



# Massachusetts Department of Public Health

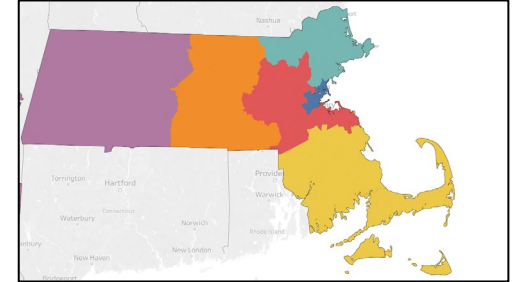
## Bureau of Substance Addiction Services Treatment Program Workforce Data Update

FY 2014 - 2021

BSAS & DMA Health Strategies  
Workforce Development Teams

# Introduction

BSAS analyzes Treatment System Program Staff information in order to monitor workforce trends. This presentation offers Statewide analysis.\*



Section	Slide Number
Project Background & Limitations	3
Section 1: Program and Staffing Trends	5
Section 2: Retention	9
Section 3: Staff Characteristics	14
Section 4: Income	19
General Takeaways	23
BSAS Workforce Initiatives	24

\*Additional presentations available comparing Statewide with individual BSAS Regional analysis.

*To use this information for your own presentation, policy or program development, please contact Jen Parks at BSAS (refer to slide 36).*

# Background

## Purpose:

To inform on workforce trends for the BSAS Substance Addictions Treatment System (does not include other BSAS services such as Prevention, Harm Reduction, or Recovery Support Services)

## Data source:

Data retrieved from program licensure renewal applications submitted via the electronic licensing system administered by BSAS for Fiscal Years (FY) 2014-2021

- Programs renew licensure every two years
  - Two years of applications create a workforce snapshot.
- Some programs renew early or late
  - For analysis purposes only, reporting period may be shifted to reflect continuous program operations.

## **Key Terms:**

**Position:** Staff role types reported for each program, independent of the individual that occupies it.

**Staff:** The individuals that are listed in an application, independent of the positions they are reported to hold.

**Staff Role Type:** Categories of positions that are listed in the report treatment program regulations 105 CMR 164.00.

**Reporting Period:** A two-year snapshot of application data.

Current Reporting Periods:  
FY 14/15, FY 16/17, FY 18/19, FY 20/21

**Cohort:** A group of staff who entered the system in the same reporting period.

**Level of Care:** High level groupings of treatment types.

# Limitations

- e-Licensing fields are periodically updated; thus some data has not been collected for all reporting periods.
- e-Licensing only captures BSAS Treatment Programs; other BSAS services such as Recovery Supports, Housing, Harm Reduction, and Prevention, etc.
- Many fields are not required or standardized.
- All information, including demographics, is reported by program representatives, not individual staff members.
- Some programs renew late or early, causing gaps in reporting despite continuous program operations (most gaps are resolved by shifting reporting periods for analytical purposes only).
- Individual staff only identified by name.
- No unique identifier for individual staff. Staff are reported by name by individual program; linking individuals across applications is a manual process.
- Vacancies are not uniformly reported.
- Programs only report on positions required by regulations; programs may employ staff not reported.
- Data only provides a snapshot of program activity; workforce hiring/loss between applications is not captured.

