![Center for Health Care Strategies — Better care where it's needed most](logo)

SURVEY RESULTS CHARTBOOK

Identifying Opportunities to Support a Diverse Pipeline of Rising Medicaid Leaders

January 2024

Introduction

Medicaid leaders play a critical role in guiding their programs to meet the needs of the people they serve. However, state agencies face challenges finding and retaining employees, particularly senior leaders. Most senior Medicaid leaders are promoted from within, making the development of a robust pipeline of rising leaders essential for agency health and resilience.

Medicaid agencies also increasingly recognize the need to better support the advancement of staff with backgrounds and identities that reflect the communities that agencies serve, including staff with personal experience with Medicaid or another publicly financed program. Investment in staff development, particularly in leadership skills for diverse internal candidates, paired with efforts to create transparency in the leadership pipeline, are essential to improve representation in Medicaid leadership and enhance the ability of Medicaid programs to better serve a diverse enrollee population.

To understand the perspectives of Medicaid staff on the availability and importance of leadership development strategies for cultivating a diverse pipeline of Medicaid leaders, the Center for Health Care Strategies (CHCS) with support from the Robert Wood Johnson Foundation, conducted a literature review and eleven interviews, and sent a national survey to all 56 Medicaid agencies. The findings, stratified by aspects of identity, agency roles, and lived experience, can help inform Medicaid agencies seeking to build a diverse and strong pipeline of future leaders.

To access the full report, analysis, and executive summary, visit **www.chcs.org/rising-leaders**.

## 1. Do you identify as being Black, Indigenous, or a person of color? *(n=133)*
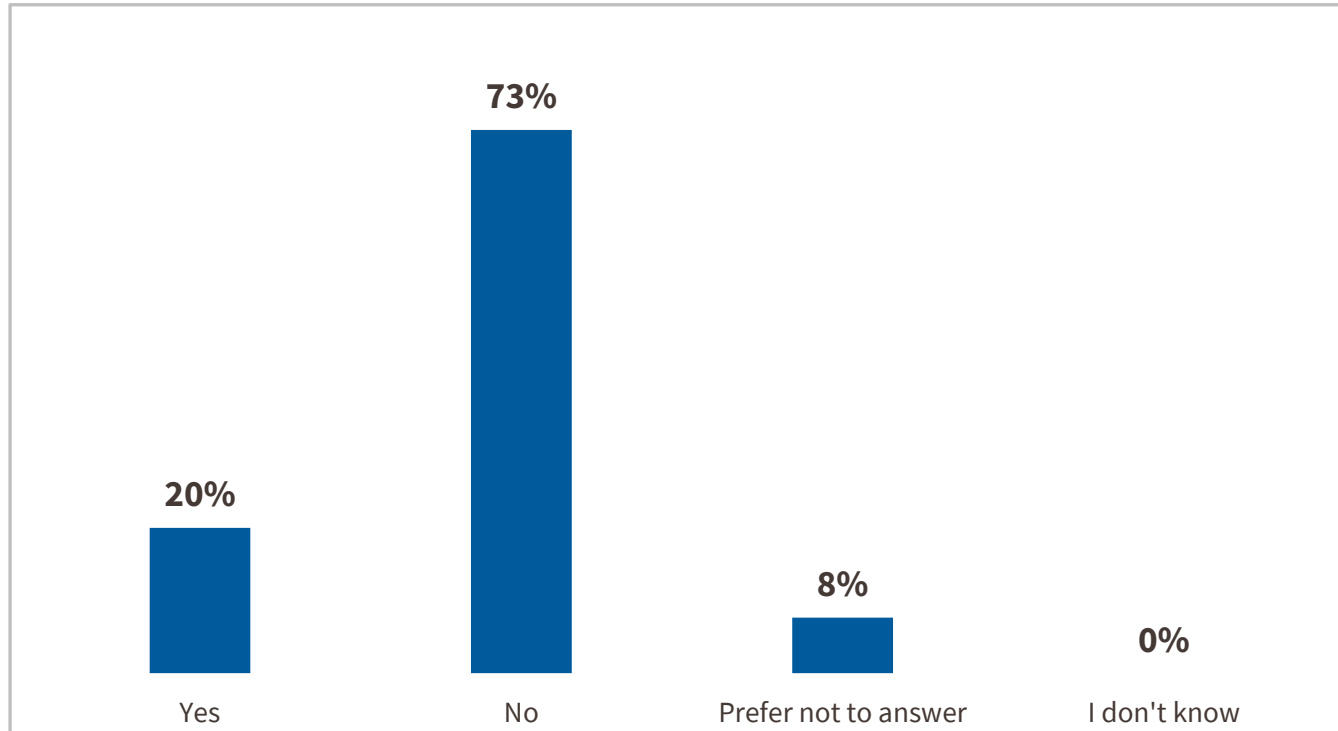
SUMMARY

Most survey respondents did not identify as being Black, Indigenous, or person of color (BIPOC). Twenty percent identify as BIPOC. Eight percent preferred not to answer. Out of 133 responses noted above, two individuals specifically identified as Latinx or Hispanic.

2. Do you identify as a member of the LGBTQIA+ Community? *(n=133)*
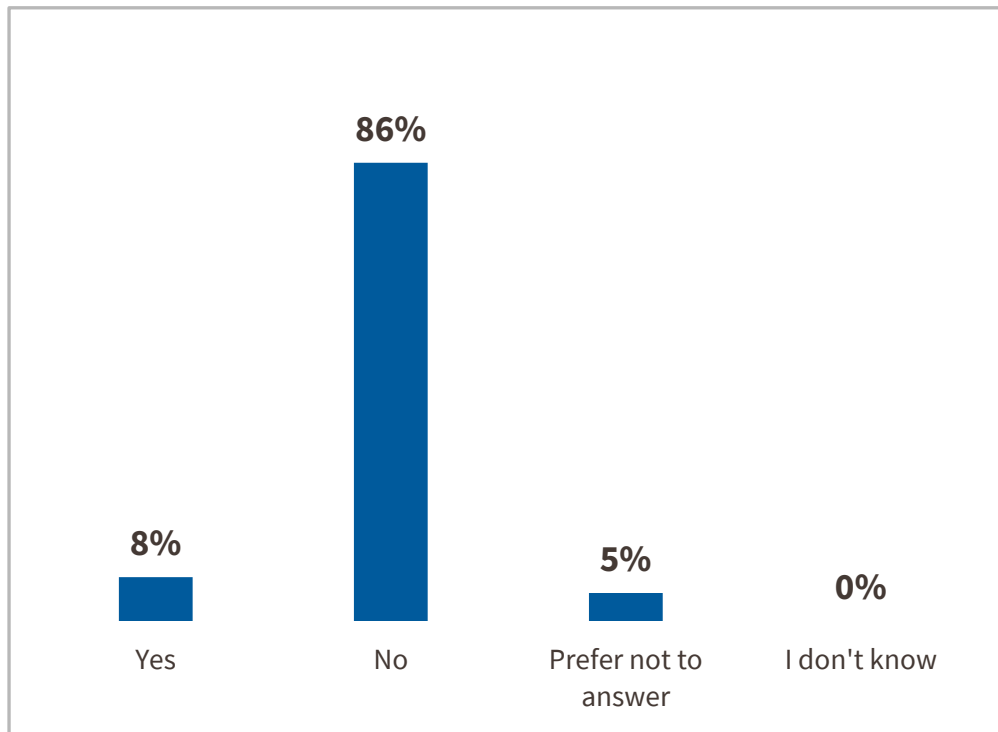
| Do you identify as a member of the LGBTQIA+ community? |
|---|
| I am queer, but it is very difficult to come out at work. |
| In my state, LGBTQIA+ is not a protected status and I do not feel this part of me can be expressed. |

Chart values: Yes 8%, No 86%, Prefer not to answer 5%, I don't know 0%

SUMMARY

Most respondents (86 percent) did not identify as a member of the LGBTQIA+ community. Eight percent identify as a member of this community. Five percent preferred not to answer. Two survey respondents submitted additional comments, which are included above.

3. Do you identify as a person with a mental or physical disability? *(n=133)*
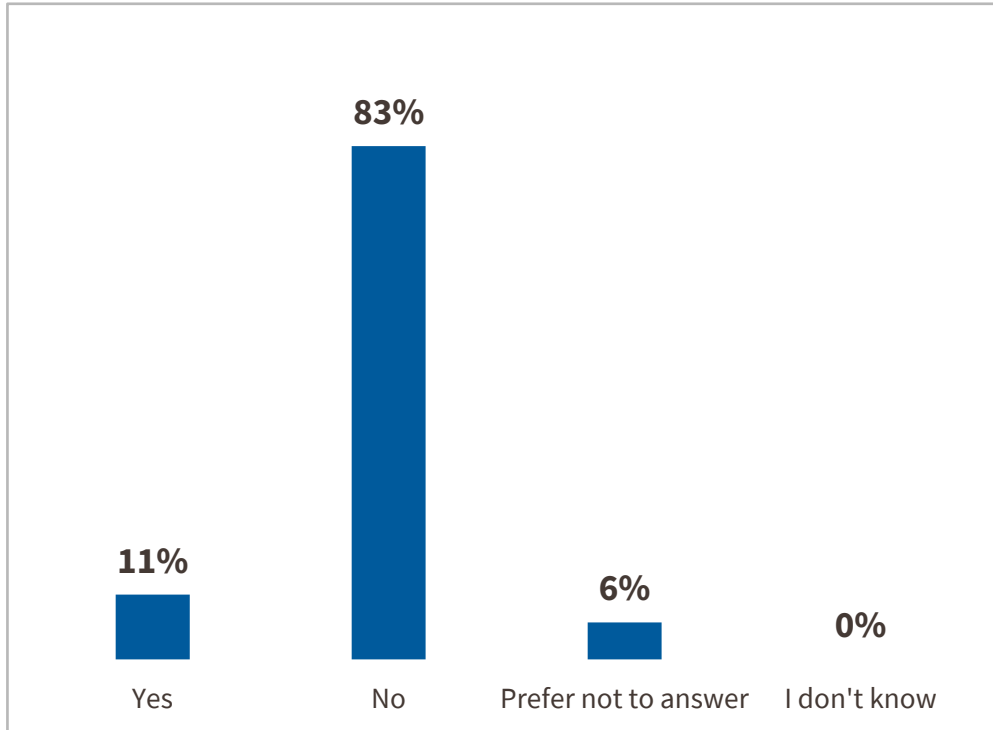
Do you identify as a person with a mental or physical disability?
I am a disabled veteran.

83% — No

11% — Yes

6% — Prefer not to answer

0% — I don't know

| Yes | No | Prefer not to answer | I don't know |

SUMMARY

Most (83 percent) respondents do not identify as a person with a mental or physical disability. Eleven percent of respondents identify as a person with a mental or physical disability. One person submitted a written comment, which is included above.

4. Would you consider yourself as an individual with lived or personal experience with Medicaid or other publicly financed program? *(n=133)*

42% Yes
54% No
4% Prefer not to answer
0% I don't know
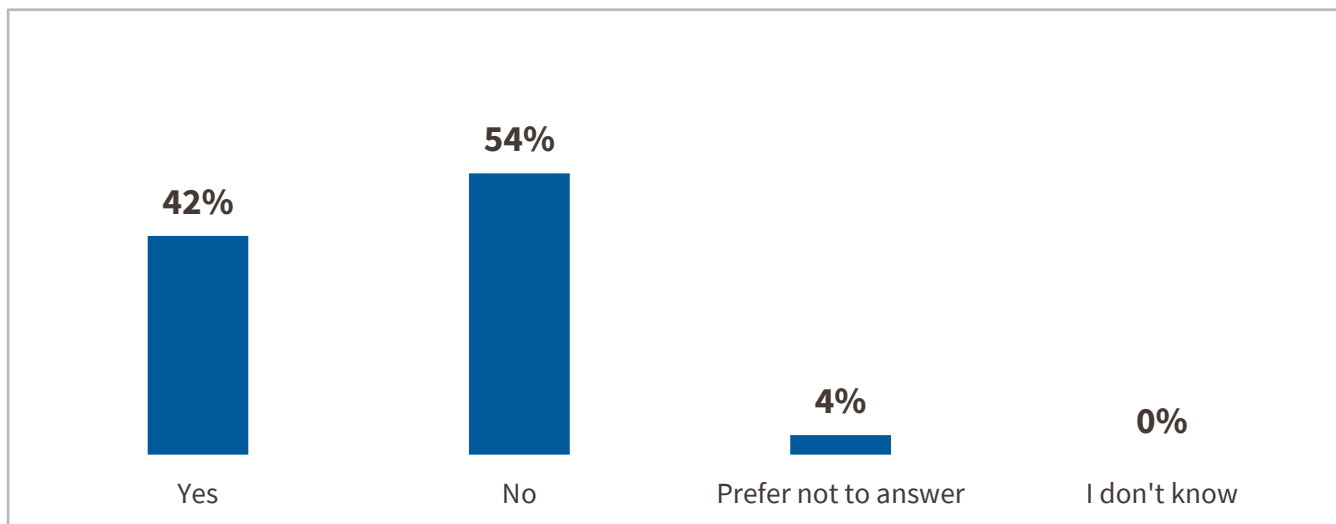
SUMMARY

Forty-two percent (56 respondents) identify as an individual with lived or personal experience with Medicaid or another publicly financed program (such as SNAP, WIC, or TANF). Four percent preferred not to answer this question.

Of the 56 respondents who have lived or personal experience with Medicaid or another publicly financed program:

- Twenty-seven (48%) currently serve as front-line/direct services staff, 15 (27%) as mid-level managers, 9 (16%) as division director/bureau director/section chief, and 5 (9%) as executive team/senior leadership.
- Eighteen (32%) identify as BIPOC, 6 (11%) identify as LGBTQIA+, and 10 (18%) identify as a person with a disability.

Of the 18 people with lived experience who identify as BIPOC:

- Ten (56%) currently serve as front-line staff, 4 (22%) as mid-level managers, 3 (17%) as division director/bureau director/section chief, and 1 (6%) as executive team/senior leadership.

5. Which of the following best describes your current role? *(n=133)*

17%	15%	25%	44%
Executive Team/Senior Leadership/Deputy	Division Director/Bureau Director/Section Chief	Mid-level Manager	Front-line Staff/Direct Services Staff
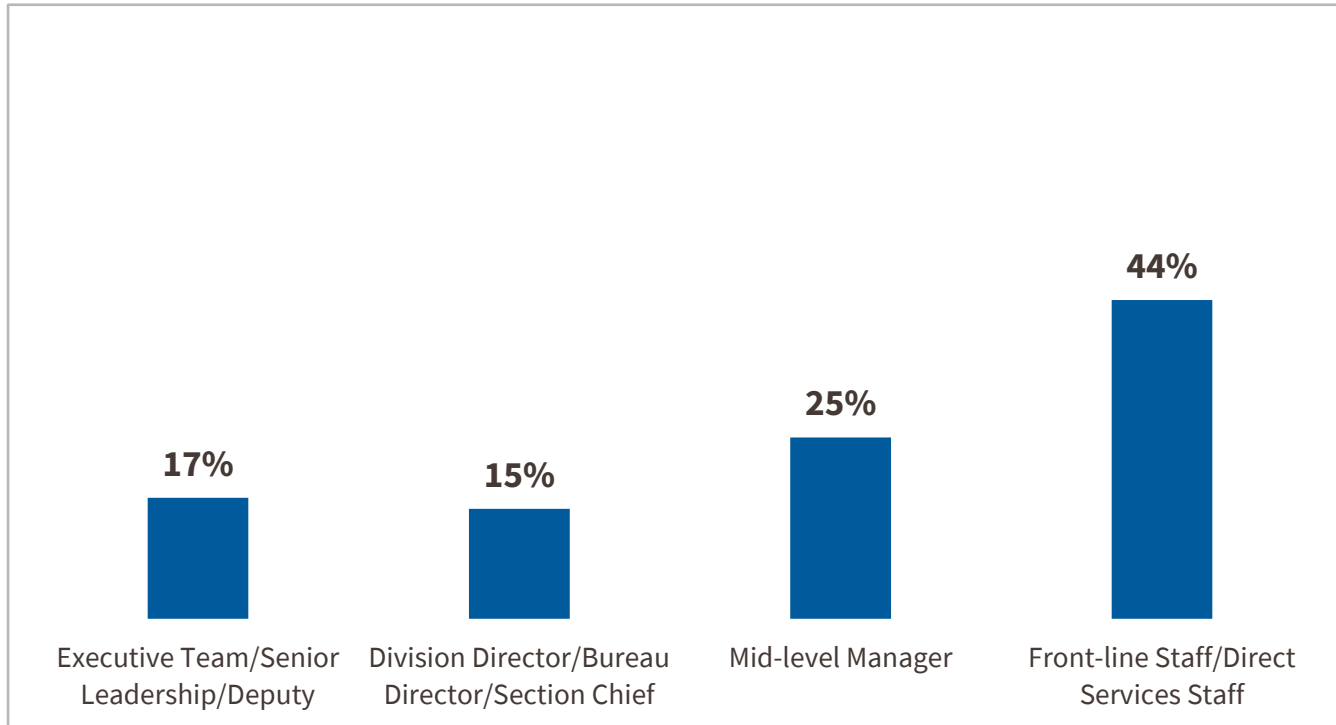
SUMMARY

Forty-four percent of survey respondents are front-line or direct services staff. Twenty-five percent are mid-level managers. Seventeen percent are on the executive or senior leadership team. Fifteen percent are division directors, bureau directors, or section chiefs.

