

Ohio House of Representatives
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House Finance Committee
Testimony on HB 33
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Good morning, Chair Carruthers, Ranking Member Liston, and members of the House Finance Subcommittee on Health and Human Services. Thank you for the opportunity to provide this children services panel testimony on HB 33. My name is Angela Sausser, and I am the Executive Director of the Public Children Services Association of Ohio (PCSAO). PCSAO is a membership-driven association of Ohio's 88 county Public Children Services Agencies that advocates for sound public policy, promotes program excellence, and builds public value for safe children, stable families, and supportive communities. I am joined here today by a panel to highlight the current state of children services, why the proposed new investments for children services in HB 33 are needed, and how innovation in our system can positively affect children and families.

Once again, Governor DeWine's proposed budget has a laser focus on Ohio's children and families. Taken together, investments in mothers and infants, early care and education, behavioral health, and the children services system help build a stronger foundation for families. As representatives of children services, we appreciate and need this ongoing support.

The General Assembly and the Governor know that Ohio's children services system has experienced significant crisis for many years. Children services went from being greatly underfunded, to a system significantly impacted by the opioid epidemic resulting in an increase in children coming into foster care, to becoming the only option for families with children with

complex, multi-system needs, to then being significantly affected by the pandemic, with workers jeopardizing their own health and wellness to ensure child safety, to most recently witnessing caseworkers and supervisors leaving our field in droves for less stress, less trauma, and more pay. We have been in a constant state of chaos for more than ten years.

Recognizing the critical nature of our work, Governor DeWine and the General Assembly made a substantial investment in children services in 2019 and maintained those investments in 2021. With those new investments, our county agencies have improved their practice with children and families, implemented innovative programs that can prevent children from having to enter foster care, managed soaring placement costs, and more effectively sought out kinship care options for children. Our panelist, Aimee Rich, will highlight one of those innovations that have been implemented in Ashtabula and 53 other counties called Ohio START (Sobriety, Treatment and Reducing Trauma).

Most people think of foster care when they hear children services, but it is important to understand that foster care is only one piece of the work. To give you a brief context of the work, county children services agencies are required to accept allegations of child abuse or neglect 24/7. Annually, PCSAs receive more than 200,000 allegations, all of which must be carefully reviewed to determine if further action is needed.

If the information that comes in with the allegation rises to a level of concern that requires further action, the PCSA screens the case in and conducts an investigation. Statutory and code requirements dictate what and when must happen during the investigation, with special provisions for emergency or high-risk allegations. The results of this investigation determine whether the agency opens a case, seeks court action, works with the family voluntarily, or refers the family to other services. Annually, PCSAs conduct nearly 100,000 investigations.

Less than one in five investigations require PCSAs to open a case and seek court action. For children who have to be removed from their home to ensure their safety, only the juvenile

court has the authority to order such a removal. On any given day, almost 15,000 Ohio children are in temporary or permanent custody, or "foster care." PCSAs also serve, on any given day, an additional 18,000 children who can remain safe at home with their families and receive ongoing services coordinated by our agencies.

I have attached a flowchart to my testimony that depicts the many steps of a case. As you review it, please understand that every single one of the boxes in that flowchart has an attached set of rules and guidelines that drive agency decisions.

Over the past two years, our chief struggles have been our children services workforce and our placement crisis -- which is largely a mental health treatment crisis impacting Ohio's youth. These struggles are real and severely limit the county public children services agencies' ability to effectively and proactively implement all the federal and state changes that have occurred over the last five years, including the federal Family First Prevention Services Act and the Governor's Children Services Transformation recommendations. Despite our statewide success in passing federal review goals, many of our agencies struggle to go beyond meeting mandates due to staff shortages and the inability to attract qualified applicants.

