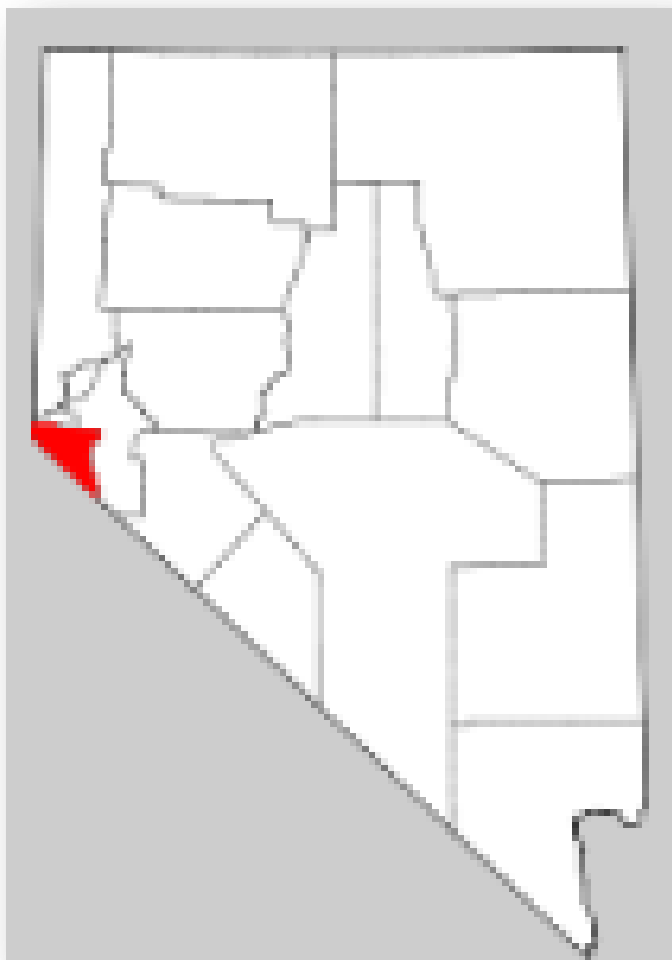


Douglas Counseling and Supportive Services



Recruitment and Retention Plan for Mental Health Professionals

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FINAL DRAFT

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Contents

- Acknowledgements..... i
- Introduction1
- Recruitment and Retention Plan.....1
- Service Area Profile..... 3
 - Demographics 3
 - Health 3
 - Economy..... 6
 - Community, Recreation & Resources 7
- Practice Description..... 9
 - Douglas Counseling and Supportive Services Team & Structure 9
 - Why People Want to Work Here 9
 - Structure..... 10
 - Job Description Summaries..... 10
 - Priority Recruitment and Retention Focus12
 - Criteria for Organizational Fit and hire13
 - Sourcing Strategies..... 14
 - Initiating the Process 14
 - Recruitment Budget 14
 - Recruitment Team15
 - Recruitment Team Members, Roles and Responsibilities15
 - Application, Interview and Evaluation Processes 16
 - Application, Interviews and Site Visits..... 16
 - New Staff Transition and Retention Strategies 16
 - Mentoring and Professional Development Activities17
 - Practice Feedback.....17
 - New Hires17
 - Step 1. Signed Employment Agreement 18
 - Step 2. Welcoming Providers and Family Members..... 19
 - Step 3. Ongoing Retention /Communications21
 - Exit Interviews 22

Evaluating and Refining Recruitment and Retention Strategies 22

Appendix 1: Calendar of Activities..... 23

 Calendar of Activities 23

Appendix 2: Definitions 29

Appendix 3: Access Points and Resources 30

 Federal Resources for Health Care Workforce..... 30

 Nevada Resources for Health Care Workforce 33

Appendix 4: Quad-states Partnership Sample Exit Interview Form..... 39

Appendix 5: Practice Feedback Tools 40

Introduction

This plan is intended to serve as an internal document for Douglas Counseling and Supportive Services and can also be used as a general guide for recruitment and retention of health care professionals in rural areas.

The general components of this plan are based on *Recruitment & Retention Best Practices Model, 2005* funded by the federal Bureau of Primary Health Care (BPHC), Health Resources and Services Administration; and the Midwest Retention Toolkit, created by The National Rural Health Resource Center and the National Rural Recruitment and Retention Network.

Multiple sources were required to develop the localized details of this plan which will need to be updated on an annual basis. This initial publication is coordinated by the Primary Care Office (PCO), Division of Public and Behavioral Health, under grant obligation to BPHC.

The role of the PCO is to improve access to primary care, including recruitment and retention of critical health care providers. The PCO serves as a state liaison to BPHC for designation of Health Professional Shortage Areas (HPSA) and Medically Underserved Areas or Populations (MUA/P), and for approval of National Health Service Corps (NHSC) clinical sites. These designations and site approvals support access to federal health care resources, including: grants to health centers, training and recruitment of health professionals, enhanced payment through Medicare and Medicaid, and immigration policies for health professionals.

The key resources that the PCO leverages with regard to recruitment and retention are the NHSC loan repayment and scholar programs, and the J-1 Physician Visa Waiver and National Interest Waiver policies. The PCO maintains contact with all safety net providers¹ to update information on the health care workforce, conduct outreach and technical assistance regarding program opportunities and requirements, and to ensure requirements are met.

Information on how to qualify for these federal resources is provided in [Appendix 3: Access Points and Resources](#). The best practices for recruitment and retention apply broadly to all health care professionals even beyond those who are federally supported.

Recruitment and Retention Plan

Research suggests that the ability to adapt to rural practice and, especially, rural life is a key determinant of retention. It is important that providers who practice in a rural setting feel connected to their community. Besides feeling that they “belong” to their rural community, healthcare

¹ Safety net is a broad term to encompass all health care providers and facilities accepting Medicaid and Medicare payment for services, which is a requirement for participating in the NHSC and waiver programs.

providers who practice in remote and sparsely populated areas may require additional training to feel confident in their abilities to handle situations without assistance available in urban areas.²

The Douglas Counseling and Supportive Services Recruitment and Retention plan identifies a successful recruitment as one in which a candidate stays at least four years with our organization. Our plan addresses a number of elements that affect retention success, including:

- Screening candidates for the best all around “fit,”
- Establishing mutual expectations during the interview and reiterating these before an offer is made (i.e. client caseload, schedule, committee time, etc.) Ensuring that candidates know exactly what to expect,
- Offering to screen the spouse for career objectives or requirements, or other means to connect with the community,
- Offering to assist with connecting family members to education and recreation,
- Integrating “retention” into the interview process. Communicating to candidates upon interview that one of the primary goals of the recruitment process is retention, and
- Continuing communications and follow up with new hires for the first three years of employment at DCSS.

² American Academy of Family Physicians Rural Recruitment and Retention Position Paper. “Keeping Physicians in Rural Practice.” September 2002.

Service Area Profile

DEMOGRAPHICS

According to the 2010 Census Bureau, Douglas County is home to approximately 46,997 residents with almost 60% of its population between the ages of 18-64 and split almost equally between men and women. It covers an estimated 751 square miles and lies in Western Nevada. Within its borders is a portion of Lake Tahoe (to the West) and Topaz Lake (to the South). The combination of a semi-desert climate and an average of over 295 days of sunshine per year allow for outdoor activities year-round. Heavenly Valley, a world class ski resort, is located within a half- hour's drive of most locations within the county. Residents can enjoy skiing in the morning and a round of golf in the afternoon! Reno-Tahoe International airport is just 60 miles to the north. Among the Douglas County communities are Minden, Gardnerville, Stateline and historic Genoa.

Douglas County and its communities possess a fascinating history. The County was named for Democrat Stephen A. Douglas, famous for his 1860 Presidential campaign and debates with Abraham Lincoln. The Ferris Wheel, unveiled at the 1893 Chicago World's Fair, was invented by Carson Valley native G.W. Ferris. In addition, the town of Genoa is host to the State's oldest bar and was the first permanent settlement in Nevada which was established by Mormon traders from Salt Lake City. Genoa's annual Candy Dance started in 1919 as a way to raise funds for street lights and currently draws thousands of visitors nation-wide providing the majority of the town's annual revenue. The beautiful Carson Valley and Lake Tahoe areas have been the backdrop for many movies including 'The Shootist' starring John Wayne in his final role.

Nevada residents do not pay a state income tax. Property in rural Nevada is often less expensive compared to property in Reno, Las Vegas, and neighboring states. Douglas County provides beautiful vistas and extensive outdoor recreation opportunities including hiking, backpacking, horseback riding, Off Highway Vehicle (OHV) access, golfing, small and large game hunting, fishing, boating, mountain biking and climbing, snowmobiling and skiing.

HEALTH

According to the 2013 County Health Rankings³ for Nevada, Douglas County ranks first in the state for positive *Health Factors* that impact health outcomes. This metric is a combined score of health behaviors (tobacco use, diet and exercise, alcohol use, sexual activity), clinical care (access to care and quality of care), social and economic factors (education, employment, income, family and social support, community safety), and physical environment (environmental quality, built environment).

³ County Health Rankings & Roadmaps, University of Wisconsin, Population Health Institute, Robert Wood Johnson Foundation. Online access at www.countyhealthrankings.org/nevada.

This report also ranks counties according to *Health Outcomes*, based on mortality (length of life) and morbidity (quality of life). Douglas County ranks fourth in the state for *Health Outcomes*.

Population Health Profile





At the beginning of 2013, the Nevada Office of Rural Health published *The Nevada Rural and Frontier Data Book – 2013 Edition*⁴ (*Data Book*); which includes estimated and projected data for the health care sector, as well as other sectors.

