

Introducing ‘EBAssets©’ and Hiring Toolkits for EBPs

Proven Tools, Strategies, and Resources that Promote Workforce Development and Build the Capacity of Provider Agencies to Deliver Evidence-Based Prevention Programs

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INTRODUCTION

With more than 15 years of experience assisting states and systems in the implementation of top-tier evidence-based programs (EBPs), **Evidence-Based Associates (EBA)** knows how difficult it can be to recruit, hire, train, certify, and retain talented and passionate front-line clinical staff who will deliver the programs with high fidelity, while engaging children and families with complex needs.

This white paper identifies **three common challenges facing community-based provider agencies regarding workforce development with EBPs:**

- 1) the ability to find qualified EBP staff;
- 2) the ability to retain staff once they have been trained and certified; &
- 3) the unique but significant costs associated with EBP staff turnover.

In this brief, we also identify some of the classic mistakes that provider agencies make when they are launching into the EBP hiring and training process — and we share the lessons learned that led to the development of the **“EBA Hiring Toolkits.”** Of note, EBA has developed Toolkits specific to the Well-Supported EBPs identified by the Title IV-E Clearinghouse.

FFPSA AND THE EBP WORKFORCE DEVELOPMENT REQUIREMENT

With the passage of the Family First Prevention Services Act (FFPSA), states and territories have been provided with a unique opportunity to make significant gains toward two primary goals of the child welfare system: one, to improve access to high-quality, evidence-based prevention programs that provide families with support early on such that families can remain together (whereby children can safely remain in their home and community); and two, that by supporting and strengthening families and helping them to deal with the issues underlying system involvement, the need for out of home placement (e.g., foster care, group homes, residential treatment centers, and emergency respite) is dramatically and safely reduced. In addition, FFPSA outlines a mechanism for leveraging federal funds ([Title IV-E](#)) to pay for community-based prevention programs and services whereas those funds had previously been restricted to funding for out-of-home placement.

To fully implement FFPSA, states must outline a plan that includes definitions of candidacy and identification of selected programs, a timeline, and key measurements and reporting strategies. After the plans are submitted and

approved by the Children’s Bureau, states can begin the work of building a prevention-oriented system of care that utilizes evidence-based, trauma-informed programs and leverages federal funds in ways that had been previously not permitted.

In the “Prevention Services and Programs Plan Component,” FFPSA section (5)B.vii., States and Territories are required to provide (among other things): “... *descriptions of steps the State is taking to support and enhance a competent, skilled, and professional child welfare workforce to deliver trauma-informed and evidence-based services, including: Ensuring that staff are qualified to provide services or programs that are consistent with the Promising, Supported, or Well-Supported practice models selected.*”

And while many states are presently focused on the identification, selection, implementation, and oversight of the evidence-based programs (EBPs) as part of the overall prevention plan, **this lesser-known requirement to ensure a ‘competent, skilled, and professional workforce’ has received relatively little attention, creating an even greater challenge for provider agencies to begin building EBP capacity on their own.**

THE WORKFORCE CHALLENGE

With more than 15 years of experience providing implementation support and

“A well-trained, highly skilled, well-resourced and appropriately deployed workforce is foundational to a child welfare agency’s ability to achieve best outcomes for the vulnerable children, youth and families it serves.”

Source: [Casey Family Programs](#)

assistance to states seeking to adopt EBPs, Evidence-Based Associates (EBA) knows that (a) these programs are only as good as the people who deliver them, and that (b) the recruitment, hiring, and training and certification of a talented and highly-effective workforce ‘doesn’t just happen.’

If a clinical team delivers interventions with passion and a high degree of fidelity to program principles, powerful things can happen across the continuum of services. On the other hand, if staff cannot connect with youth and families and cannot competently deliver the program the way it was intended, studies show, the results can lead to worse outcomes. This is especially true when working with the most vulnerable children and their families.

Legendary management books like [Good to Great](#) and [First Break all the Rules](#) highlight the importance of two key factors related to building successful organizations: 1) that “getting the right people on the bus” is a critical first step to

assembling a successful team or program; and 2) that the relationship between the supervisor and the supervisee is the best predictor of retention among competent staff. For provider agencies to build effective, diverse, and sustainable teams that will deliver trauma-informed, and EBPs, they need to focus sufficient resources to get the right people on the bus in both front line and supervisory positions — a challenging task, especially when time and resources are limited.

PURPOSE OF THIS WORKFORCE DEVELOPMENT BRIEF

First, to review the challenges associated with hiring both, in general, across the behavioral health field and specifically as related to the implementation, launch, and maintenance of high-performing EBPs and services.

