MAUREEN FITZGERALD: Somewhere we went to today's webinar, Workforce Recruitment and Retention and Overview. My name's Maureen Fitzgerald, and I'm from the Great Lakes Addiction Technology Transfer Center. Our presenters today are Dr. Michael Hoge, PhD of Yale University, and Jennifer Parks, MSW of the Massachusetts Department of Public Health Bureau of Substance Addiction Services.

Tell you a little bit about the Great Lakes ATTC. We are one of 10 US-based regional and six international HIV ATTC Centers. The Great Lakes ATTC serves HHS Region V: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. Like all the ATTCs, we're funded by the Substance Abuse and Mental Health Services Administration.

And about this webinar series, this is the first in a three part series focused on workforce development. Today's webinar will focus on recruitment and retention. And as Cindy mentioned, all the webinars will be recorded and available for viewing along with PowerPoint slide. In fact, the PowerPoint slides are available to download right now in the upper right corner of your screen.

Some housekeeping items. Today's audio will be broadcast through your computer's speakers, so please make sure that they are turned on and up. There's no call in number available. You can, as I mentioned, download the presentation slides and related resources from the file pod at any time during the presentation. To do that, you simply click on the presentation slides link and then browse to the file.

You can also use the chat and questions feature throughout the webinar to ask questions or add comments, and during the Q&A session after, or at the end of the presentation. We'll also explain how you can obtain your CEU certificate after the Q&A.

And about today's presenters, Dr. Michael Hoge, PhD is professor of psychiatry at the Yale School of Medicine, and a senior science and policy advisor for the Annapolis Coalition on Behavioral Health Workforce. He's a founding member of the Annapolis Coalition and was instrumental in launching a national interprofessional effort to improve the recruitment, retention, and training of individuals who provide prevention, treatment, and recovery services for persons with mental health and substance use disorders.

Jen Parks has served as the workforce development and training coordinator for the

Massachusetts Department of Public Health Bureau of Substance Addiction Services since 2006. She leads the Bureau's workforce development efforts by working with DPH staff, add care educational Institute Incorporated and other organizations to coordinate trainings, conferences, and learning communities, as well as the careers of substance website, to meet the needs of providers working on substance use and addictions prevention, intervention, treatment, and recovery. And now I'd like to turn the presentation over to our presenters.

MICHAEL HOGE: Good morning or good afternoon, depending on which part of the world you find yourself this morning. This is Michael Hoge, and I welcome you to the first of this three part series on recruitment and retention. What we are going to be doing today is I'm going to provide you with an overview of some of the key concepts and the data on recruitment or retention problems.

I'm then going to turn this to Jen who will provide you with a concrete example of real world innovation coming from the state of Massachusetts to address some of the recruitment and retention problems in the addiction field. And in the last 15 minutes or so of the hour that we'll be with you we'll have the opportunity to discuss some of the comments and questions that participants might make. You'll do those and you can do those anytime over the course of the webinar by typing into the question and comments box that you should find at the bottom of your screen.

I'll share with you the dates for the subsequent two webinars at the end. But when we meet again we will be sharing with you a sort of comprehensive overview of some of the recruitment and retention strategies, and also we'll be talking about minority recruitment in the next webinar. In the third webinar, we will turn our attention to issues around recruitment and retention of recovery coaches and share with you some other recruitment and retention innovations.

If you have signed on to the audio line, if you would, your line or either press star six to do that. If you don't have a mute button that would be greatly appreciated. There's been a lot of concern over the years about recruitment and retention problems in the addiction field.

And one of the things that brought this to light was a little study by McClellan, a noted researcher in this area and some of his colleagues way back at the turn of the century. They were doing this project to look at the effectiveness of substance use treatment, and it involves going to agencies and interviewing clinical directors initially and then 16 months later.

And what shocked them when they came back 16 months later is that over half of the clinical directors in the agencies were gone. And when they did a little bit further digging they found that about half of the frontline counselors had turned over as well. And the question that they raised for the field is, how can we think about quality? How do we maintain quality when we have such turmoil in the midst of our workforce and our treatment organizations?

So as we dive into this area, the concept of recruitment seems really simple at some level, the notion of finding people and keeping people. But we have these simple terms that really sort of encompass a whole bunch of complex issues.

If you think just about recruitment, there are efforts and concern about recruiting people into the substance use disorders field in general. There are efforts and initiatives to try to bring people into professions that have addictions expertise or to develop that expertise within the professions. There are efforts and desires to create specific specialties within the field. So most recently the government's been very focusing on looking at the young adult population and addiction problems given some of the violence that's happened related to schools.

Something that we don't talk a lot about is the notion of recruiting people into faculty roles. We talk frequently about the challenges of finding and keeping people for jobs, whether it's sort of direct care role supervisors, managers, agency directors, but we have a scarcity of people who are qualified and interested in teaching the next generation of substance use disorder specialists.

In a completely separate vein, there's the need to recruit people into geographically diverse locations. This is particularly critical for rural and frontier areas. The data is clear that the majority of counties in the United States do not have a single behavioral health professional. And that's because the majority of those counties, there's a very, very large number of rural counties in the United States that don't have a behavioral health professional of any type.

And lastly we think about recruiting people of color and other forms of diversity to better match the diversity of the populations that we're trying to serve. So we spend a lot of time recruiting people. This slide is meant to depict our common approach to retention, which is borrowed from fishermen who use what we call a catch and release strategy.

We spend a lot of time trying to find people for jobs. We spend comparably small amount of time trying to keep people in those jobs. When we think about retention we generally think

about it kind of in reverse. We don't start thinking about the field in general, but we have people in a particular job or role and we work to try to retain them in that job or in that role.

One of the things we may do is work to retain them in the agency by moving them around if they're looking for variety in their work or opportunities for advancement. If we've used a variety of recruitment strategies such as loan repayment to bring them to an underserved geographic location, then the challenge is to try to figure out how to keep them there.