According to the *Data Book*, for rural and frontier counties combined, self-reported lifestyle and behavioral risk factors for alcohol use among adults in 2011 included the following:

- Single occasion binge drinking of 5 or more drinks, 16%
- Heavy daily drinking of 3 or more drinks for men or 2 or more drinks for women, 8.2%

Data Book information about self-reported substance abuse among the population, aged 12 and over in rural and frontier counties combined for 2010, includes:

- Alcohol use in past month (age 12-20), 26.3%
- Alcohol use in past month (all), 57.0%
- Alcohol binge use in past month (12 -20), 17.6%
- Alcohol binge use in past month (all), 26.2%
- Alcohol dependence in past year, 3.4%
- Alcohol dependence or abuse in past year, 8.5%
- Cigarette use in past month, 24.4%
- Cocaine use in past year 2.5%
- Dependence on or abuse of illicit drugs or alcohol in past year, 10.2%
- Illicit drug dependence in past year, 1.9%
- Illicit drug dependence or abuse in past year – 3.0%
- Illicit drugs other than marijuana, used in the past month, 4.2%
- Illicit drug use in past month, 9.7%
- Marijuana, average annual rate of first use, 1.8%
- Marijuana, used in past month, 7.1%
- Marijuana, used in past year, 11.7%
- Pain relievers, non-medical use in past year, 5.8%
- Perceptions of great risk of binge drinking, 43.9%
- Perceptions of great risk of daily smoking, 70.3%

Recent Trends (2009 – 2012) Rural and frontier counties		
Alcohol use in past month	age 12-20 	-3.4%
	all ages 	1.3%
Alcohol binge use in past month	age 12-20 	-4.3%
Cigarette use in past month		-2.6%








⁴ Reported data is excerpted from the Nevada Rural and Frontier Health Data Book, 2013 Edition. Complete data tables are available online at <http://www.medicine.nevada.edu/orh/databk13.html>

- Perceptions of great risk of smoking marijuana once a month, 34.0%
- Tobacco product use in past month, 28.7%
- Needed treatment for alcoholism in past year, 8.1%
- Needed treatment for illicit drug in past year, 3.2%

Health Care Workforce and Resources⁵

For Douglas County in 2011, the 2013 Nevada Rural and Frontier Data Book⁶ lists 270 positions at hospitals; 540 jobs as physicians, dentists and other professionals; 207 jobs in the nursing and protective care; 44 jobs at pharmacies; and 115 jobs regarding other medical and health services. All of which constitute a total of 1,176 positions in the health sector.

Douglas County workforce includes the following number of professionals per 100,000 population⁷: 19.1 licensed osteopathic physicians (DOs); 52.9 licensed primary care physicians (MDs and DOs); 36.0 licensed advanced practitioners of nursing (APNs); 25.4 licensed physician assistants (PAs); 749.6 licensed registered nurses (RNs); 48.7 licensed practical nurses (LPNs); 2.1 licensed registered nurse anesthetists (CRNAs); 4.2 licensed registered nurses with EMS certification; 163.1 certified nursing assistants (CNAs); 52.9 licensed dentists; 67.8 licensed registered dental hygienists; and 296.5 licensed emergency medical technicians (EMTs).

Recent Trends In Douglas County			
2002-2012	APNs		54.5%
	RNs		35.1%
	LPNs		-48.9%
	CNAs		18.5%
2004-2012	Dentist		4.2%
	Licensed Registered Dental Hygienists		-5.9%
2006-2012	DOs		12.5%

According to the 2013 Nevada Rural and Frontier Data Book, in 2012 there were 23 licensed community hospital beds in Douglas County.

Douglas County health care facilities⁸ include a rural hospital - Carson Valley Medical Center, an independent center for emergency medical care - Minden Emergency Urgent Care Center, a rural health clinic - Minden Family Medicine and Complete Care, and Lake Tahoe Surgery Center. There is also a tribal health center called Washoe Tribal Health Center which is focused on enhancing and maintaining the health status and well-being (physically, mentally, spiritually, and emotionally) of tribal members and their families within all Washoe communities. The following services are

⁵ Reported data is excerpted from the Nevada Rural and Frontier Health Data Book, 2013 Edition. Complete data tables are available online at <http://www.medicine.nevada.edu/orh/databk13.html>

⁶ <http://www.medicine.nevada.edu/orh/databk13.html>

⁷ Provider-to-population ratios utilize county- and state-level population estimates certified by the Nevada State Demographer's Office for any given year.

⁸ See facilities listing online at <http://dhhs.nv.gov/Health/hcqc/healthfacilitiesquery/>

provided at the Washoe Tribal Health Center⁹: medical services (physicians, nurse practitioners, registered nurses, licensed practical nurses, etc.); radiology services; podiatry care; chiropractic services; medical laboratory; pharmacy services; dental services (dentists, dental hygienists, and dental assistants); optometrist (eye care); community health representatives; wellness and injury prevention; environmental health; diabetes care; nutrition and dietitian services; medical records management; and patient transportation services. Mental health services provided to the tribal members include individual counseling, marriage and family therapy, couples counseling, and substance abuse evaluation and treatment.

Health Care Workforce in the rural and frontier counties


According to the Data Book, the health care sector for the rural and frontier counties is projected to grow significantly over the next 8 years; from 5,493 jobs in 2012 to 6,047 jobs in 2020. The projections include 554 new positions in Douglas County, with significant increases in home health care services, nursing care facilities, and community care facilities for the elderly.

In regard to the mental health workforce supply in rural counties of Nevada, Data Book shows that in 2012 there were 66.4 alcohol, drug, and gambling counselors per 100,000 of the population. That figure is particularly noteworthy when compared to its counterpart of 46.3 for urban counties. In 2012 there were 0.7 psychiatrists and 6.4 psychologists per 100,000 population in the rural counties with 2.1 psychiatrists and 6.4 psychologists in Douglas County. This reveals a real need in that area for mental health services.

Some other factors affecting access to mental health care in rural and frontier counties include a relatively high uninsured rate of 23.9% in 2011, a poverty rate of 9.9% in 2011, and an unemployment rate of 13.1% in 2012.

ECONOMY¹⁰

After four years of significant economic challenges, locally and nationally, there are several recent economic indicators for Douglas County to be optimistic about. Unemployment in Douglas County is the lowest it has been for over three years. The 2013 Nevada Rural and Frontier Data Book shows a declining

Recent Trends (2009 – 2012) Rural and frontier counties	
Poverty rate 	-4.2%

⁹ <http://www.washoetribe.us/administration/programsdepartments/health-center.html>

¹⁰ Reported data is excerpted from Douglas County News You Can Use Volume 2, Issue 1, <http://nv-douglascounty.civicplus.com/archives/42/February%202013.pdf> ; and the Nevada Rural and Frontier Health Data Book, 2013 Edition. Complete data tables are available online at <http://www.medicine.nevada.edu/orh/databk13.html>

trend in Douglas County's unemployment rate since 2010. In fact, it decreased to 13.1 percent in 2012 from 14.5 in 2010. Nonetheless, the unemployment rate is still high compared to the 7.7 percent that was reported at the end of 2008 -- before the economic recession.

Regarding the employment for the manufacturing sector, the Douglas County *News You Can Use* reported a positive trend for unemployment with a net increase of 108 new jobs over the past year, totaling 1,781 manufacturing jobs.

On a related note, there is an increasing trend in personal income for Douglas County. Between 2008 and 2011, personal income grew by 3.5 percent. The median family income in Douglas County increased by 24.8 percent between 2000 and 2011, and was estimated at \$71,240.

Information in the Douglas County *News You Can Use* and the Data Book show that home sales in Douglas County are the highest since 2005 and average home sale prices in the Carson Valley have increased for the first time since 2006. In regard to housing units in Douglas County, there was an increase of 23.7 percent from 2000 to 2011. Although there was a significant decline in new building permits issued by Douglas County, down from 590 new building permits issued in 2006 to 36 in 2011, the numbers of building permits being issued this year are at their highest since 2008.

Main Street Gardnerville has seen a net increase of 38 new businesses since 2009 and the town of Genoa has welcomed 8 new businesses since 2011. New area businesses include: Dollar General, Radio Shack, Five Guys Restaurant, Wal-Mart, and a Maverick gas station. A new tractor supply store is under design review. Douglas County continues to work with its local and regional partners to improve the business climate and spur economic vitality.

COMMUNITY, RECREATION & RESOURCES

Douglas County is the gateway to outdoor adventure. Its boundaries encompass the Sierra Nevada Mountains, Lake Tahoe, Topaz Lake, and the Carson and Walker Rivers. Significant Bureau of Land Management (BLM) and U.S. Forest Land holdings provide a unique setting and opportunity for high desert and backcountry adventures on horseback or in off road vehicles. Elevations vary from a low of 4,625 feet on the valley floor to a high of 9,500 feet in the Sierra Nevada. An arid climate prevails with warm summers, moderate winters, and cool night temperatures throughout the year. Now is the best time ever to take a look at making a move to Douglas County. It's a buyer's market and businesses from throughout the U.S. are taking advantage of the great opportunities in Douglas County, Nevada for relocation and West Coast expansions. (Source: Douglas County official website: <http://douglascountynv.gov>)

Why Douglas County is a good place for providers and their family to relocate. The network of community partners and providers who helped develop this plan was asked to share why a provider and their family would want to relocate to live and work in Douglas County. They noted three compelling reasons: Location, Community and Education.

- **Our location and scenic geography.** Located in a beautiful rural valley with outdoor opportunities in all directions, the county has much to offer. Close to Lake Tahoe and Topaz Lake with access to many outdoor activities both winter and summer, Douglas County is the perfect recreational venue for the whole family with hiking, backpacking, horseback riding, Off Highway Vehicle (OHV) access, golfing, small and large game hunting, fishing, boating, mountain biking and climbing, snowmobiling and skiing. Residents enjoy great weather and air quality, and the scenery is outstanding.
- **Our communities.** Communities in Douglas County have small town atmospheres with people who are supportive, caring, and engaged. Housing is affordable, especially compared to neighboring California. Reno and Carson City are only a short distance away, and it is relatively easy to travel to cities such as San Francisco and Sacramento to enjoy cultural experiences and big city shopping.
- **Our education system.** Our schools are great, with innovative programs that link students to the community. Our teachers and administrators are engaged and committed to student success. University of Nevada Reno and Western Nevada College are easily accessible. Western Nevada College has a rural campus located in Minden called the Douglas Campus. There are opportunities for continuing education and advanced learning for professionals and their families.

Practice Description

The State Division of Public and Behavioral Health is located in Carson City and encompasses the state Division of Public and Behavioral Health which houses Rural Services. Douglas Counseling and Supportive Services is one of 14 full or partial service mental health clinics in rural Nevada that supplement major treatment and service facilities in the urban areas. Located in Gardnerville, Douglas Counseling and Supportive Services provides the following services for children, adolescents and adults:

- Outpatient Counseling, including group and individual therapy
- Psychiatric Care and Medication Clinic
- Psychosocial Rehabilitation
- Service Coordination
- Consultation and Education
- Crisis Services during business hours

DOUGLAS COUNSELING AND SUPPORTIVE SERVICES TEAM & STRUCTURE

Douglas Counseling and Supportive Services (DCSS) is a multi-disciplinary team with the common goal of serving seriously mentally ill adults and children with serious emotional disturbance. The professional positions that come together to serve our clients and that are eligible for the HRSA loan repayment program are:

- RN – Psychiatric Nurse
- Licensed Clinical Social Workers, Licensed Clinical Professional Counselor and Licensed Marriage and Family Therapists
- Psychologists
- Psychiatrists

Information about the HRSA loan repayment program is found in [Appendix 3: Access Points and Resources](#). Our team is currently comprised of 17 staff members including 3 Registered Psychiatric Nurses, 2 Mental Health Counselors, 2 Clinical Social Workers, 2 Psychiatric Case Workers, 2 Administrative Assistants, a CSA II, a Psychologist I, a Clinical Program Manager, an APN, and two Psychiatrists. DCSS currently is serving 325 clients, 65% of whom are female and an average age of 35. Client ages range from 5 to 92. The largest demographic served is between 41 and 55 years of age. Diagnoses are diverse with the highest percentage (63%) being mood disorders. We also work with clients who have dual diagnoses i.e. substance use and/or developmental disorders in conjunction with an AXIS I mental health diagnosis.

