



**ADDICTIONS TREATMENT
& RECOVERY
WORKFORCE RETENTION
AND RECOMMENDED
PRACTICES PILOT STUDY**

March 2008

Prepared by

Mxolisi Siwatu, Ph.D.

The National Association of State Alcohol and Drug Abuse Directors, Inc.,
(NASADAD) under subcontract from Abt Associates Inc., Task Order No. 270-
2003-00009-0002



NASADAD BOARD OF DIRECTORS

President Flo Stein (North Carolina)
First Vice President Joe Hill (Arkansas)
Vice President for Internal Affairs J. Kent Hunt (Alabama)
Vice President for Treatment Emilio Vela, Jr. (Washington)
Vice President for Prevention Debbie Synhorst (Iowa)
Immediate Past President Barbara Cimaglio (Vermont)
Secretary Doug Allen (Washington)
Treasurer Gilbert Sudbeck (South Dakota)

Regional Directors

Michael Botticelli (Massachusetts), Karen M. Carpenter-Palumbo (New York),
Peter Luongo, Ph.D. (Maryland), Donna Hillman (Kentucky),
Theodora Binion-Taylor (Illinois), Linda Roebuck (New Mexico), Mark Stringer
(Missouri), Gilbert Sudbeck (South Dakota), Maria Canfield (Nevada), Doug Allen
(Washington)

Executive Director

Lewis E. Gallant, Ph.D.

*Prepared by The National Association of State Alcohol and Drug Abuse Directors, Inc.,
(NASADAD) under subcontract from Abt Associates Inc., Sub Contract No. 15649.
NASADAD is solely responsible for the content herein.*

ACKNOWLEDGEMENTS

This report was prepared by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) under a subcontract from Abt Associates Inc. for the Partners for Recovery Initiative (PFR). Information presented in this document is based on responses to a brief inquiry and in-depth interviews. Respondents included 96 chief executive officers of addictions treatment facilities across five States (Washington, Arkansas, Texas, Ohio, and New York). Data were collected by members of the National Treatment Network (NTN) from each of the participating States, including Emilio Vela (Washington), Garland “Sonny” Ferguson (Arkansas), Philander Moore (Texas), Martin Gaudiose (Ohio) and Tim Williams (New York). Kathleen Nardini (NASADAD) contributed to the development of this report.

**ADDICTIONS TREATMENT & RECOVERY WORKFORCE
RETENTION AND RECOMMENDED PRACTICES PILOT STUDY**

TABLE OF CONTENTS

INTRODUCTION	1
Background	1
Significance of the Project	2
METHODS AND MATERIALS	3
Sampling Design	3
Procedures and Measurements	5
Sample Characteristics	7
FINDINGS	8
Salary and Benefits	9
Administrative Practices	13
Social Activities to Promote Solidarity	16
Personal Time Off and Flexible Scheduling	16
Professional Development Opportunities	17
DISCUSSION	18
REFERENCES	20
APPENDIX A: INQUIRY FORM	21
APPENDIX B: SEMI-STRUCTURED INTERVIEW GUIDE	27

LIST OF TABLES

Table 1. Number of State Responses to Inquiry and Interview	2
Table 2. Frequency and Percentage of Responses by Annual Operating Budget.....	4
Table 3. Frequency and Percentage of Responses by Facility Type.....	4
Table 4. Frequency and Percentage of Responses by Facility Classification.....	4
Table 5. Distribution of Sample Characteristics	8
Table 6. Distribution of Benefits Offered	11
Table 7. Distribution of Administrative Practices	15

ADDICTIONS TREATMENT & RECOVERY WORKFORCE RETENTION AND PROMISING PRACTICES PILOT STUDY

INTRODUCTION

Background

Turnover rates are generally high among health care workers compared to many other professions (Ramlall, 2003), and addictions treatment workers are no exception with turnover rates estimated to be 18-20% (McNulty et al., 2007; Abt Associates, 2006). The retention of highly skilled addictions treatment personnel is essential for effective health care delivery. The impact of high turnover has been well documented (Abt Associates, 2006). Time and expense of recruitment, training of new staff, morale issues, and continuity of patient care are costs related to staff turnover (Scanlon, 2001). Addictions facilities that are able to retain their workforce are more effective and efficient at health care delivery while high turnover rates have a contrasting effect.

Although substance abuse treatment counseling is an occupation notable for its high turnover rates, research on workforce retention among addictions treatment workers is sparse (McNulty et al., 2007). The purpose of this pilot study is to explore recommended practices for retaining addictions treatment workers.

The National Treatment Network (NTN) members collected data for this study. The NTN is a component of the National Association of State Alcohol and Drug Abuse Directors (NASADAD), and consists of a group of State Drug Addictions Treatment Programs Specialists that supervise addictions treatment activities in their respective States. Currently, the NTN consists of 56 members representing each of the States, U.S. territories, and the District of Columbia.

This study utilized a mixed-method design including a self-administered brief inquiry for the quantitative component and a semi-structured telephone interview to collect qualitative data. Chief Executive Officers (CEOs), or designated representatives, from 108 addictions treatment facilities across five States completed brief inquiry forms designed to assess managerial practices and employee retention rates. Data were collected on the following topics:

1. Employee benefits and incentives
 - a. Benefits packages
 - b. Employee wellness practices
 - c. Professional development practices
 - d. Employee mentoring practices
 - e. Financial incentives
2. Budgetary practices
3. Non-financial incentives
4. Employee satisfaction and self assessment practices

Five States from different geographic regions participated in this study. The NTN's from each State were asked to distribute the initial inquiry to the CEOs of provider organizations in their State and collect a minimum of 10 responses each. Subsequently, the NTN's from the five States were asked to follow-up with two of the CEOs with the lowest facility turnover rate in their State (as indicated on their responses on the brief inquiry form) and collect information on their retention practices using a semi-structured telephone interview.

CEOs were asked to provide details on the administrative practices they felt best explained low turnover at their facility. A total of 108 responses were collected from all five States using the initial inquiry and 9 responses were collected from four States using the structured interview approach as shown in Table 1 below. (One State was unable to participate in the telephone interview and another State obtained an additional interview.)

