NATIONAL WORKFORCE REPORT 2017

Strategies for Recruitment, Retention,
and Development of the Substance Use Disorder
Treatment and Recovery Services Workforce:

A National Qualitative Report

September 2017

Prepared by:

ESRA ALAGOZ, PHD
JOYCE HARTJE, PHD
MAUREEN FITZGERALD, BA

Corresponding Author:
Maureen Fitzgerald, Editor, Center for Health Enhancement Systems Studies, University of Wisconsin–Madison, Communications Coordinator, ATTC Network Coordinating Office, Maureen.fitzgerald@wisc.edu

TABLE OF CONTENTS

Acknowledgements

BACKGROUND AND INTRODUCTION

The Addiction Technology Transfer Center Network (ATTC), funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), provides training and technical assistance to the substance use disorder (SUD) treatment and recovery services workforce. From 2012–2017, the ATTC Network was comprised of ten Regional Centers that align with the ten Department of Health and Human Services regions, four National Focus Area Centers, and a Network Coordinating Office.

As part of the 2012–2017 ATTC cooperative agreement, SAMHSA charged the ATTC Network Coordinating Office with leading the ATTC Regional and National Focus Area Centers in developing and implementing a nationwide qualitative workforce study. The purpose of the study was to research both state and provider level recruitment and retention strategies of the SUD treatment workforce. The data collection effort was approved by the Office of Management and Budget (OMB # 0930-0351) per federal guidelines, and by Institutional Review Boards for each of the ATTC Centers.

The 2017 National Workforce Report was conducted as a follow-up to the previous ATTC Network workforce study report, *Vital Signs: Taking the Pulse of the Addiction Treatment Workforce, A National Report* (Ryan, Murphy, Krom, 2012) completed by the ATTC Network Coordinating Office in 2012. *Vital Signs* reported that annual turnover of direct care staff newly hired in the previous 12 months was 52 percent, and the previous 12-month turnover rate was 18.5 percent. High turnover rates add to provider training and recruitment costs and potentially threaten the quality of care received by clients entering SUD treatment. We developed the 2012–2017 study to gain further information about recruitment and retention because *Vital Signs* (as well as other national studies) reported high turnover rates, and we needed further insight into how high-performing agencies were recruiting and retaining their staff.

The 2017 National Workforce Report offers a national perspective on the workforce so we can better understand current strategies that states and provider agencies are using to address their workforce needs. It may also help guide the ATTC Network in developing appropriate training and technical assistance to address emerging trends in a changing field.

This report is organized into three sections. "Methodology" describes how data were collected and analyzed. "Workforce Development Efforts at the State Level" describes the analysis of qualitative interviews with Single State Agencies (SSAs) regarding current trends that affect the recruitment and retention of the substance abuse disorder (SUD) treatment workforce. The research questions were:

• What are the recruitment and retention struggles that need to be addressed in the SUD treatment field?

• What are the promising initiatives that SSAs employ to enhance recruitment and retention of the SUD treatment workforce?

• Is there a need to change training plans, education standards, or other activities in the next five years?

> " *The 2017 National Workforce Report* was conducted as a follow-up to the previous ATTC Network workforce study report, *Vital Signs: Taking the Pulse of the Addiction Treatment Workforce, A National Report* (Ryan, Murphy, Krom, 2012) completed by the ATTC Network Coordinating Office in 2012.

"Workforce Development Efforts at the Provider Level" reports on semi-structured interviews with clinical directors of SUD treatment organization on strategies they found effective for recruitment and retention of their direct service staff. Our research questions were:

- What are the recruitment and retention struggles that need to be addressed in SUD treatment field?
- What are the promising strategies provider agencies employ for recruitment and retention of the SUD treatment workforce?
- What are the barriers to recruitment and retention of the staff and what strategies do agencies use to overcome those barriers?

COMPARISON OF 2012 REPORT WITH 2017 FINDINGS

The ATTC Network's *Vital Signs Report* projected workforce development needs for the 2012–2017 period, including the need to recruit professionals who can treat SUDs in integrated healthcare environments.

Our 2017 data indicate that states are indeed prioritizing their efforts to prepare the workforce for integrated healthcare services. States offer online and face-to-face trainings, organize conferences and webinars, often in partnership with the ATTC Regional and National Focus Area Centers, and build collaborations with higher education institutions to adequately prepare the students who are entering the field.

" *The 2017 National Workforce Report* data suggest that medication-assisted treatment is gaining wider acceptance. However, participants at the state and provider levels stated a continuing need for more staff and community education to overcome stigma surrounding the use of medications to treat SUDs.

"I think that the integration of healthcare is going to be very important. I do see that those coming to our system don't just have an isolated SUD issue that needs to be treated. Without having some sort of co-mingled funding and structure or access to funds to serve the cases of the whole person, the SUD specialists are sort of left on their own to try and figure out how to address what may be a medical or dental need, mental health issue, criminogenic risk, which all play into the SUD and their ability to recover. So, I think that creating more integrated systems will help to support the work that the SUD specialists do." (SSA)

Vital Signs identified credentialing uniformity as another workforce development need. The results from *The 2017 National Workforce Report* also suggest that credentialing should be uniform among states in order to enhance retention. The Affordable Care Act (ACA) presented another workforce challenge by requiring providers to obtain higher levels of education, certification, or licensure to treat patients. Some states expressed concern about whether or not the services that the SUD treatment workforce provides will be reimbursed:

"I think that much of the concerns are whether they will be valued in a new ACA environment. There are continuing suggestions and pressures that Medicaid is less likely to support the addictions workforce, reimburse for their services." (SSA)

Vital Signs emphasized the need to train and certify peer recovery specialists / recovery coaches and to implement medication-assisted treatment (MAT). *The 2017 National Workforce Report* data suggest that states are beginning to use peer recovery specialists / recovery coaches in their systems to support their workforce and meet patients' needs for continuing care once formal treatment ends. States offer training programs to certify peer recovery specialists; some states contract with local professional associations to provide free or low-cost trainings that lead to certification. *The 2017 National Workforce Report* data suggest

that medication-assisted treatment is gaining wider acceptance. However, participants at the state and provider levels stated a continuing need for more staff and community education to overcome stigma surrounding the use of medications to treat SUDs.