Why People Want to Work Here

When asked to share why someone should consider becoming part of the DCSS team, staff highlights the supportive and flexible environment and great community collaborations as motives. More specifically, the following reasons were offered:

The Team. The professionalism of our staff is unquestionable. We are a team that is important to the community. Our team members are excellent, with easy going demeanors and a good sense of humor. We are a cohesive team that is dedicated to bringing the best mental health treatment to the community. We enjoy good team support at DCSS.

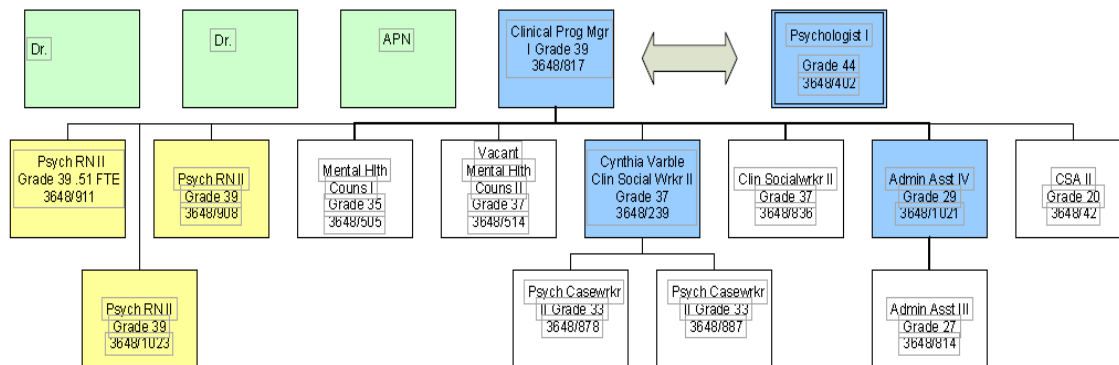
The Community and Location. We are a small, close knit community clinic that cares about the people. Our community is very supportive of us and we are a well-respected part of the community. We are just a short drive from Reno and it is quite lovely to view.

The Work Environment. DCSS maintains a professional atmosphere where staff are able to work effectively without being micromanaged. Professionals have the options to select the best treatment modalities and/or transfer client cases to other clinicians if necessary for better outcomes. At the same time, there is colleague support and collaboration on cases. This results in access to more resources, i.e. psychiatric services, service coordination services, and administrative support for team members. Work schedules can be flexible, according to need of individual staff member and family obligations. DCSS is a great learning environment with in-house professional training and connections with the network of mental health providers throughout the county.

Structure

Our current organizational chart shows the types of positions currently in place. The job descriptions for each follow, along with job descriptions for new/expanded positions we hope to fill as funding becomes available.

Figure 1: DCSS Organization Chart, July 2013



Job Description Summaries

The following summaries describe the positions currently in place and any special education or certification requirements. These are referenced to the organization chart and the state class specifications shown on the Division of Public and Behavioral Health website (<https://nvapps.state.nv.us/NEATS/Recruiting/ViewJobsHome.aep>) and described in more detail on the Nevada State Human Resource Management website for Medical, Health & Related Services job specifications (http://hr.nv.gov/Resources/ClassSpecs/10/10_0a-Psychiatric/).

Administrative Assistant III / IV. Administrative Assistants perform a variety of clerical, secretarial and administrative support duties such as maintaining records and files; composing and editing correspondence; data entry; office management; and budget monitoring.

Advanced Practice Nurse (APN). Advanced Practice Nurses are licensed registered nurses prepared at the graduate degree level as either a Nurse-Midwife, Nurse Practitioner, Clinical Nurse Specialist, or Nurse Anesthetist. Advanced Practice Nurses should hold a graduate degree and be certified in their specialty. This certification is important because it validates and standardizes the practice competencies of the Advanced Practice Nurses. Nurses prepared at the graduate level function in a variety of roles as advanced practice nurses in specialty areas of practice.

Clinical Program Manager I. Clinical Program Managers plan, organize, implement and direct one or more mental health, and/or child development service delivery programs. Clinical Program Managers must be Qualified Mental Health Professionals according to Nevada Medicaid Manual Chapter 400. A Master's degree from an accredited school in clinical psychology, clinical social work, counseling, or a curriculum related to the option/s identified, and three years of post-Master's degree professional experience in a human service delivery setting, two of which were in the option/s being recruited, and one of which included supervision of professionals in the option/s identified; OR a Doctoral degree (Psy.D) in clinical psychology from an accredited school of professional psychology, and two years of experience as described above is required.

Clinical Social Worker (CSW) I or II. Clinical Social Workers provide clinical services to clients in inpatient, outpatient, rehabilitation, correctional or similar setting. CSWs perform evaluations and assessments, crisis interventions, participate in treatment planning, conduct therapy sessions, develop and implement discharge and aftercare plans, and provide case management services. CSW I can be an intern, while a CSW II must obtain and maintain licensure or provisional licensure to engage in social work as a Clinical Social Worker or associate in social work in accordance with NRS Chapter 641B and the regulations adopted by the Board of Examiners for Social Workers.

Mental Health Counselor (MHC) I. Mental Health Counselor I staff provide group, family, individual therapy, and case management services; and, ensure services are delivered consistent with community standard of care. They conduct triage/screening/intake evaluations, conduct and maintain eligibility determinations and prior authorizations; develop, implement, and maintain treatment plans, including ongoing discharge and aftercare planning, participating in treatment teams as needed. MCH I also provide emergency/crisis services as appropriate to client and community need. A Master's degree from an accredited college or university in counseling, marriage and family therapy, psychology, social work or closely related academic field; OR an equivalent combination of education and clinical experience.

Mental Health Counselor (MHC) II. Mental Health Counselor II provides counseling, case management, direct clinical services, community and home based services, and behavioral and human services to mentally ill, developmentally disabled and/or emotionally disturbed clients in an outpatient, residential, community or similar setting. A Master's degree from an accredited college

or university in counseling, marriage and family therapy, psychology, social work or closely related academic field and two years of post-master's degree professional mental health counseling experience; OR an equivalent combination of education and clinical experience is required.

Psychiatric Caseworker II. Psychiatric caseworkers monitor progress of clients in treatment; assess and reassess the clients' level of functioning, evaluate resource and assistance needed, and refers to additional services based on the client's service/care coordination plan. This position requires a Bachelor's degree from accredited college or university in social work, psychology, or closely related human services field and two years' experience. In accordance with NAC 284.437, this series may be used to under fill Mental Health Professional positions when recruitment efforts for clinical positions in rural communities have been unsuccessful.

Psychiatric Nurse II. Psychiatric Nurses provide professional nursing care to mentally ill and/or mentally and physically ill or disabled individuals, in an institution or outpatient setting. A current license to practice as a Registered Nurse in the State of Nevada and two years of professional nursing experience, one of which included working in a facility or institution with individuals with mental illness or mental retardation; OR one year as a Psychiatric Nurse I in Nevada State service; OR an equivalent combination of education and experience is required.

Psychologist I. Provide psychological testing, evaluation, psychotherapy, counseling, and consultation to clients or inmates in residential, inpatient, outpatient and/or community settings, at a program for persons with emotional disturbances, mental illness, or developmental disabilities, or in a forensic or correctional facility. Professional duties are performed in accordance with license requirements of the State of Nevada Board of Psychological Examiners.

Priority Recruitment and Retention Focus

In the future we hope to add the following positions:

- ➔ **One (1) Administrative Assistant I or II.** Administrative Assistants perform a variety of clerical, secretarial and administrative support duties such as maintaining records and files; composing and editing correspondence; data entry; office management; and budget monitoring. It is not necessary for the person to have mental health background.
- ➔ **One (1) Mental Health Technician I, II or III.** The position is a valuable supplement to the mental health professionals as they can help all professional staff. The Mental Health Technician supplements the work of mental health professionals, health specialist, and nursing staff including participating in the formulation and implementation of treatment plans for clients in a mental health facility. They assist in observing client behavior to monitor effectiveness of treatment plan, and receive incoming crisis calls from the public and refer to appropriate professional staff. This position does not require BA. Functions between a service coordinator and consumer service advocate.
- ➔ **One (1) Service Coordinator -- Psychiatric Caseworker I or II.** Psychiatric caseworkers monitor progress of clients in treatment; assess and reassess the clients' level of functioning, evaluate resource and assistance needed, and refers to additional services based on the client's

service/care coordination plan. Both positions require a Bachelor's degree from accredited college or university in social work, psychology, or closely related human services field. The PCI requires one year experience in assisting in direct clinical care, while the PCII requires two years' experience. In accordance with NAC 284.437, this series may be used to under fill Mental Health Professional positions when recruitment efforts for clinical positions in rural communities have been unsuccessful.

➔ **Two (2) Therapists** – These positions may either be Clinical Social Workers or Mental Health Counselors. However, one (1) of the two therapists needs to be trained in working with young children and their families.

Clinical Social Worker (CSW) I or II. Clinical Social Workers provide clinical services to clients in inpatient, outpatient, rehabilitation, correctional or similar setting. CSWs perform evaluations and assessments, crisis interventions, participate in treatment planning, conduct therapy sessions, develop and implement discharge and aftercare plans, and provide case management services. CSW I can be an intern, while a CSW II must obtain and maintain licensure or provisional licensure to engage in social work as a Clinical Social Worker or associate in social work in accordance with NRS Chapter 641B and the regulations adopted by the Board of Examiners for Social Workers.

Mental Health Counselor (MHC) I or II. Mental Health Counselors provide counseling, case management, direct clinical services, community and home based services, and behavioral and human services to mentally ill, developmentally disabled and/or emotionally disturbed clients in an outpatient, residential, community or similar setting. A MHC I has a master's degree and is working toward licensure. They perform in a trainee capacity and acquire the knowledge, skills and abilities required in this occupation. MHC II must be licensed as a Marriage and Family Therapist (MFT), Licensed Clinical Social Worker (LCSW), or Clinical Professional Counselors (CPC).