And there's a lot of concern about the notion of people leaving the field altogether. Not just leaving a job, but abandoning the addiction field. Although there are less systematic efforts to retain people in the field, again, most of the retention efforts are focused within particular agencies.

There are other concepts that you will hear. We talk about shortages, which is just the notion that there aren't enough people in general to pull from. We talk about the concept of maldistribution, which is no matter how many people there are, have we distributed them? Do we have even enough distribution across the various areas of the United States and the population centers to be able to address the clinical and treatment need that occurs?

The concept of turnover is the typical metric that we use, the typical measurement, which is how many people left their position or left their agency usually over the course of a year? We talk about burnout, a complicated concept in its own right as a frequent cause of turnover. And we talk about aging out, which is a reference to the sort of graying of the workforce and concerns about people retiring in the not too distant future and complicating the recruitment and retention issues for us.

All of this complexity is magnified by the fact that we are interested in different parts of the workforce. So our efforts and our concerns may vary if we're looking for addiction counselors, if we're looking for increasing a number of other professionals who have a substance use disorder specialty training.

An often overlooked group are direct care workers, which in this case, I'm using that term to refer to people who generally do not have any advanced training or graduate training. These may be the people that staff our residential programs, will basically get on the job training for their roles. And we have very high levels of turnover in that area.

There's increasing interest in systematically recruiting and retaining recovery coaches. Again,

something we'll be talking about in the last webinar. And with a focus on integration we now have more efforts and interest in trying to train all health and social service professionals to be able to detect substance use problems and to, at a minimum, provide some brief interventions.

The other level of complexity is that what you're interested in, in terms of recruitment and retention really depends on where you sit. Your view as a federal policymaker or a state agency director is very different than if you're in an agency, managing an agency, managing programs within an agency or functioning as a supervisor. And I see that lots of the people on the call today come from those service agency ranks where you're not worried as much about the pool of people as you are your ability to draw from that pool and be competitive and bring people into your organization and keep them there.

So what's the lesson from all of this? The lesson is that when we say we're interested in recruitment or retention, it would be great to be precise about the questions that we're asking. What kind of recruitment are we focused on? What kinds of workers are we interested in?

The challenge is that we can't expect really clear direction from the data about what to do in all of these situations because the data is highly variable in terms of its quality and its precision. Mostly what we have to rely on are survey data, qualitative data. There's a very limited sort of hard evidence base about the effectiveness of different workforce approaches. And unfortunately, there's often a 10 year lag between the time that data becomes available and it gets published and disseminated and we have it to draw on to sort of shape our own efforts on this issue.

So what is some of the data we have? I'm going to show you something called the AHP Provider Availability Index in a second, and that will become clear. There's a whole stream of ATTC surveys and reports on workforce. The most recent is the National Workforce Report, which just came out last year and it's easy to Google and download any of these reports.

They're publicly available and I think we have a couple links on our website here. But the Vital Signs Report, which was released in 2012, is the richest in terms of actual concrete data and answers a lot of questions for us. And I'll be sharing with you a fair amount of the conclusions from the Vital Signs Report in a few minutes.

There are lots of other workforce reports and published pieces in the literature. To some extent, we also have to draw in behavioral health on the research in other fields because we don't have a very large and robust body of evidence in mental health or addictions on

workforce issues.

So AHP, which is a major provider of technical assistance created couple of years ago this thing called the Provider Availability Index. And they used multiple data sources to try to calculate how many qualified providers there were to treat every 1,000 individuals who need substance use treatments.

These kinds of analyses are very complex. They require lots of different assumptions, and the assumptions made in this analysis are not available to us because it's a proprietary index. But we were able to pull down some of the news media about this index, some of the data.

And I've put the states that are covered by the Great Lakes ATTC in here and I've also put in the national mean, which would be 32 providers per 1,000 adults needing substance use treatment. And I put in the high and low in the nation, 70 providers per 1,000 in Vermont and 11 per 1,000 in Nevada.

So you can see a lot of the Great Lakes states cluster. There's a little bit of variability. Missing from this equation is there's no clear standard or statement about what the levels should be, but it's at least one very serious attempt to give you some sense of what one group views as the variation across the states in terms of the robustness of the workforce.

If we turn to the Vital Signs Report, which was a very detailed survey of clinical directors across many agencies, lots of interesting things pop up. 60% of the clinical directors are aged 50 or older, which is where some of the concern comes about where is the next generation of management for these organizations going to come from. We have a workforce that is predominantly white.

We have some interesting statistics on recovery status. Just about 30% of direct care staff acknowledge being in recovery, and it's 34% of clinical directors, which is about an additional 7% of individuals in the survey that chose not to answer that question. So the actual statistics here could be a little bit higher.

Well, you look at advanced degrees, graduate degrees, we find that about 39% were estimated to have a graduate degree among the direct care staff. There's a movement to try to increase the percentage of the staff that has that in part because graduate training is where individuals tend to learn most about evidence based practices. And I think the absence of degrees amongst the majority of master's degrees or above amongst the majority of the direct

care workforce also plays out in some of the licensure and certification levels as well, where you see we've got just a little over half in the Vital Signs data of direct care staff reporting that they had either licensure or certification.

Some other data that's relevant to recruitment and retention that came out of Vital Signs, amongst all the clinical directors about 21% said they thought caseloads for frontline staff were too large. This is considered to be an issue that drives turnover, one issue, although I would have thought that that estimate might have been higher. But you see the statistics that came out of this report.

I was sort of shocked to see the next statistic, which is that among the clinical directors the mean number of staff that they reported supervising was 23, which is a lot of staff. And it's complicated by the next statistic, which is that clinical directors were estimating they were spending about 17% of their own time in the provision of direct care services. So this is a pretty heavy burden for a clinical director in these roles.

The final statistic here is one that we tend to rely on a lot in the field, which is that about half of the clinical directors reported major difficulties filling their open positions. And since we don't have a lot of great data on how many counselors we need, this is the kind of statistic that we turn to when we try to convince professions or state government or the federal government about the critical needs for workforce development in the addictions field.

