

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

### **B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS**

#### **1. Respondent Universe and Sampling Methods**

##### Overview of Facilities in Respondent Universe

SAMHSA maintains a current list of the single state authorities (SSAs) for substance abuse in the 60 states, territories and tribes that are recipients of federal SAPT block grant dollars. We will solicit responses from the census of SSAs.

The National Council for Community Behavioral Health maintains a list of all state substance abuse or behavioral health provider associations. The ATTC national coordinating office has contact information for the directors of these associations and will solicit responses from the census of provider associations.

The most comprehensive list of addiction treatment provider organizations is compiled by SAMHSA in the Inventory of Substance Abuse Treatment Services (I-SATS) collected from the National Survey of Substance Abuse Treatment Services (N-SSATS). The N-SSATS is designed to collect data on the location, characteristics, services offered, and number of clients in treatment at alcohol and drug abuse facilities (both public and private) throughout the 50 States, the District of Columbia, and other U.S. jurisdictions. In 2014, N-SSATS data included approximately 13,414 facilities with about 1.1 million clients in treatment.

##### Overview of the Sampling Method

The provider association survey and SSA interviews will use a census not a sample. We will obtain information from all of the associations and all of the SSA offices in every state. For non-respondents there will be missing data.

For the provider interviews, a purposive sampling strategy will be utilized. The main goal of purposive sampling is to focus on particular characteristics of a group that are of interest, typically in the sense that the cases highlight notable outcomes. Focusing on these particular cases will provide significant insight into the phenomenon, which can act as lessons that guide future research and practice. One of the prime objectives of this project is to identify potentially effective strategies in recruitment, retention, and development of the addiction workforce. Provider organizations representing the best of their kind will be selected through a triangulation of data received from SSAs, provider associations and regional ATTCs to serve as informants for the provider organization key staff interviews.

For the purposive sampling we will first contact the National Council for Community Behavioral Health to obtain a list of state provider associations. Considering that they have considerable knowledge of the providers in their membership and the level of provider expertise in staff recruitment, retention and development, we will then approach the directors of state provider associations with a single-question survey to inquire about three to five provider organizations that they believe are exemplary in their recruitment, retention or staff development strategies. We will also obtain the same information from the SSAs during the SSA interview and triangulate the organizations identified by the provider associations, SSAs and the regional ATTC offices that are conducting the interviews to identify agencies that are selected by at least two of the three information sources as exemplary in their workforce recruitment, retention or development practices.

In addition to the providers named in this purposive sampling methodology, we will interview staff at the 28 agencies that were identified via a different process for a similar interview conducted in 2011. This list of exemplary providers both those identified via the triangulation process and those that were sampled in the 2011 data collection process will constitute the sample for the provider agency key staff interviews.

The data collection from the states and the provider associations will be a census collection. The data collected from the providers is not designed to be a representative sample. Qualitative analysis such as this focuses on obtaining a sample that achieves saturation, that is that identifies the variation as well as the common factors in the behavior we are interested in examining. Most qualitative studies reach saturation by fifty or fewer interviews (Mason, 2010).

## **2. Information Collection Procedures**

As outlined in A.2, the ATTC workforce data collection will collect original data using three distinct methods (Table 7): a web-based Provider Association Survey (Attachment 1), and two Key Informant Telephone Interviews (Attachment 2 and 3). As the emphasis of this information collection is to gain a deeper and more contextualized understanding of a) the effective policies and practices concerning the addiction treatment workforce at the state level, and b) the key strategies used by substance abuse treatment facilities to prepare, maintain, and retain the workforce from provider organization key staff, we will encourage the interviewees to provide as much information as possible through a semi-structured interview format and follow-up probes to build a more comprehensive picture of a successful substance abuse treatment facility's recruitment, retention and workforce development activities.

### Data Collection Strategies

Three protocols have been established in order to guide the data collection process (Attachment 4): the executive director contact protocol for the survey, the SSA telephone interview protocol, and the provider agency key staff telephone interview protocols.

### Provider Association Survey

The first step in the process will be to email the Provider Association directors asking them to respond to a web survey or via email with three to five organizations in their area that consider to

have the best practices in their state. If they do not respond, a phone call will be made asking if they would prefer to respond via phone.

#### SSA Telephone Interview

The first step in the process will be to notify each participant ahead of time that we want to schedule an interview, explaining its main purpose and importance. The second step will be to contact each participant personally to schedule the phone (or Skype if that is preferred) interview at a convenient time; and confirm the interview. The third step will begin before the interview starts, where we will establish rapport with the participant by engaging in an informal conversation and demonstrating an interest in the participant's working environment. The fourth step will be to introduce the interview, reviewing its purpose and importance, the policies you have established with regard to incentives and confidentiality, and the means by which you intend to record the interview data (Scripted in the interview protocol). The fifth step will take place during the interview and will begin with the permission of the participant, audiotape the interview and take brief notes on a copy of the interview protocol. The sixth step will follow the interview protocol, using a level of standardization appropriate to the interview structure; maintain control of the substance and pacing of the interview. Step seven will allow the participant sufficient time to think and respond to interview questions, *use silence or follow-up probe questions to elicit in-depth responses*, and communicate neutral interest. Step eight begins at the conclusion of the interview, thank the participant and collect any supporting materials. Steps nine and ten are completed after the interview, later the same day, verify the quality of the interview data, expand on brief protocol notes, and document any unusual or other interesting aspects of the interview experience. And finally use a consistent format and set of conventions to transcribe interview audiotapes. Make any necessary clarifications to the typed transcripts.