6. What region of the country do you work in? *(n=131)*
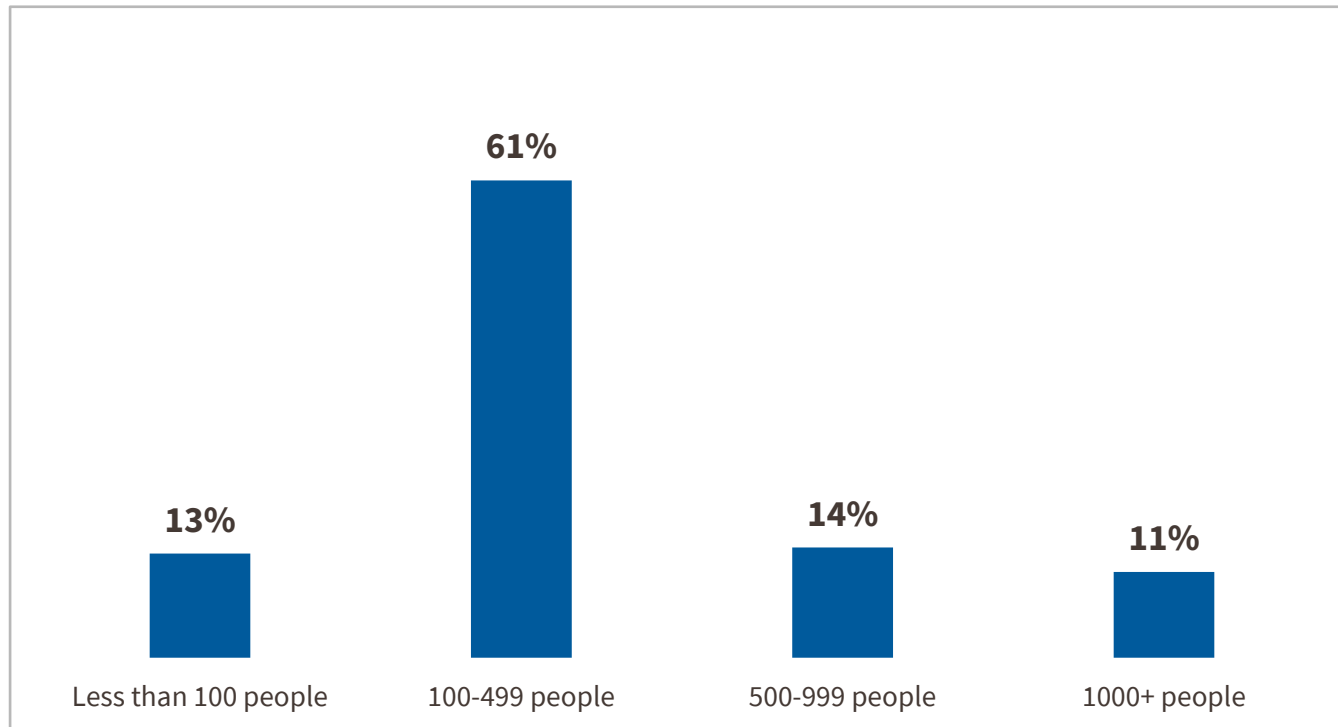

50%		
Northeast		
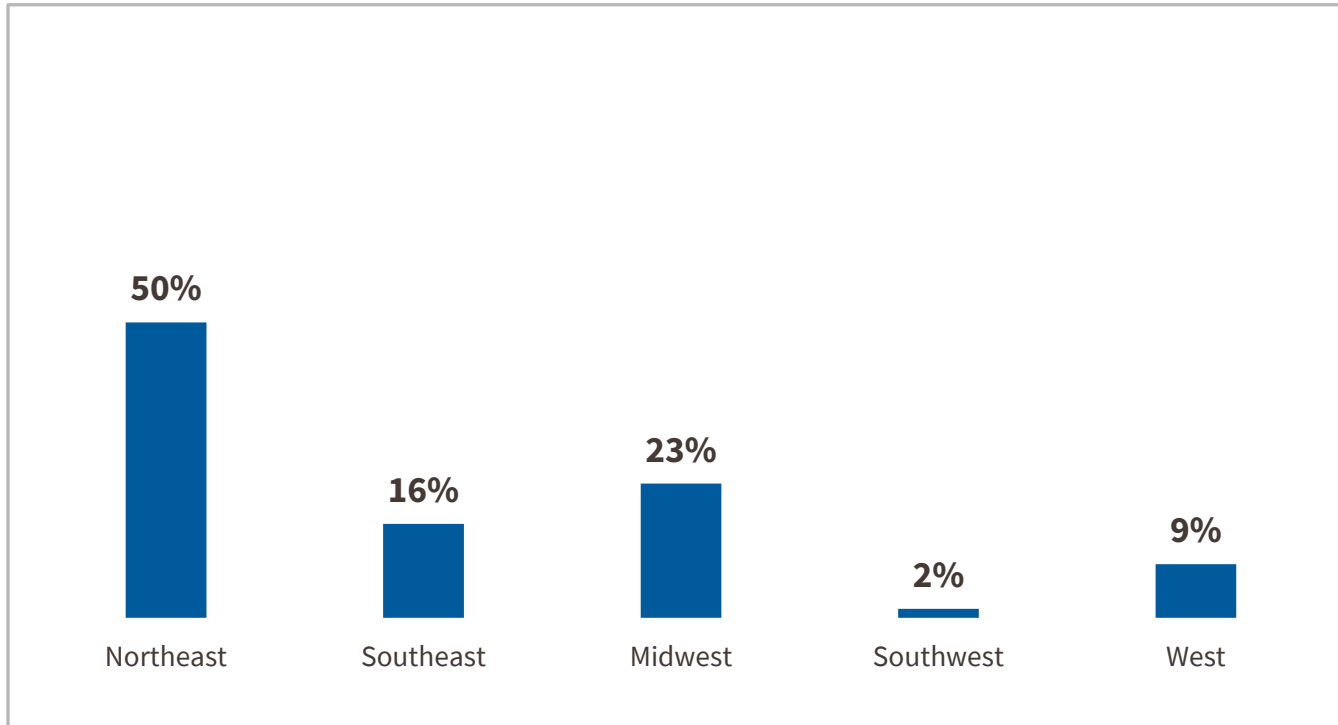
SUMMARY

Fifty percent of respondents report working in the northeast region. Twenty-three percent are in the Midwest. Sixteen percent are in the southeast. Nine percent are in the west and 2 percent report working in the southwest.

7. What is the size of your Medicaid department/agency workforce? *(n=127)*

SUMMARY

Sixty-one percent of respondents report working in a department/agency that has between 100-499 people. Eleven percent work in a department/agency that is more than 1000 people, while 13 percent work in a smaller organization of less than 100 people. Fourteen percent report working in a department/agency that has between 500 and 999 people.
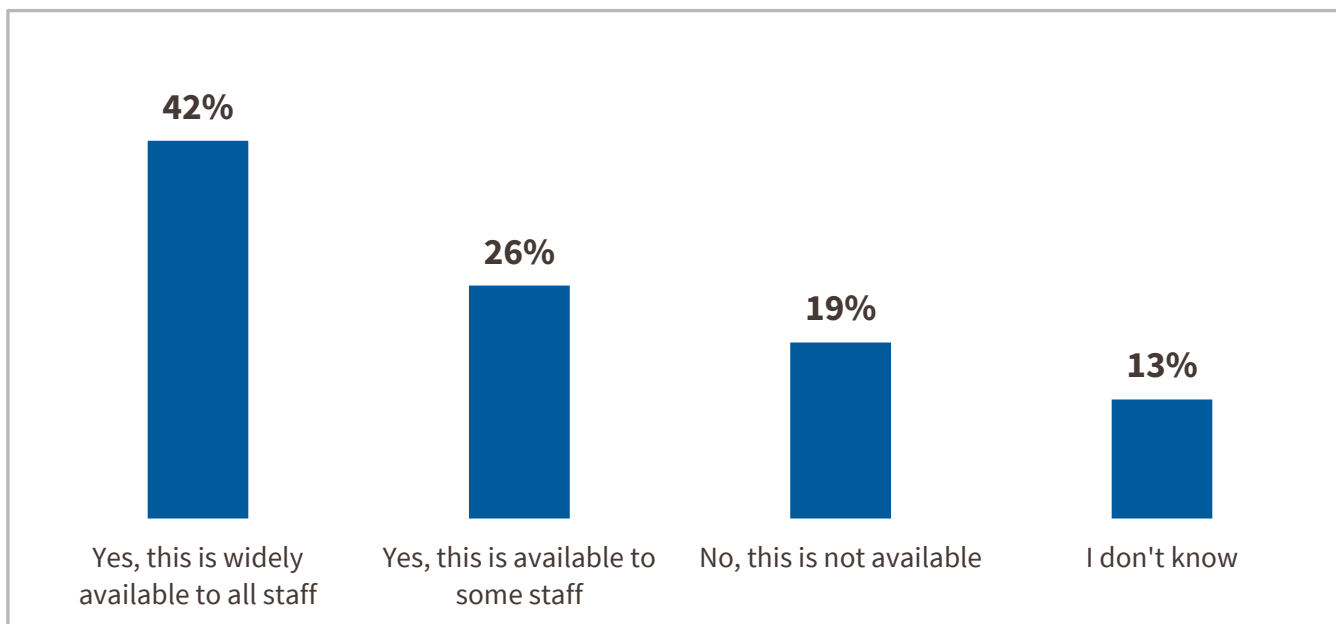
8. Which Medicaid department/agency do you work for?

States Represented	
Connecticut	Colorado
Idaho	Illinois
Indiana	Kentucky
Maine	North Dakota
South Carolina	Tennessee
Vermont	Texas
Washington D.C.	Wyoming

Department or Unit Represented	
Agency of Human Services	Division of Program Integrity
ASD Waiver Services	Eligibility and Policy Unit
Communications Unit	Health Care Policy and Financing
Community Options/Long Term Services and Supports	Member and Provider Services
Data Unit	Member Engagement Coordination
Department of Health and Human Services	Office of Maine Care, Analytics Division
Department of Social Services	Office of Medicaid Policy and Planning

II. INTERNAL DEVELOPMENT TRAININGS OR WORKSHOPS

Internal opportunities to learn more about Medicaid operations, policy, and/or leadership development (e.g., brown bags, department/agency-sponsored trainings).

9. Does your department/agency offer any trainings or workshops like this? *(n=175)*

Category	Percentage
Yes, this is widely available to all staff	42%
Yes, this is available to some staff	26%
No, this is not available	19%
I don't know	13%

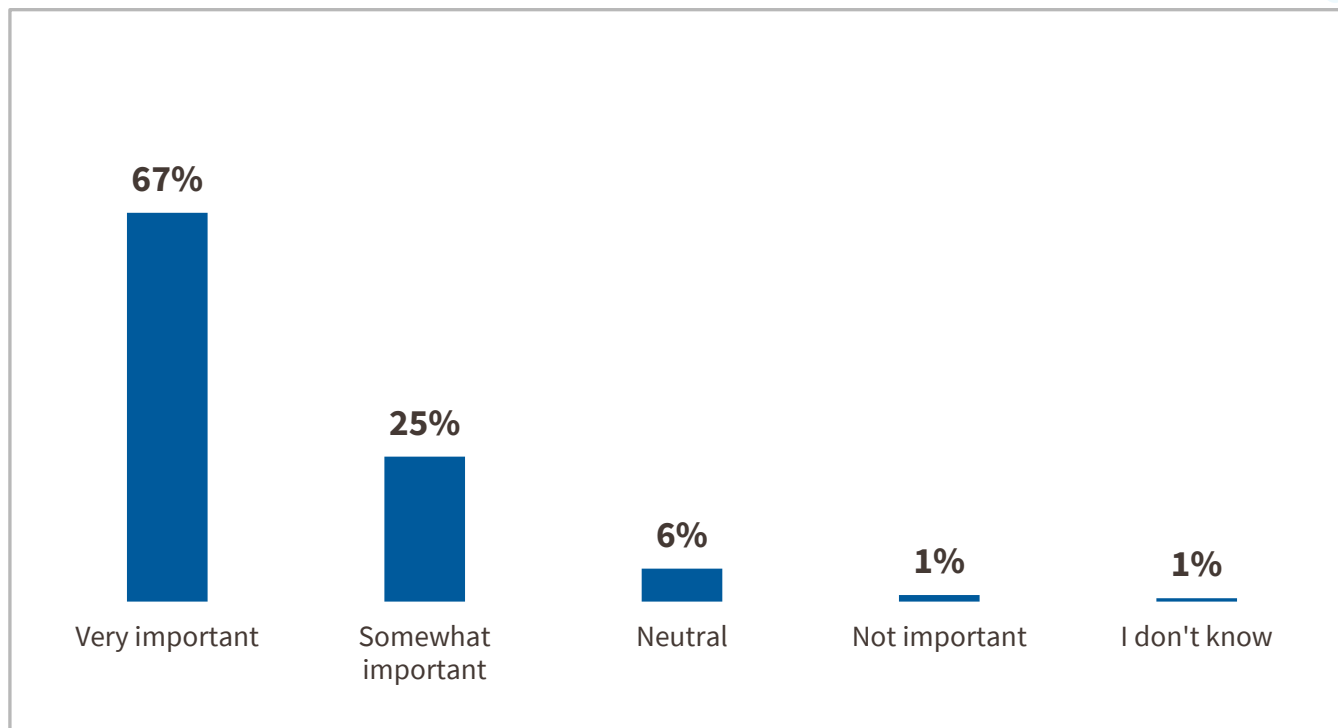**SUMMARY**

Forty-two percent of respondents said that their department or agency offers internal development trainings or workshops for all staff to learn more about Medicaid operations, policy, and/or leadership development (e.g., brown bags, department/agency sponsored trainings). Twenty-six percent of respondents said that these types of trainings are only available to some staff.

10. Indicate how important you think these trainings or workshops are to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. *(n=175)*

Bar chart:
- Very important: 67%
- Somewhat important: 25%
- Neutral: 6%
- Not important: 1%
- I don't know: 1%

SUMMARY

Sixty-seven percent of respondents said that trainings or workshops to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities is very important. Twenty-five percent think they are somewhat important, while 6 percent remain neutral. *See next page for a breakdown of results by key identity/experience groups.*

Results Stratified by Identity, Experience, and Position with Medicaid Agency/Department

	All Respondents	Respondents who identify as BIPOC	Respondents who identify as LGBTQIA+	Respondents who identify as a person with a disability	Respondents who identify as a person with lived experience	Executive Team/Senior Leadership/Deputy or Division Director/Bureau Director/Section Chief	Front-line Staff/Direct Services Staff or Mid-level Manager
Very important (%)	67	81	64	57	75	69	70
Somewhat important (%)	25	12	27	36	18	36	22
Neutral (%)	6	4	0	0	4	2	5
Not important (%)	1	4	9	7	4	2	1
I don't know (%)	1	0	0	0	0	0	1

11. What internal trainings or workshops have been most valuable for your leadership development?

There were 36 qualitative responses, which were categorized into six major themes. The themes are summarized below. For this question, respondents' comments did not identify a most valuable training, but provided detail on accessibility of trainings or workshops in their respective Medicaid agencies.

1	Limited funding and limited time for investment	6 (17%)
2	Internal trainings have not been offered	3 (8%)
3	Internal trainings are limited to certain staff only, such as senior leaders	11 (31%)
4	Internal trainings are available to staff	3 (8%)
5	Not aware of internal training opportunities	8 (22%)
6	Other (e.g., trainings are not allowed by departments or supervisor, trainings are ad-hoc, staff do not take advantage of trainings)	5 (14%)

Grants, reimbursement, time off, or other supports to participate in non-department/agency professional development opportunities (e.g., national leadership programs, conferences, public speaking training, higher education/college credit).