CRITERIA FOR ORGANIZATIONAL FIT AND HIRE

In addition to meeting the specific educational, licensing, or other job requirements of a particular position, there are other criteria for a candidate to be successful in the practice and community, including:

- Be open to learning and sharing knowledge with others.
- Like working as a team – our organization is not a good fit for those that want to practice on their own/do things their own way.
- Demonstrate patience for working within the larger state system of care, with recognition that ultimately the DCSS staff and the Division answer to the Governor, legislators and the public.
- Focus on consumers – be people that love the job of helping others.
- Demonstrate cultural competence; especially useful if bilingual. Although there is no pay incentive for bilingual/Spanish speakers at present, this is extremely important to serve the

needs of the Hispanic population in Douglas County. Currently there is only one Spanish speaking therapist at DCSS.

SOURCING STRATEGIES

This section describes how both active and passive candidates will be identified and recruited, including use of community engagement, provider outreach, University/school outreach, networking through the Partnership of Community Resources, and use of existing state access points and resources for recruiting (see [Appendix 3: Access Points and Resources](#)).

Initiating the Process

Recruitments for Douglas Counseling and Supportive Services are initiated by the Director. Requests to fill open positions are forwarded to Division Personnel Technician. Recruitments are then opened in the Nevada Employee Timekeeping System which is available for review to anyone pursuing state employment. Job openings are also posted with pertinent departments at the University of Nevada Reno, the University of Nevada School of Medicine (UNSOM), the National Health Service Corps (NHSC) website (www.nhsc.hrsa.gov), and the Division of Public and Behavioral Health online channel at NV4HealthAccess. Job openings will also be distributed through the Partnership of Community Resources.

Recruitment Budget

Rural Clinics does not currently have a separate budget for recruiting employees. We utilize the State Department of Personnel website as well as the NHSC and 3RNet websites to find eligible candidates. However, through the Partnership of Community Resources we have access to people and resources to help candidates and new hires feel welcome and readily integrate into the local community.

Following is a summary of how we will search, generate and grow provider leads through community engagement and networking with members of the Partnerships of Community Resources.

Networking and Community Engagement

When recruiting for a mental health position, DCSS will notify the Partnership of Community Resources so the Executive Director can let those on a special list serve know about the opportunity. This will include posting on the Douglas County website after an MOU is established, as this is likely the first website that prospective candidates and their spouses visit when considering working in Douglas County. During the networking and community engagement phase, DCSS will communicate job openings with other professional organizations, licensing boards (social work, psychiatry, etc.), etc., including the Nevada State Office of Rural Health's Area Health Education Center (AHEC). AHEC maintains a list of position openings around the State, including salary ranges.

Provider Outreach

As a means of supporting the overall increase in mental health providers in Douglas County, The Partnership of Community Resources members and other stakeholders in the county hope to develop a community “resource bank” of qualified providers/other allied professionals interested in working fewer hours and willing to accept less pay than they could earn in private practice. This resource bank could provide employers with flexibility in hiring, especially for the nonprofit organizations that may only need part time professional services or targeted support.

Education and Institution Outreach

Addressing mental health and other primary care workforce needs begins long before a job position becomes available. It starts with educating the prospective applicant pool about career opportunities. Therefore the Partnership of Community Resources members will create a group of volunteers to talk to high school students, local college/university students, and social /civic organizations about the opportunities and needs for mental health providers in Douglas County and rural Nevada. Reaching out to Douglas County high school students as they are considering career directions is an important long-term strategy. As part of the student outreach efforts, volunteers will also make presentations to Western Nevada College, Truckee Meadows Community College, University of Nevada Reno, and private schools. Students in areas such as public health, social work, pre-medicine, nursing, and other related fields will be targeted to encourage them to do their internships in Douglas County, and upon graduation, stay in Nevada practice settings (specifically Douglas County).

As part of this outreach, the group may link to social media/videos in which specific people talk about the mental healthcare needs and opportunities throughout rural Nevada. The outreach volunteers will also use promotional information from the Nevada State Office of Rural Health’s Area Health Education Center (AHEC). AHEC offers education classes, information services, student programs, library services, and innovations in distance linkages which provide enhanced practice opportunities for health practitioners in Nevada. Connecting Outreach that includes information about AHEC’s community/academic educational partnerships is a strategy for “growing our own” cadre of qualified mental health providers that want to live and work in Douglas County. An example of AHEC information useful in outreach is health related professionals, salaries and openings around the state.

Throughout the sourcing activities, prospective candidates will be provided with as much positive information about the DCSS and the area as possible.

RECRUITMENT TEAM

Recruitment Team Members, Roles and Responsibilities

This section describes overall responsibilities for monitoring and carrying out this plan. The people/organizations listed in this section will also be identified as responsible for carrying out specific tasks in the [Calendar of Activities](#) section of this document.

The recruitment team for Douglas Counseling and Supportive Services will consist of our agency personnel department and designated staff members of the center. If the candidate is relocating, they will be assisted by the Community Partners and Center staff in securing housing and in being oriented to the area.

APPLICATION, INTERVIEW AND EVALUATION PROCESSES

Application, Interviews and Site Visits

Candidates complete a formal application that is submitted electronically to state personnel at Division of Human Resource Management. Applications are then screened by recruiters at the Division level and a list is generated and forwarded to department personnel. The Center Director screens the list to determine who will receive an interview. Candidates are contacted by the Center Director and interviews are scheduled. Interviews may be conducted in person or by telephone. Interview panels consist of at least three individuals and the composition of the panel is determined by the position to be filled. Questions are developed in advance and are asked of all applicants.

(New) A community lunch for post interview candidates will be held with members of the Partnership of Community Resources to set the stage for future engagement. To ensure that no preferential treatment is provided or inferred, the luncheon will be calendared for all candidates being interviewed. This serves as an opening for Partners to reach out to prospects and learn their interests, as well as evaluate if they might be someone that could fit at one of the other organizations (if not hired by DCSS). These luncheons are also an opportunity to meet spouses that may have accompanied the candidate for the interview, and to learn of their education or employment needs.

NEW STAFF TRANSITION AND RETENTION STRATEGIES

This section describes the activities planned to assist the new hire in successfully transitioning into the practice and the community. It focuses on strategies that the community partners will help conduct to quickly connect new hires and make them part of the community.

Research suggests that the ability to adapt to rural practice and, especially, rural life is the key determinant of retention. It is important that providers/physicians who practice in a rural setting feel connected to their community. By engaging people in cultural/social activities, facilitating employment for spouses, and assisting with quality housing, the community buy-in and the right fit are enhanced. Therefore, the Partnership of Community Resources continues to be an essential bridge between DCSS and the community and all it offers during a new employee's first three years. Activities to support retention conducted in collaboration with the Partnership of Community Resources include:

- Early connection and community involvement with new providers.

- Having new hires attend Douglas County Healthcare Coalition, Mental Health Stakeholder's and/or Partnership of Community Resources meetings.
- Inviting the new provider's family to visit Douglas County once an employment agreement is signed in order to show the beauty and outdoor activities.
- Introducing new staff to a caring community through civic groups and organizations.

Mentoring and Professional Development Activities

The Partnership for Community Resources and the Mental Health Stakeholder's group developed specific strategies to engage and retain providers through mentoring and professional development activities:

- **Develop a Shared Training Calendar**– DCSS staff like training others and would welcome the chance to provide training and education on mental health topics to other care providers and community organizations (e.g., Legal 2000 for new team members at Barton Hospital). In conjunction with the Partnership of Community Resources, DCSS will develop a shared training calendar that lists quarterly in-house training sessions (open to partners), partners' training in which DCSS staff can participate/benefit, and training that DCSS staff is conducting.
- **Teaching/Training Opportunities with Higher Education** – DCSS will formalize its relationship with UNR, TMCC, and WNC and conduct educational presentations once a year (minimum) at each school. This will introduce students to the mental health issues and career opportunities in Douglas County and help recruit interns for DCSS and other care settings.
- **Outplacing Staff** - as option for addressing facility limitations, DCSS could partner with other community agencies and provide staff at those sites. However, due to the team nature of operations, it is most effective to have the DCSS team together in one building.
- **Flexible Scheduling** – provide opportunities for staff to flex schedules so they can continue education and obtain advanced degrees. This helps to build good will and commitment to organization.

Practice Feedback

Currently there is no standardized approach for obtaining information to refine recruitment and retention strategies based on practice feedback. **Appendix 5:** contains examples and references to four practice feedback tools which could be considered by Rural Services in the future should it decide to implement that process.

NEW HIRES

This section describes the primary steps for retention that will be taken once a healthcare professional is hired to serve Douglas County. These steps were developed based on the Michigan Physician Retention Plan provided in the Midwest Retention Toolkit. Each step is linked to a milestone in the recruitment and retention process.

Step 1. Signed Employment Agreement

Activities begin once an employee contract has been fully executed.

Contracts prepared for state level positions prior to start date. Doctors (MD, DO, APN) are typically contractual and not employees. For staff that are hired as state employees, upon first day of hire review Employee Work Performance Standards Form, previously reviewed during interview process. Must be signed and returned within 30 days of hire.

Communications

Traditionally there is a lag between the decision to hire, notification of hire, and ability to offer position. Candidates not selected will receive communication in writing by DCSS. Candidates selected will receive a phone call followed by a formal offer letter with a start date typically within two weeks.

Licensure and Credentialing

Depending upon the position requirements and the new hire's field, they will be connected to one or more persons within the state to introduce them to the licensing and credentialing boards' staff. The Applicants are referred to their specialist at Nevada State Board of Medical Examiners (NSBME) and can find more information on the NSBME website.

Ideally, this process will begin immediately after a signed employment contract is received allowing for major insurances to be credentialed before the first day of work. Regular communication with the new hire before start date is important to complete this process with 95% of information available from the global application.

Site Readiness

This covers the types of preparations that will need to be addressed (business cards, equipment, desk, etc.) in advance of the provider arrival.

Clinical staff has his or her own office. New staff members are given a desk, a desk chair, computer and supplies with an offer to accommodate the staffer's own (private) furniture and equipment. They are also invited to go to the state warehouse facility to "shop" for other equipment to outfit their office space. A generic state business card is issued upon start date, with permanent ID cards printed once the staffer is actually hired and has started work.

Relocation Support and Communications

At the point a candidate is invited for interviews, DCSS will provide names of individuals who are interested in helping them get acquainted with Douglas County. The list will be developed through the Partnership for Community Resources and include:

- Realtors
- Spouse employment assistance
- Education information (family members)
- Civic and outdoors groups
- Other resources

Orientation Sessions Planning

Once DCSS begins the hiring process they will communicate with the Partnership of Community Resources and the Mental Health Stakeholders groups. This will start the community's action to support the orientation and welcoming activities. At this point specific people are assigned to plan and coordinate each new hire's orientation and welcome activities. Typically covered are how the new hire and their spouse/family will be oriented to:

- Practice Site
- Community/area
- Social events for provider and family
- Welcome events for provider
- Communicating the orientation plan to the new provider.

A one sheet handout will be prepared in advance that details the plan for the first one to two weeks of work.