"There is still a lack of knowledge and some attitudinal issues about medication-assisted treatment. There are still judges and doctors and people in the 12-step communities who think that anyone who is on medication-assisted treatment is still using. We see that there is a need for different kinds of training for the workforce around the effectiveness of that, you know, what kind of MAT works best with what type of client. How to support people with their clinical issues who are on MAT, so that is another area I believe there will be an ongoing need in." (SSA)

The stigma associated with SUD treatment was identified as a recruitment and retention challenge in the *Vital Signs* report, and while there have been efforts to elevate the profession, our 2017 data found that stigma continues to have a negative impact on the SUD workforce. Stigma surrounding SUDs and SUD treatment contribute to the low salaries in the field compared to the other areas of behavioral health care. However, some states are more optimistic than others that negative attitudes are changing:

"It's not uncommon for there to be a perception that some (county) boards understand people with addictions better, and that their staff are not seen as "step-children" of the system, which is something that used to happen a lot in the past. But I don't hear that as much as I used to." (SSA)

METHODOLOGY

DATA COLLECTION

We collected data through three arms:

- **Provider association survey:** A contact list of 45 provider associations was obtained from the National Council for Behavioral Health. We emailed a survey with a single question asking the association directors to identify organizations in their membership that are known for their exemplary activities in recruiting, retaining, and developing staff. The survey completion rate was 28%.

- **Telephone interview of single state agencies (SSAs):** The SSA interviews provided data on states' efforts to enhance staff recruitment and retention, their policies regarding staff training and certification, and their beliefs about how their policies affect workforce development. At the end of the interviews, we asked SSAs to identify providers in their region with best practices in recruitment, retention, and staff development. Forty-four SSAs were interviewed.

- **Telephone interviews with key staff at selected SUD treatment organizations:** The regional ATTCs triangulated the organization names obtained from the SSA, the provider association, and ATTC staff. Each regional ATTC identified a final list of provider organizations that all three entities consider to be leaders in recruitment, retention, and staff development. We interviewed 50 SUD treatment organizations.

DATA ANALYSIS

Our main data analysis strategy was coding of the SSA and treatment organization interviews. We developed our coding scheme through a synthesis of three resources: 1) a review of well-defined theories on workflow management; 2) reassessment of the previous studies investigating successful recruitment and retention strategies in the behavioral healthcare workforce (such as Brown et al., 2013, Hewko et al. 2015, and Wong and Laschinger, 2015); and 3) a preliminary analysis of the interview data. Once our coding scheme was constructed, we pilot-tested it on a small sample of data (10%). Three coders (Alagoz, Hartje, and Fitzgerald) independently coded the data in NVivo, a qualitative data analysis software that allows multiple people to collaborate on large datasets. Tables 1 and 2 in the sections that follow outline the coding schemes we developed to capture the recruitment and retention strategies discussed in the data.

We started our systematic coding by closely reading the data and classifying each theme in main codes and sub-codes, as our analysis demonstrated hierarchical relationships. We used tree nodes in NVivo as a structured, hierarchical placeholder for our coding scheme. These tree nodes were issued to related sections of the dataset, allowing us to run queries on specific codes of interest. For a detailed discussion on node structure in NVivo, please see Bazeley (2013).

We calculated the inter-coder reliability and developed a set of instructions clarifying code definitions and rules through examples to ensure reliability of at least .85. Once inter-coder reliability was achieved, we coded the whole data set using Content Analysis methods (Mayring, 2014). We used "annotate" and "memo" features embedded in NVivo to capture our analysis notes and share them with other coders on sections that required further explanation. The authors met regularly throughout the analysis process to discuss the thematic findings.

WORKFORCE DEVELOPMENT EFFORTS AT THE STATE LEVEL

LARGER THEMES

The 44 SSAs interviewed described efforts undertaken in their states to support the SUD treatment and recovery services workforce. Several themes emerged as common factors that are influencing workforce trends across the country.

The Affordable Care Act and Medicaid expansion

The Patient Protection and Affordable Care Act (ACA) and accompanying reforms expanded access to SUD treatment to millions of Americans. Millions have received health insurance coverage; in 31 states and the District of Columbia, this is largely due to Medicaid expansion. States that expanded Medicaid have improved access to and retention in treatment for people with SUD (Department of Health and Human Services, 2017).

With the ACA, private insurance plans and Medicaid are required to offer SUD treatment services as an essential health benefit. Treatment agencies need more staff to treat more clients.

"On top of that we have had the Affordable Care Act, and … expanded Medicaid which has been a great boom for the state, but we have geometrically increased the demand for services just at the time we were ill-prepared to deal with the needs prior to Medicaid expansion." (SSA)

The ACA also emphasizes new educational and licensure requirements SUD staff must meet in order to bill Medicaid and private insurance for their services.

> "The ACA also emphasizes new educational and licensure requirements SUD staff must meet in order to bill Medicaid and private insurance for their services. Many existing SUD staff need to complete additional coursework or pursue master's level degrees. SSAs shared SUD counselors' concerns about finding a way to acquire and pay for advanced training.

Many existing SUD staff need to complete additional coursework or pursue master's level degrees. SSAs shared SUD counselors' concerns about finding a way to acquire and pay for advanced training.

"The pay on the low end is low in the provider communities and folks are needing to go to school to get credentials to document for Medicaid or for other payers-private or otherwise." (SSA)

Clinical Supervision

Several SSAs highlighted the importance of offering consistent and effective clinical and administrative supervision to support recruitment and retention in the SUD workforce. According to SAMHSA's *Treatment Improvement Protocol TIP 52, Clinical Supervision and Professional Development of the Substance Abuse Counselor:*

"Clinical supervision enhances the quality of client care; improves efficiency of counselors in direct and indirect services; increases workforce satisfaction, professionalization, and retention; and ensures that services provided to the public uphold legal mandates and ethical standards of the profession." (SAMHSA, 2009, Page 5).

In many states, clinical supervision is also required when implementing evidence-based practices. Organizations that invest in their staff by providing good clinical supervision may have greater success with workforce recruitment and retention (Knudsen, 2013).

"We also felt that there is a lack of adequate supervision in the field. Oftentimes the supervisors do not have the competencies themselves in the newer evidence-based practices, especially as it relates to fidelity with those practices." (SSA)

"The one problem that we have mentioned is clinical supervision. Our folks are not getting quality clinical supervision, and I think sometimes when they talk about their case reviews and their supervision it is really just a staff meeting and they are calling it clinical supervision. The biggest changes that we are going to require is for them to do clinical supervision and we are going to define what is clinical supervision, which will require us to do additional training in that area." (SSA)

> " The movement to integrate mental health and SUD treatment with primary care has had an impact on the workforce (ATTC Network, 2015). SUD professionals are under increasing pressure to acquire skills that allow them to work in integrated healthcare settings, and primary care physicians, nurses, and other medical professionals are beginning to play larger roles in SUD treatment and recovery services (ATTC Network, 2016, 2017).

Healthcare integration

The movement to integrate mental health and SUD treatment with primary care has had an impact on the workforce (ATTC Network, 2015). SUD professionals are under increasing pressure to acquire skills that allow them to work in integrated healthcare settings, and primary care physicians, nurses, and other medical professionals are beginning to play larger roles in SUD treatment and recovery services (ATTC Network, 2016, 2017).

In November 2016, the Office of the Surgeon General released *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health (U.S. Department of Health and Human Services, 2016).* This report also emphasized health care integration, stating: "…integration of prevention, treatment, and recovery services croass health care systems is key to addressing substance misuse and its consequences; it represents the most promising way to improve access to and quality of treatment."