*Each section will include specific limitations for reference.*

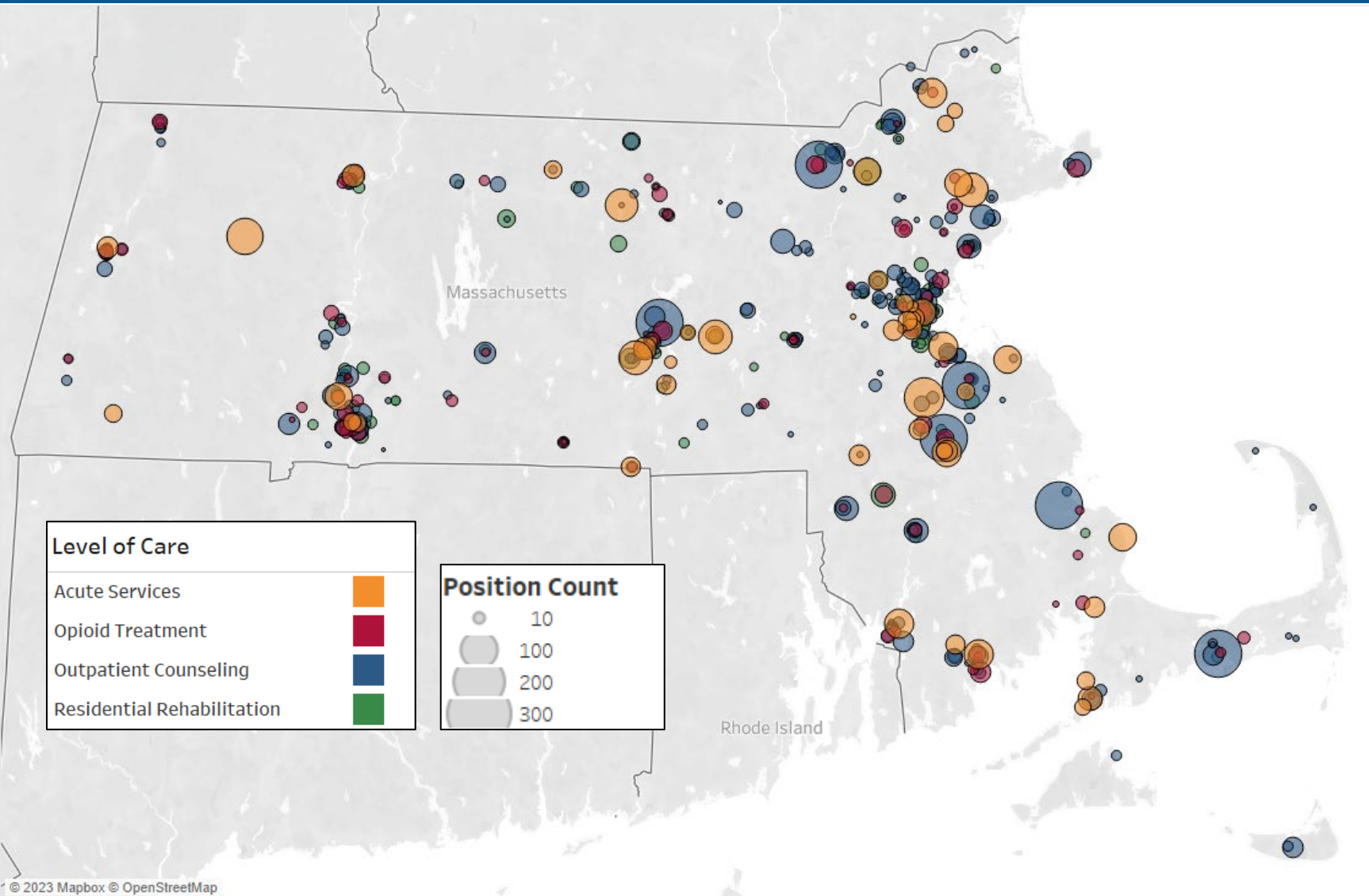
# Section 1: Program & Staffing Trends

## Section-Specific Notes & Limitations

- Data collected via DPH eLicensing system.
- e-Licensing fields have been updated over time
- Programs are scheduled to submit renewal applications every two years, however some programs renew late or early, causing gaps in reporting.
- Individual staff only identified by name; name cleaning is a manual process.
- eLicensing only captures BSAS Treatment Programs; other BSAS services not included.
- Vacancies are not uniformly reported.
- Programs only report on positions required by regulations; programs may employ staff not reported.
- Data only provides snapshot of program activity; workforce activity unknown in-between applications.