Step 2. Welcoming Providers and Family Members

Orientation and Onboarding

The basics of employee orientation and onboarding are covered in this section. An effective orientation/onboarding process integrates the new employee into the organization. It helps them to meet the expectations of their position, and leads to retention, motivation, and job satisfaction.

Providers need to feel at home in their practice setting, with all relevant information available to them, including:

Facilities and staff

- Practice information
- Liability issues
- Technical assistance and support services available
- Practice manual and care plan
- Appointment system and scheduling
- Call schedule
- Clinical duties
- Mid-level supervision
- Continuing education policy
- Quality assurance program and expectations

- Mentoring and presenting opportunities
- Committee structures

Practice procedures

- Patient record and billing systems
- Patient demographic information
- Elements of practice dynamics

Introductions

- Key professionals and consultants
- Partner agencies

- Civic /community group leaders

Overview

- Referral relationships and protocols
- Partner organizations and agencies
- Relationships with civic /community groups and coalitions
- Emergency procedures

The DCSS has a structured orientation process which covers all of the above topics. New staff members are oriented to computer systems and processes (documents, billing, time tracking). The Clinic assigns someone of a like position for the new hire to shadow for a full week or at a minimum,

this person clears their schedule so a thorough orientation can be accomplished demonstrating templates and other efficiency tools.

Because DCSS staff work very close with Carson City staff (both from Rural Services and Nevada Division of Public and Behavioral Health), they will help the new hire understand the difference between the two entities, beginning with introduction to personnel and specific unit functions. Orientation will specifically introduce new staff to DPBH's Information Technology personnel and Management Analyst II who coordinates all billing, reports, Avatar input, documents, contracts, and licensing. The Management Analyst is considered the "Go To" person for issues as complex as credentialing or as simple as help with problem solving (e.g., car breakdown – who do you call?).

An important addition to orientation and onboarding is introductions to the Agency Director and Clinical Program Manager II of Rural Community Health Services/Rural Counseling and Supportive Services, and spending half a day with administration.

Provider and Family Orientation to Community and County

- **Events.** Welcome events for providers occur as part of staff meetings and informally, (e.g., lunch with clinic director) such as meet and greet to include the family members and tour of the facility. The Welcome event would also include a tour of the community and surrounding area facilitated by a volunteer designed to enhance the family's experience and build a bond while maintaining a professional association.
- **Scavenger Hunt.** All new hires are introduced to the community via a "scavenger hunt" wherein the employee is sent to all community partners including Douglas County Sheriff; Douglas County Social Services; Carson Valley Food Closet; Friends in Service Helping (FISH); Tahoe Youth and Family Services; Partnership of Community Resource; Suicide Prevention; Family Support Council; local hospitals; East Fork Fire; Carson Valley Chamber of Commerce; and Douglas County Senior Services. The scavenger hunt is a successful tool that allows the new provider to introduce themselves and learn about the services that each agency provides.
- **Mentor Hub.** The Partnership of Community Resources is creating a mentor/liaison "hub." The types of hubs will include: hobbies/interests, civic associations, real estate, education, social, etc. New hires will be asked about their interests and the interests of their partner/spouse. For each area identified, a match will be made to an individual in Douglas County that can serve as a mentor/personal link to another group, organization, information, school, etc.
- **Welcome Wagon.** The Partnership of Community Resources and its members will reinstitute the welcome wagon concept for new community members through local realtors. A good realtor wants to meet the needs of an individual/family purchasing a home so they have a great deal of information about the various communities and are a logical point of contact. For new hires not buying a home, a local service club, youth club or church group will be asked to create welcome baskets.
- **Meetups.** The Partnership of Community Resources will also develop a list of pre-qualified Meetups in the area that they can share with candidates or their partners, based on interests. Meetups are an online means of "neighbors getting together to learn something, do something, share something..." One local example is the Douglas County Running Meetup Group.

- **Business.** New hires will be introduced at the Chamber of Commerce meetings by a Partnership of Community Resources member or DCSS manager as part of the “two minute welcome” activity.
- **Community Tours.** New hires and their spouse/partners relocating in the area will be provided a tour of the community by a representative of the Chamber or one of the Mentor Liaisons, depending on the new hire’s interests.
- **Education Link.** Families with children will be connected to the education community after the candidate is hired, but before they arrive in the community. The Partnership of Community Resources members or the Mentor Hub liaison person will contact the new hire once an offer is accepted and they are notified.

Professional Welcome Events for Provider

Mental Health Stakeholders. DCSS will utilize Partnership of Community Resources and Douglas County Healthcare Coalition meetings as a way to connect new hires to the professional community. These meetings are convened to address issues of importance and attended by a cross section of decision makers in the county.

Multi-Disciplinary Team (MDT). New hires will be introduced during an MDT meeting which occurs the first Friday of every month. This is a good forum to build professional relationships and discuss issues that arise related to services.

In addition to these two events, new hires will be oriented as described in the **Mentoring and Professional Development Activities** section of this plan.

Step 3. Ongoing Retention /Communications

Retention is an ongoing activity. Once a provider has been hired and welcomed to the practice and the community, more remains to be done in order to strengthen the likelihood of retention. Practice sites need to check in and engage providers in order to know how the organization is doing.

Examples of DCSS activities for ongoing retention include:

- Regular meetings with administrators, practice managers, mentors, physician/provider liaison. DCSS holds three meetings a week: two 1-hour, all staff meetings, and one clinical staff meeting. Staff meets with the psychiatrist once a month. DCSS may also invite the tele-medicine doctors to attend in person periodically.
- Marketing/outreach to support practice is conducted on pertinent mental health websites for the State, which are linked to search engines.
- Quarterly in-service trainings are held. Topics vary to address the needs of staff and clients being served. Discussions about practice metrics (patient volume, revenue, expenses, etc.) are included from time to time as part of in-service and professional training sessions. During these meetings statistics on patient practice metrics are presented and used by the doctor to educate the team and help manage the practice.

- Rural Clinics’ Director, Assistant Director, and Director of Nursing conduct monthly “town hall meetings” for all Rural Services staff during which participants can submit questions and discuss a variety of topics affecting mental health service delivery.

EXIT INTERVIEWS

In spite of thorough recruitment and retention strategies, some providers will still choose to leave a community. When a provider leaves at the end of an obligation for loan repayment, retirement or some other reason DCSS will conduct an exit interview. This process allows DCSS to determine the reasons behind the decision to leave, gain providers’ perspective on the practice or community, and uncover information that would likely not be shared as a continuing employee. A sample exit interview is contained in [Appendix 4: Quad-states Partnership Sample Exit Interview Form](#).

EVALUATING AND REFINING RECRUITMENT AND RETENTION STRATEGIES

The Douglas Counseling and Supportive Services Recruitment and Retention plan is a living document. It is intended to be used as an internal management tool as well as part of an effective communication strategy with partners and prospective candidates. In order to stay relevant, the plan will be updated at least annually by the DCSS and its strategic partners, including the Mental Health Stakeholders and the Partnership of Community Resources. Components to be reviewed and evaluated include Outreach, Recruiting, Retention, and Management Infrastructure.

- **Outreach** will be evaluated in terms of how well DCSS and its partners were able to implement strategies to reach out to prospective providers about the educational needs, internship and employment opportunities, and what it takes to be a successful candidate in Douglas County. Outreach will also evaluate how well DCSS and its partners were able to connect new hires and their partners/spouses to the community and lay the groundwork for strong community relationships.
- **Recruiting** will be evaluated in terms of how effective DCSS and its partners were in identifying and attracting talent from a diverse pool and to ensure that every candidate is treated fairly throughout the hiring process. Also evaluated will be the degree to which candidates have rewarding experiences with DCSS and the Partnership of Community Resources and other community organizations.
- **Retention** will be evaluated based on results of exit interviews and data about the current number of staff who stay and continue to provide services to the community. The effectiveness of the onboarding, mentoring and professional development components of retention will be evaluated.
- **Management Infrastructure** will also be evaluated in terms of its ability to support the long-term recruitment and retention strategies. Areas to be evaluated include management’s ability to ensure coordination of activities within DCSS and with its community partners, ensuring success of the efforts and sustainability over time.

Appendix 1: Calendar of Activities

CALENDAR OF ACTIVITIES

This section lists the specific recruitment and retention activities, persons/groups responsible for leading and implementing them, and frequency and timing.

Task Description	Responsibility	Timing	Status	Notes/ Comments
Initiate Recruitment				
1. Establish MOU and formal process for posting provider job openings on Douglas County website	Agency Director & DCSS	Sept – Oct 2013		
2. Initiate DCSS recruiting process with DCSS staff	DCSS Director	As needed		
3. Notify members of the Partnership of Community Resources, and the Mental Health Stakeholder’s Group via the Executive Director, about job openings	Partnership of Community Resources Executive Director	Ongoing, as needed - Within one week of opening position		
4. Recruitments opened in the Nevada Employee Timekeeping System (NEATS)	Personnel Analyst I	Ongoing, as needed –target within one week of initiating recruiting process		
5. Notify other community Healthy Communities Collaboration groups about job openings in Douglas County	Partnership of Community Resources Executive Director	Quarterly, as needed		
6. Post opening on the Douglas County website	Douglas Economic Vitality Manager	Ongoing, within one week of opening position		
7. Issue job announcements / post openings at the University of Nevada Reno, the University of Nevada School of Medicine (UNSOM), on the National Health Service Corps (NHSC) website www.nhsc.hrsa.gov , with 3R Net, Great Basin Primary Care Association, www.NV4HealthAccess.net , and AHEC..	Personnel Analyst	Within one week of opening position		
8. Issue news-blasts, social media updates to announce openings	Partnership of	Within one week of		

Task Description	Responsibility	Timing	Status	Notes/ Comments
for DCSS and other partners	Community Resources Partners	opening position		
9. Send notice of opening to licensing boards so they are aware and can incorporate into their existing communication processes.	Personnel Analyst	Within one week of opening position		
Outreach and Provider Prospect Development				
10. Update contact information, locations and training facilities/educational intuitions to conduct student outreach and recruitment activities and prioritize list for coming year's outreach (i.e., Western Nevada College, Truckee Meadows Community College, University of Nevada Reno, and private schools).	DCSS & Partnership of Community Resources	Annually November/ December		
11. Identify other recruitment conferences and exhibit possibilities (e.g., job fairs, college recruiting/training events, etc.) and add to outreach calendar.	DCSS & Partnership of Community Resources	Ongoing		
12. Schedule, create calendar and assign presenters for outreach and educational presentations to high school, college and healthcare students/ residents.	Partnership of Community Resources members, DCSS staff	Annually January/ February		
13. Develop/prepare standardized presentation materials and general outline of presentation to customize for various groups. Materials should include a presentation evaluation form and an email sign-up sheet for people wanting to be included on the Partnership of Community Resources list serve.	Partnership of Community Resources members/ MH Stakeholders Group	Annually January/ February		
14. Conduct outreach and educational presentations per calendar. Collect names youth/students interested in rural primary care as interns, or providers.	Partnership of Community Resources members; community volunteers	Semi annually		
15. Develop and maintain a list of interested high school/college students and prospective providers that want to know more / stay connected to DCSS and Partnership of Community Resources members.	Partnership of Community Resources members/ DCSS	Monthly		
16. Update links on social media and Partnership of Community Resources partners' websites to the PCO and specific websites	Partnership of Community	Quarterly		