SSAs reported that integrating SUD and mental health treatment with primary care has been profoundly challenging, representing a dramatic shift in the way SUD services have been provided.

"Training has to change in that you have to see the whole person, and it is helping the direct service staff not just see the substance use disorder of the person sitting in front of them, but the whole person, whether that be their mental health but also their physical health issues. That is where training plans change in the future…. Staff really needs to be more educated and savvy about treating the whole person…." (SSA)

Small SUD treatment agencies now face the added challenge of losing qualified staff to larger health care entities that can offer better salaries to fill positions in integrated care settings.

States are also working to update the training they offer to include integrated services, including treatment for people with co-occurring disorders.

"…co-occurring disorders treatment is an area that affects retention…I think we have to pay attention to the extra burnout that comes with treating people with complex co-occurring disorders." (SSA)

"…We have tried to provide increased standardized training for anyone entering the workforce to prepare them for the increased integration, not just the integration with mental health but next stage integration with primary health." (SSA)

Integrating health care also calls for training primary care professionals on substance use disorders (ATTC Network, 2015, 2016, 2017):

"You look at the whole opioid crisis, and what it's resulted from—doctors overprescribing medications. That's not the perfect example, though. The doctors are well-meaning, but are just not aware of it. In their workforce development, they didn't get much training in SUD at all. Yet, you look at the information about high utilizers, and that 4 out of 10 visits to the ER are because of a behavioral health issue. When you talk about stigma in education, it hasn't reached through the physical health world." (SSA)

"Also, there's more of a call now for us to be able to partner to train medical professionals in SUD issues. For example, we are just rolling out some enhancements in the use of Vivitrol®. We were asked to create training for medical doctors about the use of Vivitrol®, how it relates to people with opioid dependence. That's a new training that we had to work with partners to develop. Similarly, I think certification standards will need to evolve to reflect more knowledge around the medical aspects of addiction." (SSA)

The opioid epidemic

No state in the country has been spared from the devastation of the opioid epidemic. Building the capacity of the SUD workforce to provide effective evidence-based treatment for opioid use disorders has been a top priority.

"…over the last decade, we have tripled the number of admissions in regard to heroin or opioids…. The number of overdose deaths has quadrupled over that period." (SSA)

Research supports the effectiveness of treatments that include FDA-approved medications (medication-assisted treatment; MAT) for SUDs. Resistance to the use of MAT,

" Key findings from an analysis of the behavioral health workforce forecast significant shortages of mental health and SUD treatment professionals by 2025 (Health Resources and Services Administration, 2015).

even among the SUD workforce, has slowed its implementation.

"The other involves the skillset… as in most of the country, we are facing an opioid epidemic right now. The use of medication-assisted therapies that greatly improve relapse rates and overall outcomes is not universally endorsed by our treatment providers. Additionally, we do not have enough treatment providers who are providing medication- assisted treatment specifically for individuals getting treatment in the public sector. I think those are two of my broadest concerns." (SSA)

"…we have all of these things that need training now, and we are getting lots of phone calls saying 'I need training on opioids.' The governor put out a requirement that all state agencies do something to address the opioid crisis, so with that we need to just train everyone." (SSA)

RECRUITMENT AND RETENTION CHALLENGES

Aging workforce

SSAs cited the aging workforce as a top recruitment and retention challenge. According to *Vital Signs* (Ryan, Krom, & Murphy, 2012), the majority of clinical directors in the existing workforce are white, female, and age 50 or older. The number of SUD counselors is projected to grow at a rate of 22.0% by 2024, much faster than the average for all occupations, according to the Bureau of Labor Statistics' Occupational Outlook Handbook (2017). However, this growth rate does not account for the high turnover rates and transitions to other professions that occur in the SUD treatment field. Key findings from an analysis of the behavioral health workforce forecast significant shortages of mental health and SUD treatment professionals by 2025 (Health Resources and Services Administration,

2015.) States noted the challenge of creating succession plans for positions left vacant due to retirements. Younger people are not entering the field, in part due to the challenging nature of the work and the low pay that accompanies it.

"There is a great change going on, and it is an aging out profession. We need to attract younger workers and more diverse workers, as the majority of workers right now are female and Caucasian." (SSA)

> "With regard to training and certification standards etc., we want to be sure that we have increasing reciprocity with other states when it comes to licensing and... our salaries are a market rate which is competitive and needs to attract people. It does not suit us to have a licensing process that ends up being a barrier to their being able to practice."

Credentialing and licensure

SSAs expressed frustration with complicated credentialing and licensure requirements that make it hard for people to enter the field, or to advance within it. Specific criticisms included:

- Licensing tests are hard to pass. Individuals who want to practice as SUD counselors need to complete academic coursework, earn work experience hours, and pass an exam.
- Issues around reciprocity of licensure requirements.

SUD licenses and certificates tend to be state-specific, and reciprocity rules create barriers for counselors moving to practice in a new state. Each state may have additional specific continuing education course requirements for credentialing and licensure. Discrepancies in the credentialing requirements exacerbate the problem of licensure portability between states. Clinicians may need to receive additional training to maintain their credentials when they relocate, which can be both expensive and time-consuming.

"With regard to training and certification standards etc., we want to be sure that we have increasing reciprocity with other states when it comes to licensing and... our salaries are a market rate which is competitive and needs to

attract people. It does not suit us to have a licensing process that ends up being a barrier to their being able to practice." (SSA)

Lack of license reciprocity also hinders the adoption of telehealth technologies. SSAs state that telehealth is utilized to provide services to patients across the country, but lack of reciprocity creates an obstacle for providers who want to deliver telehealth services in more than one state, as they are required to hold many licenses and allocate funds to keep their licenses up to date.

Inadequate pre-service education

A top concern in many states is that pre-service education does not prepare students adequately for the demands of the field. People are entering the field without a thorough knowledge of SUDs and how to treat them. (ATTC Network, 2017).

"What we have is a large number of people that may have master's degrees and may be licensed as professional counselors who did not necessarily have much training about substance use disorders and the treatment of them in their education." (SSA)

Limited ability for cross-training as addictions professionals within states

"I think the primary concern if any concern would be the need for more cross training. More and more addiction is, even though it is still a specialized field, it is starting to meld more with other behavioral health issues, criminal justice issues…" (SSA)

"So, we have two completely separate fields, what would be considered the typical mental health professionals (LICSW, MSW's, psychologists), and then the addiction field is a separate licensing. There isn't a crosswalk of how a master's level clinician like an

LICSW would be able to become an addiction professional without basically starting from the bottom and working their way back up." (SSA)

Geographic challenges

States with large rural areas that have been hard hit by poverty and increases in opioid use disorders and other SUDs struggle to attract and retain qualified treatment professionals. The rural workforce shortage is compounded by limited treatment resources, low salaries, and lengthy travel to housing, cultural attractions, and education.