Table 1. Number of Responses to Inquiry and Interview

States	Self-Administered Inquiry	Semi-Structured Telephone Interview
AR	33	2
OH	11	0
NY	11	2
TX	42	3
WA	11	2
Total	108	9

This document presents the qualitative and quantitative results of the recovery workforce retention and recommended practices pilot study.

Significance of the Project

This study is significant for two reasons:

1. This study initiated the exploration of recommended practices for retaining addictions treatment workers and establishes recommended practices based on field experience.
2. This study provides a methodological framework for future studies of workforce retention among addictions treatment and recovery staff.

Turnover among substance abuse workers exceeds the national average employee turnover rate by 9% (Abt Associates, 2006) and exceeds the average turnover rate of teachers and nurses by 7% and 8%, respectively (Abt Associates, 2006); two professions widely recognized for high turnover. Eighty-six percent of addictions treatment managers have difficulties attracting new employees, and 58% experience difficulty keeping them (McNulty et al., 2007). Ramlall (2003) cites literature demonstrating the importance of administrative practices in explaining the attrition among addictions treatment workers. However, he argues that more research is needed in the area. Despite

high turnover rates among addictions treatment workers and the impact on the client outcomes and organizational productivity, retention studies remain limited. In this time of accountability, research has primarily focused on program evaluations and patient outcome studies and the need for workforce retention studies remains overshadowed and unaddressed. This study is significant to the field in that it attempts to identify recommended practices for minimizing turnover.

This study is also significant in that it provides a model for future research. While the field is focusing on treatment and recovery strategies to optimize an individual's recovery, little attention is being paid to the administrative needs of those employees working in the field delivering services. This study provides a methodological framework for future studies of employee retention. This study utilizes the National Treatment Network (NTN) as a resource for data collection at the organizational level. Details of the methodology including the sampling strategy and the data collection strategy are provided.

METHODS AND MATERIALS

Sampling Design

A non-probability sampling design was used to collect data from 108 addictions treatment facilities across 5 States. Various geographical regions of the country were represented and selected to participate in the study. Within each State, the NTN's selected facilities that varied in size, type, and classification. Facilities selected for participation were chosen in a manner to maximize diversity among the sample based on the following characteristics:

1. Facility size (annual operating budget as an indication of size) as identified by the NTN's;
2. Facility type (residential treatment program, outpatient treatment program, or a combination residential and outpatient treatment program) as selected by the NTN's; and
3. Facility classification (private-not-for-profit, private-for-profit, for-profit publicly traded, or State or local government-owned entity) as selected by the NTN's.

The following three tables show the distribution of facility characteristics for the facilities that participated in the study. In Tables 2 and 4, categories were collapsed to streamline the presentation of the results.

Table 2. Frequency and Percentage of Responses by Annual Operating Budget

Budget Size	Frequency	Percent
Less than 1 million	35	32.4
1 million to 4 million	31	28.7
4 million to 12 million	27	25.0
4 to 12 million	10	9.3
No Response	5	4.6
Total	108	100

Table 3. Frequency and Percentage of Responses by Facility Type

Facility Type	Frequency	Percent
Residential Treatment	12	11.1
Outpatient Treatment	38	35.2
Combination Treatment	53	49.1
No Response	5	4.6
Total	108	100

Table 4. Frequency and Percentage of Responses by Facility Classification

Classification	Frequency	Percent
Private Not-for-Profit	80	74.1
Private for Profit	12	11.1
State or Local Gov't Owned	12	11.1
No Response	4	3.7
Total	108	100

Five States [Arkansas (AR), Ohio (OH), New York (NY), Texas (TX), and Washington (WA)] were selected for participation in this study. Two southern States, a western State, and two eastern States were represented. The NTN representative from each of the five States worked with the CEO of identified facilities within each State. The NTNs used their best subjective judgment to identify facilities that would represent a mix of facility type, size, and classification. However, it must be recognized that the use of this approach does not ensure a representative sample and limits the ability to generalize results and draw conclusions. A copy of the brief inquiry form that was distributed to the CEOs is shown in Appendix A.

A follow-up structured interview was conducted by the NTN with nine CEOs (or designated representatives of the facilities) reporting having the lowest turnover rates in each of their respective States (as indicated by their responses on the brief inquiry form). Four of the five States participating in the brief inquiry were represented in the follow-up interviews (AR, NY, TX, and WA).

The NTN's contacted two CEOs from AR, NY, and WA and three CEOs from TX who indicated that their facilities had low turnover rates in the follow-up interviews. Telephone interviews were used to obtain more detail on the practices at those facilities. Due to the limited scope of the study, interviews were not conducted with direct service staff. A copy of the semi-structured interview form is shown in Appendix B.

Procedures and Measurements

This study utilized a mixed-method design consisting of a self-administered brief inquiry used to collect quantitative data and a semi-structured interview used during follow-up to collect qualitative data.

The brief inquiry form included close-ended and open-ended questions. The brief inquiries were distributed and collected by the participating NTN's via email, fax, or regular mail. Brief inquiries were completed by the CEO of the facility (or designated personnel such as the president, manager, and/or director). CEOs were asked to respond to each of the inquiry items while thinking about their addictions organizations' direct service staff. For this study, direct service staff was defined as "staff working in the area(s) of treatment and recovery including **counselors** (substance abuse counselors, rehabilitation counselors, behavioral disorder counselors, etc.), **recovery support staff** (recovery coaches, mentors, recovery support specialists, child care workers), **case managers, outreach workers, intake workers, nurses** (licensed practical, vocational and registered nurses), **social workers, marriage and family therapists, various health care professionals** (physicians, physician assistants, psychiatrists, etc.), and **social and behavioral scientists**."

The brief inquiry included items pertaining to each of the following domains:

- Benefits
- Financial and non-financial incentives (including annual bonuses, performance awards, and employee appreciation activities)
- Employee continuing education options
- Alternative work schedules
- Employee mentoring programs
- Employee wellness practices
- Professional advancement opportunities
- Cost savings practices

Benefits were assessed utilizing a checklist of items in which the respondent was asked to check all benefits options offered to their addictions direct service staff. Examples of items on the check list included, but were not limited to, health, dental, vision, and life insurance; mental health services; tuition reimbursement; student loan repayment options; contributory and non-contributory pension plans; retiree benefits; paid leave; and substance abuse treatment services.

