

SUPPORTING STATEMENT FOR THE ADDICTION TECHNOLOGY TRANSFER CENTERS (ATTC) NETWORK NATIONAL ADDICTION TREATMENT WORKFORCE SURVEY

A. JUSTIFICATION

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) is requesting the Office of Management and Budget's (OMB) approval for a new data collection on The Addiction Treatment Workforce. SAMHSA's CSAT funds this program under legislative authority of Section 509, Priority Substance Abuse Treatment Needs of Regional and National Significance, of the Public Health Service Act, as amended. CSAT is requesting approval to implement this new workforce data collection effort through the ATTC Network. As the addiction treatment delivery system adapts to changes in healthcare finance and system design, CSAT anticipates changes in the skills necessary to perform the work. This study is designed to better understand how the industry is adapting and identify successful strategies in workforce recruitment, retention and development. CSAT intends to use three (3) instruments to collect original data related to understanding and guiding America's substance abuse treatment workforce efforts. This data collection effort will provide guidance to organizations, programs, states, and regions in improving their own workforce development efforts. These three (3) instruments will be outlined in section two (2) and include:

- Provider Association Survey
- Telephone Interview of Single State Authorities (SSAs)
- Telephone Interview of key staff at selected addiction treatment organizations

Annual turnover of direct care staff newly hired in the last 12 months is 52 percent and the past 12 month turnover rate is 18.5 percent (VITAL SIGNS: Taking the Pulse of the Addiction Treatment Profession, 2011). High turnover rates add to provider training and recruitment costs and potentially threaten the quality of care received by clients entering substance use disorder treatment (Mor Barak, Nissly, & Levin, 2001; Lum, Kervin, Clark, Reid, & Sirola, 1998; McLellan, Carise, & Kleber, 2003). The Institute of Medicine (2001) highlights continuity of care as a critical element of primary care. The assumption is that continuity is associated with improved quality and decreased costs. There is, however, limited data to support these assumptions or to develop interventions to improve workforce retention. Both the SAMHSA "Strengthening Professional Identity" (Abt Associates, 2007) and the 2007 Annapolis Coalition "An Action Plan for Behavioral Health Workforce Development" reports repeatedly point to the lack of valid data to inform behavioral health workforce practices and initiatives. Both reports conclude it is imperative to build a strong workforce knowledge base, especially in relation to the effectiveness of existing strategies and practices that enable retention of qualified professionals, leading to improved treatment outcomes for clients in substance use disorder treatment programs.

The ATTC Network, a nationwide, multidisciplinary resource that draws upon the knowledge, experience and latest research of recognized experts in the field of addictions, is a CSAT

initiative formed in 1993 in response to a shortage of well-trained addiction professionals in the public sector. The ATTC Network works to enhance the knowledge, skills and aptitudes of the addiction treatment and recovery services workforce by disseminating current health services research from the National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, National Institute of Mental Health, Agency for Health Care Policy and Research, National Institute of Justice, and other sources, as well as other SAMHSA programs. To accomplish this, the ATTC Network (1) develops and updates state-of-the-art research based curricula and professional development training, (2) coordinates and facilitates meetings between Single State Authorities, Provider Associations and other key stakeholders, and (3) provides ongoing technical assistance to individuals and organizations at the local, regional and national levels.

Currently, CSAT funds a network of ten regional centers, four national topic area centers and a National Coordinating Office for the ATTCs, which serve all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Islands (Attachment 5). Of the fifteen sites, thirteen are located at academic institutions, and two are located within nonprofit institutes. Although the individual sites vary in the number of states served and areas of emphasis, each is charged, as is the Network as a whole, with three key objectives:

- Raise awareness of evidence-based and promising treatment and recovery practices,
- Build skills to prepare the workforce to deliver state-of-the-art addictions treatment and recovery services, and
- Change practice by incorporating these new skills into everyday use for the purpose of improving addictions treatment and recovery outcomes.

2. Purpose and Use of Information

In response to concerns about the changing needs of the addiction specialty care workforce as the treatment system adapts to shifts in funding and delivery system design, SAMHSA/CSAT has instructed the ATTC National Coordinating Office to lead the ATTC network in the development and implementation of a national study to document changing needs and identify exemplary practices in addressing workforce recruitment, retention and development. The results of the provider interviews will be compared to a set of provider interviews collected as part of a 2011 ATTC workforce study (Ryan, O., Murphy, D. and Krom, L.) to assess changes in needs and activities.