Second, to identify the various aspects of the recruitment and hiring process that States and Systems must address in their FFPSA description and, subsequently, as they seek to implement those plans in partnership with local provider agencies.

Lastly, to offer examples and case studies from jurisdictions who have already implemented Well-Supported EBPs and services and to capture some of the Lessons Learned in those implementations

as related to the issue of workforce development.

UNPACKING THE PROBLEM

There are three inter-related challenges that states must address in this area of workforce development:

1. **Attracting staff with requisite qualifications and experiences;**
2. **Staff turnover; and**
3. **Training and licensing costs, including the costs of staff turnover.**

Of course, human resources (HR) processes are made even more challenging where agencies are trying to learn how to implement EBPs, perhaps for the first time, where the requirements regarding education, certification, and experience in EBPs are more rigorous and the supervision practices are unique (and demanding). **Most provider agencies — especially those which are smaller, many of whom serve the highest need areas of the state — are not equipped to leverage tradition HR strategies around the hiring of staff for EBPs — and as a result, teams suffer through poor hiring decisions and inability to retain their best people.**

ATTRACTING STAFF WITH REQUISITE QUALIFICATIONS AND EXPERIENCES

Licensing for EBPs (especially those deemed 'Well-Supported') require a higher-level of education, certification, and

experience among the clinical staff that populate the EBPs teams. Functional Family Therapy (FFT), for example, requires that job candidates for FFT have either a master's degree or a bachelor's degree plus 'significant experience' in the field; and supervisors must have a master's degree — most are licensed social workers or professional counselors. **In many states or systems, there are regions where finding candidates with requisite education and experience (and paying them an attractive wage) is a significant challenge.**

Regardless of the region, program, or assumed supply of talent, there are multiple unique challenges in recruiting and hiring qualified EBP staff. Missing out on some of these key characteristics can lead directly to poor performance, low job satisfaction, and high turnover rates among program staff:

- They must be willing to work non-traditional hours.
- They must be able to engage youth and family from a wide variety of backgrounds.
- They must be able to hold themselves accountable for results (and not blame families for 'failing' to improve over the course of treatment.
- They must understand (and fully engage in) the in-home service delivery model.

- They must possess sensitivity to and appreciation for other cultures and experiences.
- They must understand the accountability built into EBPs, i.e., that they and their cases will be scrutinized at every turn (and see this as an opportunity to learn and flourish).
- They must be comfortable in working and being in part supervised in a group setting.

STAFF TURNOVER

The field of healthcare in general suffers from workforce shortages and poor job retention rates. **In the behavioral health workforce, specifically, estimates regarding annual turnover rates for direct care**

A high rate of workforce turnover is common in the child welfare field. High turnover affects not only the agency, primarily through higher costs, but also the children and families the agency serves.”

Source: [Casey Family Programs](#)

workers vary between 25-40% (or, roughly, about one of every three workers per year).

Amid the current **COVID-19 pandemic**, guidelines around health and safety for direct care workers who provide in-home services will create even more uncertainty and disruption in the field. Increasingly, **bilingual** recruitment is also a related, necessary consideration (and 'supply and demand' challenge).

TRAINING AND LICENSING COSTS

Training in EBPs is more expensive and intensive than standard ‘continuing education’ experiences or online training modules and high rates of staff turnover only add to those costs. The training and licensing in EBPs is a cost associated with each program and, by extension, each clinical staff person, that is borne by the state or system under FFPSA. Annual training and licensing fees can run upwards of \$60,000 including travel, training materials, fees, and supervisory costs. When staff turnover is high, the system bears additional costs for replacement training (either on site or, usually, at a remote location). With some EBPs, costs associated with turnover include reverting to a more basic (intensive) level of support, combined with the loss of team productivity during the transition (i.e., outgoing therapist drops her/his caseload; lag-time between staff leaving and new staff coming on board; ramp up period for new staff; etc.).

...AND THOSE CLASSIC MISSTEPS WE MENTIONED

Throughout our 15 years of implementation experiences at EBA, we have seen some excellent program start-ups that have included textbook examples of how the workforce development process should be handled – and sadly, as many cases where the process was not as

smooth. Typical beginner provider agency (i.e., ‘rookie’) mistakes include:

- **Skipping over recruitment or rushing or failing to assess ‘goodness of fit’:** “We’re in a hurry – and we have people already working at our agency that seem interested. We’ll just reassign them.” Start-ups with this approach – by either asking about volunteers or conscripting staff – often see high rates of turnover during Year One.
- **Posting “generically”:** “We’d rather post a generic ad and then we’ll sort the applicants in-house.” In our experience, it is far more effective and efficient in the long-run to target the recruitment ad to the specific EBP model and therapist role.
- **Screening and interviewing “generically”:** Not properly screening or interviewing with an eye for the core competencies inherent to the model – which will differ by EBP model program. (The one-size-fits-all approach to screening and interviewing yields candidates who are often better suited for traditional out-patient clinical work, not EBPs.)
- **Not training the HR office on the unique nature of EBPs and EBP clinical staff:** “Our Human Resources team hires people all the time. I don’t think that they will need any additional training or coaching on

hiring people to do EBPs... I mean, how different could it be?"