12. Does your department/agency offer any supports like this? *(n=168)**
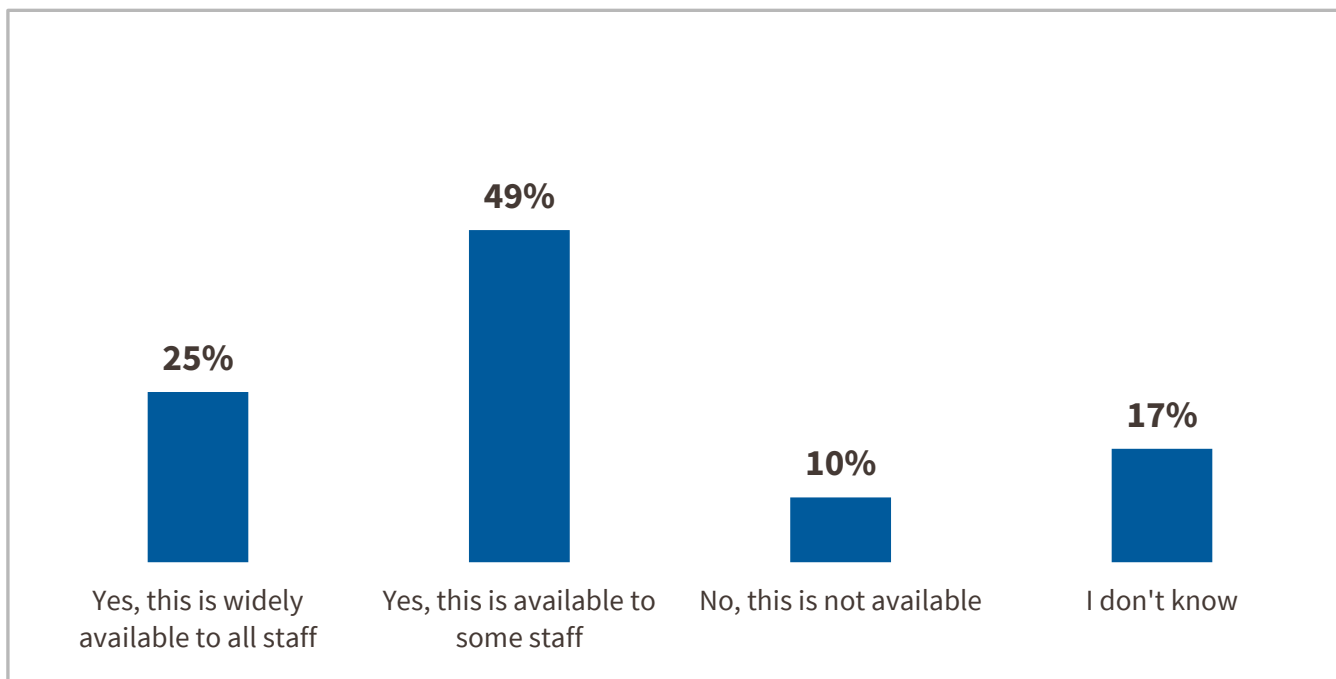
25% — Yes, this is widely available to all staff

49% — Yes, this is available to some staff

10% — No, this is not available

17% — I don't know

*Weighted score from most to least common. The average ranking for each answer was calculated to determine which was most preferred overall. The choice with the largest average (from within the Medicaid agency) is the most preferred choice.

SUMMARY

Nearly 50 percent of respondents said that supports for external development trainings or workshops, such as grants, reimbursement, time off, or other supports to participate in non-department/agency professional development opportunities are available to some staff. Twenty-five percent said that these types of trainings are widely available to all staff.

13. Indicate how important you think this strategy is to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. *(n=168)*

Bar chart:
- Very important: 72%
- Somewhat important: 20%
- Neutral: 6%
- Not important: 0%
- I don't know: 2%
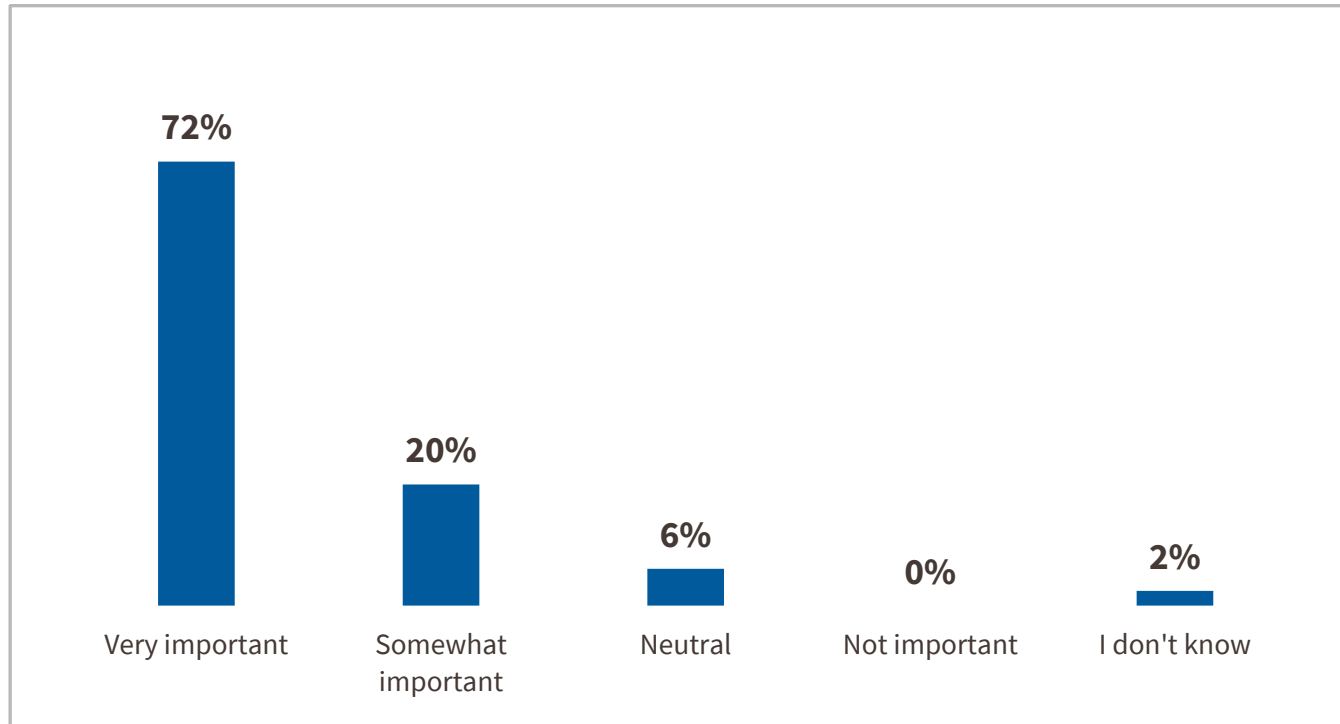
SUMMARY

Most survey respondents (72 percent) said that supports to attend external development trainings or workshops is a very important strategy to build a pipeline of rising Medicaid leaders with diverse experiences and/identities. *See next page for a breakdown of results by key identity/experience groups.*

Results Stratified by Identity, Experience, and Position with Medicaid Agency/Department

	All Respondents	Respondents who identify as BIPOC	Respondents who identify as LGBTQIA+	Respondents who identify as a person with a disability	Respondents who identify as a person with lived experience	Executive Team/Senior Leadership/Deputy or Division Director/Bureau Director/Section Chief	Front-line Staff/Direct Services Staff or Mid-level Manager
Very important (%)	72	81	73	50	77	86	68
Somewhat important (%)	20	15	27	29	16	12	21
Neutral (%)	6	4	0	14	7	2	7
Not important (%)	0	0	0	0	0	0	0
I don't know (%)	2	0	0	0	0	0	4

14. What support for external training(s), if any, has been most valuable for your leadership?

There were 88 qualitative responses, which were categorized into seven major themes. The themes are summarized below.
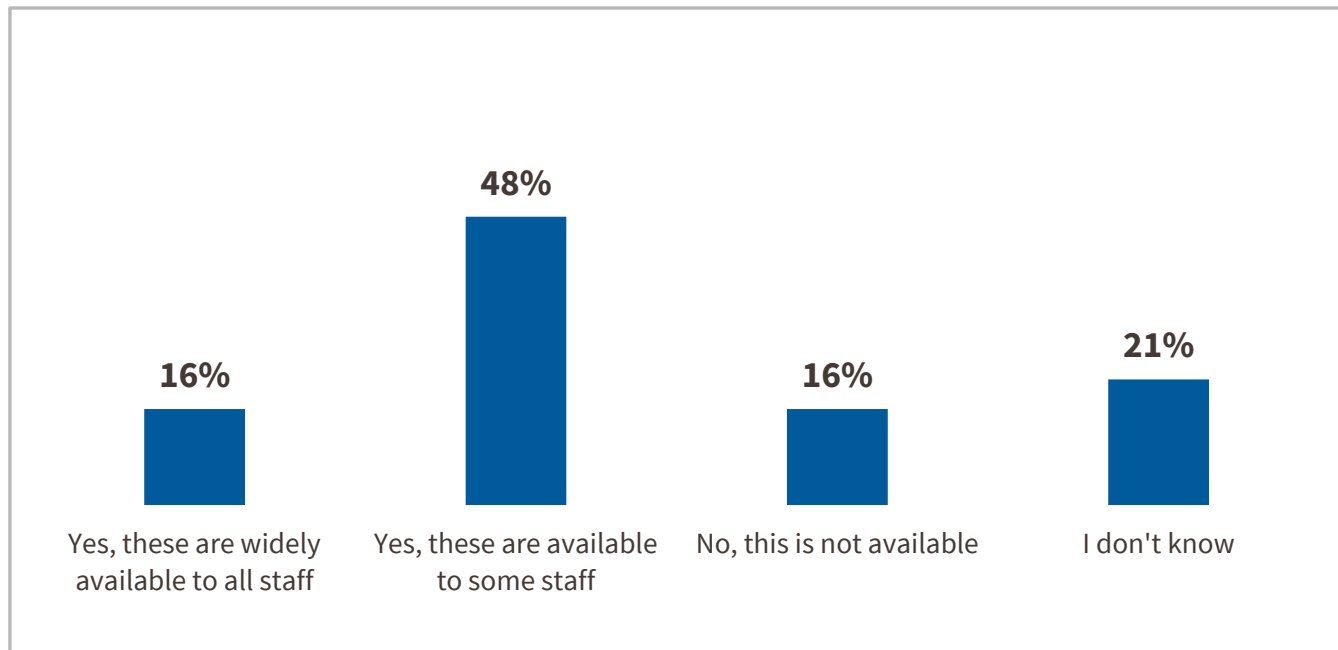
1	Specific leadership development programs that were most valuable	**11 (12.5%)**
2	Support for national conferences (not leadership focused) that were most valuable	**22 (25%)**
3	Specific technical trainings that were valuable for leadership development	**11 (12.5%)**
4	Have not attended or were unsure of external training opportunities	**9 (10%)**
5	Other types of training that were valuable for leadership development	**9 (10%)**
6	Other types of support (e.g., funding, identification of trainings, encouragement from leadership)	**18 (20%)**

*Weighted score from most to least common. The average ranking for each answer was calculated to determine which was most preferred overall. The choice with the largest average (from within the Medicaid agency) is the most preferred choice.

IV. SKILL-BUILDING OR GROWTH ASSIGNMENTS

High profile projects or assignments in new program/operational areas are given to non-senior staff as development opportunities.

15. Does your department/agency make these opportunities available to non-senior staff? *(n=164)*

16% Yes, these are widely available to all staff	48% Yes, these are available to some staff
16% No, this is not available	21% I don't know

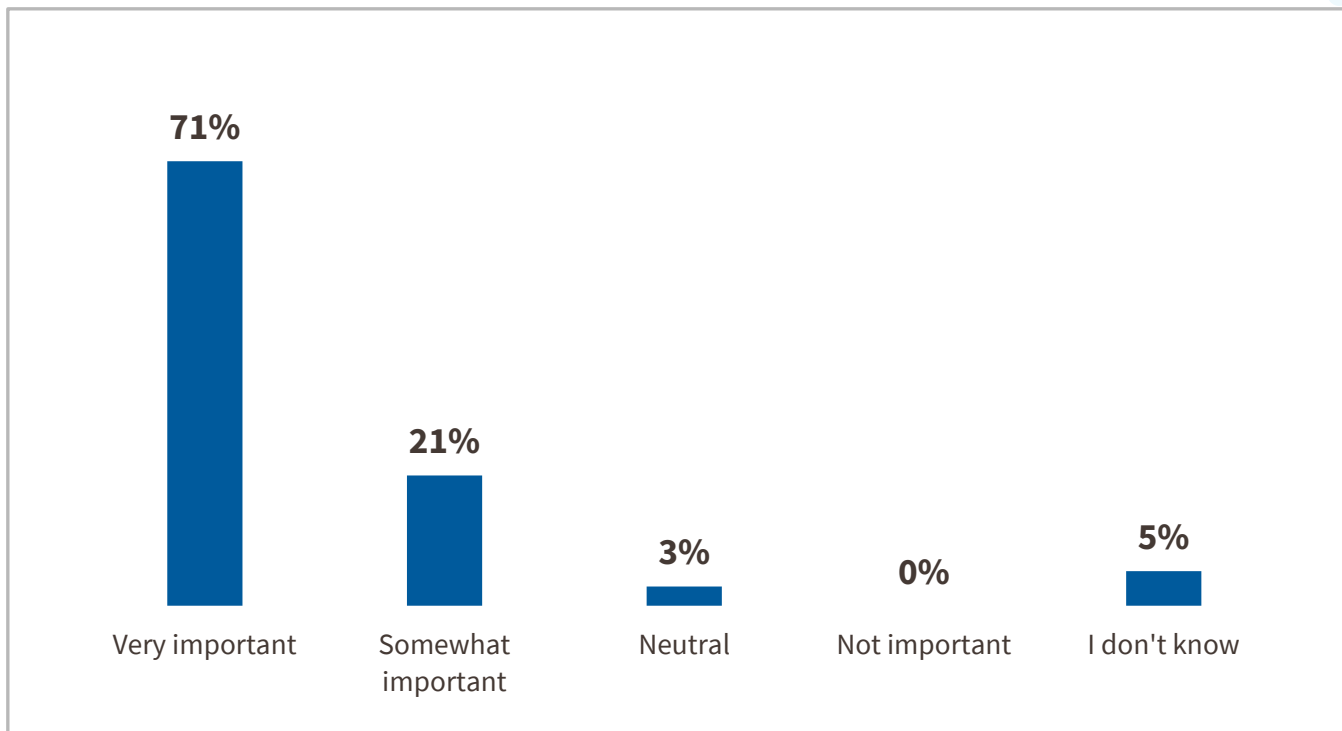**SUMMARY**

Nearly half of all respondents said that skill-building or growth assignments (i.e., high profile projects or assignments in new program/operational areas) are available to some non-senior staff. Sixteen percent said that these types of opportunities are not available to non-senior staff, and 16 percent said that these types of opportunities are widely available to all staff.

16. Indicate how important you think these opportunities are to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. *(n=164)*

SUMMARY

Seventy-one percent of survey respondents said that skill-building and growth assignment opportunities are very important to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. Twenty-one percent think that these types of opportunities are somewhat important. *See next page for a breakdown of results by key identity/experience groups.*

Results Stratified by Identity, Experience, and Position with Medicaid Agency/Department

	All Respondents	Respondents who identify as BIPOC	Respondents who identify as LGBTQIA+	Respondents who identify as a person with a disability	Respondents who identify as a person with lived experience	Executive Team/Senior Leadership/Deputy or Division Director/Bureau Director/Section Chief	Front-line Staff/Direct Services Staff or Mid-level Manager
Very important (%)	71	88	91	57	75	76	71
Somewhat important (%)	21	12	9	29	20	17	21
Neutral (%)	3	0	0	0	2	2	2
Not important (%)	0	0	0	0	0	0	0
I don't know (%)	6	0	0	14	4	5	5

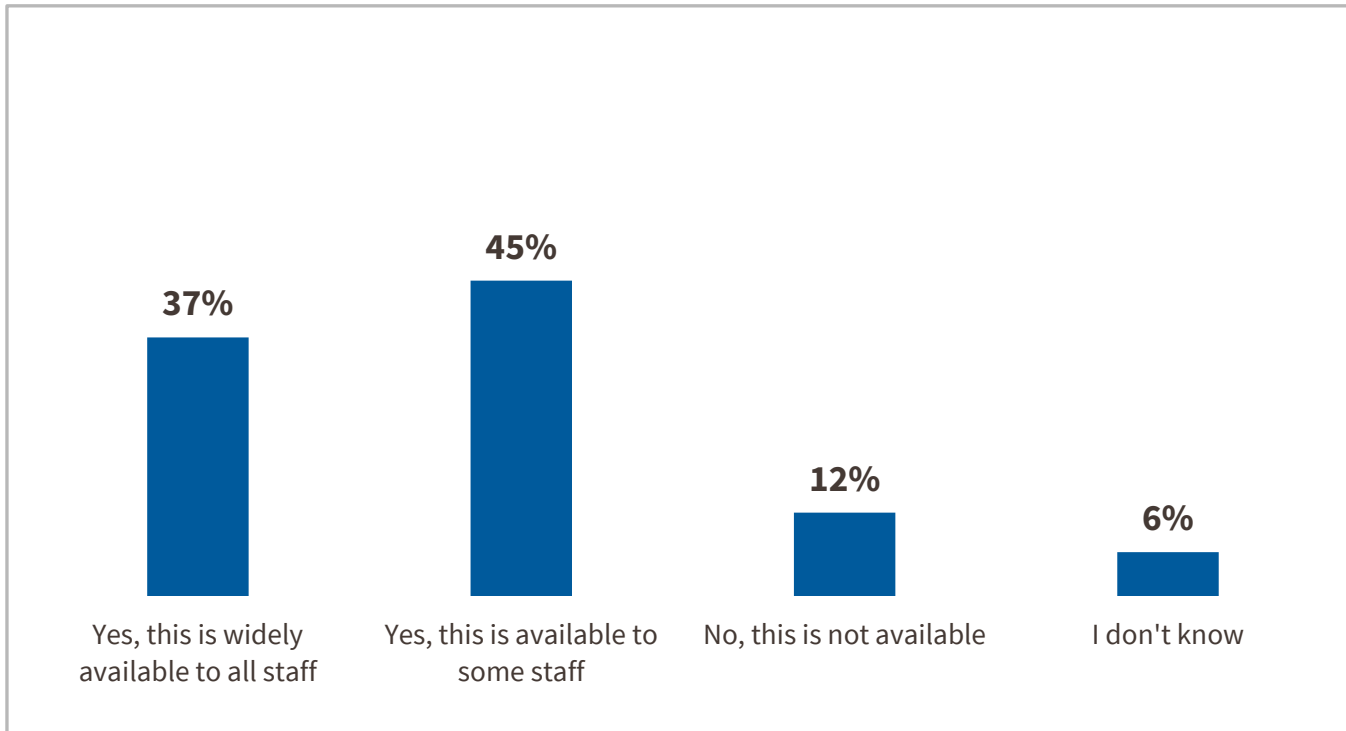## 17. What skill building or growth assignments have been most valuable for your leadership development?