Although SAMHSA/CSAT is the primary target audience for study findings, it is expected that the information gathered and resulting reports will also be useful to the ATTC Network, to Single State Agencies, provider organizations, professional organizations, training and education entities, and individuals in the workforce.

Overview of Data Collection and Purposes

Information will be gathered in a stepwise process using three instruments. First, a one question survey will be sent to the directors of state behavioral health provider associations. This survey will be used to identify participants in the provider staff interviews. Second, SSAs or the staff that they designate, will participate in a one hour interview that will identify their primary concerns regarding workforce recruitment, retention and development and organizations that they believe are exemplar in addressing workforce needs. The names provided by the provider organizations, the SSAs and the experience of the regional ATTCs will be triangulated to develop a list of 50 providers across the country who have been identified as superior in their ability to recruit, retain or provide staff development to their employees. These providers will be invited to participate in the interview to describe their strategies.

Provider Association Survey

A contact list of provider associations will be obtained from the National Council for Behavioral Health and the directors will be sent a survey (Attachment 1) with a single question asking them to identify organizations in their membership that are known for their exemplar activities in either recruitment, retention or development of staff.

Telephone Interview of SSAs

The SSA or designate interview will provide qualitative data on efforts in their state to enhance staff recruitment and retention, the policies that they have regarding staff training and certification and their beliefs about the effect of their policies on workforce development (Attachment 2). They will also be asked to identify providers with best practices in recruitment, retention and staff development and discuss why they feel those organizations are exemplary.

Telephone Interview of Key Staff at Selected Addiction Treatment Organization

The regional ATTCs will triangulate the organization names obtained from the SSA or designate, the provider association and from ATTC staff to identify a subset of provider organizations that are considered leaders in recruitment, retention or staff development by all three entities. This group will comprise the sample from which the provider organization key staff interviews are obtained.

Key staff interviews will ask about practices that the organization employs to improve recruitment, retention and/or staff development. They will be interviewed to learn what they think works, what hasn't worked and what they are thinking about in terms of expectations for the future. An interview script has been developed (Attachment 3)

Overview of Questions Related to Data Collection

The objectives of the national addiction treatment workforce data collection effort are to understand the issues related to workforce development: 1. Staff training, recruitment and retention; 2. Professional development; and 3. Support for strategies and methodologies to

prepare, recruit, retain, and sustain the workforce. To accomplish these objectives, CSAT outlined three primary questions to be addressed by the workforce data collection effort:

1. What are the anticipated workforce development needs in the next five years?

For the purposes of this data collection effort, the ATTC Network will identify the growth and capacity-building needs over the next five years of direct care staff, clinical supervisors, and administrators in agencies represented in the I-SATS registry.

2. What are the common strategies and methodologies to prepare, retain, and maintain the workforce?

Identification of potentially effective strategies used to prepare and recruit individuals to enter the workforce (as previously defined), and encourage them to remain in the workforce and stay current on clinical and other job related skills (e.g., evidence based practices).

3. What are the best policies and practices that effectively recruit individuals into the workforce, retain high performing staff and enhance the skills of existing staff in the workforce.

This will be a follow-up to the first national survey of the substance use disorders treatment workforce (Ryan, O., Murphy, D. and Krom, L.). The qualitative interviews and analysis will be used to provide a snapshot of the current state of the addiction treatment workforce as it relates to demographics, workforce development needs, and retention and maintenance of a strong workforce. These data will provide national benchmark data that can be used to inform ongoing policy and practice.

Information collected from this workforce data collection effort will help CSAT and the ATTC Network to better understand the needs of the workforce and categorize some best practices for providing support to the field now and in the future. Emerging trends in addiction treatment will be identified and shared with those in the addiction treatment field so appropriate training and funding can be allocated. The information from this data collection effort will also help CSAT identify areas where deficiencies in substance use disorder treatment exist and provide assistance to regions (and states) to help them develop and adopt strategies for addressing this.