To gather information on the various administrative practices, the following questions were asked:

- Does your facility have policies or programs in place that promote professional development including certification/re-certification programs, continuing education programs, or partnerships with local universities, etc.?
- Does your facility have a mentoring program for new direct service staff members?
- Does your facility offer pay bonuses, merit pay, conditional pay increases, or other such incentives?
- Does your facility have a system for determining salary increases, pay bonuses, and promotions?
- Does your facility offer plaques, trophies, honors and awards, and other such employee recognition practices, to promote performance?
- Does your facility use social activities used to promote solidarity and improve morale?
- Does your facility offer their employees flex time?
- Do you have tools for determining employee satisfaction?
- Do you have tools for determining employee retention

Those responding “yes” to the above questions were asked to briefly describe each practice/program in the space provided. CEOs were also asked to identify their budgetary practices utilized to fund the various financial incentives offered to their direct service staff. The instrument concluded with facility description information including the turnover rate for a typical year, annual operating budget, facility type, and facility classification.

As stated, although five States participated in the brief initial inquiry, only four States were represented in the follow-up interviews. Nine facilities (two within each of three States and three from one State reported relatively low turnover as compared to other facilities in each of their respective States) were asked to participate in the in-depth interview. A semi-structured telephone interview was used to collect the information from CEOs or designated personnel. The interview collected responses on administrative practices that contributed to retention rates using the following questions:

- Describe the administrative practices believed to be most important in contributing to high retention.
- What unique needs does this practice provide to employees?
- What feedback did you receive from employees regarding their responses to this practice?
- What resources were used to fund this practice?
- Do you feel that this practice could prove effective if implemented by other facilities?
- Do you have additional comments?

All quantitative data collected via the brief inquiry form for this study were managed and analyzed using SPSS. Open-ended responses to the measurement instrument were classified and coded for analytical purposes. Data analysis consisted of descriptive procedures including frequency distributions and measures of central tendency, as appropriate.

Data collected from the semi-structured interview form are presented in narrative form. The administrative practices of facilities reporting low turnover rates are described in detail. Turnover rates in facilities in three of the four States included in the follow-up study were well below the overall mean turnover rate of 19.9% across all facilities in the study. The turnover rates for the facilities in each of the four participating States were 4% and 5% in AR, 3% and 10% in New York, 0%, 1%, and 2% in Texas, and 15% and 15% in WA. The demographic characteristics of the facilities with low turnover rates varied across size, type of facility, and classification, but small facilities and outpatient addiction treatment programs were represented more frequently.

Sample Characteristics

Descriptive analyses revealed that the sample was varied with respect to facility size (as indicated by the annual operating budget) and facility type. For the sample of 108 facilities, 35 (32.4 %) facilities had an annual operating budget below \$1,000,000, 31 (28.4%) had an operating budget between \$1,000,001 and \$4,000,000, 27 (25%) had an operating budget between \$4,000,001 and \$7,000,000, and 10 (9.3%) facilities had a budget above \$12,000,000. Five (4.6%) facilities did not respond to the inquiry. Twelve (11.1) of the 108 facilities were residential treatment programs, 38 (35.2%) were outpatient addictions treatment programs, 53 (49.1%) were combination residential and outpatient programs and 5 (4.6%) did not respond.

The study sample is consistent with the distribution of facilities in the country as reported in the National Survey on Substance Abuse Treatment Services (Substance Abuse and Mental Health Services Administration, 2005). The majority of the facilities surveyed were private not-for-profit 74.1% (n=80) while 11.1% (n=12) were private for-profit 11.1% (n=12) were State or local government-owned facilities, and 3.7% (n=4) facilities did not respond.

The study sample is overrepresented in the south with 69.4% (n=75) of the sample being from a southern State while western States comprised 20.4% (n=22) and the eastern States comprised 10.2% (n=11) of the sample.

The median turnover rate across all participating facilities was 15.0% while the mean was 19.9%. The mean turnover rate for this sample is consistent with the literature on mean turnover rates among addictions treatment workers (Abt Associates, 2006).

The distribution of sample characteristics is summarized and presented below in Table 5.

Table 5. Distribution of Sample Characteristics

Facility Characteristic	%	N
Region		
South	69.4%	75
West	20.4	22
East	10.2	11
Total		108
Facility Size (Annual Operating Budget)		
\$ 1-500,000/yr.	13.9%	15
500,001-1,000,000	18.5	20
1,000,001-1,500,000	6.5	7
1,500,001-4,000,000	22.2	24
4,000,001-7,000,000	15.7	17
7,000,001-12,000,000	3.7	4
12,000,001-18,000,000	5.6	6
18,000,001-25,000,000	1.9	2
25,000,001-35,000,000	2.8	3
50,000,001-79,000,000	0.9	1
100,000,000+	3.7	4
No Response	4.6	5
Total	100	108
Facility Type		
Residential Treatment Program	11.1%	12
Outpatient Treatment Program	35.2	38
Combination Program	49.1	53
No Response	4.6	5
Total	100	108
Facility Classification		
Private not-for-profit	74.1%	80
Private for profit	11.1	12
State or local government owned	11.1	12
No Response	3.7	4
Total		108
Median Turnover Rate	15.0%	
Mean Turnover Rate	19.9%	

FINDINGS

Overall Turnover Rates

In this sample of 108 facilities, annual retention varied by facility size with larger facilities reporting higher turnover rates. Facilities in the range of between \$4 and \$12 million operating budgets reported the highest median turnover rate of 24.0% compared to facilities with a budget between \$1 and \$4 million, which reported a median turnover rate of 15.0%, and facilities with an annual budget of less than \$1 million reporting a median turnover rate of 10.5%.

Turnover rates also varied by facility type with residential and combination residential-outpatient clinics having a median turnover rate two times that of outpatient addiction treatment facilities (20.0% vs. 10.0%). This difference could be attributed to a variety of factors including, size and type of staff, 24-hour staffing requirements, and severity of client population. Due to our sample size, mean differences were not tested for their statistical significance.

