

# **Senate Finance Committee**

October 2021



#### **Evolving Crisis:**

- In Rhode Island, and across the nation, there is a workforce staffing shortage. We know our service providers are members of a community that have been hit especially hard by the workforce crisis; at a time when they were needed most.
- Many providers have capped capacity, and some have closed intake. This has resulted in waiting lists for community-based and congregate care programs.
- Without immediate steps to address frontline staff pay rates, the DCYF will continue to have very limited availability for the necessary support required for treat youth in the community and in congregate care facilities – causing diminishing outcomes for children and families.



**Mitigation Strategies:** 

#### COVID Stimulus – CRF:

- Congregate Care Providers: \$537K through EOHHS and the Workforce Stabilization Loan (Summer 2020)
- Home and Community Based Providers: \$170K through EOHHS modeled after the Workforce Stabilization Loan (Winter 2020)

#### The Department has tried to expand service options to alleviate programming bottlenecks:

- DCYF has provided foster care families and contract providers premium stipends and created a list of foster parents who are willing to take emergency placements of children.
- The Department has also reinforced its efforts to identify suitable kinship homes for children and/or in need of interim placements.
- We have amended contracts to enhance group care capacity for adolescent males and females.
- We have submitted an RFP to DOA to solicit vendors who can develop residential treatment program for adolescent females.



#### **Escalating Staffing Shortages:**

According to an August 2021 report from the Rhode Island Coalition for Children and Families (RICCF), organizations are experiencing a 31% job vacancy rate overall, with a 36% vacancy rate in direct care positions and 25% vacancy rate in supervisory and clinical positions.

These vacancy rates exceed the national best practice rate of 10% and are considered unsustainable.

- As of October 25, 2021, a canvas of providers (97% response rate) identified 1274 FTEs below \$75K, of which 350 vacancies were identified a 27% vacancy rate.
- > Vacancies reported in March 2020 were 183 (approx. a 91% increase in vacancies since the start of the pandemic).

# of FTEs with Salaries	# of Vacancies	Vacancy Rate as of
under \$75K	as of 10/25/21	10/25/21
(by contract)	(97% of providers responding)	(97% of providers responding)
1274	350	27%



Impacts on Service and Placement Capacity:

- A total of 75% of responding residential agencies and 38% of community-based agencies indicated that they have capped or reduced the census of youth they are able to serve because of staffing.
- Since February of 2020, capacity has decreased 30%.

Bed Status	# Sites	Feb '20 Capacity	Capacity Now	Beds Not Available
Permanent site closure	3	24	0	24
Site suspension	4	29	0	29
Temp bed reduction	14	162	114	48
Site not currently				
affected	15	122	122	0
Totals	36	337	236	101

Overall percentage reduction	30%
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**Proposal Summary:** 

### **ARPA-SFRF**

- DCYF submitted an ARPA-SFRF proposal for provider wage stabilization (\$12.5M for SFY22).
- Funding would provide a one-time (SFY 2022 only) supplemental wage payments to recognize the demands placed upon provider personnel during the pandemic as well as to incentivize retention and recruitment.
- Staff who earn less than \$75K/annually will receive temporary wage stabilization up to \$694.50 per month. These payments would be retroactive to July 1, 2021.

### **Recommended Implementation Strategy**

- DCYF will effectuate the supplemental wage payments by entering into agreements with provider organizations allowing for a "temporary" wage increase which must be passed on to the eligible employees.
- DCYF will coordinate with OMB, EOHHS and Providers on any recruitment strategies.
- Funds are not permitted for administrative costs (e.g., advertising or securing a recruiting agency).
- DCYF would reconcile quarterly, and unexpended funds will be returned to the State.

