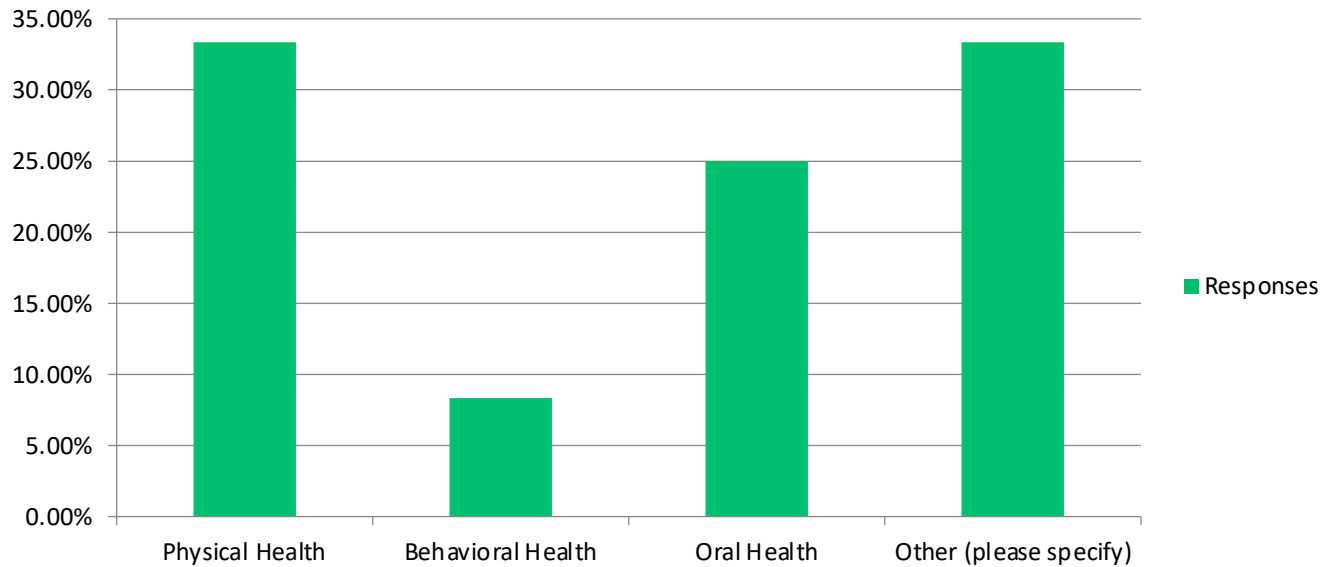


14 responses from 12 organizations

• San Luis Oral Surgery and Dental Implant Center
• Tolosa Children's Dental Center
• Movement for Life Physical Therapy
• County of San Luis Obispo
• Compass Health, Inc.
• Transitions-Mental Health Association
• Central Coast Pediatrics
• French Hospital Medical Center
• Community Health Centers of the Central Coast
• Center for Family Strengthening - Promotoras Collaborative of SLO County
• Community Health Centers
• San Luis Obispo Health Agency



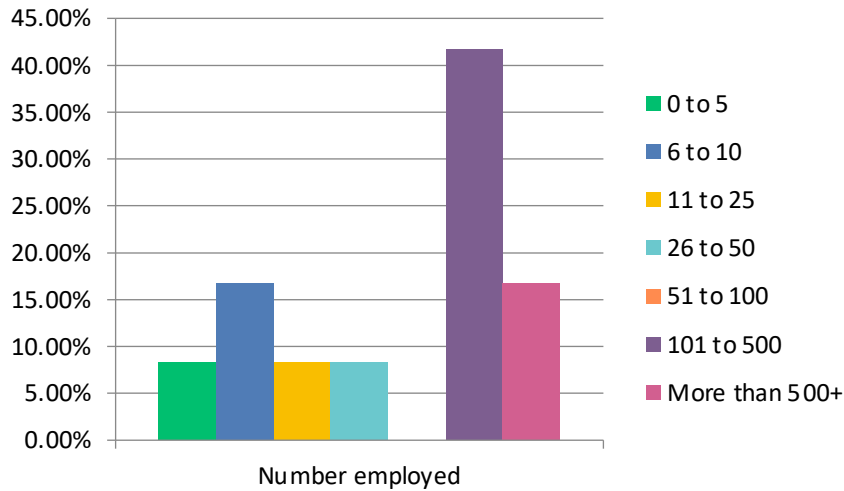
What type of healthcare services does your organization provide?