Administration and Practice Findings

Much of the practical information that can be extracted from this study and used in the field comes from the qualitative data collected during the in-depth interviews. Qualitative responses collected during these interviews provide helpful information toward the development of recommended practices in the field. It is because of this importance, that we highlight the qualitative findings below.

Where possible, we have included below support for in-depth interview findings with quantitative data collected through the brief inquiry. Not all of the analysis from the quantitative data was reported, because the results were mixed, trends were not apparent, and the results did not affect the conclusions.

The CEOs from the nine participating facilities in the in-depth interview that reported the lowest turnover rates were asked to describe the practices that contributed to their success. As noted earlier, the turnover rates for the facilities in each of the four represented States were 4% and 5% in Arkansas, 3% and 10% in New York, 0%, 1%, and 2% in Texas, and 15% and 15% in Washington.

Qualitative results revealed five primary factors that CEOs felt impacted staff retention at their facilities:

1. Salary and benefits
2. A team approach to administration and practice
3. Social activities to promote solidarity
4. Extra time off when needed
5. Professional development opportunities

Salary and Benefits

In-depth Interview Findings

A review of the in-depth interview responses strongly suggests that benefits and salary are important factors in explaining turnover rates. When asked which practices facility CEOs thought were responsible for their low turnover rates, all directors mentioned the importance of competitive salaries and/or benefits.

“If you are going to keep good staff, you have to develop a budget to fund desirable salaries.”

“In order to recruit competent staff and to retain them, the program has to provide competitive benefits.”

While the availability of resources may vary by facility setting, respondents felt that managers should make securing the necessary resources to support staff a priority. “[Salary and benefits] are major components in retaining qualified staff. Therefore, it is necessary for programs to develop ways to increase funding for employee salaries and benefits.”

One CEO emphasized his organization’s ability to use savings in administrative overhead costs to fund employee retention by improving programs like tuition reimbursement, bonuses, and health club memberships. Another CEO noted that employees who meet client outcome expectations and excel in their performance participate in a profit-sharing plan.

When employees are satisfied with their salaries, it is reflected in their commitment to the organizations and to the clients. Two CEOs specifically stated that employees that are satisfied with their salaries are more focused and not preoccupied with finding additional employment or supplemental income. “Employees that are satisfied with salaries and benefits are not interested in looking for other employment. This allows them to devote their full attention to working with the clients.”

Among the sample of respondents, practices used to ensure attractive salary options included:

- Union negotiated salaries
- Annual salary increases based on merit
- General annual salary increases for all staff
- Seasonal increases such as Christmas bonuses
- Pay increase to staff for earning certification

“The full [benefits] package is top of the line for a small corporation, non-unionized... The package compensates for low pay and demonstrates that employees are valued.”

The ability to provide competitive salaries may not be afforded to all treatment settings. However, facilities may attempt a different approach to retaining workers by focusing on benefit options. According to the CEO of one small, privately owned metropolitan outpatient facility, despite their less than competitive salary, this facility has managed to maintain an impressively low annual turnover rate of 3%. One explanation for staff retention was that “...The full package is probably top of the line for a small corporation,

non-unionized.” Despite this facility’s annual operating budget of less than \$1 million, the facility managed to offer the following benefits:

- 100% health insurance coverage, 90% employer contribution, and 10% employee contribution.
- If the employee is covered by another insurance company, the facility will pay \$100 a month to that company on behalf of the employee.
- A 3% employer contribution to each employee’s retirement plan
- Tuition reimbursement
- Leave of absence and sick leave
- Life insurance, disability insurance, and retiree health benefits
- Employee wellness services

According to the CEO, these services are appreciated by the employees in that they “[address] the employees’ needs with fiscal realities.” The CEO goes on to State that the comprehensive benefits package conveys to the employees that their training and skills are appreciated.

Brief-Inquiry Findings

An analysis of brief-inquiry data found very little variability in some of the basic benefits options offered such as health and dental insurance (Table 6). The overwhelming majority of the participating facilities offered these basic services. 91.7% of the sample reported offering health insurance while 78.7% of the sample reported offering dental insurance. Other benefit coverage was more varied, with 51.9% of facilities offering vision insurance, 50.0% offering substance abuse services, and 53.7% offering mental health services to their direct service staff.

As evident in this study, some addictions treatment CEOs recognize the importance of employee wellness programs. 68.5% of the facilities surveyed reported not having an employee wellness program, while 31.5% reported that they did.

Table 6. Distribution of Benefits Offered

Benefits	%	N
Health Insurance		
No	8.3	9
Yes	91.7	99
Total		108
Dental Insurance		
No	21.3	23
Yes	78.7	85
Total		108
Vision Insurance		
No	49.1	52
Yes	51.9	56
Total		108
Substance Abuse Services		
No	50.0	54
Yes	50.0	54
Total		108

Table 6 (cont.). Distribution of Benefits Offered

Benefits	%	N
Mental Health Services		
No	46.3	50
Yes	53.7	58
Total		108
Tuition Reimbursement		
No	68.5	74
Yes	31.5	34
Total		108
Student Loan Repayment		
No	97.2	105
Yes	2.8	3
Total		108
Payment for Credential Maintenance		
No	63.0	68
Yes	37.0	40
Total		108
Contributory Pension Plan		
No	39.8	43
Yes	60.2	65
Total		108
Non Contributory Pension Plan		
No	66.7	72
Yes	33.3	36
Total		108
Employee Wellness Program		
No	68.5	74
Yes	31.5	34
Total		108
Paid Leave		
No	13.9	15
Yes	86.1	93
Total		108
Retiree Health Benefits		
No	88.0	95
Yes	12.0	13
Total		108
Long Term Care Insurance		
No	84.3	91
Yes	15.7	17
Total		108
Life Insurance		
No	25.9	28
Yes	74.1	80
Total		108
Disability Insurance		
No	46.3	50
Yes	53.7	58
Total		108
Care for Dependent Elders		
No	95.4	103
Yes	4.6	5
Total		108

Administrative Practices

In-depth Interview Findings

A team approach to administration and practice was also cited by several CEOs as being a strong explanation for low turnover of staff. According to one CEO, one way he has managed to keep turnover below 10% at his facility was by maintaining open lines of communication between administration and direct service staff. Those participating facilities reported having regularly scheduled meetings that served as a platform for staff to discuss various concerns with administration. “Listening to staff input regarding the program and services provides executive staff with a general idea of areas in need of improvement and staff concerns and problems.” The results of these meetings are improvements in efficiency and employee satisfaction.