There were 79 qualitative responses that fit into the following categories: (1) specific skill building training; (2) specific growth assignment; (3) cross-team connections; (4) unsure/have not had experience in skill building or growth assignments; (5) leadership style; and (6) other. Responses for most valuable skill-building and growth assignments are listed below.

Skill building	Growth assignments
Project management training	Improvement projects
DEI, Belonging, and Compassion	Procurement related assignments
Delegation	Payment reform initiatives
Managing to Improve (Lean Six Sigma)	Assigned leadership role in singular project
Skillpath	Business lead on projects
Leadership development assessments	Assigned decision making authority
Database and systems training	Assigned in high profile projects/
	Responding to inquiries from CMS/or city council
	Assigned relationship management with external entities
	Inclusion in strategy meetings
	Opportunities to lead up to executive leadership
	Assigned to large implementation projects
	Projects that allow for more cross-team connections
	Forming policies
	Working with the legislature

V. CROSS-TEAM CONNECTIONS

Opportunities to work across teams or program areas on projects and/or workgroups.

18. Does your department/agency provide these opportunities? *(n=160)*

|			
37%	**45%**	**12%**	**6%**
Yes, this is widely available to all staff	Yes, this is available to some staff	No, this is not available	I don't know

SUMMARY

Most survey respondents (37 percent) said that cross-team connections (i.e., opportunities to work across teams or program areas on projects and/or workgroups) are available to all staff. Forty-five percent said that their department/agency provides these types of opportunities to only some staff.

19. Indicate how important you think these opportunities are to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. *(n=160)*
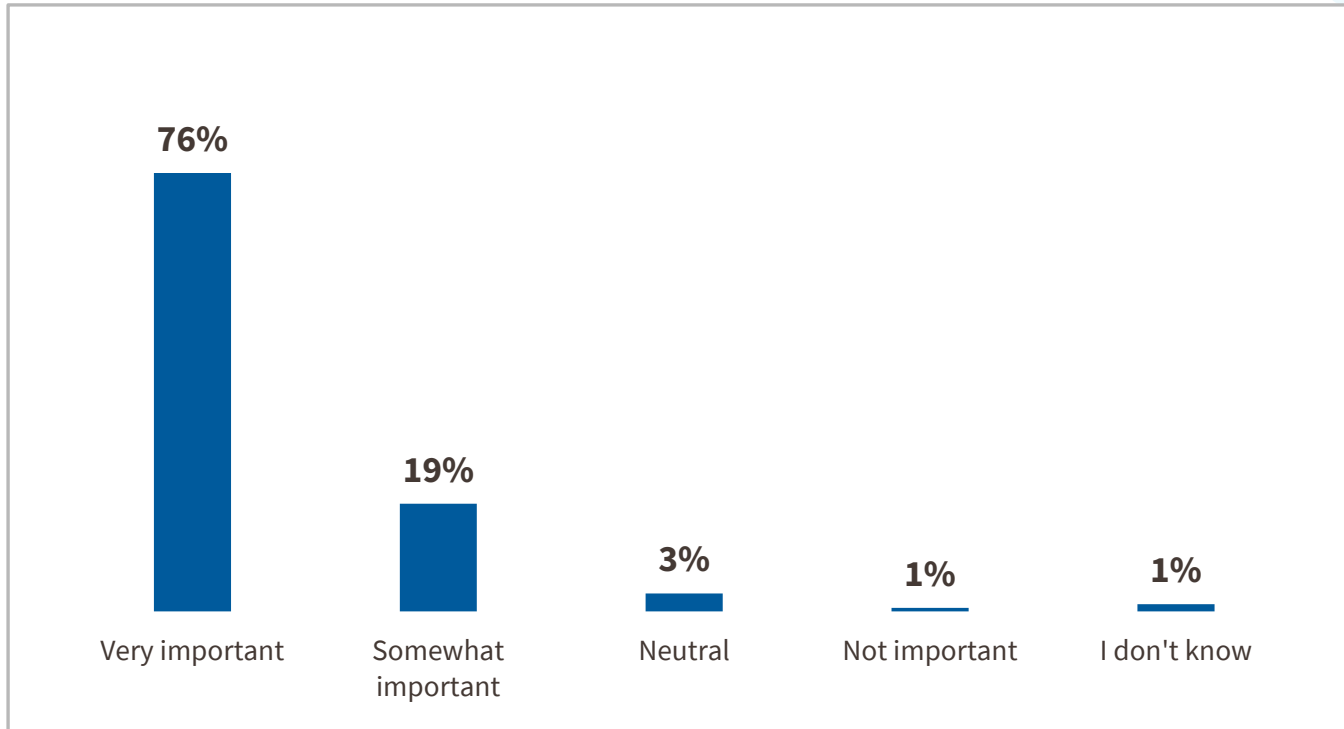
SUMMARY

Most respondents (76 percent) said that cross-team connections are very important to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. Nineteen percent said these opportunities are somewhat important. *See next page for a breakdown of results by key identity/experience groups.*

Results Stratified by Identity, Experience, and Position with Medicaid Agency/Department

	All Respondents	Respondents who identify as BIPOC	Respondents who identify as LGBTQIA+	Respondents who identify as a person with a disability	Respondents who identify as a person with lived experience	Executive Team/Senior Leadership/Deputy or Division Director/Bureau Director/Section Chief	Front-line Staff/Direct Services Staff or Mid-level Manager
Very important (%)	76	77	82	50	71	81	73
Somewhat important (%)	19	23	9	43	25	17	22
Neutral (%)	3	0	9	7	4	2	4
Not important (%)	1	0	0	0	0	0	0
I don't know (%)	1	0	0	0	0	0	1

Trainings or workshops tailored to peer groups based on shared identities and/or experiences (e.g., women leaders, Black leaders).

20. Does your department/agency offer opportunities like this? *(n=159)*
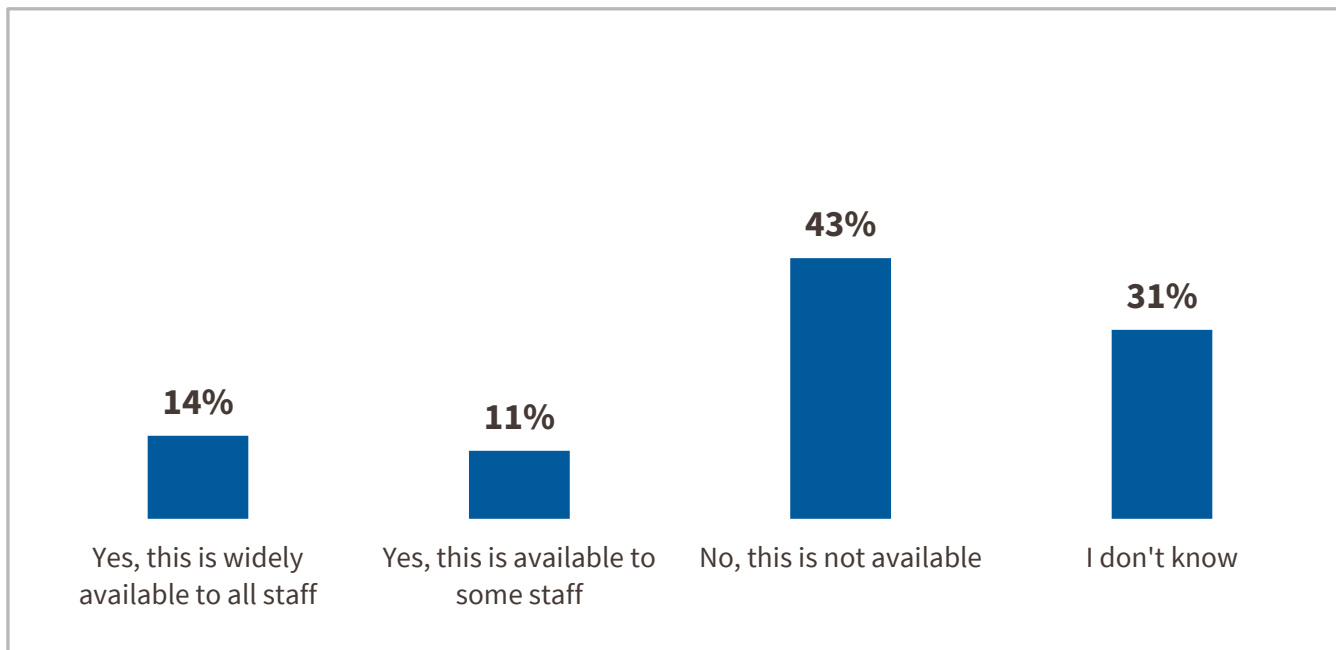
SUMMARY

Forty-three percent of respondents said that affinity-based leadership training opportunities (i.e., trainings or workshops tailored to peer groups based on shared identities and/or experiences [e.g., women leaders, Black leaders]) are not available in their department/ agency. Fourteen percent said that these types of leadership training opportunities are widely available to all staff. Thirty-one percent of respondents do not know if affinity-based leadership training opportunities are available in their department/agency.

21. Indicate how important you think this strategy is to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. *(n=159)*

Chart showing responses to importance of the strategy:

- **Very important**: 51%
- **Somewhat important**: 24%
- **Neutral**: 16%
- **Not important**: 5%
- **I don't know**: 4%
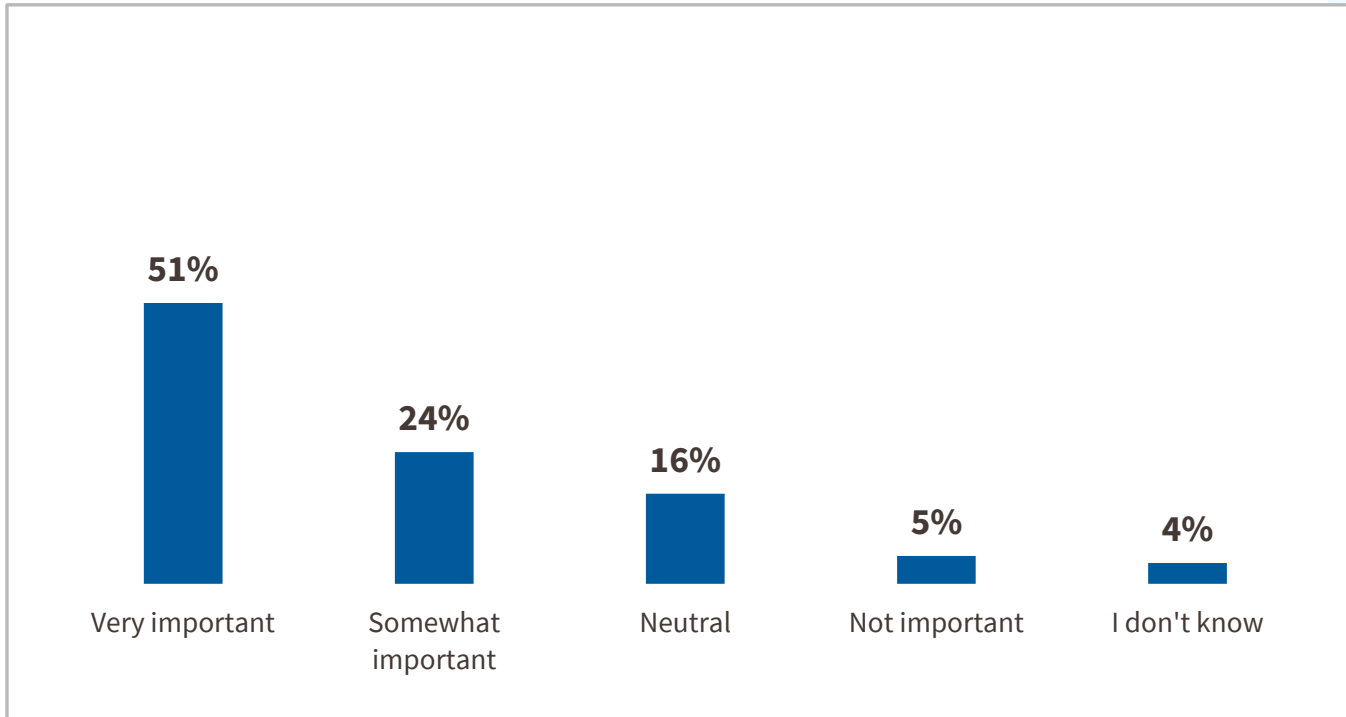
SUMMARY

Fifty-one percent of respondents said that affinity-based leadership training opportunities are very important to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. Twenty-four percent said this strategy is somewhat important. Sixteen percent of respondents are neutral as to whether affinity-based leadership training opportunities are important to build a pipeline of rising Medicaid leaders with diverse experiences and/or identities. *See next page for a breakdown of results by key identity/experience groups.*

Results Stratified by Identity, Experience, and Position with Medicaid Agency/Department

	All Respondents	Respondents who identify as BIPOC	Respondents who identify as LGBTQIA+	Respondents who identify as a person with a disability	Respondents who identify as a person with lived experience	Executive Team/Senior Leadership/Deputy or Division Director/Bureau Director/Section Chief	Front-line Staff/Direct Services Staff or Mid-level Manager
Very important (%)	51	65	45	71	54	62	45
Somewhat important (%)	24	19	18	14	23	19	26
Neutral (%)	16	8	27	7	14	12	16
Not important (%)	5	4	9	0	7	2	5
I don't know (%)	4	4	0	7	2	5	3

22. What affinity-based leadership training(s) have been most valuable for your leadership development?

There were 42 qualitative responses, which were categorized into six major themes. The themes are summarized below.

1	DEI related workforce development trainings	7 (17%)
2	Culture/race-based/or gender-based affinity groups	5 (12%)
3	Have not had any affinity-based leadership training or that affinity-based leadership trainings were not valuable	20 (48%)
4	Affinity groups related to Medicaid	3 (7%)
5	Five respondents out of 42 qualitative responses provided other responses not pertaining to affinity groups	5 (12%)
6	Affinity groups were "beneficial" or important	2 (5%)

23. Rank these training and skill-building strategies for building a pipeline of rising Medicaid leaders with diverse experiences and/or identities. (Rank from most valuable to least valuable) *(n=141)**
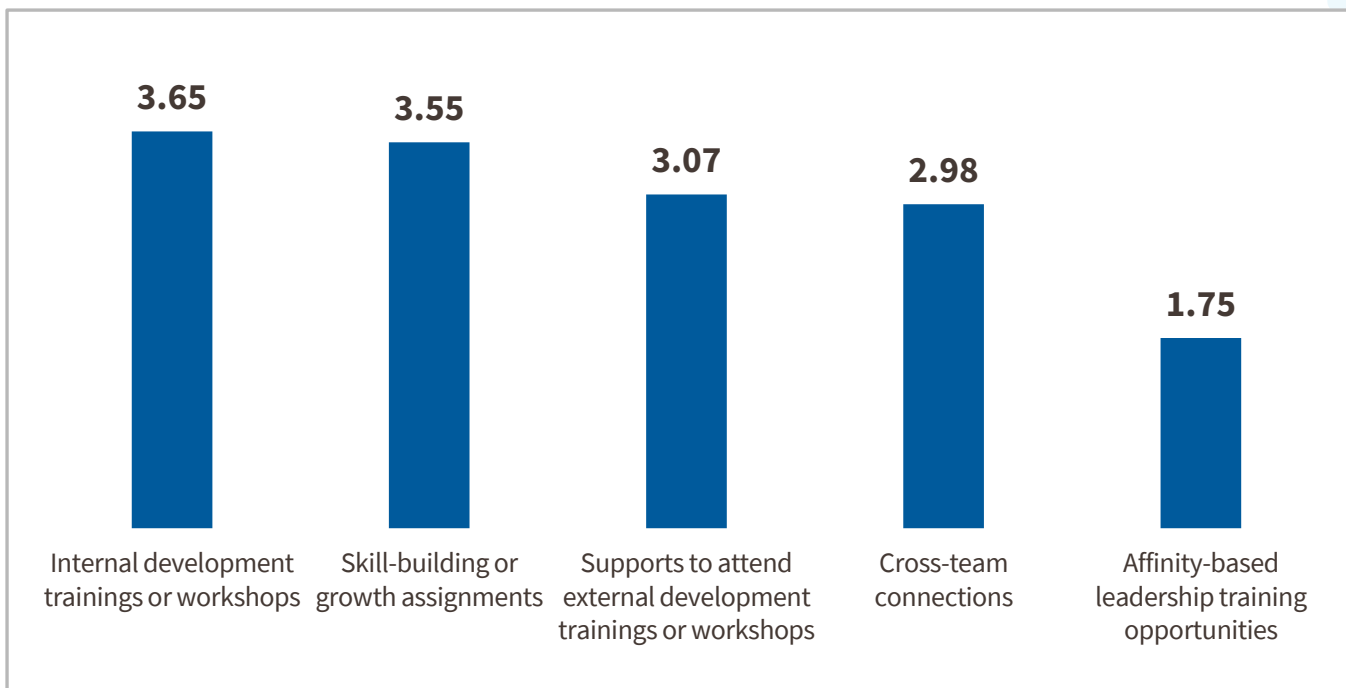
*Weighted score from most to least valuable. The average ranking for each answer was calculated to determine which was most preferred overall. The choice with the largest average (internal development trainings or workshops) is the most preferred choice.