Why do our frontline staff leave? A national study of a representative subset of Ohio counties in 2018 revealed that 53 percent of our caseworkers demonstrated levels of secondary traumatic stress that met the threshold for Post-Traumatic Stress Disorder (PTSD). They had experienced a decade on the front lines witnessing the scourge of the addiction epidemic on top of a high-stress job that requires complex interactions and critical decisions daily. Moreover, because of the 24/7 requirements of this work, many staff regularly have on-call and after-hours duty. The stress of these jobs clearly existed before the pandemic, as the study revealed, but was exacerbated by the pandemic as caseworkers continued to see children in person, visit their families, investigate allegations of abuse and neglect, and remove children from unsafe living situations. This level of stress for the children services workforce, combined with actual threats to their personal safety in the field, has led to high turnover. Now, our workforce is frayed,

unable to keep up with their own mental health needs, let alone the needs in our communities. Those stressors have led to caseworker vacancy rates in the double digits in many counties and caseload sizes well above what is manageable and safe. PCSAO commissioned a research study on Ohio's children services workforce crisis revealing that our system experienced a 38% turnover rate in 2020, higher than the national average of 30%. Turnover is often driven by burnout and the psychological toll of the work. While pay is a factor, our agencies need more comprehensive statewide solutions to recruit and retain children services caseworkers. We appreciate ODJFS's efforts to date on our workforce crisis, including a \$15 million one-time grant focused on recruitment and retention efforts, resiliency and coaching work, an onboarding training program, virtual reality headsets, and expansion of the University Partnership Program. Even with these supports in place, agencies continue to struggle to recruit and retain quality caseworkers.

We recognize that every sector, every industry is experiencing a workforce shortage. Solutions are needed, but we do ask that special consideration be given to the children services workforce. It is well documented that when caseworkers resign, children on their caseloads are forced to spend more time in foster care waiting for new caseworkers to get up to speed with what may be best for the child's permanency. Throughout the pandemic, special provisions were made available to first responders and those in critical occupations — all desperately needed. Unfortunately, none of those provisions applied to the children services workforce, even though they were in the field, meeting required child abuse and neglect mandates. Our panelist, Tammy Osborne-Smith, will share workforce challenges in Jackson County and efforts she has undertaken to stabilize.

The other crisis tipping point impacting the children services system is Ohio's youth mental health treatment crisis, which has created severe placement challenges. We have stood before the General Assembly for several budgets now, highlighting the need to find better solutions for the youth entering our system with complex, multi-system needs. Several budgets ago, we told the story of families having to relinquish custody of their children to access mental health

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treatment, especially at residential treatment facilities. A previous General Assembly convened the Multi-System Youth Joint Legislative Committee, which spent considerable time studying this issue and produced a report with recommendations. Some of those recommendations have been implemented by the DeWine Administration, especially with the launch of OhioRISE and the Multi-System Youth funds. However, right now, Ohio most likely has a child spending the night at one of our county public children services agencies — a government agency — due to the lack of treatment options or placements in this state. This is unacceptable.

This creates additional trauma for our children, which is unacceptable. A child has been removed from home, experiencing a behavioral crisis, and then must face the reality that no foster home, no treatment facility will take accept them for placement, leaving no choice but to sleep at a government agency. Also unacceptable is the fact that children services caseworkers, who are neither clinicians nor direct care providers, are staying with these children round the clock at the agency while also desperately seeking an available placement. Too often, due to the shortage of crisis services and residential treatment options, we have no choice but to choose the first available placement, whether it meets the child's treatment needs or not. By the way, the frustration at the lack of successful treatment options for these children, and the impact on caseworkers' own work-life balance when they end up monitoring a child all through the night after working a long day, is just one more reason why our workers are resigning.