There are lots of different estimates about turnover rates. I mentioned to you the McClellan study, the quality study which found 53% of the staff turning over. That was over 16 month period. Steve Gallon, another giant in this field wrote a great article years ago called The Toughest Job You'll Ever Love. His estimate was that the annual turnover among frontline treatment staff was about 25%.

Eby and colleagues did one of the few longitudinal studies where they followed organizations over time. And you can see the statistics here on counselors versus clinical supervisor turnover within the organizations. Vital Signs itself from its clinical director survey estimated that 18.5% of all direct care staff had turned over in the past year. That's one of the lowest estimates that I've seen.

Again, this data is about eight years old. And I'm not quite sure what to make of that, but I thought it was very striking. The other thing that was reported out of Vital Signs was that the same clinical directors are indicating that of the direct care staff hired in the last year, 52% had

left the organization. So this highlights the critical period of sort of both recruiting the appropriate people to an organization and focusing intently on them in their initial entry into the organization in order to make sure that they adjust and if they're appropriate for the role that they actually stay.

So what contributes to turnover? Clinical directors generally always cite salary health care coverage and benefits first, but there are lots of other things that staff complain about, insight and exit interviews and the clinical directors consider to be a concern. And I won't go through each of these. If you just take a second to look at them I think that they'll intuitively sort of make sense to you.

There is a fair amount of evidence that while salary and benefits are very important, that these other factors have a very significant impact on whether people stay in jobs. And even something like recognition and appreciation appears to make a difference in terms of how long people stay. So while money may be constrained, there are certainly many other things that we can focus on within our organizations. And we'll be talking a lot more about that in the second webinar series.

So what about money? The best information we have comes from a 2011 survey that was conducted by the National Council on community behavioral health. They did a report out substance abuse position separately. This first statistic here is that the median salary for a direct care worker in a 24 hour residential treatment program was $23,000. This data probably came from around 2010 or so, but obviously a very low salary for someone trying to make their way and to be able to pay for their living expenses through this kind of job.

The information below shows you what a Master's level social worker or counselor was making in various settings. So $41,000 in an addiction treatment organization that had outpatient and residential, about $7,000 higher on average if working in an addictions position in a general or psychiatric hospital, and another $10,000 higher if working in a federally qualified health center, an organization type which generally has higher reimbursement rates for the services provided under the federal structures that reimburse these organizations called FQHCs.

On the upper right there, it suggests that behavioral health social workers make about $5,000 less than social workers working in other health care settings, such as a social worker in a general hospital that might be working in a med-surg unit, for example. And this study is famous for one of its conclusions that that social worker would make less than a manager at a

local Burger King. And that manager likely does not have a master's degree or did not have to go through the 2,000 hours of required supervised experience to become licensed or certified.

What do we know about the impact of turnover? Disruption of client therapeutic relationships is a huge concern, disruption in the delivery of care altogether, the ability to provide enough care if positions remain vacant for a while. You find many different estimates of the cost and administrative burden of finding a new employee and orienting them. And those estimates range anywhere from like $3,000 per employee to $10,000 or $15,000 per employee.

Studies have clearly demonstrated in addictions that employee turnover decreases the rate of evidence based practice implementation and decreases the fidelity with which evidence based practices are being delivered in addiction treatment organizations. There was a small finding that in some situations a small amount of turnover may actually help make adoption of evidence based practices easier. The notion here is that if you are bringing in new people, they may be more amenable to more contemporary evidence based approaches and not as wedded to traditional approaches that they might have learned in their initial training for this field.

There has been some work in trying to understand what turnover means. And this one study by Woltman is very helpful, and they broke it down. They found that about 57% of turnover involves an employee deciding to leave an organization, about 12% focuses on terminations, which, again, comes back to the importance of us focusing on doing our best to find the right people to enter these jobs. But 29% of turnover had to do with within agency transfers, moving people around in organizations.

And one of the huge implications of this is I do not think that we pay enough attention within our agencies as we manage programs and manage entire agencies at the impact of moving people from one team to another or one role to another, as it affects overall quality of care. And we have pretty good ways of measuring quality of care now because of the fidelity instruments that are available to us through the evidence based practices.

The types of things that clinical director cite as the difficulties that make it hard to fill positions. Inadequate number of qualified applicants comes up and then insufficient funding for open positions. So sometimes vacant positions don't have much to do with the absence of an applicant. They have to do with the inadequacy of funds, at least for the moment within an organization so positions stay vacant for an extended period.

As you go down this list, you can see small applicant pool in geographic areas, which are probably mostly remote. The 13% cited lack of interest in the position, this is a lack of interest in the work or the stigma that's associated with having an addiction and the stigma that's been documented amongst workers who are treating those with addictions. And the last thing here, you have 3% of clinical directors citing the poor reputation of their own facility as a reason that might make it difficult to recruit.

When you look at the reasons that applicants do not meet minimum requirements, the basic thing that emerges here is the lack of little or any experience in providing this treatment and the lack of formal training and education to do the work. If you go down to the end of the list, you'll see about 20% of the time a basic concern about whether the applicant has the social or interpersonal skills that would be necessary to do this quite complicated work.

If you turn and look at the National Workforce Report that came out last year it highlights some of the more current trends that are making this much more complicated. And that has to do with the Affordable Care Act, which has expanded access and also put new educational and licensure requirements in place for staff to be able to bill for services.

We have the increase in demand related to the opioid crisis. We have with the promotion of evidence based practices, we need more qualified individuals who have competency in those areas and who don't have negative attitudes towards the use of medications to treat individuals with substance use disorders.

And then as we look at what's happening with the trend at integration, both integration of addictions treatment with mental health systems and with primary care systems, we have anecdotal reports and survey reports, such as this 2017 Workforce Report from ATTC, it suggests that staff are increasingly being pulled away into other larger organizations.