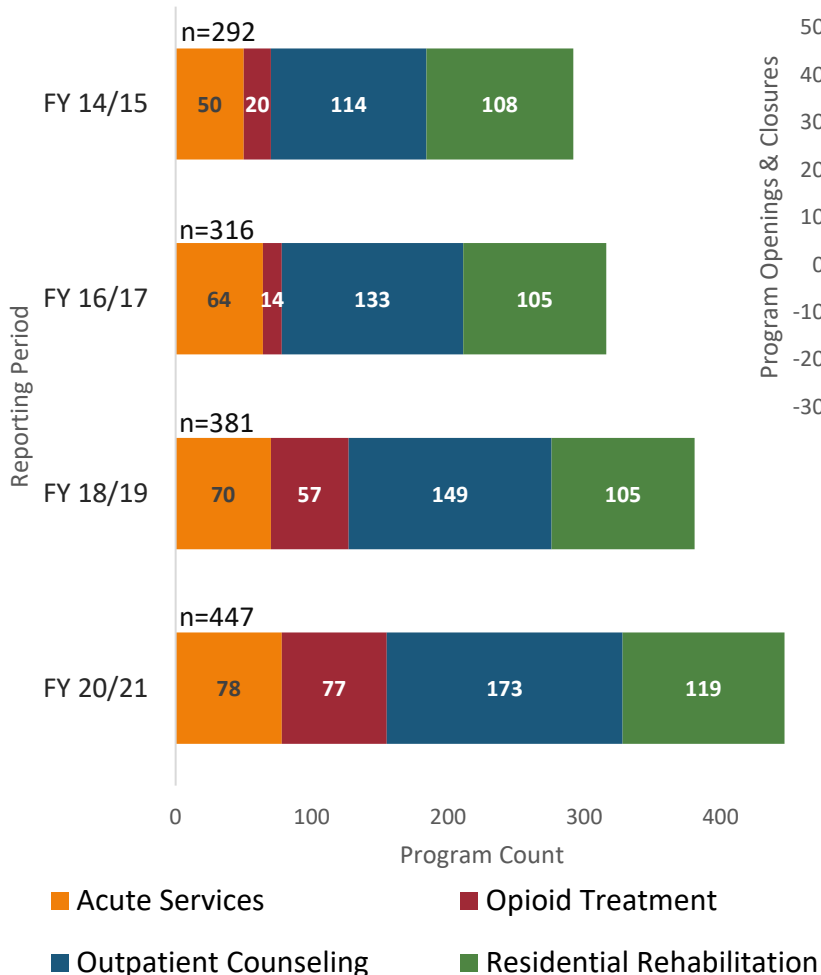
# Staffing by Level of Care



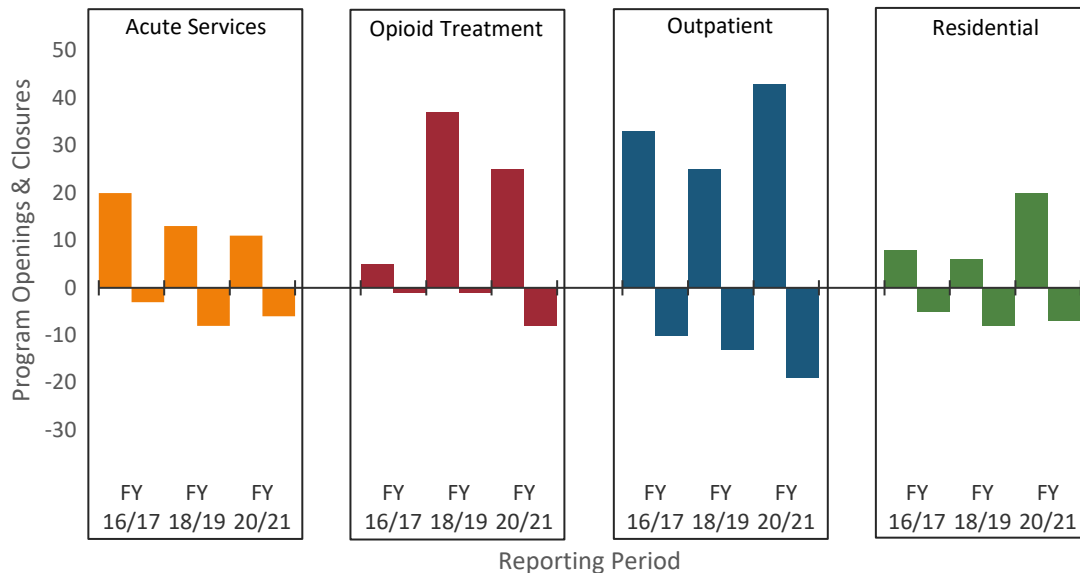
Please refer to slide 5 for summary of research limitations.