#### Key Staff Telephone Interview

The Key Staff Telephone Interview will follow the sample protocol as the SSA Telephone interview above.

### **3. Methods to Maximize Response Rate**

The ATTC Network anticipates an 80% overall response rate for this workforce data collection. Because we are not attempting to collect a regionally representative sample, but to identify exemplary practices in each region, the concerns about bias due to low response rates are not at issue for this study. The length of time required for the interview may suppress the response rate, but the reputation of the ATTC and the selection process of identifying exemplars should somewhat offset the burden of participating in an hour-long interview.

Methods to maximize response rates include the following:

- The ATTC Network has a history of a strong positive relationship with participants who are receptive to the request for participation with a traditional single e-mailing methodology.
- Follow up will consist of two phone calls to the Provider Association Director after an initial email and three phone calls to the SSA and Provider Staff.

- Information sent prior to the initial contact via phone would familiarize the respondents with interview questions which will facilitate better response rates.
- The results of this study will provide effective strategies and best practices to prepare, maintain, and retain the addiction treatment workforce; which will be useful to agencies in each region.

As outlined in the data collection strategies in B2, the ATTC Network has devised a number of protocols to ensure respondents receive adequate follow up in the event that the first attempt fails (Attachment 4). These strategies are also supported by clearly outlined contact scripts for both the SSA and treatment agency staff interviews (Attachment 2 and 3).

Respondents will not be offered payment for involvement in the data collection. It is expected that having emphasized the importance of completing these instruments, respondents will understand the data collection's projected positive impact on the workforce in the future. These results will provide strategies that are useful to all substance use disorder facilities and a focus will be put on promoting the dissemination on these strategies to all facilities in the ATTC Network.

With help from CSAT and the Single State Agency Directors (SSA), marketing of the data collection will be extensive. Email blasts from the ATTC and single state agencies as well as newsletter articles in the national and local ATTC newsletters and social media mentions will all publicize the data collection activities.

The findings gathered by the workforce data collection will be summarized in a report that will be widely available to the addictions field. This report will also be submitted to CSAT and used by the ATTC Network in understanding and guiding America's substance abuse treatment workforce efforts.

#### 4. Tests of Procedures

The provider staff interview is based on the protocol used to good effect in the 2011 workforce study completed by the ATTC. The instrument was adapted to address concerns that were raised in the original data collection.

The other data collection procedures were similarly adapted from the 2011 qualitative data collection process and were adjusted to address minor problems in that protocol (Ryan, O., Murphy, D. and Krom, L.(2012)).


#### 5. Statistical Consultants

Consultants on this study design are:

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## REFERENCES

- Abt Associates. (2007). *Strengthening Professional Identity: Challenges of the Addictions Treatment Workforce*, Rockville: Substance Abuse and Mental Health Services Administration (SAMHSA)/DHHS.
- The Annapolis Coalition on the Behavioral Health Workforce. (2007) *Full report: An action plan for behavioral health workforce development*. Retrieved March 13, 2007 at [www.annapoliscoalition.org/files/Strategic\\_Planning/WorkforceActionPlan.pdf](http://www.annapoliscoalition.org/files/Strategic_Planning/WorkforceActionPlan.pdf).
- Carise, D., McLellan, T., & Gifford, L. (2000). Development of a 'treatment program' descriptor: The Addiction Treatment Inventory. *Substance Use and Misuse*, 35, 1797-1818.
- Charmez, K. (1995). Grounded theory. In Smith, J., Harre, R., & van Langenhove, L. (eds.), *Rethinking methods in psychology*. London: Sage Publications.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Dillman, D.A. (2000). *Mail and Internet Surveys*. NY: John Wiley & Sons.
- Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G\*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39, 175-191. [Download](#) 
- Gallon, S., Gabriel, R., & Knudsen, J. (2003). The toughest job you'll ever love: A Pacific Northwest Treatment Workforce Survey. *Journal of Substance Abuse Treatment*, 24(3), 183-196.
- Glaser, B. G. & Strauss, A. L. (1967). *The discovery of grounded theory*. Chicago: Aldine.
- Johnson, J.A., Knudsen, H.K., & Roman, P.M. (2002) Counselor Turnover in Private Facilities. *Frontlines: Linking Alcohol Services Research and Practice*. NIAAA.
- Lum, L., Kervin, J., Clark, K., Reid, F., & Sirola, W. (1998). Explaining nursing turnover intent: Job satisfaction, pay satisfaction, or organizational commitment? *Journal of Organizational Behavior*, 19(3), 305-320.
- Mason, M. (2010, August). Sample size and saturation in PhD studies using qualitative interviews. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research* (Vol. 11, No. 3).
- McLellan, T., Carise, D., & Kleber, H. (2003). Can the national addiction treatment infrastructure support the public's demand for quality care? *Journal of Substance Abuse Treatment*, 25, 117-121.

Mor Barak, M., Nissly, J., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and meta-analysis. *Social Science Review*, 75, 625-661.

Institute of Medicine. (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. National Academy Press: Washington, DC.

Ryan, O., Murphy, D., Krom, L. (2012). *Vital Signs: Taking the Pulse of the Addiction 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.

## **LIST OF ATTACHMENTS**

- Attachment 1: Provider Association Director Survey
- Attachment 2: SSA/Designate Interview Protocol
- Attachment 3: Key Staff at Selected Treatment Organizations Interview Protocol
- Attachment 4: Interview Protocol
- Attachment 5: List of ATTC Network Regional Centers and Focus Areas
- Attachment 6: ATTC Literature Review: Understanding America's Substance Use Disorders Treatment Workforce: A Summary Report