> "A top concern in many states is that pre-service education does not prepare students adequately for the demands of the field. People are entering the field without a thorough knowledge of SUDs and how to treat them. (ATTC Network, 2017).

PROMISING PRACTICES TO ENHANCE RECRUITMENT AND RETENTION AT THE STATE LEVEL

States are applying a variety of strategies to address the SUD treatment and recovery services workforce shortage, including offering free or low-cost training and education tools to help SUD professionals enhance their skills, often in collaboration with the ATTC Network. States are expanding their SUD workforce through telehealth and technology tools, such as video conferencing and mobile apps for recovery support. Training and certifying peer counselors and recovery coaches is also helping to build the workforce.

Training and education

Many states have well-laid-out training plans for workforce development. Most SSAs reported having a committee focused on training and technical assistance. They are paying attention to the cross-training of mental health and behavioral health services as well

as certification of peer support services, so that SUD treatment becomes more integrated into systems of care. States also partner with ATTC Network and higher education institutions to offer training and certification programs. Some states are adopting a more ground-up approach by conducting needs-assessment surveys for training needs in their states, and then developing trainings based on the results.

"Our staff will be sending out a survey inquiring what kind of training providers need, and then our plan is to develop that training and provide that, not only for providers and their staff, but also for our own staff." (SSA)

Telehealth and technology adoption

Telehealth (video conferencing, telephone-based care, web-based screening and treatment, and mobile apps) holds great potential for addressing workforce shortages, particularly in geographically remote areas (Molfenter, 2015). Implementing modern technology that includes telehealth and effective electronic health records could improve workforce recruitment and retention in the SUD treatment and recovery services fields.

"We also for a number of years have been working on specialty services, such as telehealth, to bring treatment services to parts of the state that are less heavily populated and do not have as many treatment providers. So there are some facilities that are providing direct counseling service that way, and others that are even providing medication-assisted treatment utilizing telehealth to some degree, so that has been helpful." (SSA)

> States are expanding their SUD workforce through telehealth and technology tools, such as video conferencing and mobile apps for recovery support. Training and certifying peer counselors and recovery coaches is also helping to build the workforce.

Peer Recovery Movement

Many states are using peer-based recovery support services to help build the SUD treatment and recovery services workforce. Peers are people with "lived experience" of recovery from an SUD. They provide a range of services designed to help others with substance use or mental health disorders access treatment and achieve recovery. A growing number of states are developing certificate programs that allow peer specialists to bill Medicaid or private insurance for their services.

"I think that in terms of workforce I would like to figure out how to really professionalize the skills that the people in recovery have and bring them back as more vital components of behavioral health staffing. Bring their salaries up, giving them lots of educational opportunities, having them recognized by Medicaid." (SSA)

"We have a number of things including the peer certification process established by DBHS in October of 2012, and since then you have the numbers of 1,500 certified and 1,100 working, and I think that is an important part of our workforce… the other thing, a partnership with [local university] is the peer and family career academy." (SSA)

> " A growing number of states are developing certificate programs that allow peer specialists to bill Medicaid or private insurance for their services.

Collaborations with the ATTC Network

Creative workforce development solutions at the state level include collaborating with the ATTC Network to provide targeted training that meets regional and state needs. The ATTC Network Regional Centers and (in the 2012-2107 grant cycle) National Focus Area Centers offer technical assistance in face-to-face and distance learning formats, with low-cost continuing education units available to support participants' credentialing requirements.

"Obviously the work with the ATTC that has been extremely beneficial. They have really assisted us in putting together a plan for MAT and they assisted us and helped us fund some full day training for our MAT summit." (SSA)

Monitoring implementation outcomes

Many SSAs commented on the necessity of tracking the outcomes of workforce development efforts through assessments and surveys. Accordingly, some states reported having plans for tracking the implementation outcomes through real-time data collection and evaluation of health outcomes. States are regularly conducting formal assessments of the projected changes and health outcomes after implementing certain development efforts.

"We have done two workforce assessments and we did one that was published in March 2014. As our system went to a managed care system, we wanted to see how that change in our environment impacted our SUD providers, so we wanted to have a baseline. We have the baseline in 2014 and we just completed another study in October of 2015. We are keeping an eye on it." (SSA)

WORKFORCE DEVELOPMENT EFFORTS AT THE PROVIDER LEVEL

Heavy workload, high stress, and burnout contribute to the high turnover rates among SUD treatment staff. Expanded health care coverage has increased the demand for treatment and recovery services, widening the gap between available SUD workforce and patients in treatment. As high staff turnover affects the quality and effectiveness of treatment delivery, financial costs related to recruitment impede the essential service that treatment agencies provide. Employing successful recruitment and retention strategies in SUD treatment organizations is crucial to close this gap.

STRATEGIES FOR RECRUITMENT

Word of mouth

The recruitment strategies cited as most effective emphasize the importance of networking and developing good relationships within the community. As one provider stated, "It is important to build a positive public image and good reputation in the community… especially in small communities where people know each other, an organization's reputation can determine its success."

When an organization has a reputation for being a good place to work, current staff can be the best "sales people" by using word of mouth to fill open positions.

TABLE 1: CODING SCHEME, RECRUITMENT

THEME	RECRUITMENT					
CODES	Internship opportunities	Formalized recruiting procedures	Training and certification	Job advertising	Word of mouth	Networking with universities & state programs
THEME	**BARRIERS TO RECRUITMENT**					
CODES	Compensation	Finding right person for the job	Shortage of experienced staff	Time constraints for staff	Background checks	
THEME	**STRATEGIES TO OVERCOME RECRUITMENT BARRIERS**					
CODES	Online training programs	Searching for external funding	In-house certification and supervision	License reciprocity	Standardizing training curricula	Financial assistance

"I think another part of it is community connections. Another one of our facility directors ... She does a lot of work with our local chamber of commerce, and with the newspapers. People you would find as unlikely partners for a behavioral health facility, she is really great at networking with those people to be able to promote the facility." Clinical Director (CD)

Also, some organizations find it helpful to offer bonuses to incentivize staff to help with recruitment efforts.

Networking with universities and offering internship programs

Developing relationships with colleges and universities is viewed as one of the most efficient recruitment strategies. Working with academic programs to offer internship opportunities for students serves as a ready source of potential candidates for future employment opportunities. Once they understand the type of intern the organization is looking for, faculty can recommend students for open positions.

This approach holds several benefits for both interns and providers. For interns, it represents an opportunity to obtain supervised clinical hours needed to achieve licensing or certification. Internships also are a way for students to 1) gain a variety of experiences, so they get a better view of what clinical work is like; and 2) determine if the organization is a good fit for them should they be offered employment. For providers, interns represent a ready pool of candidates

> " Developing relationships with colleges and universities is viewed as one of the most efficient recruitment strategies . Working with academic programs to offer internship opportunities for students serves as a ready source of potential candidates for future employment opportunities.