# Statewide Program Growth & Loss

Statewide Program Count by Level of Care  
FY 2014-2021



Statewide Program Openings & Closures by Level of Care  
FY 2016-2021



*Net program growth of 15% on average each reporting period.*

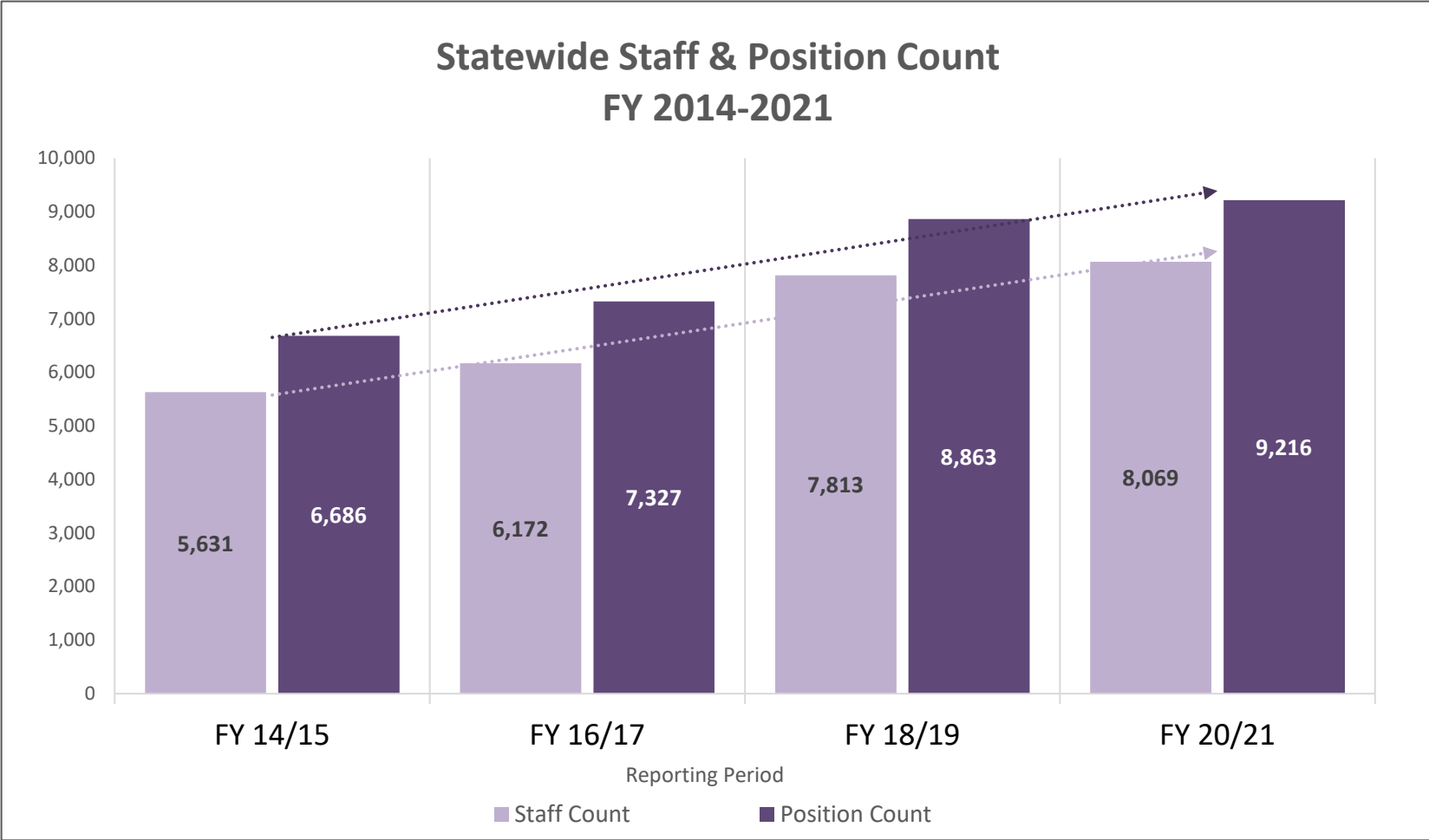
*This results from:*

- *Program growth of 23-26% in each reporting period.*
- *Program loss of 8-10% in each period.*

Please refer to slide 5 for summary of research limitations.

Many factors affect workforce trends; this includes COVID-19 in 2020.

# Position & Staff Counts



Slowed staff & position growth in 2020 & 2021 (relative to previous years).