The Bureau of Labor Statistics, which is a federal agency, suggests that the growth rate in the number of subsidies counselor positions is among the highest of any occupation in the United States. It's at the very top. And that does not account for the need to replace people who leave the field altogether. So as we look forward, there's just an increasingly compelling need to find new workers and to redouble our efforts to keep the ones that we have.

So we have some major challenges. We have to implement and demonstrate the effectiveness of interventions, we have to work on disseminating and promoting broad adoption of interventions related to recruitment and retention, and then we have to try to sustain those and

really engage in a continuous workforce improvement effort over time as opposed to looking at this as a sort of temporary issue that we have to fix. And as a field we have to try to scale workforce interventions to what they call move the needle to have enough difference that the size of the workforce and the retention within the workforce begins to substantively change so that we can meet the increasing levels of demands.

I have agency directors and managers that will tell me that it's sort of hopeless, that unless there's more money they can't do anything about the workforce problems. And there is clear evidence that underfunding of services negatively impacts the workforce because if this money is not adequate, the size of a workforce in an agency is constrained, the wages and benefits are suppressed, and you see this increase in caseloads, burden, burnout, turnover, and there's actual economic models that show that the benefit of pursuing a career in these fields then declines. And so recruitment becomes more challenging.

So we certainly have a lot of very significant issues before us, but my answer to that perspective that there is nothing that we can do, is that there's two things that we have to always be about. One is advocating as much as we can for better funding and better support for these types of services, so that that in turn allows for better support of the workforce. But there are many things that we can do on a day to day basis while we're advocating in the larger sort of political arena that definitely impacts recruitment and retention in our organizations.

I'm going to be sharing with you sort of a broad overview next time of all of those strategies, but we wanted to make sure and focus on real world innovation amongst one state. And I invited Jen Parks to share with you what Massachusetts has been doing one innovative intervention in this arena. So Jen, I'll turn it over to you.

JENNIFER PARKS: Great. Thank you, Michael, and thank you everybody for having me on today. I'm going to go ahead and share my screen and hopefully you'll be able to see the website. And so again, I really appreciate being on and having an opportunity to talk a little bit about the Careers of Substance website that I've been working really hard on for the past, oh gosh, five, six, seven years now.

Before I do that, though, Michael asked me to give a little bit of a brief overview about what's been happening in terms of workforce development efforts across the board in Massachusetts here in the Bureau of Substance Addiction Services. So I'm going to do that first and hopefully

have enough time to get used to the website as well.

So back in 2010, we put out the Massachusetts substance use and addiction to workforce and organizational development strategic plan, which you can actually access by going to the website. It's just at the bottom of the home page, and feel free to take a look at that. A lot of the information is still really relevant today.

And what we did was we used the information that we gathered from that strategic plan to put this website into place. It really facilitates and encourages, as you see here, collaborative efforts to implement the plan and its vision. So once we launched the website we started continually updating it.

We've added new features, and I'm going to show you some of those today. But we also wanted to make sure that we were responding to other recommendations that came out of the strategic plan. One of which was to really get a better handle on our workforce. And so here in Massachusetts, in particular, the Substance Use and Addictions Workforce in Massachusetts.

And so we started looking at some of the data that we collect. The Bureau collects program licensing application and renewal data. Every two years you have to renew your license program within the state. And so we've been looking at the data that comes in in terms of staffing specifically, and also working with the folks to collect that data to refine the way that the data is collected, the information and what we're collecting.

And we had our first run of comparison from a couple of years ago until the present to look at turnover rates, in particular, but also sort of get a general feel for what the workforce looks like. What we found was in contrast to what Michael was showing on the Vital Signs Report, we've got a really high turnover rate here in Massachusetts. It was looking like it's about 60% amongst about 200 programs and 5,000 staff.

We're going to look at the new data again shortly because we want to see if that's accurate, if that's because we've opened a lot of programs that weren't participating in this round of applications. We'll have to see. But it's definitely high. And that number has been verified by the conversations we've been having with treatment providers.

And in terms of conversations with treatment providers we've also done some surveys and some key informant interviews to learn more about their recruitment and retention efforts and challenges. So more on that will be coming out, and we'll post information up on the website

as we refine it and analyze it.

Well, I want to actually give a shout out because she's on the call, Debbie Strod from DMA Health Strategies has been a partner in crime for me for the past 10 years working on this project all of the workforce related projects, and in particular, the Careers of Substance website. So Debbie's on, and she has agreed to post any comments if she wants to add anything so we can add those to the Q&A at the end.

But quickly in terms of training here in Massachusetts, we've been sort of working on increasing the number of learning communities that we can provide. And in the past couple of years, we've done learning communities on [INAUDIBLE] disorders and Fetal Alcohol Spectrum disorders. And those learning communities use, sorry, NIATx principles to focus on specific change efforts. And my hope for next fiscal year is to launch a staff recruitment and retention learning community. So very pertinent to what we're talking about today.

We've also been, of course, doing a lot of recovery coach training, and we developed a recovery coach supervisor training. So those trainings are going on in high demand and we're trying to provide as many as possible to help folks get the training that they need to do really good recovery coaching and to be eligible to apply for their certification, which came out here in Massachusetts through the Certification Board just a year and a half ago.

And then finally, in terms of workforce development, overall, we've been very fortunate to have a governor and Secretary of Health and Human Services who have focused very closely on our work, in particularly in light of the opioid crisis. And so what we've been able to do with some of the professional training folks out in the community, and we have a lot of educational programs here in Massachusetts, is that all the medical schools, nursing schools, dental schools, and physician assistant schools have adopted a set of core competencies related to substance use disorders, and the schools of social work have adopted a set of core principles related to substance use disorders.

And then we're also really happy to have been able to launch a black addiction counselor education program in the past year. And that's sort of based on the Latino addiction counselor education program that we've had for a number of years now. So really trying to help address the issue that Michael brought up about the fact that the great majority of our workers in the field are white and don't necessarily reflect the folks that are coming in for treatment.