> " Successful implementation of internship programs can be facilitated by setting aside training dollars to create scholarship programs to provide mentors for counseling students, especially minority students which are underrepresented in the field.

pre-screened by faculty, saving the organization time and resources associated with advertising and conducting interviews. The internship is also a chance for the provider to train future clinical staff that fit within the organization's culture and assess a potential employee before making a permanent employment commitment. In many cases, interns go on to be hired as professional staff. Although internships increase staff workload to provide supervision and oversee training, being able to develop a relationship with potential staff before their employment can offset future challenges associated with poor fit or performance.

"…we are also a site for the 5th year pharmacy students to come in and do med reconciliation and in-service training on medications with both our medical staff and clinical staff. In terms of recruitment, allowing that exposure... I would say at least 60% of our new hires come through an internship program." (CD)

Successful implementation of internship programs can be facilitated by setting aside training dollars to create scholarship programs to provide mentors for counseling students, especially minority students, who are underrepresented in the field. Some providers work with high school counselors to introduce high school students to behavioral health careers to steer interested students into the profession. At the state level, developing a higher education learning community provides a forum for discussions with universities on recruiting students into different clinical programs.

Finally, because developing these relationships takes considerable time, it is helpful to have one person designated to do outreach with colleges and universities to sign agreements and follow up on requirements for student support and internships.

> " While print media is still a viable mechanism for job advertising, the use of social media (e.g., LinkedIn, Facebook), organization websites, web-based job boards (e.g., CareerBuilder, Craigslist, state licensing/certification board networks) widens the search area, reaching more potential candidates. Expanding options for job advertising is important for providers in rural areas where the potential recruitment pool is limited.

Job advertising

Advertising open positions is still a potentially effective recruitment approach, especially with the advent of the Internet and social media. While print media is still a viable mechanism for job advertising, the use of social media (e.g., LinkedIn, Facebook), organization websites, web-based job boards (e.g., CareerBuilder, Craigslist, state licensing/certification board networks) widens the search area, reaching more potential candidates. Expanding options for job advertising is important for providers in rural areas where the potential recruitment pool is limited.

"Craigslist turned out to give us two really strong applicants for positions, which was really surprising, I would have never thought. You know for me Craigslist was kind of one of these things where you put your boat motor on and somebody bought your boat motor... But there a lot of other things that are associated with Craigslist apparently so … that was a new strategy." (CD)

BARRIERS TO RECRUITMENT AND STRATEGIES TO OVERCOME THEM

One way to overcome the variety of barriers to recruitment is to recognize the needs of the community and figure out how to build the resources to best meet those needs. In other words, "be cognizant of where we are and envision where we want to get to." The overarching topics presented here are representative of the barriers identified and ways to remedy them.

Time constraints for staff

Developing and implementing recruitment procedures, conducting interviews, training new staff, and providing supervision requires a great deal of staff time. The challenge is how to conduct the recruitment process while maintaining the regular daily workload. To address this challenge, some organizations work with local colleges and universities to offer internship opportunities for graduating or recently graduated students in behavioral health-related programs. This provides a continuous source of potential interns, while offsetting the need to advertise for open positions.

Background checks

Many people in recovery want to 'give back' by helping others fight their substance use disorder. Although they bring an important perspective to the challenges of fighting addiction, some may have a history that could serve as a barrier to them entering the workforce. In some states, the providers assemble working groups to assist with the cumbersome process of background checks and make the process more transparent. These groups involve people in recovery who have already gone through the process and volunteer for helping newcomers.

"In terms of the background check requirements, because those do go through our department... We have a work group going that's informed by peers that have worked in the field and have gone through

this cumbersome process. It's one of those very difficult lines, because you want to protect all of the vulnerable people we serve, so we don't want to hire people that are going to harm the people we serve, but we also want to encourage peers with less experience in the workforce. So right now, there is a work group going on to see how we can make the process more transparent, more consistent, and more accessible [for people] wanting to enter the workforce." (SSA)

> " Likely the biggest barrier to recruitment is the fact that salaries in the substance use disorder treatment and recovery field are lower than other professions, and often do not compensate people for obtaining advanced degrees/credentials.

Finding the right person for the job

There are a number of challenges to finding the person that will be the right choice or fit for the open position. First, organizations, especially in rural areas, have a limited pool of candidates to draw from, often making it difficult to find the right person. Second, the focus on integration is shrinking the addiction-only specialty and available pool of candidates for SUD treatment organizations. Potential candidates choose to work at private foundations, government entities, or hospitals that offer higher salaries.

The lack of minority providers makes recruiting culturally and linguistically competent staff a challenge. One strategy to overcome these barriers includes setting aside training dollars to provide mentors for minority counseling students. Likewise, providing mentoring and supervision to interns gives them a sense of what working in the field is like, offers them the support they need to enhance their clinical skills and is an opportunity for both the provider and the intern to explore whether or not the organization is a good fit for future employment.

Compensation

Likely the biggest barrier to recruitment is the fact that salaries in the substance use disorder treatment and recovery field are lower than other professions, and often do not compensate people for obtaining advanced degrees/credentials. This is due, in part, to Medicaid and other vendors failing to reimburse treatment and recovery services at a rate comparable to other healthcare services, despite the fact that the SUD services are evidence-based.

Effective strategies to overcome this barrier include offering incentives that reward productivity, compensating low wages with better benefit packages, providing tuition reimbursement and loan forgiveness, and creating a career ladder to reward skill and experience. Another way to compensate staff is by providing training, including:

- Annual stipends or allowances for staff to attend off-site trainings
- Building a library of recorded trainings for staff to review at their convenience
- Financial assistance for training for specialization, licensure, or certification that includes an agreement to work for the organization for a specific amount of time upon completion
- Flexible scheduling to ensure all staff have an opportunity to attend trainings without interrupting patient session schedules
- Free on-site and web-based training that provides CEUs for licensure/certification

Shortages of experienced staff

The field has always struggled to keep up with the demand for services as a result of people aging out of the workforce and geographic challenges (i.e., people not wanting to work in rural/frontier areas of the country). The disconnect between how universities prepare students and the reality of working in the field persists, putting students at a disadvantage during licensure/certification exams. These challenges have only increased with the influx of new clients through the ACA. To remedy this situation, states are:

TABLE 2: CODING SCHEME, RETENTION						
THEME	RETENTION SRATEGIES FOR SUD TREATMENT WORKFORCE					
CODES	Clinical supervision	Democratic management style- and staff empowerment	Job satisfaction	Positive work environment and motivational team activities	Professional development	Staff empowerment
THEME	BARRIERS TO RETENTION					
CODES	Compensation	Aging workforce	Heavy caseload and staff burnout	Stigma	Lack of license reciprocity	
THEME	STRATEGIES TO OVERCOME RETENTION BARRIERS					
CODES	Collaborations with other institutions	Compensation for training and tuition assistance	Training staff as trainers	Coaching and superv sion	Staff safety and burnout reduction	Cross-training staff

- Looking at license reciprocity as a way for providers to expand their reach across state lines, which is an issue with people practicing in communities on state borders;

- Working with Medicaid expansion/managed care limitations related to certification, so clinical staff have the necessary credential to get reimbursed for services; and

- Creating standards for training curricula and offering credentialing for education and training providers.

> " The disconnect between how universities prepare students and the reality of working in the field persists, putting students at a disadvantage during licensure/certification exams.

Another strategy is to use a training of trainer's model to expand the number of trainers available to enhance skills within the workforce.

STRATEGIES FOR RETENTION AT THE PROVIDER LEVEL

Clinical Supervision

Our analysis demonstrated that treatment agencies identify clinical supervision as a vital strategy for both recruitment and retention. Clinical supervision (CS) influences the whole agency as it integrates closely with agency operations. Treatment agencies describe CS as modeling certain tasks and having the counselors watch when a supervisor handles a situation. Although CS is defined and developed by each supervisor and each agency based on the needs of individual employees, three types of CS are prominently discussed by the agencies:

1. Supervision of the person who is an intern or a resident working towards licensure or certification to reach the required credentialing for the work they do.

2. Coaching of the person who is licensed in the field but learning a new method at the agency. This is typically carried out by a certified supervisor. The counselor receives feedback on their practice. The meetings involve reviewing audio tapes, video tapes, live observation, and overview of difficult cases. The supervisor also discusses strategies for avoiding burnout and practicing the new evidence-based practice.

3. Consultation is mostly carried out in weekly group meetings (or consultation groups), and aims to have the counselors learn from one another and discuss cases specific to a particular practice to increase fidelity.

The importance of clinical supervision as a means for quality improvement is emphasized throughout the 2017 data. The data also indicate that effective clinical supervision in the public sector distinguishes it from private practice, attracting more counselors to these agencies .

"We have a hierarchy in our agency, as far as clinical supervision is concerned. We have executives who are responsible for the basic kinds of services that we oversee. Then they supervise a mid-manager of a person who does clinical supervision. That mid-manager is put on the floor and works with the other clinical people to be sure that they're meeting the criteria for the treatment, that they are maintaining their credentials, and that they are working well with the rest of the staff. So, clinical supervision isn't just one thing, it influences the entire agency." (CD)

> " The importance of clinical supervision as a means for quality improvement is emphasized throughout the 2017 data. The data also indicate that effective CS in the public sector distinguishes it from private practice, attracting more counselors to these agencies.

More supervision, less training

A recent trend in SUD treatment agencies is to offer more CS as part of their training plans. Because in-person training alone is often not very effective (Martino, 2010), clinical directors pointed out that adoption of coaching following in-person training ensures successful implementation of newly adopted policies and procedures, as well as fidelity, which will improve patient outcomes (ATTC Network, 2016). While seasoned clinicians receive support learning different treatment approaches, new staff works on building confidence in their ability to diagnose symptoms. Supervisors employ tools such as roleplaying and modeling behavior to train staff. Telehealth has also been a cost-effective strategy to provide supervision, especially in rural areas where geographical challenges contribute to the workforce shortage.

Agencies set aside resources to train seasoned counselors who already work at the agency to be clinical supervisors. Very often they hire counselors with a Licensed Master Social Worker (LMSW) and provide them the supervision they need for the Licensed Clinical Social Worker (LCSW) credential. During this three-year period of credentialing they prepare for a supervisor role. The agency would hire additional supervisors to provide the training if the current supervisors have heavy caseloads. They also partner with organizations such as an ATTC Regional Center to provide these trainings. Resources needed for supervision include cameras, tape recorders, a significant amount of personnel time (approx. 10-15 hours a week), documentation, and consenting (making sure the documentation is in place to comply with policies).

Democratic management style and staff empowerment

Clinical directors emphasized the importance of clinician involvement in the decision-making process rather than having a top-down approach to management. However, it is also important that the staff does not feel chastised and feels safe to share their opinions. This requires some training and encouragement. Leadership may need to set aside time to convince the staff that a change will benefit the agency and get their buy-in for a new initiative. Staff is more likely to stay with an organization when management acknowledges the unique values and strengths that they bring into the organization, and invests in them to reinforce those skills (Bradler, Dur, Neckermann, & Nonn, 2016).

"The program directors have to learn to take it back to the team, let the team problem solve, and do things that way versus 'all decisions come from the top down.' So the decision-making process really is about training the staff that they have a voice." (CD)

> " The positions that are left vacant by retiring workers are not being filled, as younger people are not entering the field. Treatment agencies have not developed succession plans for filling leadership positions left vacant when people retire.

Job satisfaction

Understanding and measuring job satisfaction are crucial for developing and maintaining staff engagement. Leadership teams have several formalized data collection resources to measure job satisfaction. These include:

- Anonymous regular online satisfaction surveys ([annual or biannual] or [30 day, 90 days, 6 months, 1 year])
- Client reviews/ratings
- Evidence-based measurement tools (i.e., LASS assessment of supervision satisfaction)

- Exit interviews
- Staff years of employment (as a standardized measure)
- Stay surveys (why do you stay here?)

Incentives such as salary raises and career ladders tied to clear individualized goals set at performance reviews (by supervisor and clinician together) increase job satisfaction. Many participants stated that weekly feedback sessions and more comprehensive quarterly reviews with staff are more helpful than annual performance evaluations.

> " Clinical directors emphasized the importance of clinician involvement in the decision-making process rather than having a top-down approach to management.

Positive work environment and motivational team activities

Organizing motivational activities at the workplace and celebrating success together are important ways to enhance staff ownership of the organization. These activities include:

- Awards
- Employee of the month/quarter
- Monthly funding/bonuses to use towards continuing education
- Monthly prizes
- Retention longevity program: bonuses for the years they stay at the agency
- Rewards for joining wellness programs, quitting smoking, meeting exercise goals

Some activities have a social purpose aiming to increase bonding among co-workers. These include:

- Annual picnics
- Holiday/birthday parties
- Potlucks
- Weekly social hours

BARRIERS TO RETENTION AND STRATEGIES TO OVERCOME THEM

Overcoming the issues around aging workforce

In line with the comments of SSAs discussed above, providers too, identified the aging workforce as a critical barrier to retention and a workforce issue. The positions that are left vacant by retiring workers are not being filled, as younger people are not entering the field. Treatment agencies have not developed succession plans for filling leadership positions left vacant when people retire. In addition, aging professionals are leaving their field without sharing their knowledge or the history of the field. To help remedy issues arising from the aging workforce, it is essential that agencies have formal succession plans for retiring staff in both leadership and counselors' positions. Additionally, agencies should have incentives to attract younger people into the field.

Although it may not have a direct effect on aging workforce, the directors emphasize the importance of having plans to train younger and less experienced counselors within agency as a strategy to remedy the aging workforce. Professional development is essential to the work SUD providers do at a treatment agency. Hence, investing in counselor training and education by planning for individualized professional development is found effective. These plans should include supporting staff through their educational plans (e.g., becoming a Chemical Dependency Professional, offering reimbursement for online courses, webinars, licenses, etc.). Several agencies set aside funding to have a department responsible for providing staff with individualized professional development.

Additionally, having staff members trained in EBPs that interest them and then having them train other staff is beneficial, as this strategy lowers the training costs. The counselors feel empowered as they become the "expert" on that practice in the agency. They would also have the flexibility to "put their own signature on the work that they do."

Overcoming the issues around low compensation

Vital Signs (Ryan, Krom, & Murphy, 2012) identified low salaries as one of the biggest issues in workforce recruitment and retention. The *2013 Report to Congress, Addictions Treatment Workforce Development* also cited compensation as a recruitment priority, noting that "Treatment agencies compete with other sectors of the economy that often pay higher wages and place fewer demands on workers' time" (Broderick, 2013). Compensation remains one of the barriers to recruitment and retention cited most frequently by the SSAs and treatment providers interviewed for this report. Agencies are competing with hospitals, federal government, large networks, private agencies, and other states that can offer better salaries. The directors also cite stigma attached to the SUD treatment field as one of the reasons for low reimbursement rates.

Treatment agencies struggle because the SUD workforce is reimbursed at a lower rate than their colleagues with similar credentials in mental health and behavioral health, even in the same agency. Providers need to go through additional training to obtain the required credentialing to see Medicaid patients. Additionally, the evidence-based practices utilized in SUD services are not always reimbursed which may affect the quality of care provided to patients. The documentation requirements that

> " The *2013 Report to Congress, Addictions Treatment Workforce Development* also cited compensation as a recruitment priority, noting that "Treatment agencies compete with other sectors of the economy that often pay higher wages and place fewer demands on workers' time" (Broderick, 2013).

accompany Medicaid expansion and health care integration have increased, which may also contribute to staff burnout.

> Providers emphasize paying for training as an effective strategy for overcoming barriers to retention. Supporting employees' continuing professional development is an important strategy utilized to make up for low compensation rates. Other effective strategies include offering attractive benefit packages, signing bonuses, loan repayment and tuition assistance programs, and flexible scheduling. Supporting employees' continuing professional development is an important strategy utilized to make up for low compensation rates. Other effective strategies include offering attractive benefit packages, signing bonuses, loan repayment and tuition assistance programs, and flexible scheduling.

Providers emphasize paying for training as an effective strategy for overcoming barriers to retention. Supporting employees' continuing professional development is an important strategy utilized to make up for low compensation rates. Effective strategies include offering attractive benefit packages, signing bonuses, loan repayment and tuition assistance programs, and flexible scheduling.

Another strategy to remedy the low compensation is developing strong collaborations with other institutions including other treatment organizations, K-12 schools, and higher education. Agencies work together to fund and bring in national trainers to do seminars on evidence-based practices. Some agencies have good relationships with K-12 schools. These agencies have offices in schools so they can serve better their younger patients (kids or teens) which increases counselor motivation to stay in the field as they are able to witness the positive health outcomes in the community. Good relationships with colleges also facilitate finding practicum programs for counselors and provide continuing education opportunities to the staff. These collaborations also create opportunities for treatment agencies to strengthen relationships in the community.

"We were just approached by a program that does training for peer recovery support specialists, and they'd like training in motivational interviewing and medication-assisted treatment. In return, we can have interns that are recovery coaches. That's going to make our jobs even better; it's going to enhance what we do for treatment. There is a lot of bartering back and forth with these really good relationships in the community." (CD)

An additional strategy cited to overcome the low compensation rates is reducing the costs related to counselor training and education. Providers cited the following ways to reduce training costs:

- Covering registration and travel fees for conferences
- On-site training with free or low-cost CEUs
- Paid time off for training
- Paying for license, certification, and re-certification fees
- Scholarships for educational development
- Tuition assistance and loan repayment programs

> "We were just approached by a program that does training for peer recovery support specialists, and they'd like training in motivational interviewing and medication-assisted treatment. In return, we can have interns that are recovery coaches. That's going to make our jobs even better; it's going to enhance what we do for treatment. There is a lot of bartering back and forth with these really good relationships in the community." (CD)

Overcoming the issues around heavy caseload and staff burnout

Heavy caseloads, particularly when combined with work anxiety and emotional exhaustion, are a significant barrier to retention. Treatment agencies emphasize low recovery rates, the workload burden of the additional paperwork, and requirements to learn new technologies such as electronic health records, as top reasons for high turnover rates in the field. The current system is not set up to support staff who struggle to manage high caseloads.

Successful agencies recommend offering staff some variety in workload and diversifying the workforce to include case managers, case support specialists, and prescribers. The expansions of the DATA 2000 waiver to allow advance practice nurses and physician assistants to prescribe buprenorphine for opioid use disorders also will reduce prescriber caseload.

Cross-training staff is cited as an effective strategy to reduce heavy caseload. Providers state the need to train more than one or two staff on an evidence-based practice so there is enough expertise to turn to in the agency for that practice. These training efforts should be agency-wide to ensure competence across the agency. Clinical directors also state the need for mental health providers to gain competence in co-occurring disorders and SUD treatment and recovery services.

> " Treatment agencies emphasize low recovery rates, the workload burden of the additional paperwork, and requirements to learn new technologies, such as electronic health records, as top reasons for high turnover rates in the field. The current system is not set up to support staff who struggle to manage high caseloads.

> " Clinical directors also state the need for mental health providers to gain competence in co-occurring disorders and SUD treatment and recovery services.

Additionally, clinical supervisors should pay attention to their staff's well-being by looking out for staff burnout. Studies suggest that there is a negative correlation between quality supervision and staff burnout (Knudsen, Roman, & Abraham, 2013). Even the best-trained and most experienced counselors are prone to compassion fatigue, especially when they feel that their patients are not getting better (Corcoran, 1987). Directors should pay attention to helping their staff understand that they are making a difference. Tracking patient outcomes and giving staff feedback regularly will keep them aware of the positive effects they make on their clients. Re-distributing responsibilities is another strategy to avoid burnout. Assigning staff to special projects and different settings to provide variety is found useful for replenishing enthusiasm as well as finding new approaches to move forward.