- **Talking people INTO (rather than OUT OF) the job:** "We have a candidate who's not that interested in working with this population – has never worked with them before – but we talked him into it – and I think he'll do great."

SOLUTIONS

Over the past two decades, as part of the statewide oversight of EBP implementation, EBA has developed the "EBAssets©" Program which includes a dozen Hiring Toolkits that are effective HR resources specific to each evidence-based program -- helping develop the evidence-based workforce in provider organizations in multiple systems.

Based on our experience, we have **identified four key aspects of a comprehensive recruitment and hiring plan that states and systems must a) address in their FFPSA description (strategy); and, subsequently b) implement those plans in partnership with local provider agencies (execution),** as it relates to the local provider community and the 'real world' implementation of the full array of EBPs they plan to adopt:

I. ONGOING ASSESSMENT OF NEED (I.E., MONITORING THE SUPPLY AND DEMAND OF EBP STAFF)

Based on an initial needs assessment (or, 'gap analysis'), states may have some idea of which EBPs they plan to implement, where, with which populations, by which providers. As that strategy evolves, the implementation timeline is constructed, and programs are launched, careful monitoring of staff caseloads and turnover is necessary. As the demand for EBP programs grows (or not), it becomes clearer where additional (or fewer) resources and community-based program "capacity" (i.e., staff) is needed. Capacity for EBPs may shift around the state as supply and demand ebbs and flows in select regions or certain municipalities.

2. EBP STAFF RECRUITMENT

Once it is determined that a community-based agency needs to add additional capacity, the focus shifts to their ability to find qualified and talented staff. As EBA has helped numerous provider agencies around the country to do, it is important to construct recruitment ads that attract the highest caliber and most diverse cadre of applicants possible. Recruitment ads for bi-lingual candidates are placed to meet the needs of diverse populations.

To be successful in launching EBPs in rural and other underserved areas, state leaders should recognize that smaller agencies who may not have a HR Department will

likely need the most support during the recruitment, hiring and onboarding process. In some cases, smaller ‘mom and pop’ organizations in the local landscape will not be adept in the areas of recruitment, hiring and retention but will be competing with larger agencies nearby that are recruiting for multiple positions at the same time. State agencies must work to apply resources when and where needed to avoid a ‘justice by geography’ outcome in statewide implementation.

Recruitment ads need to be placed in as many places as is feasible (financially and logistically) to increase response rates. EBA typically recruits candidates specifically for EBP clinical positions:

- a. at area universities;
- b. local job boards;
- c. on EBA’s website;
- d. on evidence-based Model websites;
- e. on the Internet (e.g., Idealist, Indeed);
- f. with government sites (e.g., Department of Labor); and
- g. community agency job boards.

3. EBP STAFF HIRING

Once the resumes and applications begin to arrive, a multi-step hiring process begins – all of which must be informed by the specific qualifications, demands, and requirements of the relevant EBP that is being implemented.

EBA has collaborated closely over the years with nearly a dozen of the highest

caliber EBPs to develop “Hiring Toolkits”

Evidence-based program Hiring Toolkits available through EBA:

Brief Strategic Family Therapy (BSFT)
Child Parent Psychotherapy (CPP)
Functional Family Therapy (FFT)
Functional Family Therapy Child Welfare (FFT CW)
Multisystemic Therapy (MST)
Multisystemic Therapy Problem Sexual Behavior (MST PSB)
Multisystemic Therapy Child Abuse and Neglect (MST CAN)
Parent Child Interactive Therapy (PCIT)
Transition to Independence Process (TIP)
Trauma Focused CBT (TF CBT)
Trauma Systems Therapy (TST)

(see box on the next page) that provide a wealth of recruitment and hiring resources to guide provider agencies through the process. Working with the “purveyors” (i.e., the training organization that oversees specific-EBP training and certification), EBA develops job descriptions, recruitment advertisements, screening items, and interview questions that inform the remaining components of the hiring process.

EBA Toolkits were created through conversations with model developers and purveyors and are founded upon the model-specific competencies identified as ‘necessary’ for clinical staff to be effective. These competencies inform the items in our screening, interviewing, and vetting process.

EBA has simplified the screening process by identifying the key criteria necessary for each position (e.g., whether a master's degree is required) and converting that to a checklist, so that the screening can be managed by an administrative assistant.

The "pre-hire" components of EBP Hiring Toolkits are:

- i. Model-specific **core competencies**;
- ii. Effective, enticing **job recruitment advertisements** with critical information, ready for immediate placement online and in print ads as appropriate;
- iii. **Initial screening checklist**: a tool designed to efficiently inform and screen out candidates not qualified for the position;
- iv. **Structured first and second interviews** that are scored according to criteria provided by the model purveyors (questions include behaviorally-based questions and role plays, all of which are model-specific);

The hire/"post-hire" components of EBP Hiring Toolkits are:

- FFPSA-compliant background **screening instructions**
- **Onboarding checklists** (knowing that a good retention strategy starts on Day 1)
- **Initial performance reviews** to assess performance of new hires (6- and 12-months into the new position)

From our experience, possibly the most critical aspects of the hiring process are the first and second interviews. To identify candidates who appreciate the role of the EBP clinician – and understand that this work is typically done in-home, at non-traditional hours, with families whose involvement in the 'system' sometimes engenders a challenging intake and engagement process – interviewers must dig into the thinking and values of the interviewee. This work is time-consuming and difficult, especially for those who have little or no experience with interviewing for such work.

When an appropriate candidate is identified in the screening stage of our workforce development model, EBA is typically involved in the interviewing (especially second interviews) and the selection process: model development consultants may also be invited to weigh in as it is a very collaborative process. To make it as efficient and targeted as possible, hiring guides and answer sheets cued to the particular EBP model can be extremely beneficial. Provider agencies that have been provided these guides and trained by EBA in their use have seen dramatic improvements in their hiring efficiency and effectiveness in identifying quality candidates.

To keep the process on track, EBA typically hosts weekly meetings to support agencies

in using the materials (including hiring timelines) to ensure strong response and application rates, oversee a timely hiring processes, and to problem-solve areas where the process has gotten off-track. As needed, EBA can also coordinate logistics with the training and licensing agencies and support provider agencies with training registration.

At each step of the process, it is also important to manage the candidate list: it also takes longer to find the right EBP clinical staff candidates due to structured interviewing and screening out potential candidates, and the provider agency needs make sure it doesn't lose its best candidates in the lengthy process.

4. MAKING THE OFFER – OR NOT

Determining which candidates are truly best suited for the role is challenging enough: offering them the position and then negotiating the full array of salary, benefit, and timeline issues can be a daunting task. Often, provider agencies who are new to the world of EBPs find this overwhelming, especially when time is of the essence, but the candidates do not appear fully ready for the opportunity or committed to the task. As one program manager noted: "Having someone from EBA to consult with during the grading was nice. I think it encouraged saying "no" to the so-so candidates and really looking for the right one."

CONCLUSION

As stated earlier, EBA's 15 years of experience providing implementation support and assistance to states seeking to adopt EBPs has taught us two things: that **EBPs are only as good as the people who deliver them**; and that the recruitment, hiring, and training/certification of a highly-effective workforce 'doesn't just

"...(EBA's) entire process consistently highlights several key expectations. For example, the type of (work) schedule that the candidate can anticipate is referenced from beginning to end, which ensures that candidates hear the message multiple times."

-Erica Mann, LCSW, Associate VP of Programs at United Methodist Family Services (UMFS) Virginia

happen.' We have seen many approaches to workforce development fail due to a lack of understanding of and appreciation for the challenges in this domain. This is especially true when working with the most vulnerable children and their families.

As states move into the implementation stage of their FFPSA plan, EBA offers a depth of knowledge, experience, resources and tools that help states excel in this domain of workforce development. Our hope in writing this White Paper is to engender interest in and conversation about the process of building a more robust and sustainable workforce: these conversations most likely start with the

following questions (and lead onward from there):

1. Which of the key steps (e.g., assessment of need, recruitment, screening / interviewing, onboarding, retaining, or reporting) do providers in your system/state need help with?
2. What regions of the state need the most assistance? Where would you anticipate the greatest mismatch of supply and demand relating to workforce?
3. Where has low retention / high turnover been an issue? (which regions of the state/system or in which areas, e.g., infant and maternal health? Substance abuse? Older youth in child welfare? Etc.)
4. Where would you see value in a partnership that focuses on building capacity of providers in both clinical staff and in the processes needed to continue growth in this area? Where might technical assistance and supports be most useful?

CONTACT US

If you agree that EBPs are only as good as the people who deliver them and that the recruitment, hiring, and training and certification of a highly-effective workforce 'doesn't just happen,' and you want to

engage with EBA to learn more about our supports (resources, tools, experience), contact us for a no cost initial consultation:

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