Table 1: Data Collection Methods

Method	Timeline	Sample	Type of Information
Survey (qualitative): Association Director survey web based	October 2015 through January 2016	Association Directors	The survey will ask Provider association directors to name three to five organizations that are known for their exemplar practices in recruitment, retention or staff development.
SSA Interviews (qualitative)	October 2015 through January 2016	SSAs or designates	Identification of policies and practices at the state level and identification of treatment providers who are known to be exemplars for recruitment, retention or staff development
Key staff interviews (qualitative)	January through May 2016	Directors, clinical directors, HR managers at treatment organizations	Practices that work and that have not worked to recruit and retain a skilled work force and provide staff development as well as concerns or expectations for future work force needs

3. Use of Information Technology

This workforce data collection effort will utilize a web-based version of the survey (Provider Association Survey) to eliminate paperwork. This web based application will comply with the requirements of Section 508 of the Rehabilitation Act to permit accessibility to people with disabilities. All data collected will also be submitted and managed in electronic databases.

Electronic Data Management

The interviews will be recorded and the audio file will be in a database maintained by the ATTC National Office at the University of Wisconsin. Once data are entered into the system, it will be available to CSAT for review. These data can also be downloaded by the Regional Centers for their use.

4. Efforts to Identify Duplication

The data to be collected are unique and are not otherwise available. In 2012 a report by the ATTCs was published which provided a snapshot of the current state of the addiction treatment workforce as it relates to demographics, workforce development needs, and retention and maintenance of a strong workforce. This data also provided national benchmark data that can be used to inform ongoing policy and practice. Follow-up questions will be asked of the providers in that study as well as new providers. In 2014, a recent literature review (2008-2014) relevant to workforce issues in the substance use disorders treatment field was conducted (Attachment 6). This report utilized all the workforce materials from a variety of sources with a focus on 2008-2014. This included surveys and reports from the Addiction Technology Transfer Center (ATTC) Network in addition to government-funded reports, studies, and white papers from

myriad professional groups and coalitions. Initially, this included a computerized bibliographic search of databases including EBSCO, LexisNexis Academic, MEDLINE, Web of Science (Social Sciences Citation Index), PubMed and PsycINFO.

As SAMHSA has plans to collect data on the composition of the workforce via the uniform data set (UDS), this study will not duplicate the original 2012 workforce survey, but will focus on the changes in needs in terms of recruitment, retention and development which makes it unique from previous literature or from SAMHSA's other data collection efforts.

5. Involvement of Small Entities

Participation in the CSAT/ATTC workforce data collection will not be a significant burden on small businesses, small entities, states, local governments, or on their workforces.

6. Consequences If Information Collected Less Frequently

Participation is voluntary. Each participant is asked to respond only once to the survey or interview data. This data is only expected to be collected once every five years.

7. Consistency with the Guidelines in 5 CFR 1320.5(d)(2)

This information collection fully complies with the guidelines in 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

The notice required by 5 CFR 1320.8(d) was published in the Federal Register on February 4, 2015, Volume 80, page 6094. No comments were received.

9. Payment to Respondents

There will be no payment or incentives to respondents.

10. Assurance of Confidentiality

Each survey response will have a unique identification code, which will allow respondents to be tracked.

11. Questions of a Sensitive Nature

There are no questions of a sensitive nature.

12. Estimates of Annualized Hour Burden

The total annualized burden to an estimated 110 total respondents for the national addiction treatment workforce data collection is estimated to be 132.5 hours. Burden estimates are based on an interview length of no more than an hour plus fifteen minutes for the survey completion by 50 association directors. The annualized hourly costs to respondents are estimated to total \$11029.41. As no data is available specifically for clinical directors or direct care supervisors,

we used data on the mean annual salary of Medicaid directors, mental health supervisors and non-profit director's for our estimates for public burden. There are no direct costs to respondents other than their time to participate. Burden estimates are detailed in Table 2. Figures come from the following: SSA: used the low end of a salary survey for Medicaid directors because there is no salary survey of SSAs

SSAs: http://medicaiddirectors.org/sites/medicaiddirectors.org/files/public/ops_survey.pdf

Clinical director salaries:

http://www.payscale.com/research/US/Job=Mental_Health_Supervisor/Salary

Association Director Salaries:

http://www.payscale.com/research/US/Job=Executive_Director,_Non-Profit_Organization/Salary used non profit director median