Other strategies to monitor and address staff burnout include:

- Building a supportive work environment
- Encouraging and promoting self-care
- Flexible scheduling that allows vacation and time-off
- Having flexibility to diversify practices and responsibilities.
- Offering professional development opportunities

CONCLUSION AND RECOMMENDATIONS

The 2017 National Workforce Report presents the recruitment and retention struggles that continue to challenge the SUD treatment and recovery services workforce. It describes strategies that states and treatment agencies are employing to overcome these challenges in a rapidly changing environment. As our findings demonstrate, many factors play into an organization's success in creating an environment that nurtures staff recruitment and retention. It is never a one-size-fits-all solution, particularly when working to meet the needs of complex and diverse patient populations. However, once implemented in a culturally adaptive and authentic way, the strategies discussed in this report can enhance the recruitment and retention of SUD treatment workforce.

SUD treatment agencies are very involved in their communities, by nature of the work they do. Successful recruitment strategies rely on developing good relationships with the community and maintaining a positive public image and good reputation. Working with academic programs to provide internship opportunities to students provides a ready pool of potential candidates for future employment opportunities. For students, internships offer an opportunity to experience the work clinicians do every day and decide whether it is a good fit for them. Advertising open positions remains a potentially effective recruitment approach. The internet and the social media have created new avenues for recruiting new staff and may facilitate recruiting in rural areas.

The most cited recruitment and retention barriers include low rates of compensation, lack of experienced clinicians to fulfill the job requirements, and time constraints for staff to conduct the recruitment process while maintaining the daily workload. To help build staff expertise in desired fields or practices, organizations offer training programs. Low reimbursement rates and other factors continue to make it hard for agencies to offer higher pay. However, to offset low salaries, agencies offer other incentives. These include productivity bonuses, attractive benefit packages, tuition reimbursement and loan forgiveness, and creating a career ladder to reward skill and experience. States emphasize that they are making efforts to establish license reciprocity in order to expand the clinicians' reach across state lines and remedy recruitment shortages.

In terms of staff retention, clinical supervision is one of the most emphasized strategies among states and organizations. In-person training reinforced with coaching and supervision ensures successful implementation of newly adopted policies and procedures. Paying attention to job satisfaction, having a democratic management style and a positive work environment, as well as creating a culture that empowers employees are strategies that generate staff commitment and conscientiousness.

Heavy caseloads are often mentioned as a barrier to staff retention. Keeping the work interesting by assigning staff to new or different programs is one strategy to reduce heavy caseloads and boost retention rates. Clinical supervision and variety in workload are noted to reduce stress and compassion fatigue among SUD treatment staff. Another strategy noted to increase creativity and staff retention is diversifying the agency's workforce to include case managers, case support specialists, peer recovery specialists, and prescribers. Building staff competence in culturally competent services was identified as a pressing need that can also reduce caseload.

The 2017 National Workforce Report found that SSAs and treatment providers are pursuing creative solutions to address workforce challenges. Promising trends include use of emerging mobile health technologies to support and extend treatment and recovery services. Building peer recovery services is also showing promise for addressing the SUD treatment workforce shortage. Future workforce studies could explore best practices in the use of these workforce development strategies.

REFERENCES

Addiction Technology Transfer Center (ATTC) Network. (2015). *ATTC White Paper: Integrating substance use disorder and health care services in an era of health reform.* Available at: http://attcnetwork.org/ATTC_WhitePaper-final-web.pdf

Addiction Technology Transfer Center (ATTC) Network. (2016). *ATTC White Paper: Building Capacity for Behavioral Health Services Within Primary Care and Medical Settings.* Available at: http://www.attcnetwork.org/advancingintegration/ATTC_WhitePaper5_10_16Final.pdf

Addiction Technology Transfer Center (ATTC) Network. (2017). *ATTC White Paper: Preparing Students to Work in Integrated Care Systems.* Available at: http://www.attcnetwork.org/advancingintegration/ATTC_WhitePaper1_18_17Final.pdf

Bazeley, P., & Jackson, K. (Eds.). (2013). *Qualitative data analysis with NVivo.* Sage Publications Limited.

Bradler, C., Dur, R., Neckermann, S., & Non, A. (2016). Employee recognition and performance: A field experiment. *Management Science, 62(11), 3085-3099.*

Broderick, E.B. (2013). Report to Congress Addictions Treatment Workforce Development.

Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2016-17 Edition,* Substance Abuse and Behavioral Disorder Counselors, on the Internet at https://www.bls.gov/ooh/community-and-social-service/substance-abuse-and-behavioral-disorder-counselors.htm (visited *August 08, 2017*).

Center for Substance Abuse Treatment. *Clinical Supervision and Professional Development of the Substance Abuse Counselor.* Treatment Improvement Protocol (TIP) Series 52. HHS Publication No. (SMA) 144435. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009.

Corcoran, K. J. (1987). The association of burnout and social work practitioners' impressions of their clients: Empirical evidence. *Journal of Social Service Research, 10(1), 57-66.*

Department of Health and Human Services, Office of the Assistance Secretary for Planning and Evaluation, "Continuing progress on the opioid epidemic: The role of the Affordable Care Act," January 11, 2017, https://aspe.hhs.gov/pdf-report/continuing-progress-opioid-epidemic-role-affordable-care-act.

Health Resources and Services Administration/National Center for Health Workforce Analysis; Substance Abuse and Mental Health Services Administration/Office of Policy, Planning, and Innovation. 2015. *National Projections of Supply and Demand for Behavioral Health Practitioners: 2013-2025.* Rockville, Maryland.

Hewko, Sarah J., et al. Factors influencing nurse managers' intent to stay or leave: a quantitative analysis. *Journal of nursing management 23.8 (2015): 1058-1066.*

Knight, D. K., Becan, J. E., & Flynn, P. M. (2012). Organizational consequences of staff turnover in outpatient substance abuse treatment programs. *Journal of substance abuse treatment, 42(2), 143-150.*

Knudsen, Hannah K., Paul M. Roman, and Amanda J. Abraham. "Quality of clinical supervision and counselor emotional exhaustion: The potential mediating roles of organizational and occupational commitment." *Journal of substance abuse treatment 44.5 (2013): 528-533.*

Martino, S. (2010). Strategies for training counselors in evidence-based treatments. *Addiction science & clinical practice, 5(2), 30.*

Mayring, P. (2014). Qualitative content analysis: theoretical foundation, basic procedures and software solution.

Molfenter, T., Boyle, M., Holloway, D., & Zwick, J. (2015). Trends in telemedicine use in SUD treatment. *Addiction science & clinical practice, 10(1), 14.*

Ryan, O., Murphy, D., Krom, L. (2012). *Vital Signs: Taking the Pulse of the SUD treatment Workforce, A National Report, Version 1.* Kansas City, MO: Addiction Technology Transfer Center National Office in residence at the University of Missouri-Kansas City. Available at: http://www.attcnetwork.org/files/VitalSignsReport.pdf

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.* Washington, DC: HHS, November 2016.

Wong, Carol A., and Heather K. Spence Laschinger. The influence of frontline manager job strain on burnout, commitment and turnover intention: A cross-sectional study. *International journal of nursing studies 52.12 (2015): 1824-1833.*

Network Coordinating Office

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration