

Effective Practices in Hiring and Employee Retention within VHA Homeless Programs

An Innovative Practice in VHA Homeless Program Operations

White Paper

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INTRODUCTION

The VHA Homeless Program Office identifies and disseminates innovative practices in homeless program operations. The VA St. Louis Health Care System (HCS), the VA Pacific Islands HCS, the Edward Hines, Jr. VA Hospital in Cook County, IL; and the Corporal Michael J Crescenz VA Medical Center (VAMC) in Philadelphia, PA have all been recognized for their effective practices in staff recruitment and retention.

PRACTICE OVERVIEW

Hiring strategies that include advocacy with the medical center leadership, recruitment and retention incentives, coordination with Human Resources, and strong supervisory support are effective in improving hiring and retention rates.

“Staffing vacancies and turnover” has been one of the most frequently identified barriers to homeless program operations reported by homeless program leaders. It is clear that, to do the important work of connecting homeless Veterans to housing and supportive services, VHA homeless programs need skilled and competent staff. Consequently, when staff leave homeless program positions, or when vacant positions go unfilled for prolonged periods of time, the negative impact to both operations and to the Veterans served has been significant and detrimental. To help identify potential sites with strong practices in hiring and staff retention, in October 2019, the VHA Homeless Program Office reviewed hiring data for all facilities across VA during fiscal year (FY) 2019. This review revealed 23 facilities that had demonstrated either high net increases in the percentage of Specific Purpose-funded positions in a filled status or significantly low average monthly turnover. Of all facilities identified, St Louis and Honolulu were among the strongest in both categories. Two more facilities were identified from this initial list – Crescenz for high net increase in percentage filled positions and Hines for low turnover. Looking closer, it became clear that many common strategies were utilized among these four sites to help hire high quality staff and to keep them engaged in the work.

RECRUITMENT AND RETENTION INCENTIVES

The Homeless Program Leads at the St. Louis HCS used a variety of concrete recruitment incentives to hire qualified staff and ensure that they stayed in the Homeless Program. First, they received local approval to hire all homeless program social workers above the minimal rate. Per VA HANDBOOK 5007-30 PART II, “authorized officials may, after considering an individual’s existing pay, higher or



unique qualifications, or special needs of VA, appoint certain positions at rates of pay above the minimum rate of the highest applicable rate range for the appropriate grade”¹. While this was commonly used with nursing or hard to recruit positions, at St. Louis, Homeless Program positions were hard to recruit as well. Notably, as this authority was a pay-setting authority and not an appointing authority, consideration of an above-minimum rate salary could only occur after it was determined that the candidate would be properly appointed. Additionally, an above-minimum rate required approval before the effective date of appointment. Prior to this recruitment incentive, candidates at St. Louis were hired at Step 1 of their grade despite many years of relevant experience. Hiring above the minimal rate allowed for staff to join the Homeless Program at a step level commensurate with their demonstrated superior qualifications and special needs of the Agency.

Next, the St. Louis Homeless Program Leads gained approval to add debt reduction benefits to vacant positions through the Education Debt Reduction Program (EDRP). As outlined in VHA HANDBOOK 1021.01, “VA can provide EDRP payments to select permanent, full-time and part-time, with qualifying loans, who occupy selected positions providing direct-patient care services, or services incident to direct-patient care services, for which recruitment and retention of qualified personnel is difficult”². Although debt reduction was usually done by profession or service, the St Louis Homeless Program worked with their VAMC leadership to specify Homeless Program social workers as hard to recruit positions. Each social worker hired with these benefits was approved for up to \$20,000 in debt relief a year, over the following five years. Continued relief was dependent on the employee staying in the position for the duration. This benefit required significant local VAMC support as it could amount to millions of dollars in benefits over time. Although none of the sites reviewed used EDRP as a retention incentive for existing employees, this is possible per section 25 of VHA Handbook 1021.01.

Last, St. Louis Homeless Program Leads were approved to grant new staff a 15 percent recruitment bonus. This authority was outlined in VA HANDBOOK 5007/46 PART VI, CHAPTER 3³ whereby, “approving officials may authorize individual... incentives of up to 25 percent of an employee’s rate of

¹ VA HANDBOOK 5007-30 PART II PAY ADMINISTRATION, CHAPTER 3. AUTHORIZATION OF INDIVIDUAL APPOINTMENTS ABOVE THE MINIMUM RATE OF THE GRADE.

² VHA HANDBOOK 1021.01 EDUCATION DEBT REDUCTION PROGRAM PROCEDURES

³ VA HANDBOOK 5007/46 PART VI, CHAPTER 3. RETENTION INCENTIVES OTHER THAN FOR CLOSURE OR RELOCATION OF EMPLOYING OFFICE, FACILITY OR ORGANIZATION



basic pay or group incentives up to 10 percent of an employee's rate of basic pay". During the first two years in the Homeless Program, new staff would receive a 15 percent increase in their pay. If they left the Homeless Program, the benefits ended. Leaders at these facilities noted that these benefits had the potential to cause consternation with existing staff, who had been in the program for years and were not able to access these benefits and have explored ways to appreciate those staff for their long-term commitments.