PCSAO issued a <u>report on Ohio's placement crisis</u> in February 2022. We found that approximately 24% of children who entered care in 2021 did so primarily due to their behavioral health needs, developmental delays, or involvement in the juvenile justice system rather than due to abuse or neglect concerns. This report also revealed that in 2021, 6% of those youth had to spend at least one night at an agency. In that same report, PCSAO issued a call to action asking state leaders to develop a shared commitment across systems for these youth with multi-system, high acuity needs. State and local leaders representing the behavioral health, children services, developmental disabilities, and juvenile justice systems should be convened with a sense of urgency and a clear timeline to develop and implement a

comprehensive, child-centered, trauma-informed, multi-system, rapid response approach for these youth. We know this worked in Virginia when Gov. Youngkin created a multi-system task force that aggressively worked to reduce the number of children sleeping at agencies awaiting placement by 89% in six months. To date, our call to action has gone unanswered. We are asking the General Assembly to join in this call to action; Ohio children deserve better.

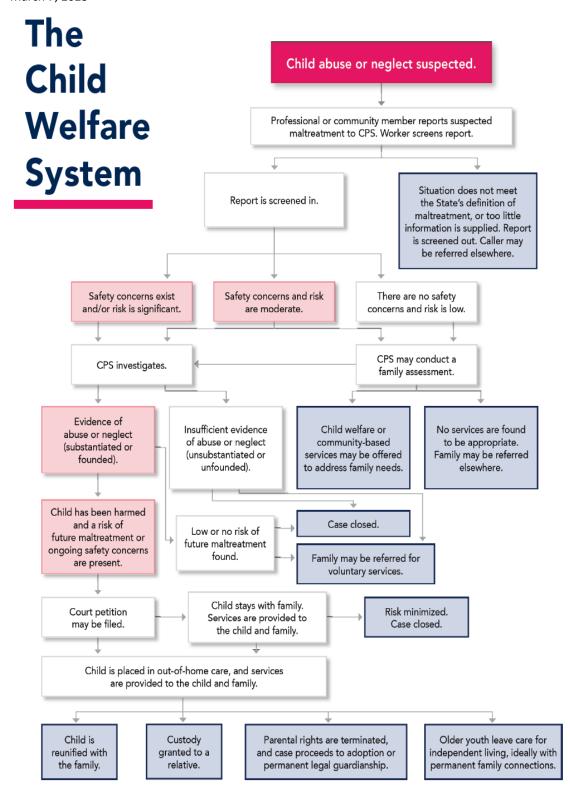
Policy solutions are desperately needed so that children do not have to spend nights at the county public children services agencies and can access appropriate and needed treatment. Yet even when we do find a placement -- whether in Ohio or out-of-state -- the placement costs associated with many of these children with complex, high-acuity needs are astronomical. Residential facilities have had to increase their own costs by as much as 60%. According to these facilities, this increase is due to overall inflation, their own workforce shortages, and the necessity of meeting new federal Family First Act requirements for Qualified Residential Treatment Programs (QRTP). Here is a good illustration of this increased cost: Even as the number of children in foster care has declined over the last several years, placement costs continue to increase. In fact, just last Friday, a small county in southeastern Ohio returned a youth to a facility for which they are paying \$2,500/day, double the rate they previously had been paying for this same youth at the same facility. Our panelist, Tammy Osborne-Smith, will share how this treatment crisis has impacted Jackson County.

The next two years are pivotal for Ohio's children services system to achieve stabilization. We greatly appreciate the proposed new investments in HB 33, especially the increase in the State Child Protection Allocation (ODJFS Line 600523, KID Line 830506). This is the only direct state allocation to the county public children services agencies. These flexible dollars are needed by our counties to help stabilize the children services workforce, address the cost associated with today's placement crisis, effectively implement the many changes that have occurred within our system over the last five years, and work to become more innovative in our approaches to working with children and families.

While we had hoped to see policy proposals in the budget to address the youth treatment/placement crisis, instead, HB 33 contains many policy provisions that impact how public children services agencies do their day-to-day work. As with any policy proposal, it is critical to assess whether these proposals will strengthen PCSAs' ability to ensure child safety, well-being, and permanency and therefore, lead to better outcomes for children and families -- or whether these proposals will further strain this system without improving outcomes. Many of these policy proposals deal with important but complex, nuanced issues that deserve attention and should be fully vetted on their own merit rather than as part of a massive budget bill.

We look forward to working with the General Assembly to maintain these new investments for children services, identify solid policy solutions to impact Ohio's youth treatment/placement crisis and the children services workforce, and address the proposed policy changes in HB 33.

Thank you. I, along with our panel members, would be happy to answer any questions.





# **Placement Crisis Affecting Children Services Report**

February 2022

### **Background**

The Board of Trustees of the Public Children Services Association of Ohio (PCSAO) identified an ongoing but escalating challenge in placing children with high-acuity, multi-system needs. This challenge was originally identified by PCSAO in 2016, leading to the release in 2018 of the Children's Continuum of Care Reform plan. Although progress has been made on several strategies in the reform plan, the challenge of securing timely and appropriate placements continues to grow, particularly for youth coming into care with significant behavioral health needs, developmental/intellectual disabilities, or as a diversion from juvenile corrections.

Quantifying this placement challenge for youth with complex needs can be quite difficult as such data is not easily extracted from Ohio's child welfare automated information system. The following county public children services agencies (PCSA) completed a survey in mid-December 2021 to quantify this challenge: Ashtabula, Champaign, Coshocton, Crawford, Franklin, Jackson, Lorain, Lucas, Perry, Portage, Preble, Seneca, Stark, Summit, Tuscarawas, Union, Warren, Wayne, and Williams. These 19 counties provide a solid representation for the state as they are diverse in size, geographic location, resources, and structure.

Data were collected in three distinct categories to ensure no duplicative count:

- 1) Placements of young people diverted by the court from juvenile corrections;
- 2) Placements of young people with behavioral health as their primary need; and
- 3) Placements of young people with developmental/intellectual disabilities (including autism) as their primary need.

## **Overall Impact on Placement Challenges**

The survey looked at the total number of children who entered care in 2021 (January – November/December) per county and compared that to the number of youth in each of the above three categories. While many of these youth could be accounted for in more than one category, respondents were asked to select the category that best represented the youth's presenting need(s).

The survey results show that 24% of youth (or 1,005 youth) who came into care in 2021<sup>1</sup> were diverted from juvenile corrections (9.3% of all cases), or entered primarily due to behavioral health needs (12.1%), or developmental/intellectual disabilities (2.4%). PCSAs are then

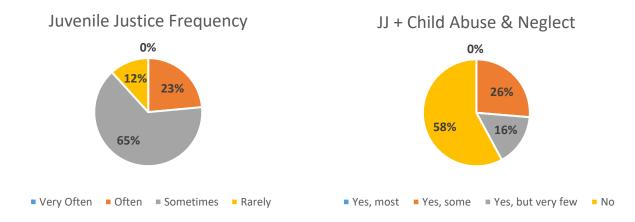
<sup>&</sup>lt;sup>1</sup> Total number of children in care was calculated by some respondents to include those who came in and out of care, a few may have used the total number of children in care vs. came into care that year, and a couple may have included where custody remained with parent. PCSAs used actual and estimated numbers to account for the youth. According to ODJFS Public Facing Dashboard, there was a total statewide of 13,105 removals in 2021.

challenged to secure timely and appropriate placements for them. Assuming 24% is an accurate count for youth who come into care primarily as a diversion from juvenile corrections or due to their behavioral health needs or developmental/intellectual disabilities, then statewide this placement challenge could have included **3,145 multi-system youth**<sup>2</sup> (JJ, BH, DD/IDD) in 2021.

#### Closer Look at Juvenile Justice

Most of the responding counties (89%) experience courts placing youth in their custody as a diversion from the juvenile corrections, at least sometimes in terms of frequency (65%), and over half do not consider them to be abuse or neglect cases (58%). 94% of the counties responded that they have attempted to push back on the juvenile justice system for these placements.