“Listening to staff input regarding the program and services, provides executive staff with a general idea of areas in need of improvement and staff concerns and problems.”

Employee input was welcomed and invited among the facilities participating in the interviews with most of our respondents reporting having open door policies. According to one CEO, the key to strong employee-administration relationships is to make sure that employees feel comfortable expressing themselves and that they are allowed to make recommendations for the treatment services they are providing. “It is important that staff feel that their opinions have value.” As a result, employees feel more invested in the program and more willing to aid in the improvement and maintenance of operations. One CEO found that including employees in the operational aspects of the organization and allowing for up front discussions on policies and practices allows for greater acceptance of policy among the staff.

“Staff input is a benefit to management that does not cost anything and is a valuable tool in providing oversight of your program.”

Brief Inquiry Findings

Eighty-nine percent (88.9%) of the sample reported having a professional development program (Table 7). Within the study sample, 31.5% reported that their facilities offered employee mentoring programs for new direct service staff. Turnover rates were slightly lower among those facilities with mentoring programs than among those facilities without such programs although this difference was not tested for significance.

Slightly over half (50.9%) of facilities reported having a policy for determining promotion eligibility (Table 7). A review of the open ended responses indicated that among the 50.9% of facilities having policies for determining promotion eligibility, a little less than half (21 of 55) mentioned that promotion preferences were given to those employees having longer tenure with the company. Seventeen mentioned that

preferences in promotion were given to employees based on education levels or other background qualifications, while 26 mentioned that preferences were given to those employees with positive performance evaluations.

Results from this study suggest that employers also recognize the importance of financial incentives, such as bonuses and performance awards, in addition to competitive salaries and good benefit packages in promoting retention. They also recognize the value of non-financial incentives. Sixty-seven percent (67.2%) of the sample offered financial incentives to promote performance and 68.5% offered non-financial incentives to promote performance (Table 7). Facilities offering financial incentives to promote performance had turnover rates 4% higher than those not offering financial incentives to promote performance while facilities offering non-financial incentives to promote performance had median turnover rates 5% higher than facilities not offering such non-financial incentives. The median turnover rate of organizations offering financial incentives to improve performance was 15% compared to 11% of organizations not offering financial incentives to improve performance. Similarly, the median turnover rate for offering non-financial incentives to improve performance was 16% compared to 11% for those not offering non-financial incentives to improve performance. In this study, turnover rates were similarly high regardless of whether or not financial or non-financial incentives were offered. Although CEOs believe that financial and non-financial incentives are important to promote performance as evidenced by almost 70% of the facilities offering these incentives, further study is required to determine if these incentives impact retention.

The ability to generate resources for funding various retention activities, as well as the means to monitor the utility of these activities on retention, are important to the success of facilities interested in improving the work experience. In this study, 61.1% of the facilities reported that their facility had infrastructures in place to evaluate employee satisfaction, while 39.8% reported having infrastructures in place for assessing factors impacting retention (Table 7). Having information available to evaluate employee satisfaction and to assess factors impacting retention provides the basis for continuous quality improvement. Facilities with resources for determining factors impacting employee satisfaction had turnover rates equal to those facilities that did not have these infrastructures. Facilities with resources for determining factors impacting retention had turnover rates 2% higher than their counterparts. In this study, there was little difference in turnover rates between facilities that did or did not have structures in place for evaluating employee satisfaction and assessing factors that impact retention.

Table 7. Distribution of Administrative Practices

Administrative Practices	%	N
Professional Development Programs		
No	11.1	12
Yes	88.9	96
Total		108
Employee Mentoring Program		
No	68.5	74
Yes	31.5	34
Total		108
Financial Incentive to Promote Performance		
No	31.5	34
Yes	67.6	73
No Response	0.9	1
Total		108
Non Financial Incentives to Promote Performance		
No	30.5	33
Yes	68.5	74
No Response	0.9	1
Total		108
Policies for Determining Promotion Eligibility		
No	48.1	52
Yes	50.9	55
No Response	0.9	1
Total		108
Predetermined Career Path for Direct Service Staff		
No	56.5	61
Yes	32.4	35
No Response	11.1	12
Total		108
Social Activities to Promote Solidarity		
No	13.0	14
Yes	85.2	92
No Response	1.9	2
Total		108
Flex Time		
No	27.8	30
Yes	70.4	76
No Response	1.9	2
Total		108
Way of Determining Factors Impacting Employee Satisfaction		
No	35.2	38
Yes	61.1	66
No Response	3.7	4
Total		108
Way of Determining Factors Impacting Retention		
No	56.5	61
Yes	39.8	43
No Response	3.7	4
Total		108

Social Activities to Promote Solidarity

In-depth Interview Findings

Another practice recommended for improving retention among the sample of CEOs was social activities that promote solidarity. One CEO reported that such activities were one of the major explanations for his low 5% annual turnover rate. At this facility the managers try to create a unique social experience for their employees marked by outdoor activities and competitive and cooperative events that allow staff and clients to interact in an informal environment. “From my unique experiences of working in the field, I felt that this would build a better and stronger cohesive work unit.” The particular activities selected are based on recommendations from the staff. According to the CEO, “Staff morale remains high which is passed on to the program and the clients. This produces better outcomes and more productivity from the staff.”

This CEO did explain that activities such as Christmas parties and employee dinners can sometimes be expensive and that success of implementing such practices may vary depending on the size and location of the facility. However, it was suggested that other facilities should consider getting staff more involved in the planning and development of these initiatives to ensure the provision of socially appropriate activities.

Activities reported by other CEOs included holiday parties, employee lunches and dinners, birthday celebrations, alumni and seasonal picnics where management pays for and prepares food for staff and clients. Some CEOs provided opportunities for staff to socialize after regularly scheduled staff meetings, supported annual staff retreats, and arranged for fun contests with awards such as pumpkin carving and Valentine’s Day poem writing.