SUMMARY

With a weighted score of 3.65, 34 percent of respondents said that internal development trainings or workshops are the most valuable for building a pipeline of rising Medicaid leaders with diverse experiences and/or identities. Respondents also said that skill-building or growth assignments are valuable. Additionally, with a weighted score of 1.75, 4 percent of Medicaid leaders think that affinity-based leadership trainings are the least valuable skill-building strategy for building a pipeline of rising Medicaid leaders with diverse experiences and/or identities. *See next page for a breakdown of results by key identity/experience groups.*

Results Stratified by Identity, Experience, and Position with Medicaid Agency/Department

	All Respondents	Respondents who identify as BIPOC	Respondents who identify as LGBTQIA+	Respondents who identify as a person with a disability	Respondents who identify as a person with lived experience	Executive Team/Senior Leadership/Deputy or Division Director/Bureau Director/Section Chief	Front-line Staff/Direct Services Staff or Mid-level Manager
Internal development trainings or workshops	3.65	3.80	2.91	3.29	3.65	3.31	3.70
Skill-building or growth assignments	3.55	3.96	4.09	3.79	3.56	3.46	3.71
Supports to attend external development trainings or workshops	3.07	2.48	2.82	2.93	3.02	3.36	3.02
Cross-team connections	2.98	2.84	3.45	2.79	2.85	2.92	3.04
Affinity-based leadership training opportunities	1.75	1.92	1.73	2.21	1.92	1.95	1.68

VIII. ANNUAL DEVELOPMENT PLANNING

Staff create and work toward individual development goals with structured support from their manager. Think about this as an activity that is distinct from performance reviews.

24. Is this practice routine within your department/agency? *(n=149)*

40% — Yes, this is widely available to all staff
28% — Yes, this is available to some staff
19% — No, this is not available
14% — I don't know
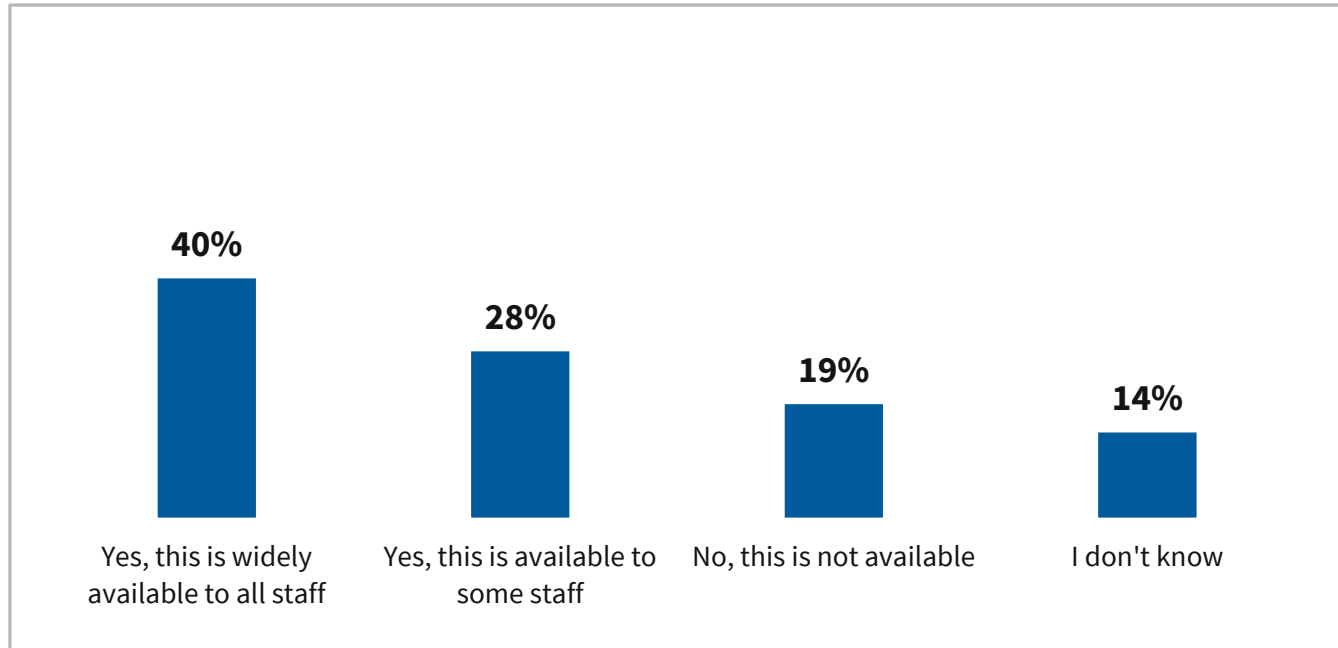
SUMMARY

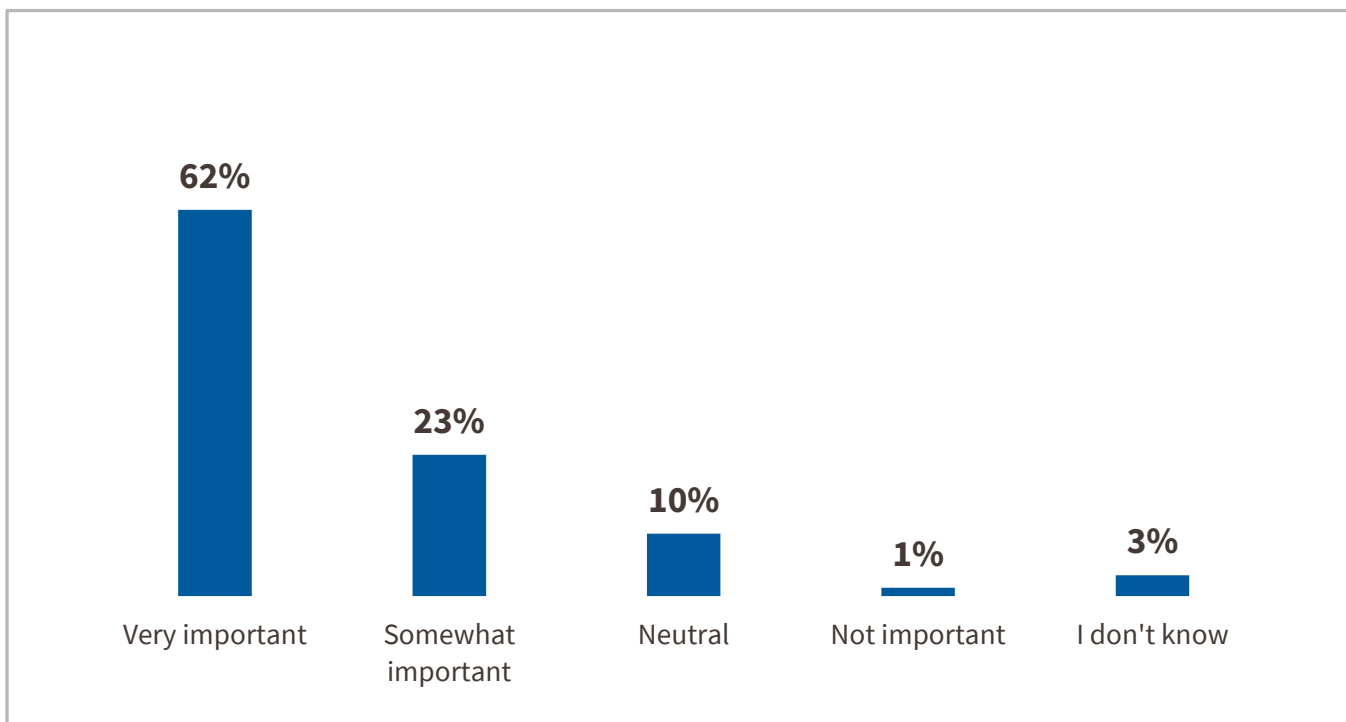Forty percent of survey respondents note that the opportunity to create and work toward individual development goals with structured support from their manager (in a way that is distinct from performance reviews) is widely available to all staff. Twenty-eight percent share that it is available to some staff. Nearly 20 percent of Medicaid leaders share that this opportunity is not available to staff.

25. Indicate how important you think annual development planning is to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. *(n=149)*

Chart data:
- Very important: 62%
- Somewhat important: 23%
- Neutral: 10%
- Not important: 1%
- I don't know: 3%

SUMMARY

Most respondents (62 percent) said that having a structured approach for individual development goals is very important to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. Twenty-three percent of respondents said it is somewhat important. *See next page for a breakdown of results by key identity/experience groups.*

Results Stratified by Identity, Experience, and Position with Medicaid Agency/Department

	All Respondents	Respondents who identify as BIPOC	Respondents who identify as LGBTQIA+	Respondents who identify as a person with a disability	Respondents who identify as a person with lived experience	Executive Team/Senior Leadership/Deputy or Division Director/Bureau Director/Section Chief	Front-line Staff/Direct Services Staff or Mid-level Manager
Very important (%)	62	73	73	57	61	64	60
Somewhat important (%)	23	15	18	14	23	26	22
Neutral (%)	10	12	0	21	13	5	13
Not important (%)	1	0	9	0	2	2	1
I don't know (%)	3	0	0	7	2	2	3

Staff have access to mentors within the Medicaid department/agency to support their professional development. Mentorship might include identifying growth areas, sharing additional department/agency/programmatic knowledge, and assistance with building relationships across the department/agency.

26. Are structured mentoring opportunities offered within your department/agency? *(n=148)*

11%	Yes, this is widely available to all staff
20%	Yes, this is available to some staff
33%	Not as a structured opportunity, but there is some informal mentorship
22%	No, this is not available
14%	I don't know
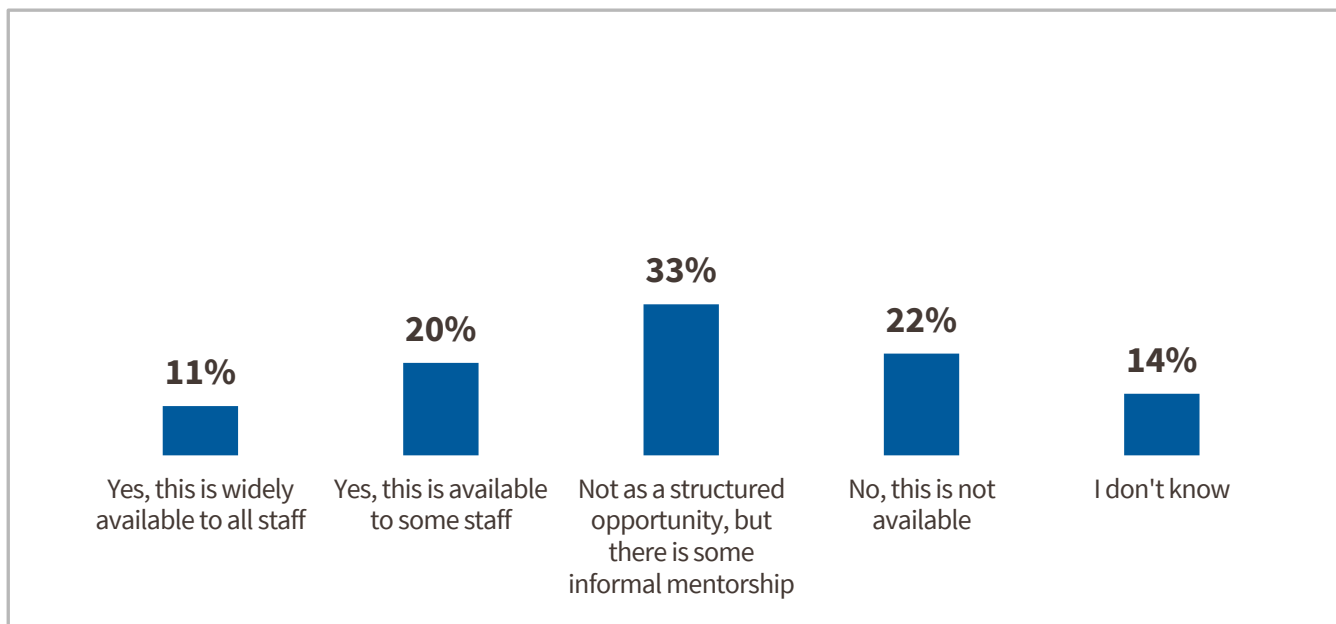
SUMMARY

Thirty-three percent of respondents note that while there is some informal mentorship, staff do not have a structured opportunity that provides access to mentors to support their professional development. Eleven percent state that staff access to mentors is widely available to staff. Twenty-two percent note that mentorship is not available.

27. Indicate how important you think mentorship is to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. *(n=148)*
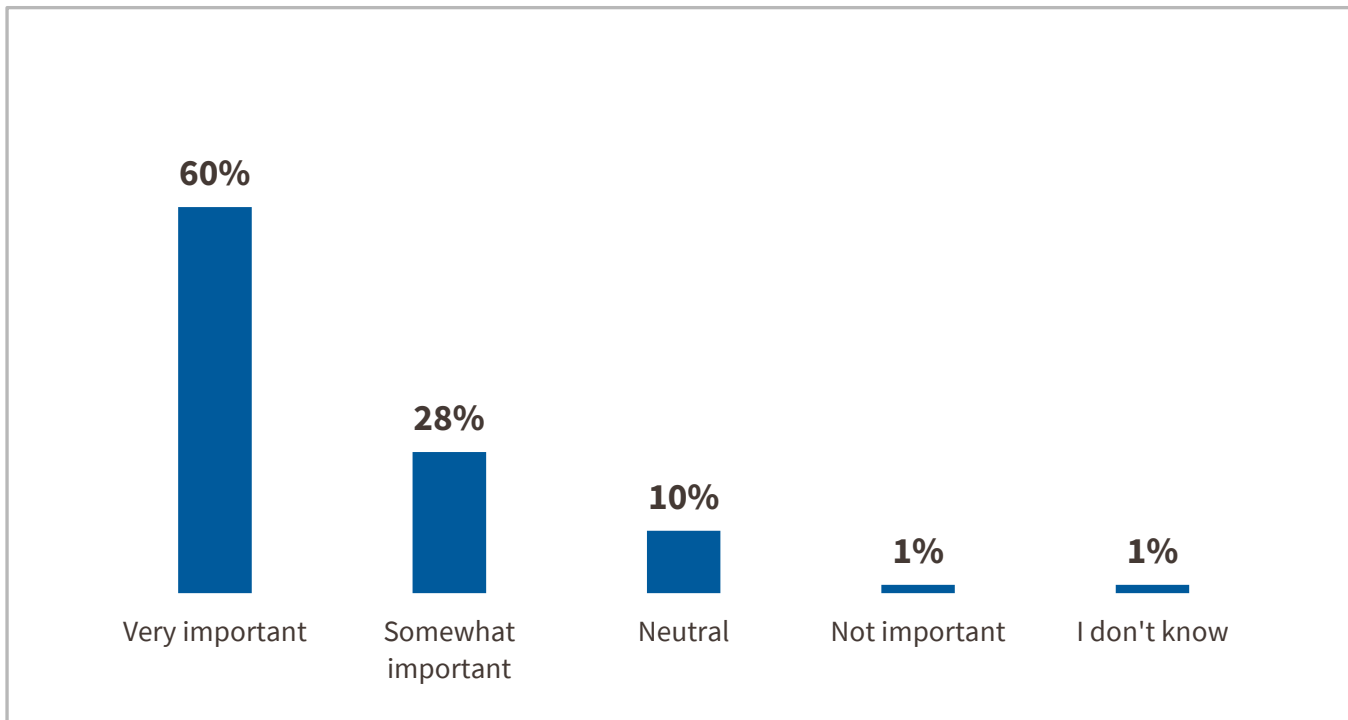
SUMMARY

Sixty percent of respondents said that staff access to mentors within the Medicaid department/agency to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities is very important. Twenty-eight percent said it is somewhat important while 10 percent of Medicaid staff are neutral about mentorship. *See next page for a breakdown of results by key identity/experience groups.*

Results Stratified by Identity, Experience, and Position with Medicaid Agency/Department

	All Respondents	Respondents who identify as BIPOC	Respondents who identify as LGBTQIA+	Respondents who identify as a person with a disability	Respondents who identify as a person with lived experience	Executive Team/Senior Leadership/Deputy or Division Director/Bureau Director/Section Chief	Front-line Staff/Direct Services Staff or Mid-level Manager
Very important (%)	60	54	55	79	64	62	58
Somewhat important (%)	28	27	36	14	25	29	27
Neutral (%)	10	19	9	7	9	10	12
Not important (%)	1	0	0	0	2	0	1
I don't know (%)	1	0	0	0	0	0	1

X. SHADOWING POSITIONS AND MEETINGS

Staff have opportunities to shadow senior leaders and/or sit in on meetings outside of their daily work to gain insights into new content areas and observe senior-level staff.

28. Does your department/agency offer shadowing opportunities? *(n=148)*

Bar chart values:
- Yes, this is widely available to all staff: 5%
- Yes, this is available to some staff: 10%
- This is available informally or on an ad hoc basis: 23%
- No, this is not available: 36%
- I don't know: 25%
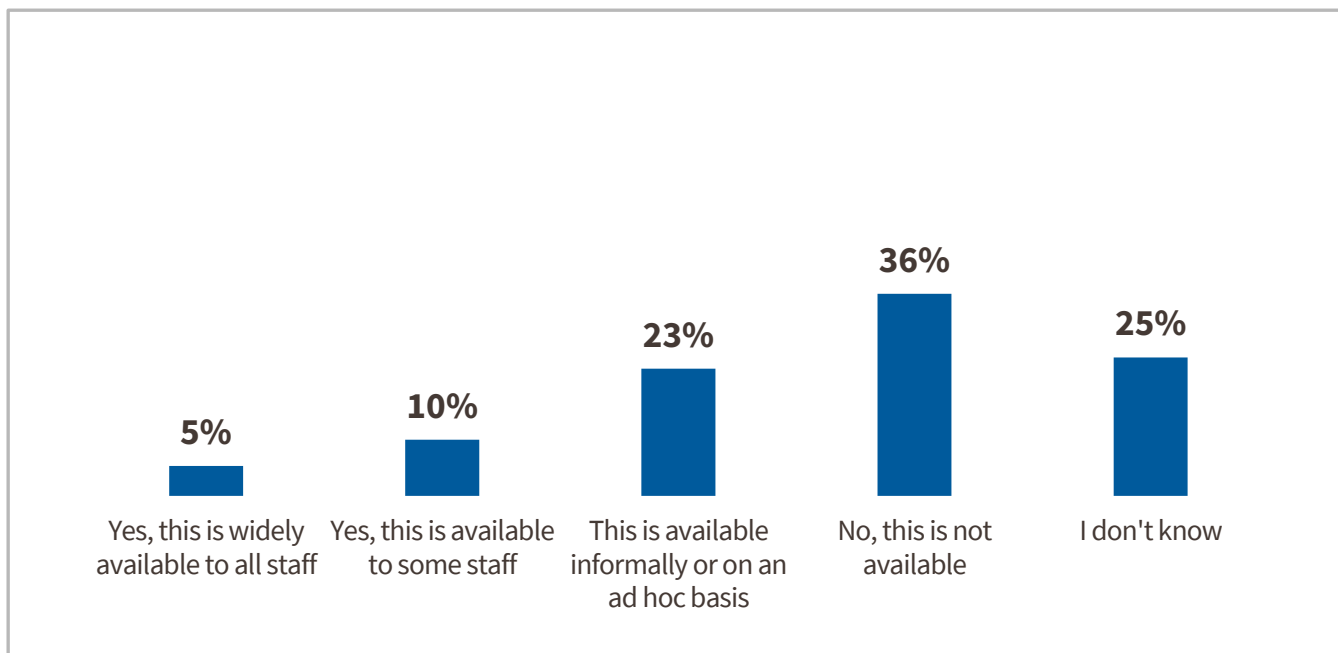
SUMMARY

Thirty-six percent of Medicaid staff share that staff do not have opportunities to shadow senior leaders and/or sit in on meetings outside of their daily work to gain insights into new content areas and observe senior-level staff. Twenty-three percent note that shadowing opportunities are only available informally or on an ad hoc basis. Five percent note that this is widely available to staff.

29. Indicate how important you think these opportunities are to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. *(n=148)*

Bar chart:
- Very important: 45%
- Somewhat important: 38%
- Neutral: 14%
- Not important: 1%
- I don't know: 3%

SUMMARY

Most respondents said that staff opportunities to shadow senior leaders and/or sit in on meetings outside of their daily work to gain 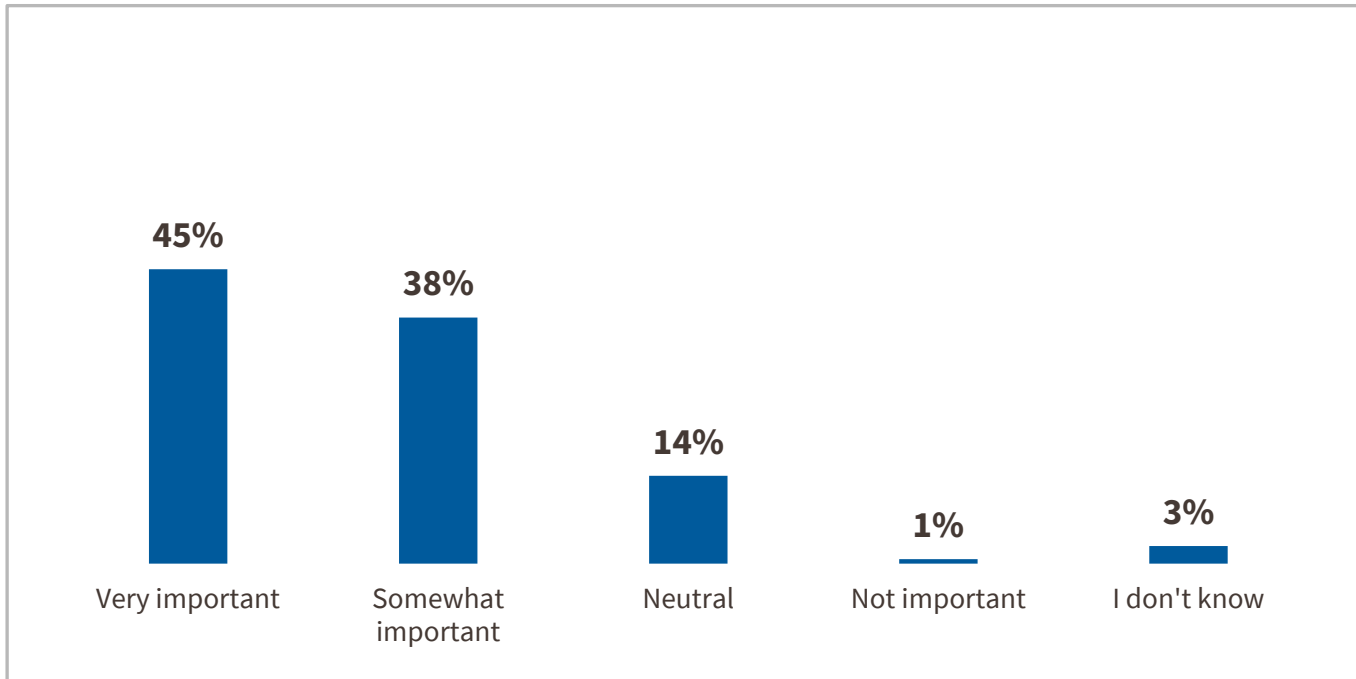insights to new content areas and observe senior-level staff is important to supporting a pipeline of rising Medicaid leaders with diverse experiences and/or identities. Forty five percent said it is very important while 38 percent said shadowing is somewhat important. *See next page for a breakdown of results by key identity/experience groups.*

Results Stratified by Identity, Experience, and Position with Medicaid Agency/Department

	All Respondents	Respondents who identify as BIPOC	Respondents who identify as LGBTQIA+	Respondents who identify as a person with a disability	Respondents who identify as a person with lived experience	Executive Team/Senior Leadership/Deputy or Division Director/Bureau Director/Section Chief	Front-line Staff/Direct Services Staff or Mid-level Manager
Very important (%)	45	62	45	43	54	31	47
Somewhat important (%)	38	27	55	50	39	48	30
Neutral (%)	14	8	0	7	7	21	10
Not important (%)	1	4	0	0	0	0	1
I don't know (%)	3	0	0	0	0	0	3

Senior leaders support and encourage staff to advance into leadership positions and/or to apply for advanced positions or lateral positions that align with their development goals.

30. Do your department/agency senior leaders practice this? *(n=148)*

24%	**47%**
11%	**17%**

Yes, this is widely practiced with all staff — Yes, this is practiced with some staff — No, this is not available — I don't know
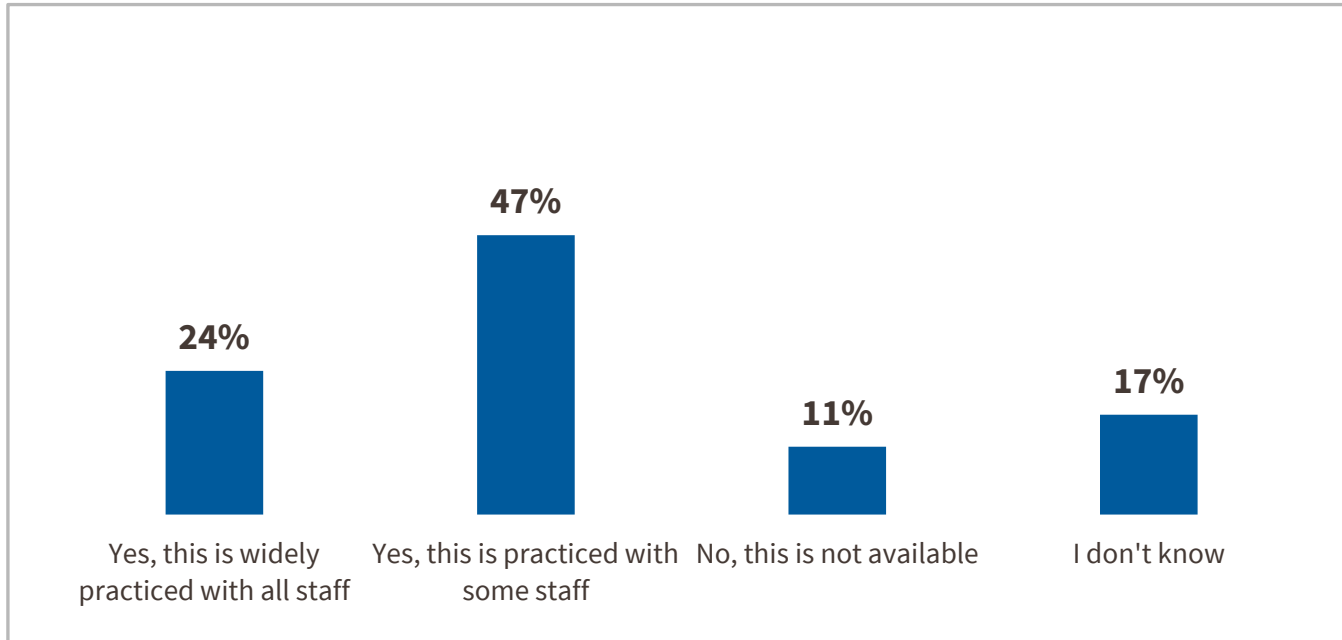
SUMMARY

Forty-seven percent of respondents note that senior leaders in their department/agency support and encourage some staff to advance into leadership positions and/or apply for advanced positions o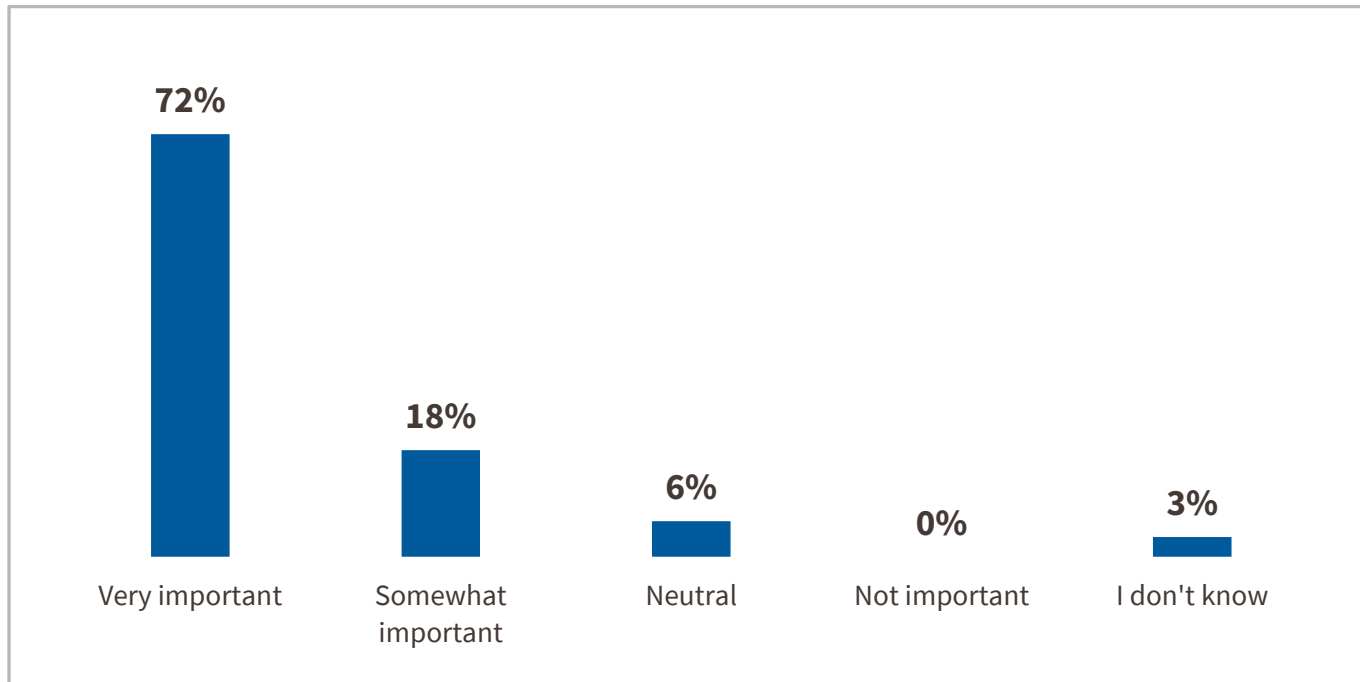r lateral positions that align with their development goals. Twenty-four percent share that this is widely practiced with all staff. Eleven percent of Medicaid leaders said that the support and encouragement is not available to them.

31. Indicate how important you think this strategy is to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. *(n=148)*

SUMMARY

Medicaid staff (72 percent) said that support and encouragement from senior leaders to advance into leadership positions and/or to apply for advanced or lateral positions that align with their development goals is very important to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. Of note, none of the survey respondents said that support and encouragement is not important. *See next page for a breakdown of results by key identity/experience groups.*

Results Stratified by Identity, Experience, and Position with Medicaid Agency/Department

	All Respondents	Respondents who identify as BIPOC	Respondents who identify as LGBTQIA+	Respondents who identify as a person with a disability	Respondents who identify as a person with lived experience	Executive Team/Senior Leadership/Deputy or Division Director/Bureau Director/Section Chief	Front-line Staff/Direct Services Staff or Mid-level Manager
Very important (%)	72	65	82	71	71	81	69
Somewhat important (%)	18	27	9	14	18	14	19
Neutral (%)	6	8	9	7	11	5	8
Not important (%)	0	0	0	0	0	0	0
I don't know (%)	3	0	0	7	0	0	4

32. Rank these individual development planning strategies on how valuable they are for building a pipeline of rising Medicaid leaders with diverse experiences and/or identities. *(n=135)**
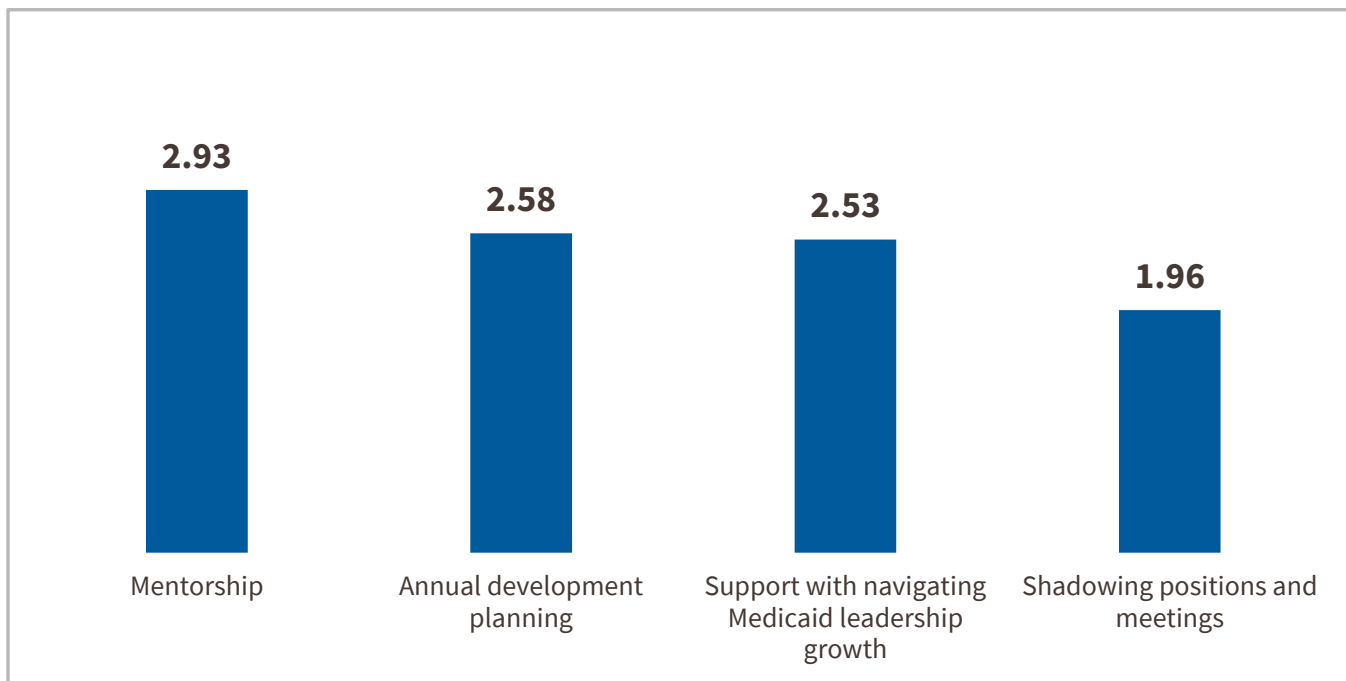
Mentorship — 2.93
Annual development planning — 2.58
Support with navigating Medicaid leadership growth — 2.53
Shadowing positions and meetings — 1.96

*Weighted score from most to least common. The average ranking for each answer was calculated to determine which was most preferred overall. The choice with the largest average (from within the Medicaid agency) is the most preferred choice.

SUMMARY

With a weighted score of 2.93, 36 percent of Medicaid leaders think that mentorship is most valuable for building a pipeline of rising Medicaid leadership with diverse experiences and/or identities. Medicaid leaders also value annual development planning and support with navigating leadership growth. With a weighted score of 1.96 and ranked last, 7 percent of respondents think that shadowing positions and meetings is the least valuable in success and advancement of leaders with diverse experiences and/or identities. *See next page for a breakdown of results by key identity/experience groups.*
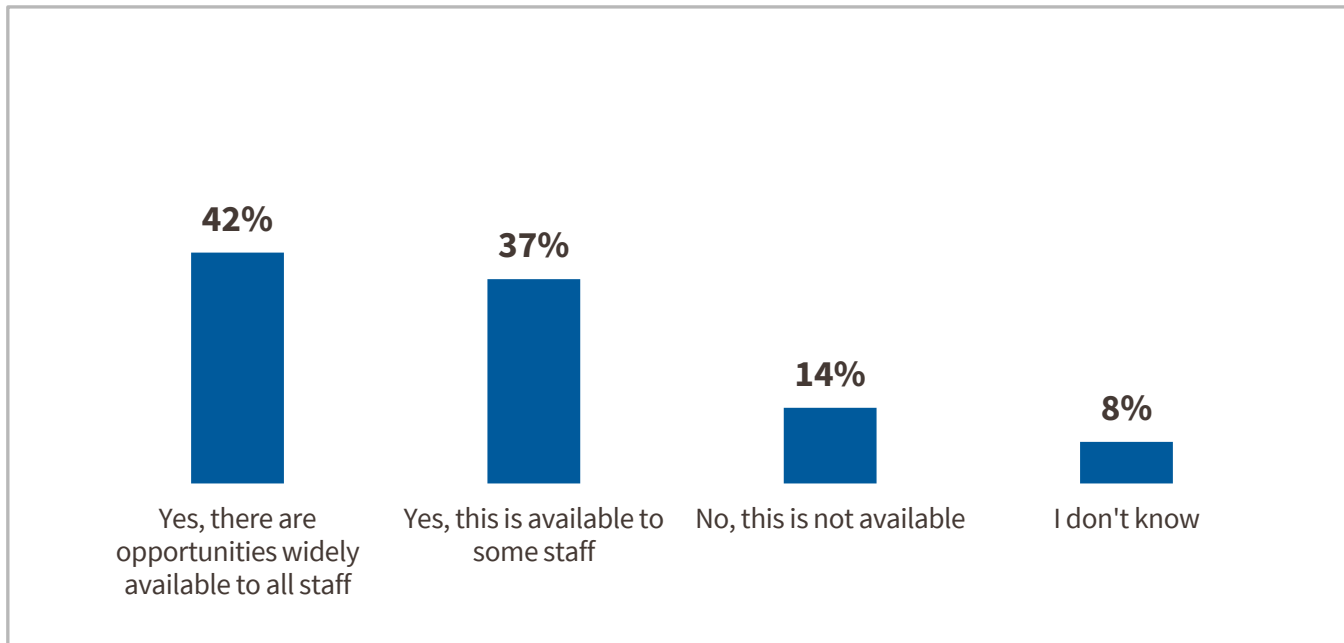
Results Stratified by Identity, Experience, and Position with Medicaid Agency/Department

	All Respondents	Respondents who identify as BIPOC	Respondents who identify as LGBTQIA+	Respondents who identify as a person with a disability	Respondents who identify as a person with lived experience	Executive Team/Senior Leadership/Deputy or Division Director/Bureau Director/Section Chief	Front-line Staff/Direct Services Staff or Mid-level Manager
Mentorship	2.93	2.96	2.20	3.00	2.90	2.68	2.99
Annual development planning	2.58	2.36	2.30	2.67	2.50	2.83	2.46
Support with navigating Medicaid leadership growth	2.53	2.24	3.40	2.42	2.56	2.76	2.55
Shadowing positions and meetings	1.96	2.44	2.10	1.92	2.04	1.73	2.04

XII. CONNECTIONS TO LEADERSHIP

Opportunities for informal connections between staff and senior-level leadership. Connections may include informal relationship building (e.g., coffee or lunch chats) and/or informal but structured trainings (e.g., brown bags, fireside chats).

33. Does your department/agency practice this? *(n=146)*

|	
42%	Yes, there are opportunities widely available to all staff
37%	Yes, this is available to some staff
14%	No, this is not available
8%	I don't know

SUMMARY

Forty-two percent of Medicaid staff surveyed said that opportunities for informal connections between staff and senior-level leadership are widely available to staff. Thirty-seven percent said that is available to some staff. Fourteen percent said that these opportunities for connections to leadership are not available to staff.

34. Indicate how important you think these connections are to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. *(n=146)*

Very important	Somewhat important	Neutral	Not important	I don't know
38%	45%	14%	1%	1%
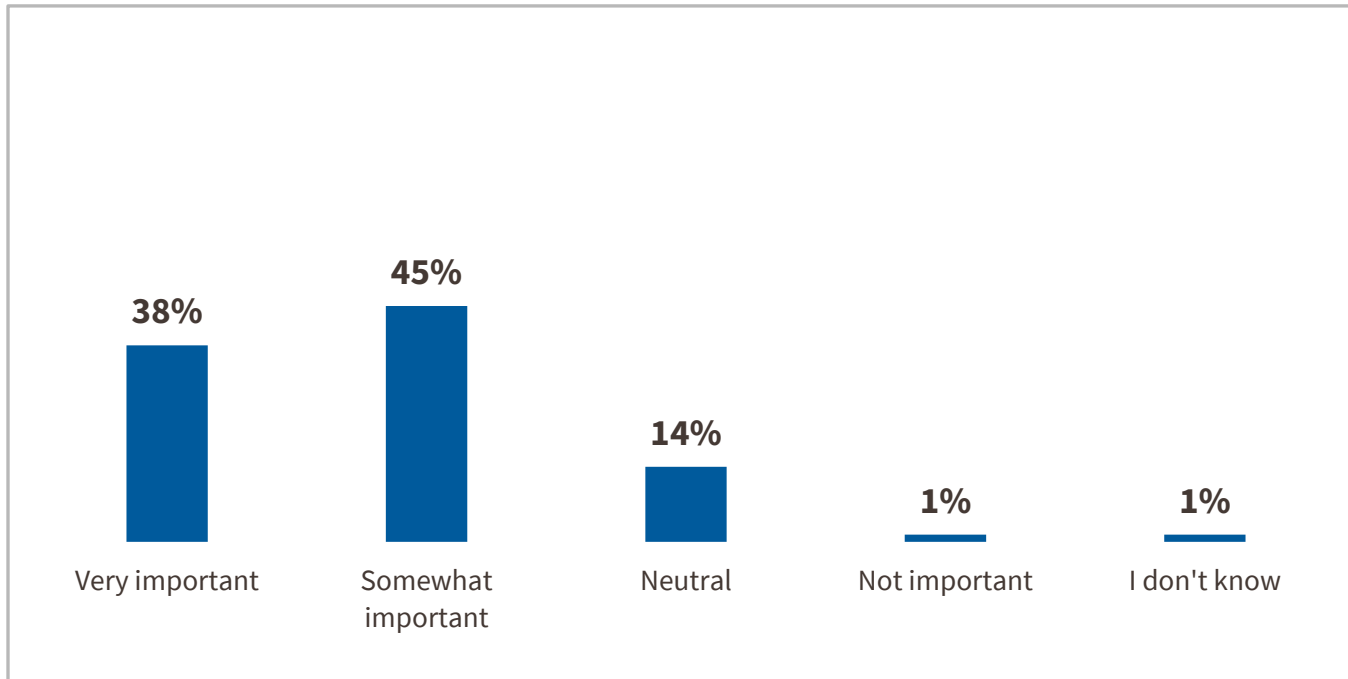
SUMMARY

Most Medicaid staff (83 percent) said that opportunities for informal connections to senior-level leadership is important. However, 45 percent of respondents think it is somewhat important, while 38 percent think it is very important. *See next page for a breakdown of results by key identity/experience groups.*

Results Stratified by Identity, Experience, and Position with Medicaid Agency/Department

	All Respondents	Respondents who identify as BIPOC	Respondents who identify as LGBTQIA+	Respondents who identify as a person with a disability	Respondents who identify as a person with lived experience	Executive Team/Senior Leadership/Deputy or Division Director/Bureau Director/Section Chief	Front-line Staff/Direct Services Staff or Mid-level Manager
Very important (%)	38	54	36	36	41	31	42
Somewhat important (%)	45	31	36	43	41	55	40
Neutral (%)	14	15	18	14	14	14	15
Not important (%)	1	0	9	7	4	0	2
I don't know (%)	1	0	0	0	0	0	1

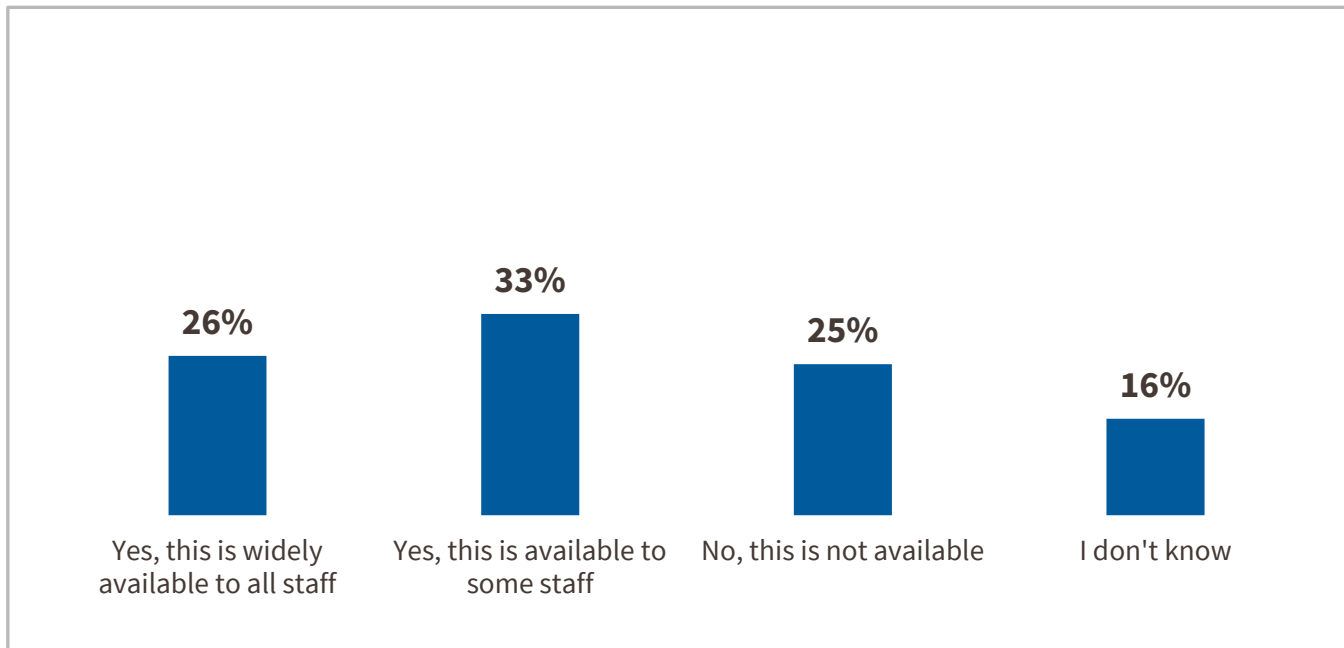## 35. What connection(s) to leadership have been most valuable for your leadership development?

There were 62 qualitative responses, which were categorized into six major themes. The themes are summarized below.

1	Open communication/ 1:1 time with leadership	15 (24%)
2	Inclusion in higher level discussions	3 (5%)
3	Opportunities for regular informal conversations	11 (18%)
4	Opportunities for virtual and in-person meeting time	15 (24%)
5	Opportunities to work on specific projects with leadership that facilitates interaction	5 (8%)
6	Other (e.g., commentary that did not fit into any of the above categories, such as none or other)	6 (10%)

XIII. PEER-TO-PEER RELATIONSHIPS

Connecting to peers to build relationships, share resources, and/or to collaborate on career development (e.g., peer mentorships, unstructured staff meetings/events).

36. Does your department/agency offer this? *(n=145)*

26%	33%	25%	16%
Yes, this is widely available to all staff	Yes, this is available to some staff	No, this is not available	I don't know

SUMMARY

Thirty-three percent of respondents said that opportunities to connect to peers to build relationships, share resources, and/or collaborate on career development are available to some staff. Twenty-six percent said that it is widely available to all staff. Twenty-five percent said that peer-to-peer relationship connections are not available to staff.

37. Indicate how important you think this strategy is to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. *(n=145)*

SUMMARY

Forty-three percent of Medicaid staff said that connecting to peers to build relationships, share resources, and/or collaborate on career development 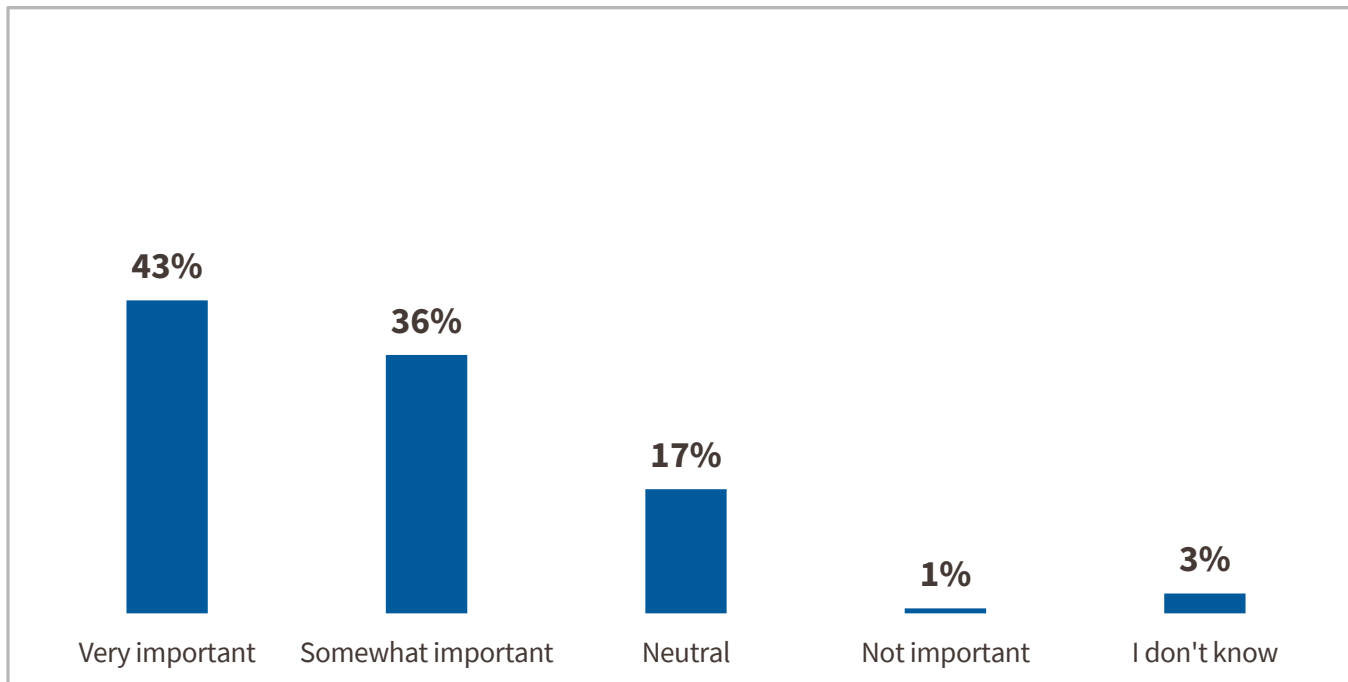(e.g., peer mentorships, unstructured staff meetings/events) is a very important strategy to support a pipeline of Medicaid leaders with diverse experiences and/or identities. Thirty-six percent said that it is somewhat important, while 17 percent said they are neutral about this strategy. *See next page for a breakdown of results by key identity/experience groups.*

Results Stratified by Identity, Experience, and Position with Medicaid Agency/Department

	All Respondents	Respondents who identify as BIPOC	Respondents who identify as LGBTQIA+	Respondents who identify as a person with a disability	Respondents who identify as a person with lived experience	Executive Team/Senior Leadership/Deputy or Division Director/Bureau Director/Section Chief	Front-line Staff/Direct Services Staff or Mid-level Manager
Very important (%)	43	54	36	43	38	33	47
Somewhat important (%)	36	23	36	36	36	52	30
Neutral (%)	17	23	27	21	23	14	19
Not important (%)	1	0	0	0	2	0	1
I don't know (%)	0	0	0	0	2	0	3

*Weighted score from most to least common. The average ranking for each answer was calculated to determine which was most preferred overall. The choice with the largest average (from within the Medicaid agency) is the most preferred choice.