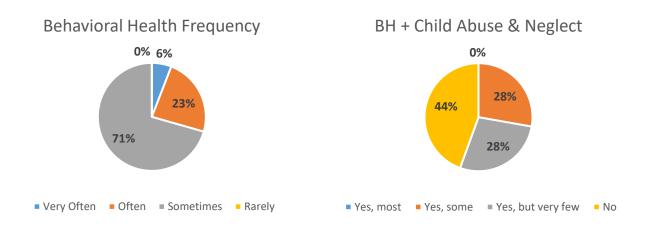
Of the youth who were placed in PCSA custody as a diversion from juvenile corrections in 2021, 26% (101 out of 393 youth from juvenile justice) were accused or convicted of a felony. That represents 2.4% of the total youth who came into care in 2021 from the counties responding to the survey. Statewide, this could mean there were 315 youth in PCSA custody who had been accused or convicted of a felony.



#### **Closer Look at Behavioral Health**

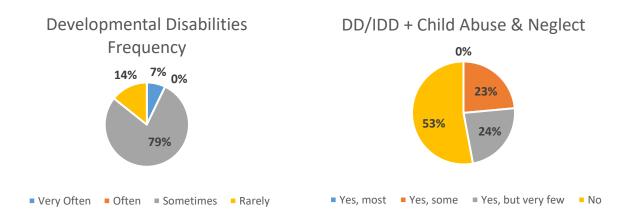
Similarly, 89% of counties experienced placements of youth whose needs were primarily behavioral health related, most with a frequency rate of at least sometimes (71%), and less than half would not be considered abuse or neglect cases (44%). 100% of the respondents reported that they have attempted to push back on the behavioral health system for these placements.

<sup>&</sup>lt;sup>2</sup> This calculation is based on the ODJFS Public Facing Dashboard, Calendar Year 2021, All Removals = 13,105 children.



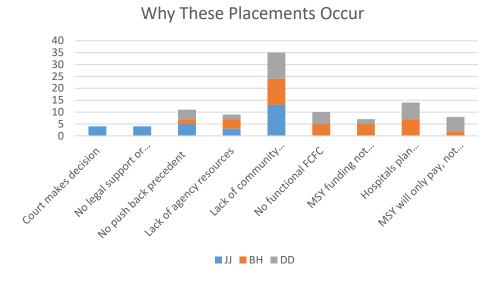
#### **Closer Look at Developmental Disabilities**

Most counties (74%) also experienced placements of youth with developmental/intellectual disabilities (including autism) as their primary need, most with a frequency rate of at least sometimes (79%), and more than half would not be considered abuse or neglect cases (53%). 86% of the respondents responded that they have attempted to push back on the developmental disabilities system for these placements.

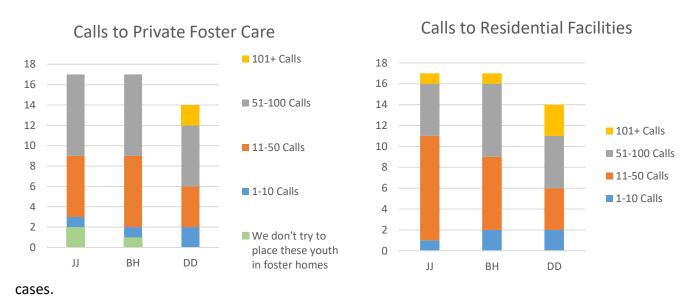


## **Reasons These Placement Challenges Create Crisis**

While counties responded that they often push back on the other systems for these placements, there was overwhelming agreement that the leading issue impacting this multi-system youth population (JJ, BH, DD/IDD) is the **lack of community alternatives (34%)** for these youth. Respondents were asked why these placements occur, and responses included: court makes decision (4%), lack of legal support or inadequate representation for PCSA (4%), precedent does not support pushback on other systems (11%), lack of agency resources or staff (9%), lack of community alternatives (34%), lack of a functional collaborative (Family and Children First Council, FCFC) (10%), multi-system youth(MSY)/FCFC funding not timely enough to avoid custody (7%), hospitals plan discharge before another placement is secured (14%), and MSY/FCFC will pay but PCSA must still find placement (8%).