So going to move on and start talking about the website. So this is our home page. And as you

can see there are a number of different ways to find information here, and it's really meant for three different audiences. And the audiences are individuals within the field who are already working here who want to do either learn more or get more education, learn about training events, communicate and collaborate, but also for individuals who are not in the field but are interested in joining the field, and then of course it's for organizations who are interested in learning more about different strategies or posting job positions.

And I'm going to talk about all of that in a minute. But I also want to show you that here is one way to navigate the site. If somebody kind of knows that they want to do one of these things they can click here and go right to that page. They can also, if they're looking specifically for career information, these are the career sort of titles that we've identified as particularly pertinent to the field.

And then down here is a section for news and announcements. We try to update these monthly. Upcoming events are connected to the calendar, which I'll show you, and the resources, there's a whole section on resources. Part of our constant renewal and updating of the website is that our plan for this coming year is to specifically focus on updating the training resource section so that it's a little bit easier to navigate, and we're also going to do sort of an overall look and feel update since this website is now starting to feel a little bit dated.

All right. I'm going to take you over to the career path section for a minute and just show you some examples of what people can do on the website. So if somebody is just interested in kind of figuring out, OK, what are the career paths required to be in this world of substance use and addictions? kind of having an idea of what the different job titles might be.

Perhaps they're interested in becoming a counselor clinician, so they're going to go to this page. And all of the pages are set up pretty similarly. So there's an activity, skills, and knowledge section, educational requirements, and opportunities, licensure and certification requirements. And I'll just point here to a comparison chart that we created to help people navigate the similarities and differences between the licensure and certification that we have here in Massachusetts. And that's a PDF that you can click on. And then opportunities for advancement.

So I'm buzzing through this because I want to show you all the different things. But at the bottom of all the pages in this particular advance your career section is this other way of navigating the site, which is the same as over here. We want to make it as user friendly as

possible.

So on the grow your organization side of things, also if you hover you can choose a section, if you click you actually come to a landing page like this, that then you can hover over each of these sections and get a little bit of a taste of what each section is about.

I'm going to take us right to the recruitment page and just show you a couple examples of what this page has to offer. And a lot of it is sort of tips and success stories. So like we had at the bottom of the advance your career section, there was a box at the bottom that's the same on every page. This is the box that goes at the bottom of all of the grow your organization pages. And there are success stories and examples of recruitment retention and other types of success stories with an organization on development.

So quickly I'll just kind of click on a couple of these so that you can see. If you're working on something you want some more ideas about how other folks have done it, we've had some partners be able to just send in their success stories. And if you're interested in learning more we can certainly connect you with the folks who sent these success stories in.

Let's see. Back up to recruitment. The other thing I wanted to show you on this page is-- and it shows up in the retention side as well. Well one of the success stories here is SAMHSA's Recruitment and Retention Toolkit. If you haven't checked that out it's a really useful toolkit for just all things recruitment and retention.

And then I want to show you a little bit about the job postings because that's a huge tool that we launched a couple of years ago and it's been very successful. So folks can learn a little bit about job postings right here. But if you know that you want to either post a position or look and see what positions are already posted I have people typically go up to the bar at the top, which is at the top of every page, and click Jobs because then you can see this is the landing page for anybody really looking for jobs or looking to post jobs.

If you're a job seeker you can search job postings, post your resume, search other job boards besides this one, look for career fairs and get some tips on how to find a job. If you're an employer, you can search resume postings, you can post an opening, you can list your job board, you can host a career fair, or you can get some tips for hiring.

So really quickly I will just show you the job postings page, which has a map of all the current positions posted across Massachusetts. You can see we go into Rhode Island, Connecticut,

New Hampshire, and even a little bit into Maine I think. And so folks in the region are all using this site. Right now we've got 169 jobs posted up here. And folks who are looking for jobs can search over here, a keyword, they can look at different job settings, they can look for position types.

So we've tried to make it as easy as possible to navigate. And very similarly going back to this page for employers who are looking to see what kind of resume that are posted, not as many resume are posted. Only 26 at this point. But they can search resumes in a very similar way to the job postings search.

Look over here. So the other options on here are just the career fairs and job boards. And this is the list of job boards that we currently have. Anybody can submit a job board. These are all mostly in Massachusetts at this point.

I'm going to go back over to recruit retention now and show you this is another sort of similar to the recruitment page. There are some tips overview and then tips for how to do some retaining of staff. And in particular, I want to show you this because the catalyst really for our strategic planning process back in 2007 was this Annapolis Coalition Report that I know Michael hope you worked very hard on. So we have a little quote from the Annapolis Coalition Report there.

All right. So I think the next thing I want to show you-- I know I'm running low on time, I'm going to show you the calendar. And so the calendar mostly is a basic sort of trading calendar. This is May. These are all the trainings that are posted for May. We even have this webinar posted on here, which I was excited to see.

But at the top of the page, if folks are really looking for a recovery coach training, which is what a lot of people are looking for these days, they can go directly to our recovery coach training page, which gives a little bit of an overview of what the different trainings are and shows where they're located. And this is a very short list right now because we're still working on setting up our trainings for fiscal year '19, which starts in July. But this is usually a pretty long list of trainings.

We do a lot of recovery coach academy trainings and ethical considerations trainings and a number of other ones. So back to the calender, the other feature at the top here is if an organization is looking for a specific training for their organization they can fill out a training request form. That form comes directly to me and then I can help that organization figure out if

there is a particular trainer we can send to them or if there's a training that they can send their staff to.

Anybody can post or can submit an event for the calendar, but they do have to log in to the site. And at the top of the page, there's a way to, if you're already registered you can sign in. If you need to register you can register. It's all free. The job postings are free, the calendar postings are free. We just ask that folks register so that we can more easily communicate with them and they can make edits to anything that they submit.