Table 2: Annualized Burden Estimates

Type of Respondent	Number of Respondents	Responses per Respondent	Total Number of Responses	Hours per Response	Total Annual Burden Hours	Hourly Wage Cost	Total Hour Cost
Provider Association Survey	50	1	50	.25	12.5	\$58.82	\$735
SSA Telephone Interview	60	1	60	1	60	122.5	\$7350
Key Staff at Selected Treatment Organizations Telephone Interview	60	1	60	1	60	\$49.02	\$2941
TOTAL	170		170		132.5		\$11026

13. Estimates of Annualized Cost Burden to Respondents

There are neither capital or startup costs nor are there any operation and maintenance costs.

14. Estimates of Annualized Cost to the Government

The annual estimated cost to the government for the national addiction treatment workforce data collection is \$105,940. Approximately \$55,000 represents ATTC staff time to implement the interview process. The 15 ATTCs are funded entirely through SAMHSA cooperative agreements; \$940 per year represents SAMHSA costs to oversee the project for 1% of one employee (GS-13). \$50,000 in costs is related to data collection, analysis, collation. These costs include both the national and regional telephone interview costs, and staff time for collating and analyzing data.

15. Changes in Burden

This is a new project.

16. Time Schedule. Publication and Analysis Plans

Time Schedule

Data collection is projected to take place from October, 2015 to June, 2016. Table 3 outlines the timeline for each activity and how this relates to the workforce data collection questions.

Table 3: Schedule of Key Activities and Relation to Questions

Activity & Participants	Timeline	Relation to questions (Q)
Provider Association Survey	October, 2015- December, 2015	This is to identify providers who can answer Question 2 and 3 (Attachment1)
SSA Interviews	October 2015- January, 2016	Related to Q2: What are the anticipated workforce development needs in the next five years? Also Q3: What are the common strategies and methodologies to prepare, retain, and maintain the workforce? (Attachment 2)
Key Staff Interviews (qualitative): Clinical Directors & Thought Leaders	January, 2016 through June 2016	Related to Q2: What are the anticipated workforce development needs in the next five years? Also Q3: What are the common strategies and methodologies to prepare, retain, and maintain the workforce? Enriched understanding of the quantitative data on current and future trends in substance use disorders treatment as well as effective workforce development, recruitment, and retention strategies (Attachment 3).

Publication Plan

Before the end of September 2017, the ATTC Network will produce a national report for CSAT that identifies common strategies, issues and exemplar strategies in recruitment, retention and staff development for their use as a tool with states and other grantees. This report will be distributed on the ATTC website as well as other distribution channels.

Analysis Plan

1. What are the anticipated workforce development needs in the next five years?
2. What are the common strategies and methodologies to prepare, retain, and maintain the workforce?
3. What are the best policies and practices that effectively recruit individuals into the workforce, retain high performing staff and enhance the skills of existing staff in the workforce.

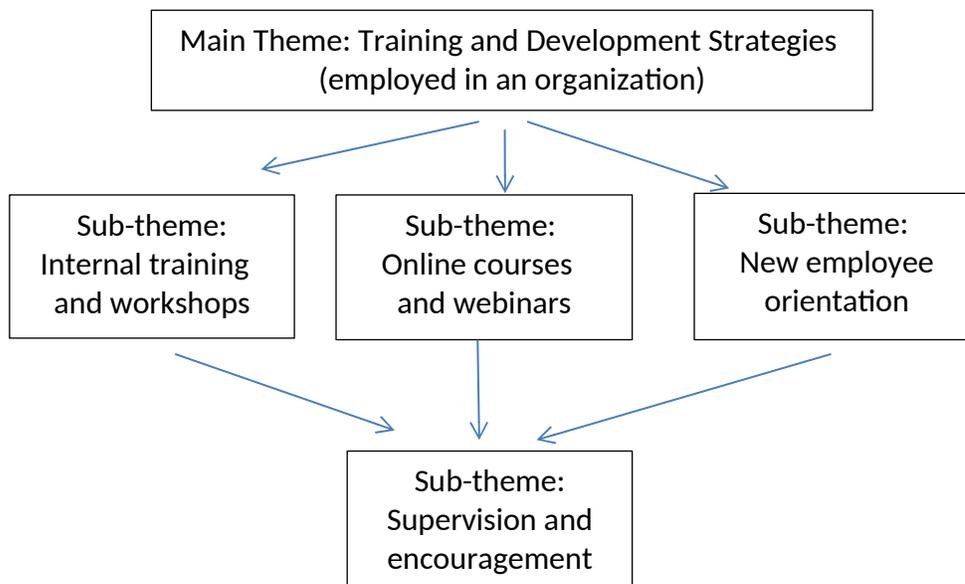
Qualitative Analysis

Key-staff telephone interviews guided by a semi-structured interview format with open-ended questions will be used to gather qualitative data from two types of interviewees: Single State Authorities or the staff person they designate and provider organization key staff, either the CEO or their designee (attachments 2 and 3). The first set of telephone interviews with the single state authorities or the designee in the field of substance abuse treatment will gather particularly insightful information regarding the effective policies and practices at the state level concerning the addiction treatment workforce. They will also be asked to name providers in their network with best practices in recruitment and retention. These interviews will provide a national perspective on what mega trends are expected to affect the substance abuse treatment workforce in the next five years (see interview protocol in attachment 4). Concurrently, directors of provider associations will be asked via a web based survey to identify three to five of their membership that they believe are exemplars in recruitment, retention or staff development. The regional ATTCs will triangulate the provider names gathered through these two sources. Through this purposive sampling method which is fundamental to the quality of the data gathered for this research, we will be able to collect the list of providers referred as the leaders in recruitment, retention and staff development by all three entities. We will then, proceed to the second set of interviews. The second set of interviews will gather qualitative data on the key strategies used by substance abuse treatment facilities to prepare, maintain, and retain the workforce from provider organization key staff (see Provider organization key staff interview protocol in attachment 4).

Both SSA interviews and provider organization key staff interviews will be audio recorded and transcribed. As the ATTC Network has prior experience using QSR NVivo (a qualitative data analysis software that allows multiple people work simultaneously on data analysis), this qualitative data analysis software will be utilized to analyze the transcribed interviews. We will analyze the two sets of interviews separately, using a coding scheme of a-priori categories developed to record the emergence of best practices carried out at each organization. We will develop the coding scheme based on two resources; the current literature and the themes that emerge from the in-depth readings of interviews with SSAs or the designates. We will create sub-codes for each main code, so that we are able to capture the overall themes along with the supporting sub-themes that may have an influence, positive or negative, on the outcomes. Coding scheme will include the definitions, variations, and exemplary quotes for each code and will be affirmed by ATTC program directors. Then, three coders will independently pilot the coding scheme on a subset of data to find out about inadequacies and inconsistencies in the coding scheme. After the first round of pilot coding is completed, we will calculate the inter-coder reliability. The coders will meet and discuss the coding procedure and resolve any misconceptions regarding the coding procedure. This process will continue until the coders achieve 80% inter-coder reliability. Then, the coders will complete the coding of the whole data set. Any additional codes that are identified and agreed upon by the coders will also be added to the coding scheme. Finally, the data will be reported in major themes or categories representing the findings of our qualitative research.

The major themes along with their sub-themes that emerge from the analysis will be organized in a spreadsheet to calculate the number of occurrences of each theme in the entire dataset (frequency of the code) and the number of the sources that a code appeared (same code appearing in one interview vs in different interviews). Calculating the frequency of a code will report how often a theme is pointed out in interviews while documenting the number of sources that each code appeared will enable us to identify whether many interviewees emphasized a

theme and agreed that it was an important strategy. An example of a theme along with its sub themes would look like the following:



By the end of our analysis we expect to find themes that will outline the successful strategies that are employed in the organizations or errors that are avoided to achieve the desired results. These findings will inform the formation of effective national, regional, state, and organizational policies and strategies aimed at successfully recruiting, retaining and training providers who are adequately prepared to respond to the growing needs of those affected by substance use problems and disorders.

The survey results will be compared to findings from the 2011-2012 study to identify changes in needs and activities regarding employee recruitment, retention and development.

17. Display of Expiration Date

The expiration date for OMB approval will be displayed on all data collection instruments for which approval is being sought.

18. Exceptions to Certification Statement

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions.