



An association of resources and advocacy for children, youth and families
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Current Workforce Challenges in Acute and Treatment Services for Children and Youth

AspireMN surveyed 21 community-based children's residential treatment organizations¹ between September 1 and 15, 2021 on the current workforce crisis. The four most common concerns mentioned by providers are 1) an inability to serve children and families due to being short staffed resulting in reduced capacity, 2) an overall lack of applicants for vacant positions, 3) burnout and turnover among staff and 4) lost revenue and time spent fundraising to cover costs.

Decreased Capacity to Provide Care to Children and Families

Organizations describe how staffing shortages have led to decreased capacity, in some cases decreasing care available by 50% or more. Lower censuses mean fewer children and families served across the state, at a time when we are in crisis and not able to meet the acute mental health care needs of children and youth.

Representative data points:

- *We are staffed at 58.7% of what we would need to be at full capacity.*
- *Limited placement capacity below licensing capacity (3 - 7 instead of 12 youth).*
- *Management staff have to provide direct care leaving less time to focus on staff recruitment, training, and related leadership roles.*
- *We are considering consolidating homes and no longer accepting new admissions.*

Impacting Services, Impacting Children Served

Children's service providers are citing mild to severe impact on programs and services due to current staffing shortages. Many organizations are short on staff, which means that remaining staff are required to work overtime and/or are pulled from manager level jobs to support direct-care staff. This has a significant impact on the quality-of-care staff are able to provide.

Representative Data Points:

- *Staff turnover creates inconsistency for clients which leads to increased law enforcement and hospital encounters*

¹ A full list of participating organizations is listed as an appendix of this report.

- *Clients with significant behavioral support needs do not have staff who are trained and committed to supporting them.*
- *Our program has been severely impacted by staffing crisis.*

Scale of the Staffing Crisis is Unprecedented

The field is experiencing a crisis that is inclusive of all positions required to deliver quality care for children in need of acute and treatment supports. Vacancies include direct care and professional roles.

Representative Data Points:

- *Highest number of open shifts and open positions in known history.*
- *We are a small agency and are currently short 5 full-time positions.*
- *We are down 3 Therapists, 2 Clinical Supervisors and 11 Youth Care Professionals. Therapists are difficult to find, as most tend to want to work from home and do tele-therapy with a clinic.*
- *There has been a lack of applicants.*
- *Minimal applicants and significant delays in DHS background studies being approved causes us to lose applicants.*
- *We have a challenge securing direct care staff.*

Turnover and Burnout

Staff turnover is trending at a higher level in many organizations and staff burnout is frequently cited as the rationale for increased turnover.

Representative Data Points:

- *We are very concerned about burnout of staff as they are having to work a lot of overtime to make up for the vacant positions.*
- *We've experienced a great deal of turnover – we've had 2 positions open for about 8 weeks.*
- *Staff burn out and turn over are high.*
- *We continue to experience higher-than-historical turnover in our positions and, as a result, are spending much more of our time focused on recruitment and retention efforts than we have in the past.*
- *Constant turnover in frontline staff.*

Fundraising and Wage Increases to Cover Lost Revenue

Organizations are having to fundraise to cover lost revenue due to low censuses and many are increasing staff compensation in order to retain and recruit staff, all further impacting financial stability.

Representative Data Points:

- *We have increased staff compensation beyond what our reimbursement level allows - we will need to fundraise to cover this difference.*
- *We are working with our Board of Directors to offer wage increases to retain our current employees.*
- *Staffing crisis has resulted in a reduced census, most recently 50%, and has had significant impact on our monthly financials.*
- *We are losing revenue because we can't admit more residents due to low staffing. Costs to operate services continue to be maintained, and, with the crisis preventing us from serving children and youth, we also are impacted financially with the associated loss in revenue.*

Recommendations

Though staff shortages are impacting all areas of the economy, meeting the needs of children and families who are in deep crisis due to acute mental health and treatment needs is a shared and statewide priority. To adequately maintain existing capacity and to shift into building greater ability to meet growing needs, the following recommendations are for your consideration:

- Leverage ARPA COVID response funding to respond to this crisis by funding providers to meet the budget gaps created by this staffing crisis and the related loss of service revenue, increased costs due to salary increases, increased costs for recruitment and training, and increased costs due to retention strategies.
- Support and differentiate the entry level wage of children's service providers to recruit and retain quality care providers. Youth workers are paid due to contractual rates at a level that competes in community life with workers in a multitude of entry level roles. Due to the level of priority of the work, complexity of children served, and significance in maintaining quality care staff to assure highest quality care, establish the base wage for all acute and treatment services (CRF and PRTF) as reflective of the priority care they deliver, at \$20 an hour to begin a career in this field.
- Collaborate with AspireMN on establishing a credentialing program that will align training, compensation and quality staffing for this critically important field in serving children's mental health and related treatment needs.

1. Appendix – Participating community-based children’s residential treatment organizations

1. Ain Dah Yung Center, St Paul
2. Arlington House Shelter, St Paul
3. Clinicare
 - a. Eau Claire Academy, Wisconsin
 - b. Milwaukee Academy, Wisconsin
4. D.I.V.I.N.E. Institute, St. Paul
5. Fraser, Minneapolis/Twin Cities Metro
6. Greater Minnesota Family Services - Shelter Care, Willmar
7. Heartland Girls' Ranch, Benson
8. Kadiri House, Minneapolis
9. Little Sand Group Homes, Remer
10. Lutheran Social Service of MN
 - a. Bethany Crisis Shelter, Duluth
 - b. Carlton Youth Shelter, Cloquet
11. Minnesota Adult & Teen Challenge, Lakeside Academy, Buffalo
12. Nexus Family Healing
 - a. Gerard Family Healing, Austin
 - b. Mille Lacs Family Healing, Onamia
 - c. Mille Lacs Family Healing – New Trails Group Home, Onamia
 - d. Mille Lacs Family Healing – Willow Trails Group Home, Andover
13. North Homes Children and Family Services, Grand Rapids, Bemidji
14. Northwood Children’s Services, Duluth
15. Port, Brainerd
16. Prairie Lakes Youth Programs, Willmar
17. PrairieCare Residential Services / Paragon Residential Treatment for Youth, Maple Grove
18. Valley Lake Boys Home, Breckenridge
19. Village Ranch Inc., Cokato
20. VOA MN
 - a. Twin Cities Metro – Children’s Residential Treatment
 - b. Twin Cities Metro – Youth Shelter
21. 180 Degrees
 - a. Hope House, Minneapolis
 - b. Brittany's Place, St Paul
 - c. St. Cloud Youth Shelter