Personal Time Off and Flexible Scheduling

In-depth Interview Findings

Allocation of personal time off when needed was also suggested to improve retention. “When staff needs time off for special events, the facility works with the employees to meet that need... Allowing staff time off for special events enables the employee to meet the special needs of their families.” Employees at this facility are allowed time off when necessary to address issues ranging from a sick child to parent-teacher conferences. “Staff morale is high, absenteeism is down, and work goals are consistently being met.”

“When staff needs time off for special events, the facility works with the employees to meet that need... Allowing staff time off for special events enables the employee to meet the special needs of their families”.

Facilities also reported using flexible work schedules. One facility CEO reported that their employees enjoy a fair amount of flexibility when time permits. While staff at this facility work set schedules, there is a certain level of flexibility within the schedule at the

discretion of the employee. Although not formally a rule, staff are allowed to take time off during a shift when necessary in order to attend to personal matters and emergencies. Another facility reported having various work shifts where employees are free to schedule their own time across the rotating shifts. For this facility, time off during a given shift is a formal practice where employees are allowed 2 ½ hours off during a shift one day per week. Two other facilities stressed the value of flexible management and scheduling for retaining employees without increasing costs. One of these facilities has a workforce policy called a 10/4 schedule that allows employees to work four 10-hour days and take three days off.

Professional Development Opportunities

In-depth Interview Findings

A CEO noted that when they used the Network for the Improvement of Addiction Treatment (NIATx) strategies to improve client show rates and help employees gain new skills, staff felt more valued and part of the agency.

“Allowing the staff to stay current with advances in the field [allows] them to grow in their position and meet their professional needs.”

Professional development was thought to be an important factor contributing to low turnover. The CEOs participating in the study were associated with facilities that, in one way or another, pay for employees to attend educational and training events to maintain professional certification, licensure, and/or for continuing education. “Allowing the staff to stay current with advances in the field [allows] them to grow in their position and meet their professional needs.” Staff remain satisfied because their tenure at the facility affords them time to continue to grow beyond their immediate experiences in the field making their employment experience both personally and professionally fulfilling. Facility CEOs must allow staff “sufficient time away from the program and their job duties to obtain sufficient training to do their job.”

Other professional development opportunities mentioned by respondents include:

- A set amount of hours per week/month/year for continuing education purposes;
- Financial support to attend conferences and workshops;
- Financial support to attend classes at local education institutions;
- 3-month training courses in leadership essentials for managers;
- Accumulation of community service hours in the form of partnerships with local schools to assist with multiple outreach functions;
- Allowances to enroll in continuing education programs and 4 hours a month for training for clinical staff; and
- Scholarships for continuing education courses, credential maintenance courses, and initial credential courses.

Brief Inquiry Findings

In this study, professional development was reported as being an important component of the addictions treatment profession. Eighty-nine percent (88.9%) of the sample reported having a professional development program (Table 7). When asked if their facilities had predetermined career paths for direct services staff, only 32.4% responded that a ladder existed, while 56.5% reported not having a predetermined career path. Facilities having a career path had median turnover rates 3% higher than those not having a career ladder. Although requiring additional study, these results suggest that perhaps a flexible approach versus a structured one is preferable.

DISCUSSION

The retention of highly skilled personnel is essential for the delivery of effective substance use disorders treatment and recovery services. Since the turnover rate for addictions personnel is significantly higher than the national average (Knudsen et al., 2003) which was also demonstrated in this study, it is important to identify successful strategies for reducing turnover in the addictions workforce and to disseminate this information to others in the field. These strategies should encourage the development of a workforce that feels satisfied and valued and is rewarded with both financial and non-financial benefits for delivering effective services that improve client outcomes.

In this study, CEOs whose facilities had low turnover rates identified five major factors that they felt significantly contributed to their retention rates and described how these areas were addressed in their facilities. These factors are salary and benefits, team approach to administration and practices, social activities, extra time off and flexible work schedules, and professional development opportunities.

In-depth interview results revealed that facility CEOs strongly agreed that salary and benefits were important factors. In addition, CEOs recognized the importance of social activities to promote solidarity and payment for credential maintenance as important factors as well.

Overall, the findings from this report are consistent with the existing literature. The literature suggests that improving employee retention requires changes to factors such as scheduling practices, employee recognition practices, and salary and benefits (Cohen, 2006; Ramlall, 2003). Facility CEOs generally expressed that salary, benefits, employee appreciation practices, allowing for employee involvement in the development of administration policies, and personal and professional development opportunities were among the primary explanations for low turnover at these facilities. The literature has demonstrated that factors such as salary, sufficient opportunities for advancement, and opportunities to learn new tasks and to develop new skills are paramount to employee satisfaction (Ramlall, 2003).

Based on the findings in this study, a number of recommended practices have been identified and are listed below:

Recommended Practices

- *Open lines of communication between administration and staff.* Staff input should be used to inform organizational policy when appropriate. Regularly scheduled feedback should be provided to employees to improve performance and build confidence.
- *Competitive salaries negotiated in a unionized environment (where appropriate).* Salary ranges should be established in consultation with local unions or by reviewing current market factors to ensure that the employee is receiving a fair and competitive rate.
- *Continuing education and professional development/training options.* Time off from work and relief of job responsibilities should be afforded to the employee so that these opportunities can be used without consequence.
- *Social activities to demonstrate employee appreciation and to promote solidarity.* Employee input should be used to determine activities appropriate and relevant to the interests of the employees.
- *Clearly defined career path so that employees can work towards a goal within the organization.* Employees should be allowed to move in the organization based on personal goals and performance.
- *Administrative overhead cost savings.* Cost savings can be directed to employees to fund employee development and retention policies.
- *Flexible management and scheduling.* Employees greatly benefit from having the option to create a flexible work schedule supported by management at no cost.

Although this pilot study identified recommended practices and demonstrates a starting point for discussion of factors associated with lower turnover rate, it has several limitations. The sample size was small for both the qualitative and quantitative studies and the sample was not representative although there was an attempt to identify a diverse group of respondents from different regions in the country and facility characteristics. Additionally, the measure used to calculate staff turnover was reported by individual facilities and not necessarily calculated in the same manner across all facilities. These factors limit the generalizability of findings from this study. Responses to the inquiry were obtained from CEOs and did not include responses from direct service staff.

In the future, a larger study could be designed that would address many of these limitations and explore further the variables that may be associated with high retention/low turnover in the substance abuse treatment and recovery field.

REFERENCES

- Abt Associates Inc. (2006). Strengthening professional identity, challenges of the addictions treatment workforce: a framework for discussion. Unpublished manuscript, Abt Associates Inc.: Cambridge, MA.
- Cohen, J.D. (2006). *The aging nursing workforce: how to retain experienced nurses*. Journal of healthcare management, 51(4): 233-245.
- Knudsen, H.K., Johnson, J.A., and Roman, P.M. (2003). *Retaining counseling staff at substance abuse treatment centers: effects of management practices*. Journal of Substance Abuse Treatment, (24(2): 129-135.
- McNulty, T. L., Oser, C.B., Johnson, A., Knudsen, H.K., and Roman, P. (2007). *Counselor turnover in substance abuse treatment centers: an organizational-level analysis*, Sociological inquiry, 77(2): 166–193.
- Ramlall, S. (2003). *Managing employee retention as a strategy for increasing organizational competitiveness*, Applied human resources management research, 8(2): 63-72.
- Scanlon, W.J., “Nursing workforce: recruitment and retention of nurses and nurse aides is a growing concern,” GAO testimony, (Washington, DC: GAO, 2001), Online, <http://www.gao.gov/new.items/d01750t.pdf>, Oct. 2004.
- Substance Abuse and Mental Health Services Administration. (2005). *National survey on substance abuse treatment services (N-SSATS) 2005*. Office of Applied Studies Durg and Alcohol Services Information System (DASIS) Can be retrieved at <http://www.oas.samhsa.gov/DASIS2k5nssats.cfm>.

APPENDIX A: INQUIRY FORM

Addictions Treatment Workforce Retention and Promising Practices Inquiry

- The National Treatment Network (NTN), a component of The National Association of State Alcohol and Drug Abuse Directors (NASADAD), is collecting pilot data from substance abuse treatment providers to explore various practices that may be adopted to improve employee retention among direct service staff.
 - This inquiry is to be completed by the Chief Executive Officer, or a designated representative, of the responding facility in reference to the substance abuse treatment and recovery **direct service staff** at that facility.
 - “Direct service staff” refers to staff working in the area(s) of treatment and recovery including **counselors** (substance abuse counselors, recovery support counselors, rehabilitation counselors, behavioral disorder counselors, etc.), **recovery support staff** (recovery coaches, mentors, recovery support specialists, child care workers), **case managers, outreach workers, intake workers, nurses** (licensed practical, vocational and registered nurses), **social workers, marriage and family therapists, various health care professionals** (physicians, physician assistants, psychiatrists, etc.), and **social and behavioral scientists**.
 - Completed inquiries should be returned to the NTN representative by xxxx xx, 2007.
-

Section 1: Employee Benefits and Incentives	
a. Options and/or services included in the benefits package for your direct service staff? (check all that apply)	
<input type="checkbox"/> Health insurance <input type="checkbox"/> Dental insurance <input type="checkbox"/> Vision insurance <input type="checkbox"/> Substance abuse treatment services <input type="checkbox"/> Mental health services <input type="checkbox"/> Tuition reimbursement for those currently enrolled at/in education institutions/courses <input type="checkbox"/> Student loan repayment options <input type="checkbox"/> Payment for credential maintenance <input type="checkbox"/> Contributory pension plan	<input type="checkbox"/> Non contributory pension plan <input type="checkbox"/> Employee wellness programs <input type="checkbox"/> Paid Leave <input type="checkbox"/> Retiree health benefits <input type="checkbox"/> Long term care insurance <input type="checkbox"/> Life insurance <input type="checkbox"/> Disability insurance <input type="checkbox"/> Care for dependent elders <input type="checkbox"/> Public transit passes or discounts <input type="checkbox"/> On-site or subsidized parking
b. In the space below list any additional employee benefits made available to your direct service staff:	
c. Does your facility have an employee wellness program available to direct service staff (e.g. counseling services/referrals, stress management resources, health club membership, on site recreation facility, etc.)?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (If YES , please briefly describe your employee wellness options offered.)	

d. Does your facility have policies/programs to promote **professional development** among your direct service staff (e.g. certification/re-certification training, continuing education programs, partnerships with local universities, etc.)?

No

Yes (If *YES*, please briefly describe these programs/policies in the space below.)

e. Does your facility have an employee mentoring program for **new** direct service staff members?

No

Yes (If *YES*, please briefly describe your mentoring program.)

f. Does your facility offer **financial incentives** (e.g. pay bonuses, merit pay, conditional pay increases, etc.) to promote individual performance among direct service staff?

No

Yes (If *YES*, please briefly describe those financial incentives used to promote performance.)

g. Describe your policy for determining **salary/pay increases** for direct service staff including how often pay increases are awarded?

h. Describe your policy for determining **pay bonuses** for direct service staff including how often these bonuses are awarded? (e.g. annually, quarterly, seasonally, etc.)?

i. What are some **budgetary practices** that you use to fund these financial incentives (e.g. blending of funds across funding streams, funds generated from grants, funds generated from donations and contributions, etc.)?

j. Does your facility offer **non-financial incentives** (e.g. plaques, certificates, trophies, honors, awards, employee-of-the-month, etc.) to promote individual or team performance?

No

Yes (If *YES*, please describe these non-financial incentives used to promote performance.)

k. Does your facility have a policy for determining **promotion eligibility**?

No

Yes (If *YES*, please describe your promotion policy including factors used to determine eligibility.)

l. Is there a defined career path or career ladder for direct service staff at your organization?

No

Yes (If *YES*, please briefly describe some of these career paths.)

m. Does your facility host any **social activities** (e.g. company picnics, company trips, office parties, etc.) that promote solidarity and/or improve morale among your direct service staff?