38. What peer relationships have been most valuable for your leadership development?
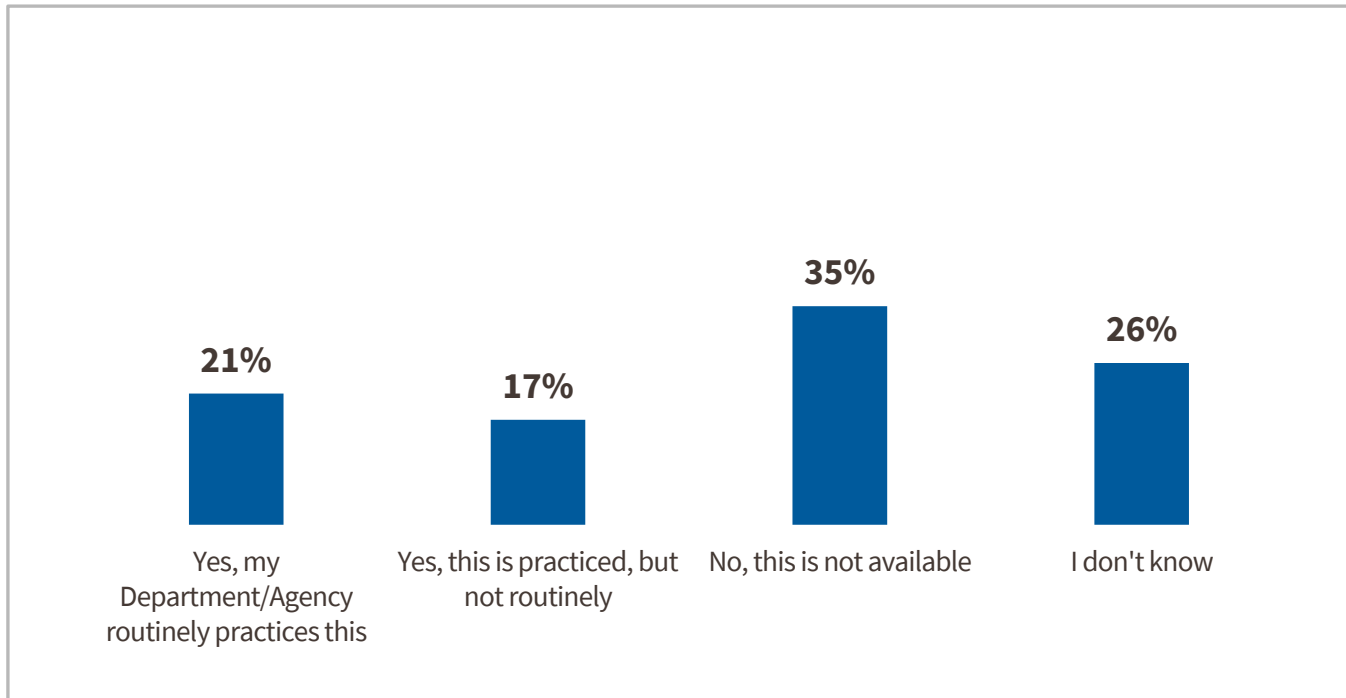
There were 51 qualitative responses, which were categorized into seven major themes. The themes are summarized below.

1	Opportunities for cross-functional meetings and idea sharing	19 (37%)
2	Working on a project together	6 (12%)
3	Informal interactions	10 (20%)
4	1:1 peer meetings	2 (4%)
5	Attending trainings with peers	2 (4%)
6	Peer connections were lacking due to competition or disinterest	2 (4%)
7	Other (e.g., commentary that did not fit into the above categories, such as none or remote work)	11 (22%)

Promotion criteria and processes are documented, and this information is readily accessible to staff.

39. Does your department/agency practice this? *(n=141)*

Chart data:
- Yes, my Department/Agency routinely practices this: 21%
- Yes, this is practiced, but not routinely: 17%
- No, this is not available: 35%
- I don't know: 26%

SUMMARY

Thirty-five percent of survey respondents said that defined pathways to promotion that include promotion criteria and documented processes with information readily accessible to staff is not available at their Medicaid department/agency. Twenty-one percent of Medicaid staff report that it is something that their department/agency routinely practices, while 17 percent report that is practiced, but not routinely.

40. Indicate how important you think this strategy is to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. *(n=141)*
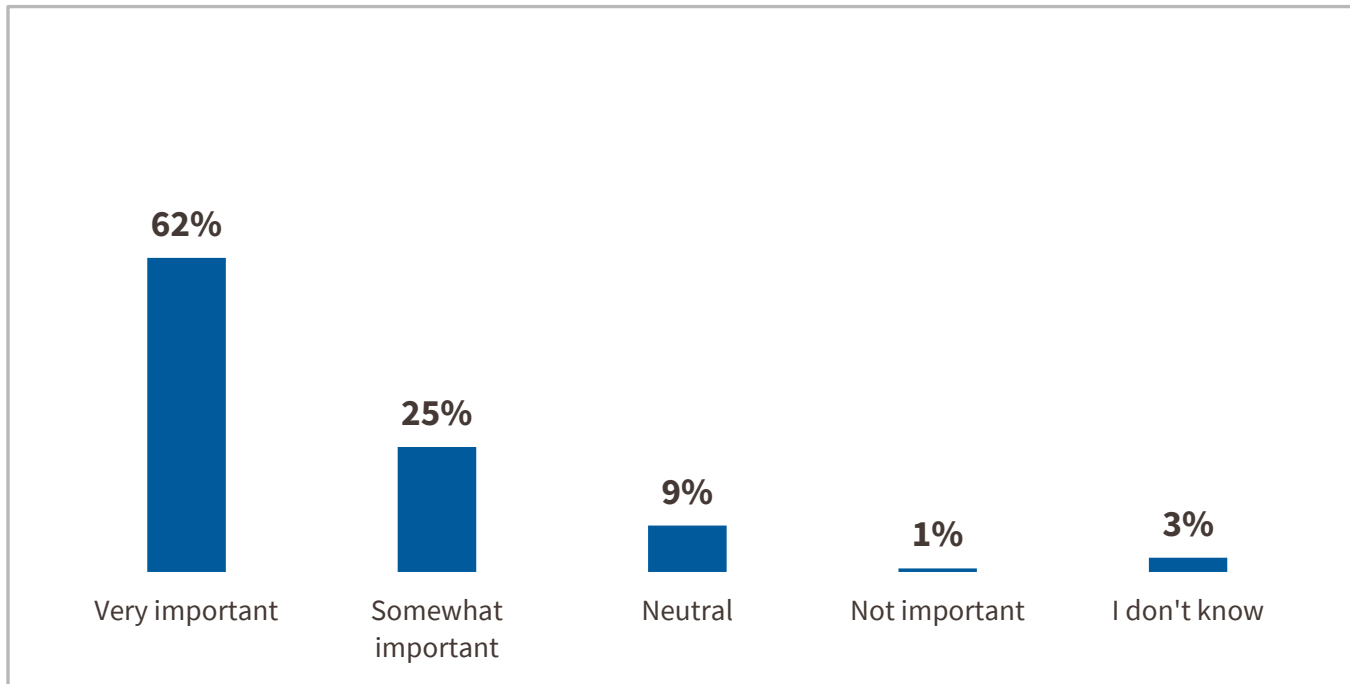
SUMMARY

Sixty-two percent of respondents said that defining pathways to promotion is very important to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. Twenty-five percent said that is somewhat important. *See next page for a breakdown of results by key identity/experience groups.*

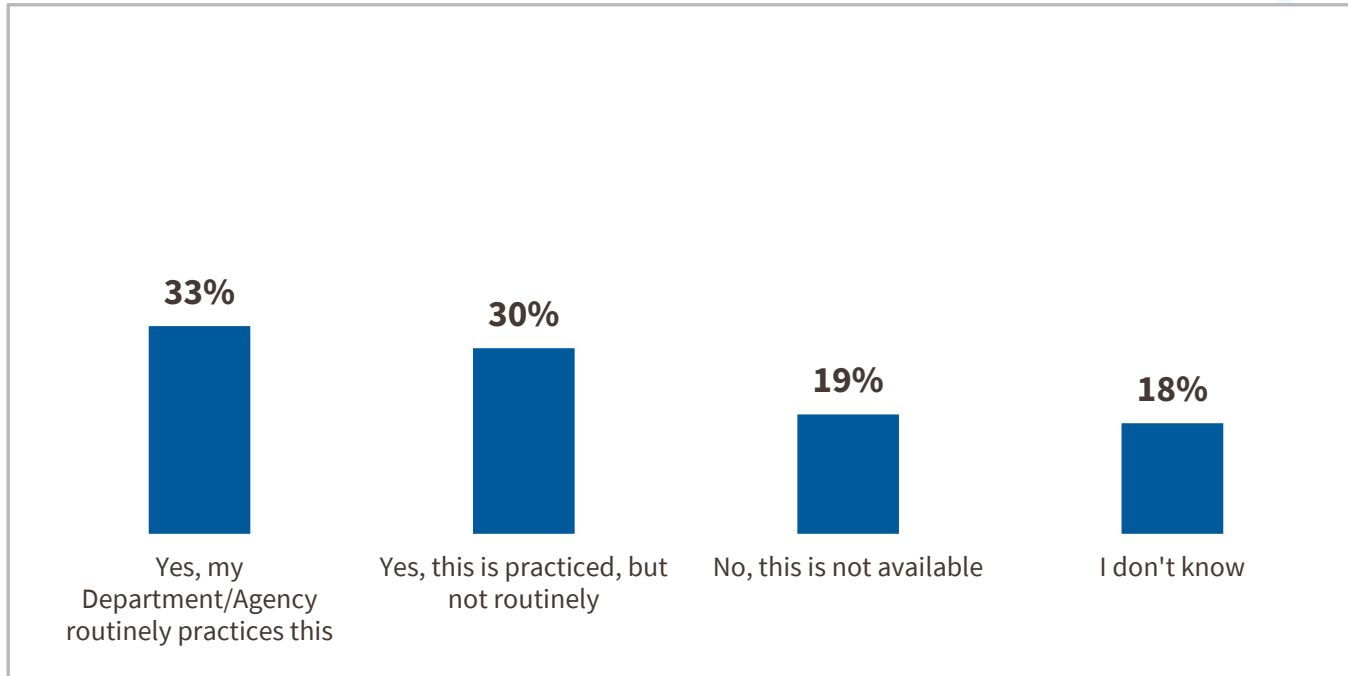# Results Stratified by Identity, Experience, and Position with Medicaid Agency/Department

	All Respondents	Respondents who identify as BIPOC	Respondents who identify as LGBTQIA+	Respondents who identify as a person with a disability	Respondents who identify as a person with lived experience	Executive Team/Senior Leadership/Deputy or Division Director/Bureau Director/Section Chief	Front-line Staff/Direct Services Staff or Mid-level Manager
Very important (%)	62	65	82	79	66	60	66
Somewhat important (%)	25	23	0	21	21	24	23
Neutral (%)	9	8	9	0	9	12	8
Not important (%)	1	4	0	0	2	2	0
I don't know (%)	3	0	9	0	2	2	3

XV. TRANSPARENCY OF DEVELOPMENT ACTIVITIES

Opportunities to participate in development activities are clearly documented and offered to staff.

41. Does your department/agency practice this? *(n=141)*

33%	30%	19%	18%
Yes, my Department/Agency routinely practices this	Yes, this is practiced, but not routinely	No, this is not available	I don't know

SUMMARY

Sixty-three percent of respondents said that development activities are available, clearly documented, and offered to staff. Of the 63 percent, 30 percent report that transparency of development activities is practiced, but not routinely. Nineteen percent of the survey respondents cite that their department/agency does not practice transparency of development activities.

42. Indicate how important you think this strategy is to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. *(n=141)*
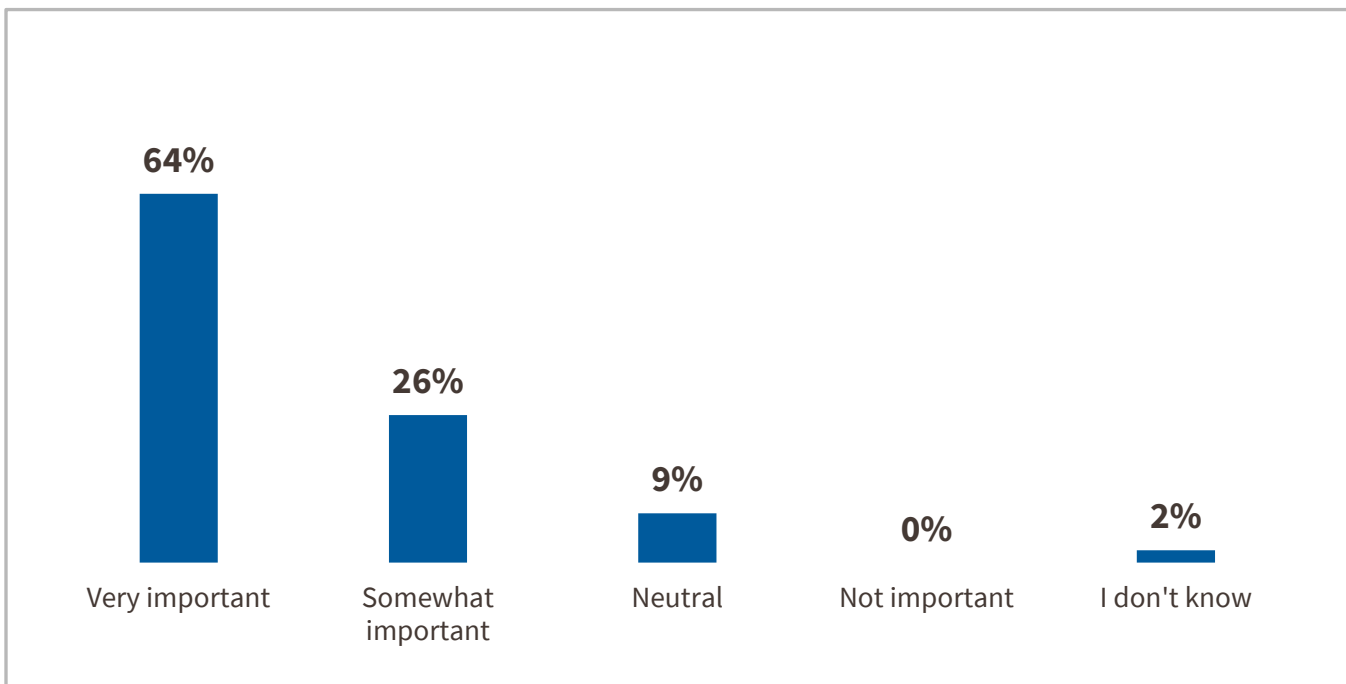
SUMMARY

Sixty-four percent of survey respondents said that it is very important to be transparent about development activities that are offered to staff and clearly documented. Twenty-six percent said it is somewhat important to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities. *See next page for a breakdown of results by key identity/experience groups.*

Results Stratified by Identity, Experience, and Position with Medicaid Agency/Department

	All Respondents	Respondents who identify as BIPOC	Respondents who identify as LGBTQIA+	Respondents who identify as a person with a disability	Respondents who identify as a person with lived experience	Executive Team/Senior Leadership/Deputy or Division Director/Bureau Director/Section Chief	Front-line Staff/Direct Services Staff or Mid-level Manager
Very important (%)	64	69	64	36	66	62	63
Somewhat important (%)	26	15	9	57	21	19	30
Neutral (%)	9	12	18	7	11	17	5
Not important (%)	0	0	0	0	0	0	0
I don't know (%)	2	4	9	0	2	2	2

43. How does your department/agency measure success in supporting a pipeline of rising Medicaid leaders with diverse experiences and/or identities? (choose all that apply) *(n=131)*

8% — Tracking demographics across levels (e.g., mid-level managers, senior leadership)

10% — Tracking staff demographics in retention

8% — Tracking staff demographics in promotions

9% — Tracking staff demographics for participation in professional development opportunities offered by the Department/Agency

69% — I don't know

15% — None of the above

6% — Something else (please describe)

SUMMARY

Most respondents (69 percent) are not aware of how their department/agency measures success in supporting a pipeline of rising Medicaid leaders with diverse experiences and/or identities. Ten percent report that their department/agency is tracking staff demographics in retention efforts. Eight percent cite that their department/agency is tracking demographics across levels (e.g., mid-level managers, senior leadership). Fifteen percent report that their department/agency is not measuring success by tracking staff demographics.