One additional incentive homeless program leads should be aware of was relocation incentives. In some instances, relocation benefits were helpful to recruit in remote, distant, or rural locations that are difficult to hire for. At the Pacific Islands HCS, relocation benefits were used to recruit staff to their Guam Community Based Outpatient Clinic. More information can be found in VA HANDBOOK 5007/46 Part IV.

ADVOCACY TO FACILITY LEADERSHIP

As the various recommended practices below required significant support from senior VAMC leadership, Homeless Program Leads at Crescenz described several activities to effectively advocate for the value of homeless services, and by extension full staffing, to their facility's executives. Their core strategy was to ensure that staffing would not be a barrier to meeting performance measures or providing quality care. Homeless Program Leads at Crescenz admitted that this was a controversial message to send and acknowledged the pervasive fear that, if the facility could meet the minimum standards while understaffed, there may be less incentive and will to fill the vacant positions. They observed, however, that VAMC senior leaders often focused on two ends of a performance spectrum: programs that needed significant improvement and programs that consistently demonstrated strong outcomes. The Homeless Program set a goal to be the service that their facility could boast about. Achieving this required constant communication touting the value of the Homeless Program through quarterly presentations to the facility leadership that highlighted program strengths, identified areas for improvement, and showcased specific ways that the Homeless Program improved facility-wide operations. Additionally, each presentation made one clear, concrete, and highest-impact ask. With repeated presentations over the years, the Homeless Program gained the trust and support of their facility leadership, leading to not only getting positions being posted quickly, but also to new hires getting the equipment, resources, and orientation needed quickly so that they can begin their work with Veterans.



COORDINATION WITH HUMAN RESOURCES MANAGEMENT SERVICE

As recruitment and onboarding processes were often opaque and complex to staff unfamiliar with human resources procedures, the Homeless Program Leads at Pacific Islands developed a tracking spreadsheet to monitor various aspects of the process. In addition to streamlining updates to the Homeless Initiatives Staffing Database, it also provided a visual reference for pending items, with tasks requiring action by the Homeless Program colored in red. Additionally, as the tracker retained information on completed hiring actions, it also provided visibility into historical trends and the time spent on various steps of the onboarding process. This was used to identify bottlenecks and further improve processes. This tracker was paired with weekly meetings between the Homeless Program Leads and the Human Resources Management Service (HRMS) staff. Standing meetings allowed for both services to be on the same page as to the various onboarding stages for each candidate in process. When new hires became stuck, the Homeless Program Leads offered to help with follow-up to address common barriers such as VetPro steps or completing reference checks.

“Our Social Work Service leadership has supported me in being incredibly persistent with HR and very hands on in the full hiring process. I have found it true, that putting in the time and effort to learn the many steps of the hiring process made a significant difference in hiring results here. We strongly encourage others to learn their local HR process and policies well as this can help avoid delays and be more proactive throughout some steps along the way”.

Molly Maguire, LCSW
Homeless Program Coordinator
Crescenz VAMC

SUPERVISORY SUPPORT

While many sites found that transitioning their operations to utilize team-based approaches greatly benefited the staff's employment experience, it was critical to supplement these transitions with strong and consistent supervisory support. This was accomplished through a combination of weekly meetings, facilitated daily huddles, telework, flexible schedules, and other activities. At Hines and St. Louis, supervisors regularly met with staff to not only review cases, but also to discuss issues related to personal growth and professional development including trainings or added clinical duties to expand practice experience. Supporting the supervisors was critical as well. At St. Louis, a recent organization chart redesign resulted in a decreased supervisor staff ratio to no greater than 1:12. This ensured that supervisors could devote more time and attention to the wellbeing of their teams.



CONCLUSION

Through the use of effective strategies such as consistent and focused advocacy to medical center leadership, recruitment and retention incentives, close coordination with HRMS, and providing strong supervisory support to staff when hired, these four sites have been able to hire and retain quality providers critical to the work of ending Veteran homelessness.

We would like to thank the dedicated staff at the VA St. Louis HCS, the VA Pacific Islands HCS, the Edward Hines, Jr. VA Hospital; and the Corporal Michael J Crescenz VAMC for sharing their practices with us. If you would like to learn more, please contact Shaleen Robertson, LCSW, COR, HOPE Programs Director for St. Louis at Shaleen.Robertson@va.gov; Andy Taylor, LCSW, HCHV Coordinator for Pacific Islands at ThomasA.Taylor@va.gov; Donald Donahue, LCSW, HUD-VASH Clinical Manager for Hines at Donald.Donahue@va.gov; and Molly Maguire, LCSW, Homeless Program Coordinator for Crescenz at Molly.Maguire@va.gov.