No

Yes (If *YES*, please briefly describe these activities.)

n. Does your facility allow direct service staff flexibility or “**flex time**” in their work schedules?

No

Yes

Please briefly describe your scheduling practices.

o. Do you have a way of assessing/determining the effects of company programs/policies on **employee satisfaction**?

No

Yes (If *YES*, what techniques/data do you use to make such assessments?)

<p>p. Do you have a way of assessing/determining the effects of company programs/policies on employee retention at your facility?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (If <i>YES</i>, what techniques/data do you use to make such assessments?)</p>	
Section 2: Facility Size and Structure	
a. Based on your records, for a typical year what is your turnover rate among direct service staff ?	Percent=_____%
b. Size of Annual Operating Budget . Please mark the item that best indicates your operating budget:	
<input type="checkbox"/> \$1-\$500,000 <input type="checkbox"/> \$500,001-\$1,000,000 <input type="checkbox"/> \$1,000,001 - \$1,500,000 <input type="checkbox"/> \$1,500,001 - \$4,000,000 <input type="checkbox"/> \$4,000,001 - \$7,000,000 <input type="checkbox"/> \$7,000,001 - \$12,000,000 <input type="checkbox"/> \$12,000,001 - \$18,000,000	<input type="checkbox"/> \$18,000,001 - \$25,000,000 <input type="checkbox"/> \$25,000,001 - \$35,000,000 <input type="checkbox"/> \$35,000,001-\$50,000,000 <input type="checkbox"/> \$50,000,001-\$79,000,000 <input type="checkbox"/> \$79,000,001-\$100,000,000 <input type="checkbox"/> \$100,000,001+
c. Facility Type	
<input type="checkbox"/> Residential Addiction Treatment Program <input type="checkbox"/> Outpatient Addiction Treatment Program <input type="checkbox"/> A combination Residential and Outpatient Addiction Treatment Program	
d. Facility Classification	
<input type="checkbox"/> Private-Not-For-Profit <input type="checkbox"/> Private-For-Profit <input type="checkbox"/> For-Profit Publicly Traded <input type="checkbox"/> State or Local Government Owned Entity	

Thank you for your participation!

Please return this inquiry by xxxx xx, 2007 using one of the three methods below:

- Email: (NTN email address)
- Fax: (NTN fax)
- Mail: (NTN name and address)

The summary report of aggregated data will be made available at www.nasadad.org

APPENDIX B: SEMI-STRUCTURED INTERVIEW GUIDE

Introduction Guidance *(Establish rapport)*

Hello, may I please speak to Mr./Mrs./Dr. _____ (Name of person completing the inquiry). Hello Mr./Mrs./Dr. _____ (Name of person completing the inquiry). My name is _____ (NTN's Name) and I am contacting you regarding the Workforce Retention Inquiry that you completed on _____ (Date Inquiry Completed). In our cover letter that was attached to the inquiry we stated that some sites may be asked to participate in a follow up interview regarding their promising practices and workforce retention. Due to your relatively high retention rate, your site has been selected as one of the sites to participate in the follow up interview.

I would like to ask you some questions about your administrative practices that you feel contribute positively to employee retention. The SSA's hope to use this information to help develop guidance for promising practices for improving workforce retention among addictions treatment and recovery direct care staff.

This interview should take only about 20 minutes and it is voluntary. Further, all responses will be compiled and presented in aggregate form. Are you available to respond to some questions at this time?

Note 1: If respondent is not available, ask for an appropriate time to call back.¹

Semi-Structured Interview Guide

¹ Note to interviewer indicated by red font.

Overview

A. When you responded to our Workforce Retention Inquiry Form you reported that your turnover rate among direct care staff for last year was an estimated _____%. Is that correct?

Note 2: If incorrect, inquire as to the correct estimate and insert that figure.

B. We've selected you to participate in this project due to your relatively high retention rate. Overall, what would you say are some of your administrative practices/policies/activities that you feel contribute to this high retention rate?

Probe: Are there anymore practices/policies that you would like to mention?

Note 3: Be sure to gather a list of practices that they feel may account for their retention rates and list them in the spaces below in the order that they were mentioned.

- Do not allow them to explain these practices at this point. Remind them that you will ask more about these practices after all practices have been named.
- Confirm that the list reported is correct by restating the list. This list will determine the direction of the interview.

1st Mention: _____

2nd Mention: _____

3rd Mention: _____

4th Mention: _____

5th Mention: _____

6th Mention: _____

7th Mention: _____

1st Mention: _____

Note 4: The items below will be asked for each of the mentioned promising practices (1st Mention, 2nd Mention, 3rd Mention, etc.). The probes should serve as guidance and may or may not be asked depending on the breadth of the initial response.

A. Can you tell me more about this policy/practice/activity?

Probe 1: How is this policy/practice/activity implemented at your facility?

Probe 2: Is this a practice typically used in the field as a means of improving retention or is this a practice unique to your facility?

Probe 3: What was the reasoning behind adopting/developing this particular policy as a way of improving retention.

*Probe 4: Are there any unique or innovative processes involved with implementing this practice at your facility?
If so, please describe these processes.*

Note 5: Try to get the respondent to provide a detailed description of this promising practice.

B. Why do you think this policy/practice/activity has had an impact on employee retention?

Probe: What unique needs does this particular policy/practice/activity meet that makes it an important factor in improving retention at your facility?

C. Have you ever received feedback from your employees regarding this practice?

Probe 1: What tool/techniques/approach do you use to determine the impact of this practice/policy on employees?

Probe 2: Do you find it difficult to make such assessments at your facility? If so, what are the difficulties and how do you circumvent these challenges?

Probe 3: Have you found this means to be an accurate assessment tool/technique/approach?

D. What resources do you use to fund this policy/practice/activity?

Probe 1: How do you make room in your budget to support this policy/practice/activity?

E. Do you feel that this policy/practice/activity could prove effective for employee retention if implemented in other facilities?

Probe 1: How so?

Probe 2: What are some potential obstacles that other facilities may encounter when attempting to implement these practices?

Probe 3: Do you have any recommendations for circumventing these obstacles?

F. Before we close out the interview, do you have any additional questions, comments, or suggestions that you would like to add?