And then the other feature of the calendar is just that you can look at it in a number of different ways, so you can see by week, by what's coming up online only. And then there's a search bar as well. And then at the bottom of the page, we have related calendars. So these are all mostly Massachusetts, but some other calendars within New England. And then I'll show you on the resources where we have sort of online trainings that are available to anybody.

So here's my last piece I want to show you. This is our resources page and it's got a list of various different ways to search for resources. This is one of the pages I mentioned. We're going to be refining in particular this training resource page because right now the trainings are listed. So we have organizations offering trainings that are listed alphabetically. ATTC New England is in there. And it's a long list and it's just kind of hard to navigate.

And then we also have a tab for self paced online trainings. A lot of these are free, not all of them. But again, it's listed alphabetically. So we're going to work on refining that and making it easier to search.

I think that is about all I wanted to talk about today. I'm excited to have everybody here listening and seeing the website. And I'd definitely encourage you to check it out. It's a simple URL, careersofsubstance.org. And if you have any comments after this webinar about the website or questions, you can always contact me or Debbie through the Contact Us link at the top. So I think that's it for me. I'm going to turn it back over-- let's see, turn it back over to Michael.

MICHAEL HOGE: I appreciate it. Thank you so much. Cindy, if you would put up the poll that we started with regarding who's participating, the roles of people participating and maybe people who have not had a chance to log in, the nature of their role could do so just give a sense of who's on. And Maureen, if you want to field questions or comments that you think we should touch on at this point in time, that would be great. I

MAUREEN FITZGERALD: Yes, I'd be glad to. And first, I want to check and make sure, can you hear me?

MICHAEL HOGE: Yes.

MAUREEN FITZGERALD: I'm using a different system this time around, so I want to make sure everybody in the audience can hear me OK. We got a lot of questions. Thanks, everyone. And one thing that people are interested in is the Massachusetts Careers of Substance website. What was the funding source to create the website, and what agency created it?

JENNIFER PARKS: So the Bureau of Substance Addiction Services actually funds the website, and we worked very closely in collaboration with our training provider, AdCare Educational Institute, Debbie Strod's organization DMA Health Strategies, and an incredible web developer group called Just Magic Design.

MAUREEN FITZGERALD: Great. Thank you.

MICHAEL HOGE: And I would just add, if you look through the website and if you pull it up full screen and take a look at it, the quality of it and design I think was just really superb. So finding a good web designer is often hard to do. And I'm sure that Jen would be happy to get the contact information for this particular developer should anybody be interested in trying something similar.

MAUREEN FITZGERALD: Thank you. And I want to ask you both, Michael and Jen, do you both need to leave at the top of the hour--

[INTERPOSING VOICES]

MAUREEN FITZGERALD: --for a few questions?

JENNIFER PARKS: I can stay on for a few more minutes.

MICHAEL HOGE: Yep. I'm good. Yep.

MAUREEN You can stay on for a few minutes?

FITZGERALD:

MICHAEL HOGE: Yes, yes. We're good.

MAUREEN FITZGERALD: OK, excellent. OK. Another question that we had is, could you elaborate on how to access the AHP Provider Availability Index? Our question is from Marcia Laplant. She says we're experiencing tremendous shortage of counselors in Vermont and I was struck by the statistics you shared.

MICHAEL HOGE: Yes, the statistic really stands out. So the index itself is not publicly available. But if the person who is asking the question were to email me, and we'll show our email addresses here at the end, I would be happy to give you the contact information for the author of the index. That would probably be the best route to go if you wanted to ask a question of that person about that data.

MAUREEN FITZGERALD: Thank you. We'll be sure and display your email address at the end of our presentation. And from Stephanie Boreen, do you know of anyone who is studying the workforce on a state level, in particular Nevada, which has the lowest PAI?

MICHAEL HOGE: I don't know of anyone in particular. I'm not that familiar with sort of what's happening in Nevada. One of the largest problems that we have in the workforce arena is at the state level. My experience is that there tends to be relatively little activity.

Massachusetts is doing a variety of things. I've been consulting with Alaska for a long period of time. They have one of the most robust behavior health workforce initiatives. Nebraska has a major state funded initiative and a university based behavioral health workforce development center.

But we did some work with NAMI years ago. They have on the mental health side a report card, and one of the things we looked at was the status of workforce development. And the majority of states don't have a behavioral health workforce plan of any kind. But I cannot speak specifically about and about. I'm not quite sure if there are any sort of organized initiatives there.

MAUREEN FITZGERALD: Thanks, Michael. We have another question about the website, and that is, how much does it require to build and maintain a website like this?

JENNIFER It's a lot of work. I don't have the numbers on me in terms of how much it actually costs to get

PARKS: it started up. The upkeep is fairly minimal in terms of cost. But Debbie and I have regular meetings with the web developers, and we email back and forth all the time. So it's definitely a good chunk of time that it takes to keep it going.

And actually Debbie has several people on her staff with her that help with some things like job postings. We try to keep up on the job postings, make sure that they're posted in a timely manner, they gets submitted and then we have to approve them for posting. And then there's also some work that goes into making sure that those posts don't stay up forever. So there's a lot of back end to work that happens to keep it going.

The events get posted by another person. So we tried to make it as malleable as possible, and the people that are working on the website all have access to be able to edit pages and things like that. So it's a huge group effort. But I would say I probably spend, as part of my job, I might spend maybe 10% of my time on it over an average across the course of the year.

MAUREEN FITZGERALD: Thank you.

MICHAEL HOGE: Maureen, can I just jump in? I have the contact information for the Provider Index. His name is Jeff Zornitsky, and the email address for the individual that was interested is JZ-O-R-N-I-T-S-K-Y@ahpnet.com So jzornitsky@ahpnet.com.

MAUREEN FITZGERALD: OK, great. I will add that to our comments field.

MICHAEL HOGE: Great.

MAUREEN FITZGERALD: Another question that we have, this is from George Braque from Georgia. Given the prioritization of academic over lived experience, including allocated resources such as salaries, what more do you suggest that the field do to value and promote the evidence based practice of peer recovery support?