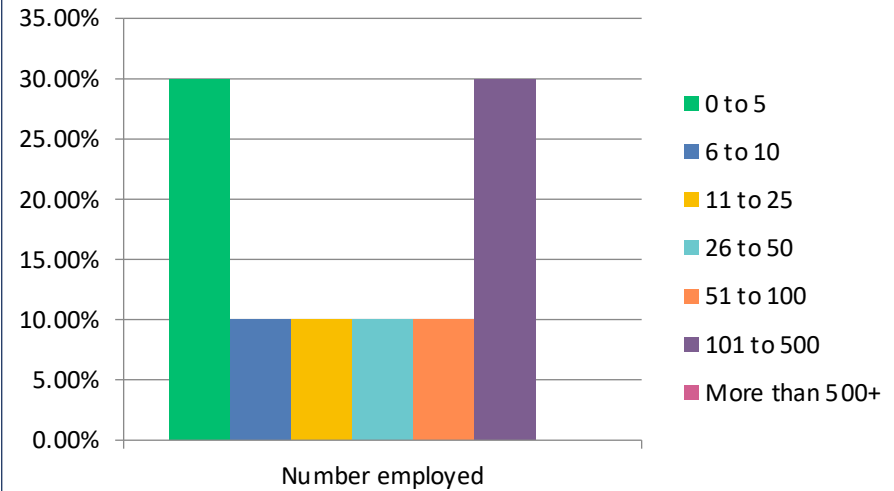
Other (please specify)
• All of the above
• Medical, Dental and Behavioral Health
• Educational Outreach, Mental Health Interpretation, Family Advocacy (Case Management), Financial Assistance for Oral Health Treatment, Medical Fragile Homeless (Case Management)
• All the above



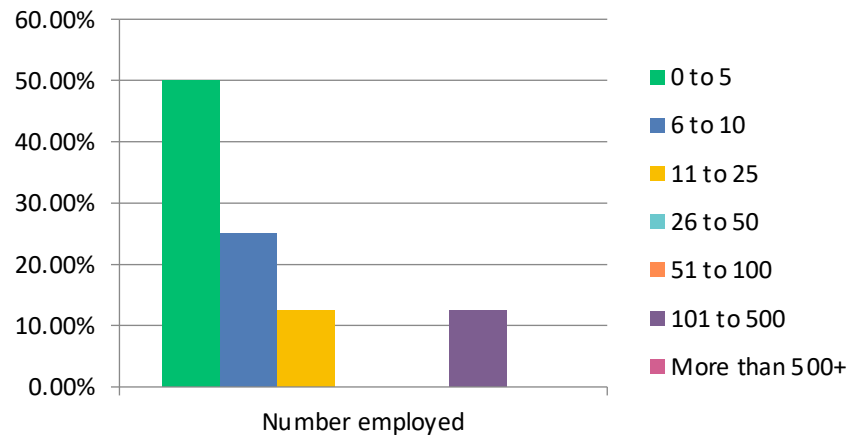
Full-time employees



Part-time employees



Contracted or "traveler" staff



8 of 12 organizations used contracted staff

Other (please specify)
<ul style="list-style-type: none"> We employ as many as 80 very part time transitional employees in our Growing Grounds employment programs
<ul style="list-style-type: none"> 3 employed by Oral Health Program, Health Agency employs 800+



What have been the most common reasons that employees have left their position with your organization?