Task Description	Responsibility	Timing	Status	Notes/ Comments
where physicians can go to learn about parameters and qualifications for Conrad 30 Waiver program	Resources members, DCSS staff			
17. Draft articles and issue via newsletters to prospective youth/providers about rural health issues / ways to be involved. Include/promote link to NV4HEALTHACCESS.net website.	DCSS, Partnership of Community Resources members, Primary Care Office	Semi annually		
Application, Interview and Evaluation				
18. Screen applications for open positions and list of qualified persons sent to DCSS.	Division staff	Once posting closes		
19. Determine which candidates to interview.	DCSS Director	Within one week of receiving list		
20. Contact candidates and schedule interviews to occur over course of one day, or possibly two consecutive days	DCSS	Within one week of prioritizing interviews		
21. Print interview questions and select interview panel based on position being recruited.	DCSS staff	Within one week identifying interviewees		
22. Convene interview panel (minimum of 3 people) and orient to questions and process.	DCSS Director	Within one week identifying interviewees		
23. Work with Partnership of Community Resources members to schedule a community-hosted, post interview lunch with all candidates and Partnership of Community Resources members and guests. Candidates interviewed remotely will be invited to participate in conversation remotely as well.	DCSS Director Partnership of Community Resources Executive Director	Once interviews scheduled		Pending community donations or other additional funding made available to DCSS and the Partnership of Community Resources
24. Obtain permission / interest of candidates (and their spouse/partners, if applicable) in having their resume shared with Partnership of Community Resources members in the event they are not hired by DCSS.	DCSS Director Partnership of Community Resources Executive Director	Once interviews scheduled/completed		
25. Obtain resumes (with permission) and maintain in a "Prospective Provider" databank (e.g., a members' only Google Doc or Google Site)	DCSS Director Partnership of Community	Request once interviews are completed, but		

Task Description	Responsibility	Timing	Status	Notes/ Comments
	Resources Executive Director	before decision is made		
26. Conduct interviews and rate/rank applicants	Interview Panel	As scheduled		
27. Place call to successful candidate and send offer letter	DCSS Director	Within two weeks of interview		
28. Convene partners to plan new hire's orientation and welcoming activities.	Partnership of Community Resources/MH Stakeholders	Within one week of offering position		
29. Issue communication in writing to candidates not selected and reminding them of opportunity for their resume to be shared with Partnership of Community Resources partners agencies	DCSS staff	Within two weeks of interview		
30. Link new hire to Partnership of Community Resources mentor/liaison for housing, education, other supports to ease transition to community; person(s) to contact new hire; welcome/explain process of providing resources and contact persons to assist with their transition to Douglas County.	Partnership of Community Resources/DCSS	Within one week of accepting position		
31. Link to appropriate resource to assist through licensing/credentialing process and provide coaching and support	DCSS	Within one week of accepting position		
32. Assign DCSS staff/clinical person for new hire to shadow, and to provide coaching for the new hire	DCSS	Within two weeks of accepting position		
33. Prepare orientation materials and notify DCSS staff/partners of new hire's first day of work and specific activities	DCSS	Within two weeks of accepting position		
Orienting and Welcoming New Hire and Family Members				
34. Review Work Performance Standards; obtain signature and return to State HR	DCSS	First day of work		
35. Conduct orientation to position, based on DCSS process	DCSS	Throughout first week of work		
36. Introduce new hire to Administration staff (Rural Services and DPBH's Information Technology personnel and Management Analyst II who coordinates all billing, reports, Avatar input, documents, contracts, and licensing)	DCSS	First week of work		
37. Introduce to Agency Director and Clinical Program Manager II	DCSS Director	First week of work		

Task Description	Responsibility	Timing	Status	Notes/ Comments
of Rural Community Health Services/Rural Counseling & Supportive Services.				
38. Schedule and spend half-day with Administration (Carson City)	New Hire	First week of work		
39. New hire participates in scavenger hunt	New Hire, Partnership of Community Resources, MH Stakeholders	Second week of work		
40. DCSS conducts welcome events (staff meeting, lunch with Clinic Director, family meet-and-greet and tour of facility, community tour of county/surrounding area)	DCSS staff and Partnership of Community Resources volunteer	Within first two weeks of start date		
41. Welcome basket delivered to new hire	Partnership of Community Resources volunteer	First week of work		
42. Invite and host new hire at Chamber meeting to introduce to business community	Partnership of Community Resources member	Within one month of start date		
43. Place introduction of new hire on agenda for next Healthcare Coalition, Multi-Disciplinary Team, and Partnership of Community Resources meetings. Escort and introduce new hire to all three groups	DCSS Director	Within one month of start date/ up to 3 months for HCC		
44. Send announcement of new hire to local paper, list serves, social media sites, mental health websites/professional groups to welcome to the community	DCSS/ Partnership of Community Resources members	Within first month of start date		
45. Invite and engage new hires in regularly scheduled DCSS meetings, including quarterly meetings.	DCSS Supervisor	Throughout first month of work		
46. Check in with new hire on how onboarding at DCSS is progressing and whether they need anything.	DCSS Supervisor	Every two to three weeks		
47. Check in with new hire's family about how transition to community is going and whether they need anything/have questions	Partnership of Community Resources mentor/ liaison	Monthly		
48. Identify options (organizations/practice sites) for co-location of staff and/or external supervisors to expand capacity	DCSS/ MH Stakeholders	November 2013		
49. Meet with prospective partners for CPC / MFT supervision and/or co-location for MH professionals	DCSS/ MH Stakeholders	December 2013		

Task Description	Responsibility	Timing	Status	Notes/ Comments
50. Present options to DCSS team and determine feasibility of implementation	DCSS	January 2014		
51. Create MOU and enter into pilot to test remote supervision/ off-site co-locations (as feasible)	DCSS	February 2014		
52. Monitor and report results to Partnership of Community Resources/other stakeholders	DCSS	June 2014, ongoing		
Evaluating and Refining Results				
53. Review and select templates/tools to use in practice evaluation (see appendices for examples)	DCSS/ MH Stakeholders/ Partnership of Community Resources	September 2013		
54. Customize to meet DCSS needs and train staff/stakeholders on use	DCSS/ MH Stakeholders/ Partnership of Community Resources	October 2013		
55. Implement evaluation processes, summarize and report results to DCSS and Partnership of Community Resources/MH Stakeholders groups in order to improve process	DCSS/ MH Stakeholders/ Partnership of Community Resources	Every six months		

Appendix 2: Definitions

<u>Term</u>	<u>Definition</u>
Onboarding	Onboarding begins when the new hire accepts the job and generally continues from 6 months to a full year. It provides new employees with the opportunity to gain knowledge; build relationships; and act on feedback for the purpose of successfully and quickly integrating into the organization. While a new hire is “onboarding” they are also performing work according to a structured plan that was prepared often by the hiring manager, the HR partner and the new hire. ¹¹
Orientation	Orientation is a single event that usually takes place in the first week or so on the job and lasts for a few hours up to a few days. It is designed to manage the "new hire paperwork" in a way that represents the organization’s brand and confirms the individual's decision to join the organization. It also provides a "captured audience" to which the organization can communicate general information that is needed by all new hires, regardless of position. ¹²
Preceptor	The preceptor serves as a role model, educator, socializer, friend and confidant. They observe and help the new provider with skills and evaluate how the new person is demonstrating the skills. Serving in a preceptor role generally requires a large time commitment with well-defined outcomes. While the formal “preceptor-preceptee” relationship concludes once orientation is completed, the relationship may extend beyond into the workplace. ¹³
Sourcing	Sourcing for candidates refers to proactively identifying people who are either a) not actively looking for job opportunities (passive candidates) or b) candidates who are actively searching for job opportunities (active candidates). The status of being an "active" or "passive" candidate is fluid and changes depending on the circumstances, including the position being offered. Sourcing activities are generally considered either “push activities” or “pull activities.” Push activities reach out to the target audience and generally include headhunting, HTML mailers, referral follow-ups, etc. Pull activities result in applicants finding out about an opportunity on their own via a variety of methods, such as advertising on a microsite with a registration process (this makes search engines index the ad), advertising (in newspapers, on cable TV, through flyers/leaflets, etc.), posting a job in job portals, etc.

¹¹ Ibid.

¹² Connect the Dots BlogSpot, <http://leadershiponboarding.blogspot.com/2008/03/orientation-vs-onboarding-whats.html> , accessed online 12/26/2012

¹³ Difference between precepting and mentoring, KC Health Centers, <http://kchealthcareers.com/pdf/mentoring/The%20Difference%20between%20Precepting%20and%20Mentoring.pdf>

Appendix 3: Access Points and Resources

This section includes a summary of resources available federally and in Nevada to address or facilitate workforce recruitment and retention. There are multiple agencies on both a national and state level which can be a valuable resource when developing recruitment efforts. The following provides a narrative synopsis of the agencies and a web link to investigate further information.

FEDERAL RESOURCES FOR HEALTH CARE WORKFORCE

3RNET The National Rural Recruitment and Retention Network (3RNET) is a not-for-profit organization that assists health professionals find practice opportunities in rural and underserved areas. For additional information regarding posting on 3RNet contact Director, Rural Programs, Nevada State Office of Rural Health:

Email: info@3rnet.org

Phone: (775) 934-1717 Website: <http://www.3rnet.org>

Health Workforce Information Center is a comprehensive online library that will assist with identifying health workforce programs, funding sources, workforce data research and policy, educational opportunities, news and events.

Website: <http://www.healthworkforceinfo.org/states/introduction.php?topic=168>

Military Another source for candidates is the service men and women completing their tour of duty with the military. Contact military installations in your region for names of providers leaving service and ask about opportunities to communicate with them. Advertisements can be placed with the *Military Medical News*. This publication is circulated monthly throughout the United States and read by medical personnel within the armed forces. It is an independent publication which is not affiliated with any government agency or group.

Website: www.militarymedical.com.¹⁴

Health Resources and Services Administration (HRSA) is an agency of the U.S. Department of Health and Human Services and the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. The following resources are provided through HRSA.

Bureau of Clinician Recruitment and Service (BCRS) is a national agency. The mission of the BCRS is to improve the health of the Nation's underserved communities and vulnerable populations by coordinating the recruitment and retention of caring health professionals in the healthcare system and supporting communities' efforts to build more integrated and sustainable systems of care. The BCRS supports students and clinicians with a desire to serve

¹⁴ Great Basin Primary Care Association. 2009. Nevada's Healthcare Professional Employee Resource. CD-ROM.

by identifying clinical experiences in underserved areas, job placement assistance, scholarship and educational loan repayment opportunities. The BCRS also supports the development of health professions faculty to train the next generation of health care professionals.

The BCRS supports HRSA grantees, other safety net providers, and critical nursing shortage facilities with technical assistance and support to develop effective recruitment and retention programs in their communities, including the utilization of the various scholarships, loan repayment and recruitment programs administered through the Bureau.

Website: <http://www.hrsa.gov/about/organization/bureaus/bcrs/>

[National Health Service Corps](#) (NHSC) supports recruitment and retention of primary care providers through scholarship and loan repayment programs. The National Health Service Corps (NHSC) provides recruitment assistance to sites treating the underserved. The following link provides an application check list to assist clinics to become an approved site: <http://nhsc.hrsa.gov/sites/becomenhscapprovedsite/index.html>. Additional information about the member community supports offered through HRSA can be found at: <http://nhsc.bhpr.hrsa.gov/members/communities/index.asp>.

Eligibility for these programs starts with the designation of Health Professional Shortage Areas (HPSA). The state Primary Care Office (PCO) assists the federal Health Resources and Services Administration (HRSA) in making these designations by collecting provider data and completing applications describing rational service areas with demographic data reflecting common utilization patterns for health care.

In Nevada, eleven of the frontier and rural counties have “whole county” designations, with large segments of our urban counties also designated. Online listings of all designations throughout the country are available at <http://hpsafind.hrsa.gov>.

Providers who are willing to work in these designated areas can apply to the NHSC for scholarships or loan repayment. The clinics hosting these providers must be approved by NHSC, which supports access to a national online Job Center to post job opportunities. The PCO assists sites in applying to the NHSC and conducts outreach and technical assistance for both the providers and the site administrators. Requirements for being a host site include:

- Provides primary care medical, dental, or mental and behavioral health services
- Ensures access to ancillary, inpatient, and specialty referrals
- Provides services regardless of a patient’s ability to pay
- Accepts patients covered by Medicare, Medicaid, and Children’s Health Insurance Program (CHIP). A six-month billing summary is required before a site can apply; Private Practices (Solo/Group) must submit a 12-month summary.
- Does not discriminate in the provision of services
- Uses a provider credentialing process when hiring

- Agrees not to reduce a provider’s salary due to NHSC support and provides a supportive environment
- Provides sound fiscal management
- Provide services on a [free or reduced fee schedule](#)¹⁵ basis to individuals at or below 200% of the federal poverty level.

Eligible disciplines to apply for the Loan Repayment Program (LRP), which offers primary health care providers loan repayment assistance in exchange for working (and partial credit for teaching) in rural, urban, and frontier communities with limited access to care are:

Medicine (MD/DO)

- Family Medicine
- Obstetrics/Gynecology— General Internal Medicine— Geriatrics
- General Pediatrics
- General Psychiatry

Physician Assistant (primary care)

Nursing

- Primary Care Nurse Practitioner (adult family, pediatric, psychiatric/mental health, geriatrics and women’s health)
- Certified Nurse-Midwife
- Psychiatric Nurse Specialist

Dentistry (DDS, DMD)

Dental Hygienist

Mental and Behavioral Health

Visit <http://nhsc.hrsa.gov/downloads/lrpatagglance.pdf> for more information on the NHSC Loan Repayment program.

Students eligible to apply for the Scholarship Program are those pursuing a career in primary health care. Scholarship participants are eligible to receive funding for their education in exchange for practicing in rural, urban, and frontier communities with limited access to care, upon graduation and licensure. Applicants must be enrolled or accepted into an eligible degree program in one of the following disciplines:

- Primary Care Physician: MD or DO
- Dentist: DDS or DMD
- Family Nurse Practitioner (NP)
- Certified Nurse-Midwife (CNM)
- Primary Care Physician Assistant (PA)

Visit <http://nhsc.hrsa.gov/scholarships/scholarshipatagglance.pdf> for more information on the NHSC Scholarship program.

¹⁵ More information and examples are available online at <http://nhsc.hrsa.gov/sites/becomenhscapprovedsite/eligibility/discountfeeschedule/index.html>

More information regarding the NHSC application process for sites or individuals is available through the PCO at (775) 450-6118 or online at http://www.health.nv.gov/PrimaryCare_NHSC.htm.

The National Interest Waiver is another resource for states to recruit health care providers for primary care or specialty areas. As with the J-1 Waiver, the physician must work in a federally-designated area, but the filing process is less complex and less expensive. Physicians can self-sponsor, but there is a five-year obligation, and states must attest to the need that is being met. Physicians who complete an obligation under the Conrad 30 program may continue on through the National Interest Waiver, but there is no federal requirement for the two waivers to be linked. While some states may require completion of the Conrad 30 obligation in order to provide attestation for the National Interest Waiver, Nevada does not have this requirement.

More information regarding these waivers is available on the PCO website at: http://www.health.nv.gov/PrimaryCare_Conrad_J-1.htm.

NEVADA RESOURCES FOR HEALTH CARE WORKFORCE

Area Health Education Centers (AHEC) program is a national initiative to support recruiting, training and retaining health professionals who provide healthcare for the underserved. Nevada has two AHEC offices serving our state:

Northeastern Nevada AHEC serves Churchill, Elko, Eureka, Humboldt, Lander, Lyon, Mineral, Pershing, Storey and White Pine Counties. Contact information is:

701 Walnut
Elko, Nevada 89801
(775)738-3828
FAX :(775)738-0689

Website is under development: <http://www.medicine.nevada.edu/ahec/NeNvAHEC.html>

High Sierra AHEC focuses on healthcare and public health needs of Northwestern Nevada specifically for Carson, Churchill, Douglas, Lyon, Storey, and Washoe Counties. Their contact information is:

5250 Neil Road, Suite 302
Reno, NV 89502
(775) 827-2432
FAX: (775) 827-0190
<http://www.HighSierraAHEC.org>

[Conrad 30/J-1 Physician Visa Waiver Program](#) Designated state public health departments are authorized under the [Conrad 30 Waiver Program](#) to support up to 30 international medical graduates, per year, to serve in designated Health Professional Shortage Areas (HPSA) or Medically Underserved Areas/Populations (MUA/P). As per United States Department of State [application instructions](#), *only foreign medical doctors who received their exchange visitor J-1 status to pursue graduate medical education or training may apply for a waiver under this basis.* In exchange for serving underserved areas or populations for three years, the requirement for a physician to return to his home country for two years is waived.

The Nevada Division of Public and Behavioral Health (DPBH) supports waiver applications for physicians holding J-1 Visas in order to improve access to primary or specialty care in Nevada. The Nevada Primary Care Office, with support from the Primary Care Advisory Council (PCAC), reviews applications on behalf of the DPBH Administrator and makes recommendations for up to 30 J-1 Visa waivers per federal fiscal year to the U.S. Department of State. More information on this program in Nevada can be found at http://www.health.nv.gov/PrimaryCare_Conrad_J-1.htm. All eligible facilities and employers with vacancies are encouraged to visit the [3RNet](#) website to post advertisements, where physicians may look for job opportunities. Physicians may also use the [Great Basin Primary Care Association www.gbpc.org/](#), [Community Health Alliance/](#) and [Nevada Health Centers nevadahealthcenters.org/](#) websites to search for current vacancies in Nevada.

[Locum Tenens](#) (temporary coverage) providers may be another source for candidates looking for permanent practice opportunities. Their website <http://www.locumtenens.com> allows job postings by clinics. This gives facilities an opportunity to advertise to a national pool of medical professionals at no cost.

[Nevada Department of Employment, Training and Rehabilitation \(DETR\)](#) DETR's mission is to provide Nevada's businesses with access to a qualified workforce and encourage equal employment opportunities. The Department of Employment, Training & Rehabilitation consists of divisions that offer assistance in job training and placement, vocational rehabilitation, workplace discrimination and in collecting and analyzing workforce and economic data. Many of these services are provided through DETR's partnership with the Nevada JobConnect system. DETR's divisions include:

- **Employment Security Division** . The Employment Security Division (ESD) provides comprehensive employment and training services to Nevada businesses and workers. Employment Service programs offer job placement and training opportunities that assist businesses in meeting their employment needs and job seekers in returning to work through the state's workforce investment system, Nevada JobConnect. Available services for businesses include labor market information, recruitment assistance, foreign labor certification, tax credit certification, training incentives, and job fairs that help expand employer-recruiting efforts. Job seeker services include job referral, career guidance, and skill enhancement training.

- **Rehabilitation Division** . The Rehabilitation Division is comprised of three bureaus which include Vocational Rehabilitation, Services to the Blind and Visually Impaired, and the Bureau of Disability Adjudication. The Division also includes the Client Assistance Program, and the Office of Disability Employment Policy. All of these services are designed to address assessment, training, treatment, and job placement for Nevadans with disabilities. The division places primary emphasis on providing necessary services to help clients work and live independently.
- **Nevada Equal Rights Commission (NERC)**. The Equal Rights Commission oversees the state’s equal employment opportunity program, handling employment discrimination complaints relating to race, national origin, color, creed/religion, sex (gender and/or orientation), age, and disability (ADA). NERC works with the federal Equal Employment Opportunity Commission (EEOC) to investigate and bring suit for complaints of discrimination. NERC also has jurisdiction in Nevada over discrimination in housing and public accommodations.
- **Research and Analysis Bureau**. The Research and Analysis Bureau (R&A) provides a wealth of information related to Nevada’s workforce and economic conditions. R&A serves as Nevada’s primary provider of workforce information. The information and resources available from the bureau are offered free of charge.
- **Information Development and Processing** . Information Development and Processing provides data processing and information technology support services to DETR and its customers. The Division oversees Nevada’s automated workforce and rehabilitation information systems. These systems consist of various business applications and online web services that support Nevada’s employers and job seekers.

DETR can be reached at (775) 684-3849 or online at <http://detr.state.nv.us/>.

DETR has two contractors that provide services in Nevada: 1) Nevadaworks serves northern Nevada, while the southern part of the state is served by Southern Nevada Workforce Connection. Information on both of these organizations follows.

Nevadaworks is a regional agency focused on preparing northern Nevada’s workforce to meet the needs of current and potential northern Nevada employers. They do this by understanding the workplace requirements of employers and then coordinating with area educational institutions, public and private training providers, state or other local agencies, to craft necessary training programs for individuals to meet those expressed needs.

Services for Individuals:

Nevadaworks provides funding to qualified and certified service providers who work directly with a diverse population of individuals who are seeking employment, skills upgrading, or who are entering the workforce for the first time. They believe that a strong workforce is the key to a vibrant and diverse economy.

Nevadaworks provides *It's About Jobs*, the largest Northern Nevada jobs database. Job postings from hundreds of different websites are collected into one place so individuals can search all available jobs in these thirteen Nevada Counties with one username, one password, and one resume.

Services for Employers:

- Assistance with hiring at It's About Jobs.
 - Free posting of job openings or internships to the largest Northern Nevada database of job listings.
 - Free resume search using the newest, most advanced way to find job candidates and fill open positions.
 - Help in making business decisions.
 - Access to labor market information about Reno and Northern Nevada that is especially helpful in learning labor availability and prevailing wages.
 - Workforce development funding for services that meet locally identified economic and employer needs.
 - Statistics from It's About Jobs website for real time data on job postings.
 - Links to all local economic development authorities.
 - Programs
 - Access to programs to improve current workforce, such as LEED training.
 - Referrals to agencies for basic skills training.
 - Financial support of programs such as Pro-Net.
- Nevadaworks can be reached at (775) 337-8600 or at <http://www.nevadaworks.com/>.

Southern Nevada Workforce Connection is a group of highly motivated individuals whose mission is to get southern Nevada's workforce back on its feet through partnering with a wide array of employers and agencies dedicated to investing in the future of our communities. They serve the cities of Las Vegas, North Las Vegas, Henderson and Boulder City, and the counties of Clark, Lincoln, Nye and Esmeralda. Their mission is to develop a world-class workforce through the distribution of funds earmarked for training, apprenticeships and other market driven strategies designed to couple the right workers with the right employers. Rather than finding employment for job seekers, they work with relevant agencies and organizations to connect those looking for a job with the best resources available so that they can make a difference in their own lives. Southern Nevada Workforce Connection can be reached at (702) 638-8750 or at <http://nvworkforceconnections.org/>.

Nevada Health Service Corps (NvHSC) takes applications from practitioners who are engaged in a full-time clinical practice in an underserved area in exchange for loan repayment funds. Eligible professions include primary care specialties for physicians -- family medicine (and osteopathic general practice), internal medicine, pediatrics, obstetrics/gynecology, and

general psychiatry. Physicians with limited licensure granted by the Nevada State Board of Medical Examiners will be considered individually for participation in the program. Other eligible health professions include general practice dentists; primary care certified nurse practitioners, certified nurse-midwives, primary care physician assistants, registered clinical dental hygienists, clinical or counseling psychologists, clinical social workers, psychiatric nurse specialists, mental health counselors, licensed professional counselors, marriage and family therapists. Additional details and application information may be obtained from <http://www.medicine.nevada.edu/CEHSO/nhsc.html>

Nevada State Office of Rural Health This program is dedicated to improving the health of rural Nevadans by addressing recruitment and retention issues, technology resources, and promotion of graduate medical education. The office has continuous contact with over fifty communities and provides services such as education and training, outreach, hospital and health professional technical assistance, EMS technical assistance, telehealth/telecommunications, policy development/analysis and health workforce activities.

Additionally, this office assists with coordination of Medical Education Council of Nevada (MECON). This council has been charged by the Nevada Legislature to determine healthcare service workforce needs and make recommendations to the University Of Nevada School Of Medicine and the Nevada Legislature. Additional information about the Office of Rural Health can be obtained from <http://www.medicine.nevada.edu/orh/>

Nevada State Primary Care Office (PCO) is a program of the Nevada Division of Public and Behavioral Health (DPBH), supporting the mission to promote the health of Nevadans by working to:

- Improve access to primary health care services for Nevada's underserved;
- Increase availability of primary care providers in underserved areas;
- Increase access to maternal and child health care service for underserved populations; and
- Improve provider access to health care financing resources.

The Nevada PCO works with HRSA to assign designations for Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA) for the State. This office also works with safety net providers to place physicians applying to the Conrad 30/J-1 Physician Visa Waiver program. PCO contact information is as follows:

Phone: 775.684.4041

Website is <http://health.nv.gov/PrimaryCare.htm>

Email: ljhale@health.nv.gov or bheywood@health.nv.gov

Primary Care Association Great Basin Primary Care Association (GBPCA) of Nevada is the state's federally designated primary care association. GBPCA promotes access to affordable, comprehensive & quality health care for Nevada's underserved populations. The association

supports and advocates on behalf of the community health centers, tribal clinics and other health care safety net providers throughout Nevada. The website for GBPCA is <http://www.gbpcanv.org>. Links to the community health centers and tribal health centers may be retrieved from this site. Please contact GBPCA @ 775.887.0417 to post a vacancy for your facility.

State of Nevada Western Interstate Commission for Higher Education (WICHE) Under NRS 397, WICHE carries out the goals, objectives and programs of the multi-state Western Regional Education Compact, and shares resources with Nevada's higher educational institutions and health care assistance to Nevada citizens. WICHE enhances workforce and economic development by providing the state highly-trained, qualified professionals in diversified areas of established need. WICHE serves all Nevada residents who are seeking a relatively affordable education at the undergraduate and graduate levels, students seeking financial and access assistance to acquire a professional degree in high-demand fields, and Nevadans in need of health care with an emphasis on underserved populations.

WICHE offers several programs in the state of Nevada:

- **Western Undergraduate Exchange (WUE).** Reduced tuition for undergraduate students attending school in WICHE participating states.
- **Western Regional Graduate Program (WRGP).** Reduced tuition for graduate students attending school in WICHE participating states in select programs.
- **Professional Student Exchange Program (PSEP).** Students work in Nevada in high-need fields in return for preference in admission and/or reduced tuition.
- **Health Care Access Program (HCAP).** Health care services are provided to underserved populations in return for tuition assistance.
- **Health Care Access Program-Loan Repayment (HCAP-LR).** Incentive program for professionals to work in Nevada with underserved populations in return for loan repayment funds.

The Nevada Office Contact is Jeannine Sherrick, Director of WICHE. She can be reached at (775) 784-4900. More information can be viewed on their website at <http://www.nevada.edu/wiche>.

Appendix 4: Quad-states Partnership Sample Exit Interview Form

Sample exit interview form

Thank you for your service. We would like your input on your employment experience so that continued efforts are considered to provide an effective work environment. Please be as honest as possible. Responses will be kept confidential.

Exit Interview date: _____ Job title: _____
Employee name: _____ Employment start date: _____
Employment end date: _____ Supervisor: _____
Organization: _____ Site (if different): _____

What are your reasons for leaving?

What did you like best about the center?

Rate the center and your supervisor; please discuss strengths, weaknesses.

What could be done to improve your work experience?

Please rate the following (1= Excellent, 2= Good, 3= Fair, 4= Poor):

Salary	_____	Advancement opportunities	_____
Benefits	_____	Physical working conditions	_____
Co-workers	_____	Recognition - appreciation	_____
Training	_____	Support	_____

Additional comments:

Thank you for your time in completing this form!

Appendix 5: Practice Feedback Tools

This appendix lists questions asked on two practice feedback tools and provides information for two other suggested tools.

National Rural Recruitment and Retention Network, Recruiting for Retention, 2002, The Retention Questionnaire covers the questions below. (See page 38 of the Toolkit, <http://www.dhs.wisconsin.gov/health/primarycare/docs/MidwestRetentionToolkit10412.pdf>)

Insure adequate income potential:

1. Giving consideration to your expenses, lifestyle and cost of living in the community, how much money do you realistically require and are you making it now?
2. What would you like to be making in the future?
3. What sort of benefits and professional perks do you value most, whether you are receiving them now or not?

Practice Issues

1. How much input do you have into decision-making and policies that affect your position? How much do you want?
2. What is your perception of your responsibilities and work load?
3. Do you need more help with coverage or assigned tasks? What kind of help?
4. If you have a supervisor, what is your assessment of your relationship, especially in regard to your performance evaluation?
5. Are the support staff, physical plant and technology for your clinic and hospital practice adequate? If no, why?

Community Issues

1. What is your overall perception of the community in which you live?
2. Consider all aspects of your community, including schools, housing, culture, recreational opportunity conveniences, religious services, politics and people. What do you want, need or expect from the community that you are not receiving?
3. If you have a family, how can the community better address their needs?
4. How can the community, including other medical providers or facilities, better support your role as a health care provider?
5. How do you perceive the patient population served by your practice with regard to their acceptance, appreciation, responsiveness and support for your practice? Your needs?

Goals Issues

1. What are your personal and professional goals both short-term and long-term?
2. Do you feel that you can attain these goals within your present practice situation and within the community?

Provider Satisfaction Survey Sample - Michigan Center for Rural Health Physician Satisfaction Questionnaire. This tool covers the questions below (See page 38 of the Toolkit, <http://www.dhs.wisconsin.gov/health/primarycare/docs/MidwestRetentionToolkit10412.pdf>)

- Tell us about your practice, including if it is specialty care
- Tell us about your patients

Rating scale for level of agreement with the following statements (from strongly agree to strongly disagree)

- **How well is (hospital) communicating with you?**
 - Communication within the organization is open honest and direct.
 - Management listens to, and appreciates, the thoughts, views and opinions of the medical staff.
 - There is a high level of mutual respect between the medical staff and hospital employees.
 - (Hospital) has developed and implemented an effective method to resolve medical staff concerns.
- **How well is (Hospital) managing and improving its business?**
 - (Hospital) does a good job managing and measuring improvement.
 - Hospital management exercises the appropriate balance between quality of care concerns and sound fiscal policy in their decision-making processes.
 - I know the organization's plans for improvement and the medical staff's role in those plans.
 - The organization recognizes and properly utilizes the medical staff in attempting to meet its plans, goals and objectives.
- **How well is (Hospital) making it easier for you to practice?**
 - The attitude of customer service is pervasive in every (Hospital) Department.
 - (Hospital) has the staff and technology to produce the quality of programs and services the community expects and needs.
 - The hospital's clinical information system allows for timely and accurate reporting of meaningful medical information.
- **Overall, how well is (Hospital) meeting our needs?**
 - I would recommend (Hospital) to other physicians as a place to practice.

Please answer the following:

- Within your clinical specialty area, what specific clinical services does (Hospital) do best?
- Within your clinical specialty area, where could (Hospital) most improve?
- Outside your specialty area, in which three (3) specific clinical services does the Hospital deliver the highest quality care?
- For which services would you send a patient and/or family member away from (Hospital), and where would you send them?

Two other tools may be useful to DCSS in obtaining practice feedback. They are the:

1. **Quad-state Partnership Sample Clinician Surveys** – Page 42 of the Toolkit
2. **Mountain States Group Physician Feedback Template** – Page 45 of the Toolkit

<http://www.dhs.wisconsin.gov/health/primarycare/docs/MidwestRetentionToolkit10412.pdf>