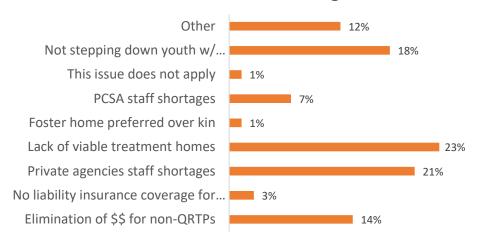
Despite these realities – the lack of community alternatives for youth, hospitals planning discharge before another placement can be arranged, and local collaboration and resources not being readily available or functional enough to avoid custody – PCSAs are nevertheless required to secure timely, appropriate placements for these youth with high-acuity needs. For this multisystem youth population (JJ, BH, DD/IDD), counties responded that they make at least 51-100 calls (46%) to private foster care networks and make at least 11-50 calls (44%) to children's residential facilities before securing a placement. Overall, 81% of counties are making between 11-100 calls (41% for 51-100 calls; 40% for 11-50) before securing a private foster home or a residential placement. This consumes staff time and resources (including other staff may get involved including director and legal), increases stress while the child may often be sitting in their agency waiting for a placement to be found, and reduces staff focus on abused and neglected



When a placement cannot be identified in a timely manner, PCSAs are left with the only other option: for the youth to stay at least one night in their agency. In the past year, the responding counties reported that **179 youth (6%)** who came into care in 2021 had to spend at least one night at the county agency. One child is one too many when spending a night at a PCSA, but extrapolating **statewide**, **786 youth could have had such a traumatizing experience** in 2021.

In addition, respondents were asked what recent changes or additional pressures may have exacerbated the placement challenges. The top three changes or additional pressures included lack of viable treatment foster homes (23%), staff shortages at private provider agencies (21%), and the belief that private providers have youth with lower-level needs (18%) that are not being stepped down to less intensive care, leaving no space for youth with more serious needs.

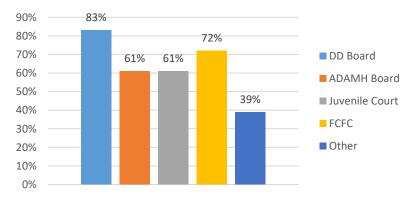
Additional Pressures Adding to Crisis



## **Positive Approaches for These Placement Challenges**

Respondents reported that while securing placements for these youth can be quite challenging and a drain on resources, agencies have found success locally by regularly collaborating with other agencies where they share responsibility for multi-system youth (County Developmental Disabilities Board – 83%, Family and Children First Council – 72%, County Alcohol, Drug and Mental Health Board – 61%, Juvenile Court – 61%, Other – 39%).

Collaborate & Share Responsibility for Multi-System Youth (JJ, BH, DD/IDD)



Another positive is that success has been found at the state level with the new Multi-System Youth (MSY) efforts. With funding through the Ohio departments of Job and Family Services and Medicaid, the state's coordinated MSY state-level program has provided counties with some relief as noted in the survey responses. A couple of respondents noted that due to the available MSY funding through Family and Children First Council (FCFC) or at the state level, they did not have to experience a child come into their custody in 2021 due primarily to their behavioral health needs or developmental/intellectual disabilities.

While PCSAs try to seek placements in-state, at times they must consider out-of-state placements. Survey responses showed that while these youth present challenges with finding and securing timely, appropriate placements, only 5 of the youth who came into care required an out-of-state placement (0.12%). However, if this percentage were applied statewide for 2021, 157 youth could have been sent to an out-of-state placement. Ohio has typically had on average approximately 400 youth in out-of-state placements over the last few years, but this survey did not study if such an increase has been experienced recently.

There is hope that future efforts by Governor DeWine's administration to further address multisystem youth issues (JJ, BH, DD/IDD) such as OhioRISE and the establishment of psychiatric residential treatment facilities (PRTFs), further development of Family First prevention services, and more expansive levels of care for developmental/intellectual disabilities will help to address this placement crisis. **Overall, 26% believe future efforts will address this issue, 42% of respondents are unsure but remain hopeful, and 32% believe such efforts will not resolve the issues.** This is a great opportunity for the state and local agencies to partner closely and bolster these efforts to ensure that they do positively impact this population and the placement crisis.

### Summary

This survey demonstrates that 24% of youth come into care primarily due to severe behavioral health needs, significant developmental/intellectual disabilities, or as a diversion from juvenile corrections. PCSAs are encountering real challenges in securing timely, appropriate, and available placements for them. While funding can be challenging, especially when considering higher level-of-care placements for multi-system youth with high-acuity needs, the key issues driving this current crisis are the lack of community alternatives, viable treatment homes, and other placement options due to staff shortages, particularly at residential facilities.

Gov. Mike DeWine's administration has prioritized improving outcomes for children, particularly those in the foster care system. This prioritization means more services and options are coming that should have a positive impact on today's placement crisis. The development of Medicaid's OhioRISE managed care program and ODJFS' creation of Tiered Treatment Foster Care will help. Selection of future Family First prevention services will be key in addressing the needs of youth who could be better served in their homes rather than in out-of-home care (foster home, residential facility). Taken together, these initiatives will make great progress toward many of the ideas put forth in PCSAO's Children's Continuum of Care Reform plan and should result in a more robust set of services for how communities can serve children and families. However, these

options will take time to mature and grow to scale. Thus, today's challenge will not go away anytime soon, especially with the workforce shortage impacting these sectors.

Even with these new options, we must tend to the underlying developmental/intellectual disabilities, behavioral health, and juvenile justice issues as they impact the children services system. Without addressing those, it is hard to see how children services will move beyond what may be assumed as the system of last resort for children and their families. Unlike other systems, when PCSAs receive referrals for youth with multi-system, high-acuity needs (JJ, BH, DD/IDD), they are required to find and secure a placement, and often to take custody of those youth. Focusing on solutions that include creating joint accountability and ownership among the other systems for these youth would provide a significant measure of relief for families, youth, and PCSAs. Therefore, we recommend a Call to Action with the following strategies.

### **CALL TO ACTION**

- State leaders must demand that Ohio has a shared commitment that includes joint accountability and ownership across systems at both the state and local level for these youth with multi-system, high-acuity needs (BH, DD/IDD, JJ) and their families.
- State and local leaders representing these four systems (BH, CW, DD/IDD, JJ), service providers, and experts should be convened with a sense of urgency and a clear timeline to develop and implement a comprehensive, child-centered, trauma-informed, multisystem, rapid response approach for youth with high-acuity needs. This rapid response approach must factor in the contributing causes of the current crisis, including the complex needs of youth, the relevant market forces and workforce constraints, as well as potential new resources, such as potential ARPA funding, OhioRISE, Tiered Treatment Foster Care, and expansion of intensive crisis services. The approach should include:
  - Addressing the workforce shortages at private and public agencies to increase capacity for placements, services, and case management;
  - Assisting county systems in identifying and securing appropriate placement options including establishment of regional emergency short-term crisis beds for youth with high-acuity needs;
  - Assisting counties in identifying and securing local and regional community alternatives that meet the needs of these youth (BH, DD/IDD, JJ) so they and their families can be served outside of the children services system; and
  - Ensuring that private providers can serve youth with multi-system, high-acuity needs at reasonable rates, incentivizing those providers with progressive programming and collaborative stepdown efforts.

In conclusion, this survey reveals that Ohio's youth are not being served well, their needs are not being met, PCSAs are struggling to maintain the resources (staff, time, services, funding) to address their needs, timely and appropriate placements are not readily available, and alternatives in communities are greatly lacking. Action is needed now.

#### PCSAO Report: Building a 21st Century Children Services Workforce

# **Executive Summary**

In 2021, the Public Children Services Association of Ohio, the membership association of Ohio's county children services agencies, commissioned The Ohio State University College of Social Work to conduct research and develop recommendations to improve recruitment and retention of frontline children services caseworkers because of the workforce crisis many agencies are facing. Researchers were charged with examining successful efforts in other state-supervised, county administered child protective services (CPS) systems and in similar human services systems, gathering data through surveys and focus groups of county agency staff, and recommending strategies at both the state and county level for "Building a 21st Century Children Services Workforce."

Turnover among CPS caseworkers can be attributed to a number of drivers, including the highly complex nature and demands of the work, the resultant secondary traumatic stress, the quality of supervisory and organizational support, and compensation. Turnover is costly to taxpayers, increases workload and stress for those who remain, and ultimately harms the children and families served by the system. While turnover has hampered CPS agencies for years, the COVID-19 pandemic threatens to exacerbate the problem, triggering resignations in any number of fields.

A representative sample of CPS agencies and their staff participated in an OSU survey; survey respondents were then given the opportunity to join a focus group. Ohio workers in the sample reported feeling moderately satisfied with their work; however, levels of job satisfaction appear to decrease the longer employees work within a specific role. Not surprisingly, 63% of respondents (who included caseworkers as well as agency staff in other positions) reported feeling moderate or high levels of work stress. Caseworkers – particularly those working within assessment/investigation units – consistently indicated experiencing high levels of work stress.

Workers' commitment – their desire, need, or obligation to maintain employment – is not high. While in general, workers report that their agencies have a strong organizational culture, leadership, and evaluation context, specific features of employees' work experiences may influence their perceptions of organizational context elements. For example, the specific CPS unit in which employees currently work was

related to differences in their ratings of organizational culture and evaluation context.

Research findings reveal that workers feel they can carry out their job competently; however, workers overall reported a lack of clarity about what is expected of them. Significant opportunities for workforce retention include improving available supervision, strengthening external collaborations, and targeting psychological safety. Significant threats to workforce retention included worker disempowerment and a lack of voice as well as limited social and family services available to clients in the community.

With respect to successful strategies in other states and systems, large-scale change interventions that include frontline workers in decision making were found to support worker autonomy. Use of such approaches has led to greater satisfaction with communication, operating procedures, and organizational culture and climate, along with decreased role overload and emotional exhaustion. The use of employee selection programs to identify workers best suited for CPS work can increase employee satisfaction and build strong teams. Multifaceted interventions that include team building and leadership training can also increase job satisfaction and team cohesiveness.

Ohio must take a comprehensive and coordinated approach to improving recruitment and retention. Interventions should consider Ohio's complex children services system, engage all levels of the workforce in change planning and decision making, and elevate matters of race, equity and diversity. Specific state- and county-level recommendations can be found beginning on page 23. This report makes two overarching recommendations, each with two goals:

Recommendation 1: Reduce and Prevent Turnover-Related Risk Factors by Minimizing Professional Weaknesses and Threats

**Goal 1:** Reduce Workforce Burnout and Job Dissatisfaction

Goal 2: Decrease Negative Influences of Professional Climate and Leadership

Recommendation 2: Bolster Recruitment and Retention Protective Factors by Maximizing Professional Strengths and Opportunities

**Goal 1:** Increase Organizational Commitment and Intention to Stay

**Goal 2.** Improve Workforce and Community Experiences of the Profession