MICHAEL HOGE: So I think that if you look at behavioral health workforce development, the increasing role of people in recovery in the workforce is what I would argue has been the most dramatic change over the last 15 years. And that's been due in part to some of the Medicaid changes that allows for reimbursements for some types of personnel. But the creation of competencies and that being followed by formal curricula and certification programs and then linked to reimbursement, and maybe that's more so on the mental health side, but it's been sort of a

fundamentally major sort of development in the field.

There's been work that's been done to look at the comparative effectiveness of peer support versus other types of interventions. And so more of that work would be really helpful. What we're finding on the workforce development side is that some of the questions that are now coming up are about, what is the career ladder for someone who enters one of those positions? Because there tend to be this sort of peer support or recovery coach positions.

In some organizations there might be a recovery coach supervisor position someone could move into, but there isn't a clear way to move forward in terms of career development. And I think that's one of the issues that is on people's minds about how to have not just these jobs, but actually careers that provide the opportunity for growth and advancement like you would expect in other careers.

MAUREEN FITZGERALD: Thanks, Michael. Let's see. Another question that we have, it's about the careers of substance website, and if you post a resume on the site how private is the information? I don't want to post one and have just anyone contact me.

JENNIFER PARKS: I'm trying to remember. Actually, I might need to jump on and see. You can choose to post as much information as you want on the posting, and then the resume itself, I'm just going to click on one really quickly and see, it's pretty basic. But then there is the PDF of the resume that can get posted and anybody can click on that and see it. So if you want it to be more private it probably wouldn't work too well.

MICHAEL HOGE: Cindy, could you post the second poll. We're going to put up a poll that asks if you're in a service organization for you to just share what you think the estimate is of turnover during the past year, your organization for individuals involved in direct care. So if you care to weigh in on that and share your data, that would be great. You'll see the poll I think in the middle of your screen. Maureen, you have another question while we let that percolate?

MAUREEN FITZGERALD: Oh, sure. I'm watching the results come in. It's very interesting. OK, here's a question from Sandra Jameson. On the pre-service end, do you have any suggestions for undergraduate psychology programs of focus interest in this area?

MICHAEL HOGE: Focus interest on working in addictions?

MAUREEN I believe so. Working the field, yep.

FITZGERALD:

MICHAEL HOGE: So we'll talk a little bit next time, but there's been some research about how career interests are shaped. And one of the things that it suggests is that the earlier you start age wise the more effective you can be.

So in the United States there was this whole focus on what they call STEM jobs that are in science and technology, and they found that trying to intervene at the middle school level and promote awareness and education was one of the most effective strategies. We haven't gone that far as a field, but there are a number of initiatives, I think some of them are prevalent in California, to teach about behavioral health careers in high schools. And I think that's the most progressive effort to intervene early to develop interest in the field.

MAUREEN FITZGERALD: Thank you. We have a couple more questions about the Careers of Substance website. Stephanie Boreen asks, what has been the impact of the website on the workforce shortage? Did it help increase the number of providers in the field?

JENNIFER PARKS: That's a good question. I don't know that we have an answer to that at this point. What we are able to look at is how many people are looking at the website? What pages are they going to? We do get some feedback in terms of job postings and whether job postings led to people hiring folks from the website. And we were getting kind of mixed reviews on that.

I think we're not going to know that unless we really kind of survey the field a little bit. But in general, what we're trying to do with our workforce data collection efforts is to see whether all of the various workforce development efforts that we've been putting into place have been making a dent in the workforce retention and recruitment issues that we're seeing.

So not sure. It's kind of hard to figure that piece out. Debbie, if you have anything to add if you're still on and you want to type it in, feel free.

MAUREEN FITZGERALD: Thanks, Jen. Here's a related question. Is Massachusetts doing any media campaigns on workforce development? And if so, what have the results been?

JENNIFER PARKS: We haven't been able to do any media campaigns on workforce development. In particular, one of my mantras is always-- we're very focused on the opioid crisis right now of course. My mantra has always been, we can't think about expanding services without making sure that we have the workforce to support those services.

And so far that message is just me kind of putting it out there. But I do have a lot of support in the Bureau and in the department to get the word out a little bit more about our workforce development efforts. So far though really we've just been focusing on marketing the website. We have little cards that we hand out all over the place, we go to career fairs, we set up tables, we try to get the word out about the website. We just launched a newsletter to anybody who is on our list now. And anybody can add themselves to the list going forward.

But no, we haven't been able to do a media campaign on this because the media campaign money has all been going really towards fighting the opioid crisis at a treatment level, and also promoting our help line which has recently been updated. And it's actually a really amazing tool. So no, not yet.

MAUREEN FITZGERALD: Well, thanks.

MICHAEL HOGE: If I could draw people's attention to the poll, it looks like people are done sort of weighing in. So you see that the scale or the range receiving the most endorsements is 20% to 30% per year, but we have a not insignificant number of organizations that are experiencing turnover rate and direct treatment staff that's not between 20% to 30, and then a small number at 40% to 50%, 50% to 60%, and greater than 60%.

So I'm sure these organizations vary somewhat in the kinds of the types of services and sort of level of employee and the like, but very significant in terms of the level of turnover. And obviously if you think about the amount of burden that creates on the organization and disruption in the service, very significant as well.

MAUREEN FITZGERALD: Thanks, Michael. Let me see if we have some more questions coming in. We have another question related to data. This is from George Braque. What role can enhance data driven performance support or clinical supervision that focuses on systemic objectives and key results? What do these components play in recruitment and retention?

MICHAEL HOGE: I'm sorry, could you read that one more time?

MAUREEN FITZGERALD: What role can enhanced data driven performance support or clinical supervision that focuses on systemic objectives and key results? Can those two strategies have a role in recruitment and retention. So data driven performance support or clinical supervision that focuses on systemic objective.

MICHAEL HOGE: So I'm not sure I fully grasp the question. I mean, I get the second part of it, but I often quip that one of the reasons that are-- I often quip that to some extent we end up using an any warm and willing body approach to staff and vacancies. And the reason that the vacancy is there, we struggle to find people and we take people maybe that we think aren't the best qualified or even qualified.

The reason that I think that's possible, I don't mean possible in that it's effective, but the reason that it's even feasible that someone would think of doing that is that we by and large don't have much useful data that's generated in our service system that we can then use to link back to the performance of an individual worker or the clinical outcomes of our systems in general.

And in the absence of data, the question or the metric is simply how many people were seen, or for how long, or in what modality? They're just process measures. And so I think that there are good measures of clinical outcomes in behavioral health. And I think the use of those is going to be essential to drive kind of a different dynamic in our field where we get away from that any warm and willing body sort of approach.

We'll be talking next time more specifically about the range of interventions. And I believe I will tell people that there's only one thing that you can do in your organization from a workforce perspective. It is to focus on supervision.

There was another line that people often say, which is, you never really work for an organization, you work for a supervisor. The supervisors are a more stable portion of your workforce. They experience less turnover and they have enormous impact over what your frontline workers do. And they will also defeat whatever you are trying to do at an organizational level if they don't buy into the agenda or the approach.

And I think in the addiction field the focus on SAMHSA and CSAT and other groups have invested a lot in the development of supervisor competencies and trying to promote supervision. But we have a long way to go as a field in really providing substantive quality supervision about the work, not just about administrative stuff to the workforce.

MAUREEN FITZGERALD: Thanks, Michael.

MICHAEL HOGE: I'm wondering if we could put up the slide about the future webinars.

MAUREEN FITZGERALD: Yes, I'll turn that over to Cindy. Would you like to pull up our-- Yeah.

CINDY CHRISTY: I think that was on the end of your presentation, Michael?

MICHAEL HOGE: Yep, the last two slides. If you back up one slide there. So June 28th, 11:00 central, noon, Eastern, again, we will talk much more specifically about recruitment and retention strategies. And Dr. Paris, who has been working with me on organizing this series will be talking about the recruitment and retention strategies related to people of color.

And then on July 25th there'll be some additional information on strategies and we'll be talking a lot more about the recruitment and retention of people in recovery. Mike Flaherty, who is the former director of IREDA, one of the ATTC's based in the Pittsburgh area, will be joining us and leading that part of the presentations.

And then on the final slide are the email addresses for Jen and for me. If we could have that final slide. And we welcome your emails. Contact us if you have any questions or need for additional information, we'll be happy to respond.

JENNIFER PARKS: And I can make sure we get-- I'm sorry, Maureen, I stepped on you. I can make sure that we get a registration link for both of those webinars out to all the attendees and registrants for this one. Would that be helpful?

MICHAEL HOGE: That sounds great.

MAUREEN FITZGERALD: Sure, yes. And Cindy, we can coordinate on that.

CINDY CHRISTY: Yes, absolutely.

MICHAEL HOGE: These slides from this presentation should be available to you. If you look under my ugly mug there is a little box and it has presentation slides PDF. And then in the box below that it says web link 6, is the link to the ATTC Vital Signs Report if you're interested in downloading that.

MAUREEN FITZGERALD: Thanks so much, Michael and Jen.

MICHAEL HOGE: You're welcome.

MAUREEN FITZGERALD: Been a great presentation and we look forward to the next webinars in the series. And I can tell from the comments and from our audience that they've also enjoyed it as well.

MICHAEL HOGE: Great. Well, thank you all.

MAUREEN FITZGERALD: Thank you.

CINDY CHRISTY: OK, everyone. This is Cindy. We actually had some more resources and we're going to give you 15 minutes back for your afternoon. You'll still be able to get the 1.5 hour [INAUDIBLE] back continuing education hour. And you will be sent an email within the next week on how to obtain that.

Additionally, I'm going to go ahead and leave this room open for another five minutes. I can stop the audio, but anyone that didn't get a chance to download the slides or any of those resources there, please feel free to do so. I think you can scroll up and down on the chat pod as well to cut and copy anything that someone said that you find helpful. So feel free to hang out in the room. And we'll thank our fantastic presenters now and thank Maureen Fitzgerald and the Great Lakes ATTC and I think--

[INTERPOSING VOICES]

MAUREEN FITZGERALD: --would you mind just reading what the related resources are that you just put in the--

[INTERPOSING VOICES]

CINDY CHRISTY: Yeah. Yes, on that very bottom right where it says related resources, those are actually live links to different website pages. The top one goes directly to a page on the ATTC site that houses information and the later Workforce report that was completed in 2017. Above that, that is in the web link 6, that's one the more robust report that was done a little bit earlier.

Additionally, we have just the basic home pages to the ATTC network website. Great Lakes portion of our website, they have a lot of resources on there. It's just fun to go in and cruise around on there. Maureen has a great resource and it's after blog post. And I think you'll enjoy reading that.

JENNIFER We just found out the link doesn't work. So we'll have to correct that.

PARKS:

CINDY CHRISTY: We'll send that out. Yeah, the blog posts that she did, it has best companies to work for in New York and then another one on mobile health news. I don't know much about that one, Maureen, but if you can share about that.

MAUREEN FITZGERALD: Yeah. That just came out in the news this week that there's some activity potential legislation at the federal level to increase access to use of Telehealth specifically for substance use disorders and addressing the opioid use epidemic.

CINDY CHRISTY: Great.

MAUREEN FITZGERALD: Yeah. Thanks for putting those up, Cindy.

CINDY CHRISTY: Yeah. Thanks one more time to Michael. We appreciate your time. And we're going to close the audio. Feel free to stay here and get any resources you need. Thanks, everyone.

MAUREEN FITZGERALD: Thanks, Cindy.

MICHAEL HOGE: Bye bye.

JENNIFER PARKS: Bye.

CINDY CHRISTY: Goodbye everybody.