	Answer Choices	Responses	
	• Lack of advancement within your organization	25.00%	3
	• Salary or benefits for the job not comparable to other local employers	41.67%	5
	• Dissatisfaction with the job or with their perception of your organizational culture	16.67%	2
	• Job "burn out" or stress	41.67%	5
#1	• Salary or benefits for the job not adequate compared to local cost of living and housing	83.33%	10
#2	• Relocated to a different geographical location outside of the County due to local cost of living and housing	58.33%	7
#3	• Salary or benefits for the job not comparable to out-of-county employers	50.00%	6
	• Accepted telehealth or "travelers" positions with another company	16.67%	2
	• Retired from their working career	16.67%	2
	• Left the healthcare industry completely	33.33%	4
	• All of the above	0.00%	0
	• None of the above	0.00%	0
	• Other (please specify)		4

Other (please specify)
Cost of living is our primary reason for people either not taking or leaving our company compared to salary/compensation. In addition to the cost of living, the availability of housing is also an issue. Also, trailing spouse employment is an additional concern as living on the central coast definitely requires 2 incomes for our employees.
Left to pursue advanced schooling.
Salary or benefits for the job not adequate compared to local cost of childcare. Relocated to a different geographical location to be closer to family (access to family childcare options)
Returning back to school; Husband's transferring out of State



What successful strategies has your organization implemented (or is planning to implement) to address these retention challenges?

- We re-engineered the benefits offered by the organization. We gave the employees more flexibility with their schedule and gave some admin staff the opportunity of working from home.
- We pay competitive wages and offer health benefits.
- We have moved some of our administrative roles to Tucson, Arizona where we also have offices and sadly, we may need to move more out of the county if costs continue and revenues stay stagnant (given we are in healthcare, we can't as easily raise rates). We offer the same compensation yet the dollars go so much farther in Arizona. We also have provider career paths for those seeking management roles that promote into out of county offices where the cost of living is lower (many seeking management roles, train on the central coast and have moved to our North Carolina, Arizona and California desert offices. Finally, we are working to increase revenue by dropping some of our commercial insurance plans and Medicare advantage plans that pay at levels below our costs, this is not good for our community, but we cannot afford to keep accepting these plans. Dropping these low paying contracts has allowed us to improve revenue or carry less staff, therefore allowing us to share more of the profits with our staff.
- Leveraging career pathways for staff, Increasing training opportunities, improving wellness offerings, conducting market surveys to address gaps in competitive wages among hard-to-fill positions.
- We have focused on creating a positive work environment. We have also instituted sign-on and retention bonus plans and employee recognition programs.
- We received a Behavioral Health Retention and Recruitment Grant which we used to help pay down student loans for staff, pay for recruitment videos and materials for social media and our website. We have redoubled our training options, increasing in-person lunch and learners which are very popular. We changed our retirement plan to be auto-enrollment rather than opt-in
- Competitive and transparent wage structure.
- Working relationships with local colleges and tapping into new grads, drill down of Turnover to determine where opportunities lay, participation in Partnerships (like this, Workforce Development Boards, and the Central Coast Workforce Collaborative - which includes HASC participation)
- We've done Employee Surveys two years in a row to find out more information on why our employees stay within the organization. Through the surveys, we identified things we do well and opportunities for improvement. Each manager got a score card and has come up with an individual action plan. One by one we have been addressing many of these opportunities for improvement. We were able to measure our progress with the second annual employee survey and will continue to monitor for progress.
- Providing flexible schedules for each employee. An opportunity for autonomous work schedules and purposeful work. Free professional development opportunities. Vacation and personal days.
- Salary increases, Loan repayment, Assistance with educational courses, Increased benefits, 10% IRA contribution to employee without employee having to invest in IRA on annual basis, Long term disability plan paid by employer, not employee

What performance metrics/data do you use to evaluate the success of your retention strategies?

- We meet one on one with each employee every quarter to identify limitations and find opportunities to improve the culture and employee satisfaction.
- Keeping providers for more than a year will be a good start for us.
- Length of stay in the position (and location)
- Turnover and vacancy reports, Time-in-Service data, Recruitment metrics, engagement survey
- Turnover percentage by job category.
- Turnover rates, we have 3 internal staff surveys including a robust Engagement Survey, DEI Survey, and Trauma Informed Work Survey.
- Turnover Statistics, Employee Engagement Survey results, Vacancy Rate data
- Turnover (17%) and tenure (7.4 years), Employee survey feedback, Exit Interviews
- Our retention rate is high measured by exit and onboarding data. 1-1 meetings with each employee based on strengths and opportunities to improve on an ongoing basis. Planning for professional development and tracking completed trainings.
- Exit interviews data and trends for retention. Report to the Board of Directors



What are some of the most significant challenges that your organization has experienced related to filling open positions and recruiting healthcare employees?

	Answer Choices	Responses	
#4	• Internal candidates do not meet the requirements for education, training, licensing, or professional development.	58.33%	7
#1/2	• It is difficult to find local candidates that meet the education, training, licensing, and/or experience requirements.	83.33%	10
#3	• There are no local organizations that provide the required training or education to meet the requirements.	66.67%	8
#5	• It is difficult to find an applicant pool, reflective of the diversity of SLO County, to meet our needs.	50.00%	6
	• The salaries and benefits at our organization can't compete with other local organizations.	41.67%	5
	• The salaries and benefits at our organization can't compete with out-of-county organizations.	41.67%	5
#1/2	• Candidates from outside the county are reluctant to move here due to the high cost of living and housing.	83.33%	10
	• Candidates from outside the county are reluctant to move here because their spouse or partner can't find employment.	41.67%	5
	• Candidates from outside the county have difficulty getting licensed in California.	16.67%	2
	• Our organization doesn't have adequate staffing with the time and training required to effectively recruit candidates for open positions.	16.67%	2
	• Our facilities and infrastructure limit our ability to adequately recruit enough staffing to meet our needs.	8.33%	1
	• All of the above.	0.00%	0
	• None of the above.	0.00%	0
	• Other (please specify)	25.00%	3



What strategies has your organization used to successfully recruit new healthcare employees?

- We hired young adults and had to train them in office.
- We spent an entire year recruiting dentists, it was almost a full-time job for a small practice.
- Targeted advertising in various job boards, LinkedIn recruiter, specialized job advertising, community partnerships.
- We have focused on creating a positive work environment to create a great local reputation. We have also instituted sign-on and employee referral bonus plans.
- Clinical supervision for license-track staff, pay 100% of employee health/dental/life premiums.
- I can only speak to the hiring of support staff and I try to interview as many candidates as possible so I can pick out the cream of the crop.
- Active TA team, including internal sourcing team. Partnerships with local colleges, active and passive marketing strategy
- Use of recruiting agencies for difficult to fill positions like physicians (very effective but very expensive)
- In person job fairs (CareerMD, ACOG, college campus job fairs).
- Affiliation agreements with education institutions and providing preceptorship to students (example ATSU)
- Job postings on job boards that are specific to providers interested in working with our population (HRSA Health Workforce Connector, 3RNET, etc.)
- Other than online job positing, Employee Referrals is our best source of talent. We have a referral bonus program which I LOVE because it supports both recruitment and retention.
- Networking in various community spaces with the common purpose of supporting the advancement of their diverse communities.
- Our HR department goes to Universities, Job Fairs, Allow students LVN, RN, MA, to do clinical rotations in our clinics with the hope they will want to be employed by us

What performance measures/metrics does your organization track to monitor your recruitment outcomes?

- | |
|---|
| <ul style="list-style-type: none">• It is too soon for us to evaluate. We have four dentists and none of them have completed their first year. |
| <ul style="list-style-type: none">• Offer to acceptance ratio, # offers/month, # candidate interviews and visit/month, # open positions |
| <ul style="list-style-type: none">• Time to hire, benchmarking recruitments against peer organizations, Job posting views vs. Conversion to application, Number of applications per job posting, Candidates by Source, Pipeline quality (ratio of interviews to offer, and offer to hire), Job attractiveness metrics, and EEO Reporting. |
| <ul style="list-style-type: none">• Staffing numbers, 30/90/180 review of new hires. |
| <ul style="list-style-type: none">• Many reporting components related to client outcomes (# housed, employed, attending support groups etc. Also, conduct annual anonymous client survey. |
| <ul style="list-style-type: none">• Time to fill, hires per recruiter, etc. |
| <ul style="list-style-type: none">• Mainly time to fill. |
| <ul style="list-style-type: none">• Use of recruitment online platforms such as Craigslist, Indeed and Facebook allows us to keep data on how many people we connect with. |



What types of training do you provide to your employees onsite at your organization?

- | |
|--|
| <ul style="list-style-type: none">• We provide all training necessary to fulfill the position responsibilities as well as pay for their required certifications to work in the clinical positions. |
| <ul style="list-style-type: none">• We train our Dental Assistants to sit for their RDA Exam. |
| <ul style="list-style-type: none">• Mentoring program for all new grad physical therapists and physical therapist assistants, orthopedic physical therapy residency for licensed physical therapists |
| <ul style="list-style-type: none">• Various professional growth courses in-person and virtual, supervisor/manager academies, various sponsorships toward licensure or certification, mentorship program |
| <ul style="list-style-type: none">• We provide CNA licensing courses, as well as continuing education to our CNAs. We provide skill enhancement training to our licensed nurses (LVN and RN). |
| <ul style="list-style-type: none">• A robust 2.5-day New Employee Orientation, extensive mental/substance use training, DEI and Trauma Informed Care training, team dynamics, MH First Aid, program Safety and more. |
| <ul style="list-style-type: none">• Training is dependent on job title, but all trainees receive extensive training on the necessary software/internal policies and procedure. |
| <ul style="list-style-type: none">• New employee orientation, department specific orientation, new grad RN preceptorship program, new Leader orientation, etc. |
| <ul style="list-style-type: none">• 1-2 weeks of basic workflow and EHR training before they start on site. We are currently working on developing an in-house dental assistant training program to address the DA workforce shortage. |
| <ul style="list-style-type: none">• Trauma Informed Care, Mental Health First Aid, Microsoft Basics 101, Compassion Fatigue, Self-Care Courses, Behavioral Health Interpretation Training, The Five Protective Factors. Strengthening Families Framework, Motivational Interviewing Training, Understanding the Culture of Poverty Training. CALTrain Navigating Challenging Dialogue. |
| <ul style="list-style-type: none">• We have so many training modules that our employees need to complete, therefore we use a platform called Medtrainer to meet the needs of all licensed, unlicensed and ancillary, facility personnel. The platform has over 940 training modules. |
| <ul style="list-style-type: none">• I train temp RDH and volunteers to give dental screenings and education at community organizations and at events. |

Critical Occupational Needs (within 5 Years)

Responses to #1 Most Critically Needed Occupation (Top 8 Priorities)

Occupation	# of positions needed	Education Required	Years of Experience
Primary Care M.D. (3 orgs.)	21-27	M.D.	0-2
Registered Nurse (RN) was ranked #1, #2, #4, #5 (5 orgs.)	22-26	License, Assoc., or Bachelor	0-2
Nursing Assistant (NA; not certified)	41-50	H.S. Dip./GED	None
Physical Therapist (PT) was ranked #1, #3 (2 orgs.)	22-27	Doctorate/ License	0-2
Surgical Assistant	1-2	License or Registration	3-5
Community Health Worker (CHW)	21-25	H.S. Dip./GED	0-2
Clinical Social Worker (CSW) was ranked #1, #4 (2 orgs.)	1-2	License	0-2
Registered Dental Assistant (RDA) was ranked #1, #2, #5 (4 orgs)	16-19	License or Registration	0-5

Critical Occupational Needs (within 5 Years)

Responses to #2 Most Critically Needed Occupation (Priorities 9 to 15)

Occupation	# of positions needed	Education Required	Years of Experience
Specialty Care M.D.	5-6	M.D.	0-2
Physician Assistant (PA)	1-2	Advanced Degree	None
Licensed Vocational Nurse (LVN) was ranked #2, #3 (2 orgs.)	21-26	License or Registration	0-2
Certified Nursing Assistant (CNA)	26-30	Certification/ License	0-2
Family Advocates & Patient Educators	11-15	Assoc. Degree	0-2
Marriage & Family Therapist (MFT, 3 orgs.)	12-14	Masters/License	0-2
Dental Office Staff was ranked #2, #3 (2 orgs.)	4-6	H.S. Dip./GED, Certificate	0-5



Critical Occupational Needs (within 5 Years)

Responses to #3 Most Critically Needed Occupation (Priorities 16 to 18)

Occupation	# of positions needed	Education Required	Years of Experience
Nurse Practitioner (NP) was ranked #4, #5 (2 orgs.)	2-4	Advanced Degree/License	0-2
Pediatric Dental Specialist/M.D.	1-2	M.D.	0-2
Registered Dental Hygienist (RDH)	1-2	License or Registration	None

Responses to #4 & #5 Most Critically Needed Occupation (Priorities 18 to 25)

Occupation	# of positions needed	Education Required	Years of Experience
Medical Assistant (2 orgs.)	21-26	Certificate	0-5
Medical Office Staff	5-6	H.S. Dip./GED	None
Psychiatrist (MD)	-	-	-
Optometrist	3-4	License	3-5
Others: Behavioral Health Case Managers, Homeless Outreach Staff			
Others: Dietary Staff for skilled nursing & residential care			

Critical Occupational Needs (**within 5 to 10 Years**)

Occupation	# of positions needed	Education Required	Years of Experience
Registered Nurse (RN)	3-4	Bachelors	
Community Health Worker (CHW)	21-25	H.S. Dip./GED	0-2
Family Advocates/Patient Educators	11-15	Associates	0-2
Clinical Social Worker (CSW)	3-4	Masters/License	
Marriage/Family Therapist (MFT, 2 orgs.)	6-8	Masters	



Specific Certifications, Licenses, Credentials, or Degrees Required for the Critically Needed Occupations

• RDA
• DA, RDA, DDS, DMD
• Physical Therapist - DPT (doctor of physical therapy)
• PHN, RN, MFT, LSW, LPCC, PT/OT, NP
• CNA, LVN, RN
• LCSW, MFT, MD, NP
• MD, MSN, DNP, PNP, PA-C, RN, CMA, CPC, CPB, CCS and all of them need to be licensed to practice in California
• LCSW, RN, PA, NP, Surg Tech Certifications, AART & Radiology Tech. Certs
• Community Health Worker Certification pending state officials (HCAI)
• ADN, BSN, MSN, FP, DO, MD, DDS, RDA
• RDH

Specialized Skills or Experience Required for the Critically Needed Occupations

- | |
|--|
| <ul style="list-style-type: none">• Bilingual, communication, initiative, work ethics, loyal, and dependable. |
| <ul style="list-style-type: none">• Bilingual |
| <ul style="list-style-type: none">• Bilingual language ability, lived experience with a mental health diagnosis |
| <ul style="list-style-type: none">• Bilingual is a huge bonus |
| <ul style="list-style-type: none">• Bilingual and/or lived experience are very valuable when working in a setting like Community Health Centers of the Central Coast. Our mission is to serve the medically underserved and I strongly feel that the employee demographics (at all levels of the career ladder) should reflect the community that we serve.• For nurses, it is important that we recruit and hire nurses that understand what it is like working in an ambulatory care setting. We have hired nurses who leave within the first year to go back to working in the hospital. |
| <ul style="list-style-type: none">• Bilingual and bicultural skills, lived experience in the community, community engagement skills, resource navigation |
| <ul style="list-style-type: none">• License to work within their scope of practice• Bilingual would be nice, but not necessary• Experienced in their field preferably |
| <ul style="list-style-type: none">• Spanish speaking |



Education/Training Programs or Career Pathways to be Developed to Meet the Needs (over the next 5 to 10 years)

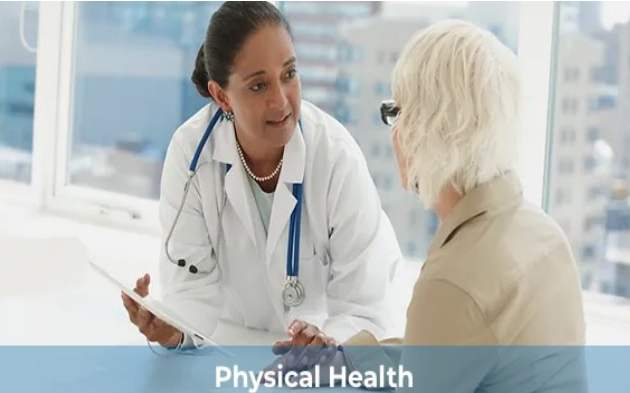
• Dental assistant programs ran by professionals with broad experience in the dental field.
• DA, RDA
• We would love to support the start of a Physical Therapist program here in the county or in SB county. AT Still University has a new PA program in Santa Maria and are exploring adding a PT program.
• Sponsorship for RNs to achieve their BSN and PHN Certification (career pathway: CHN to PHN)
• Continued sponsorship of associates in MFT, SW, PCC
• Development of pathways for BH Specialist to BH Clinician to BH Supervisor
• CNA and LVN training programs. Bridge programs from LVN to RN.
• Substance use training, mental health training, case management training,
• Barrier to entry is the biggest issue. Lots of people who would want an advanced degree don't attempt one due to the cost involved. I know several individuals who went for a PA or NP due to cost involved.
• Local training programs for Rad Techs
• Receptionists > Dental Assistant > RDA
• MA/Health Educator > PA
• RN > NP
• Front Office > Navigator > MSW > ACSW > LCSW
• Universal Community Health Worker Certification and Training Program that can be applied to staff conducting family advocate case managing services.
• MA, LVN, RN, BSN RN, MSN RN, FNP, PA, MD, DO, etc.



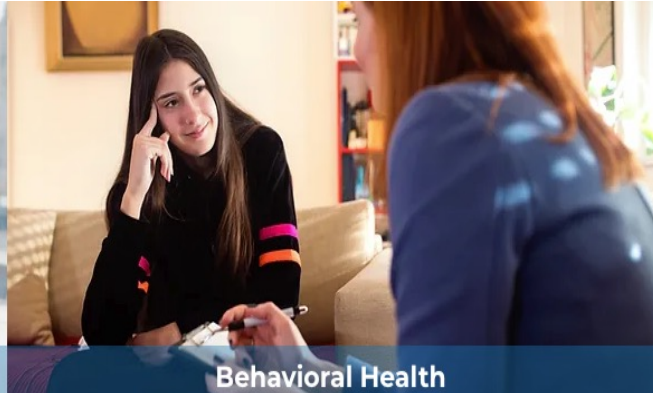


State of CA Potential Budget Reductions for Healthcare Workforce Development

Partnership Meeting 6/12/24



Physical Health



Behavioral Health



Oral Health

Potential State of CA Budget Cuts: Workforce Development Initiatives through HCAI

- January 10, 2024: Major budget shortfall in CA state budget
- May 30, 2024: 48 pages of an excel spreadsheet of proposed budget reductions or delays discussed by the Senate Budget and Fiscal Review Subcommittee 3 (Health and Human Services).
- The Joint Legislative Budget Plan document indicates that the Assembly and Senate leaders must pass the legislative budget bill on or before Saturday, June 15, 2024.



Potential State of CA Budget Cuts: Workforce Development Initiatives through HCAI

- HCAI initiatives being discussed:
 - The Health Professions Careers Opportunity Program (Health Professions Pathways Program; Health Careers Exploration Program; Justice-System Involved Youth: Behavioral Health Pipeline)
 - Workforce development programs for CHWs, nursing, and social workers/MSWs
 - Univ./college training grants for behavioral health professionals
 - Expansion of slots for Masters in Social Work (MSW) in California colleges and universities with schools of social work
 - Loan repayment programs for psychiatry
 - Addiction psychiatry/addiction medicine fellowships
 - The California Medicine Scholars Program (CSMP), which supports medical professional pipeline programs
 - Song-Brown nursing training programs and residency programs