Please refer to slide 5 for summary of research limitations.

Many factors affect workforce trends; this includes COVID-19 in 2020.



# Section 2: Retention

## Section-Specific Notes & Limitations

*Retention is defined as reporting of a given individual across multiple renewal applications over time.*

- Individual staff only identified by name; name cleaning is a manual process.
- Individuals are matched across applications by name, and thus accuracy of retention findings are dependent on accuracy and consistency of staff's names.
- Programs only report on positions required by regulations; programs may employ staff not reported.
- Data only provides snapshot of the workforce. Change between applications is not reported.



### NOTE:

*The following slides will show system, program, and role level retention. The symbols below will indicate which level of activity is being displayed.*



*System Level*



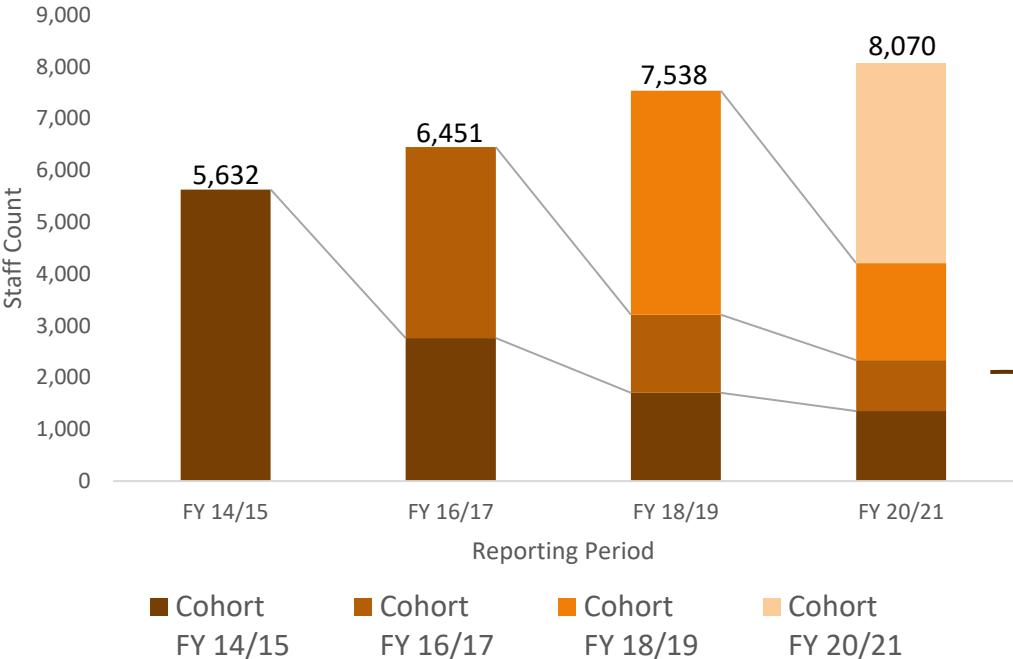
*Program Level*



*Staff Role Level*

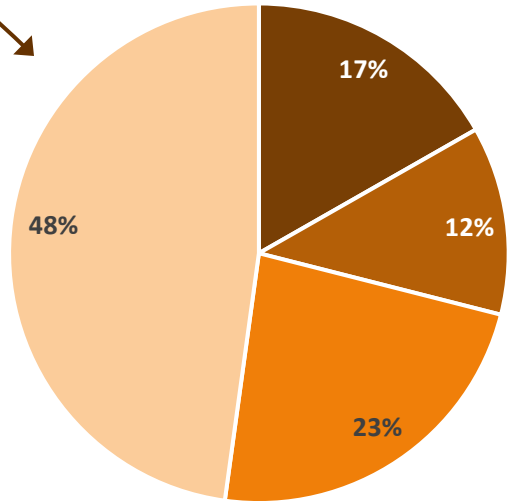
# Statewide Historical Cohort Composition

Historical Staffing Totals by Cohort  
FY 2014-2021



- Almost 50% of the current workforce is new (two years or less in system).
- A little under 25% has been in the system two to four years.
- A little over 25% of the workforce has been in the system longer than four years.

Statewide Cohort Composition  
FY 20/21



- Overall Staff growth year to year
- Loss of new staff at a higher rate relative to more seasoned staff (longer than two years of employment)

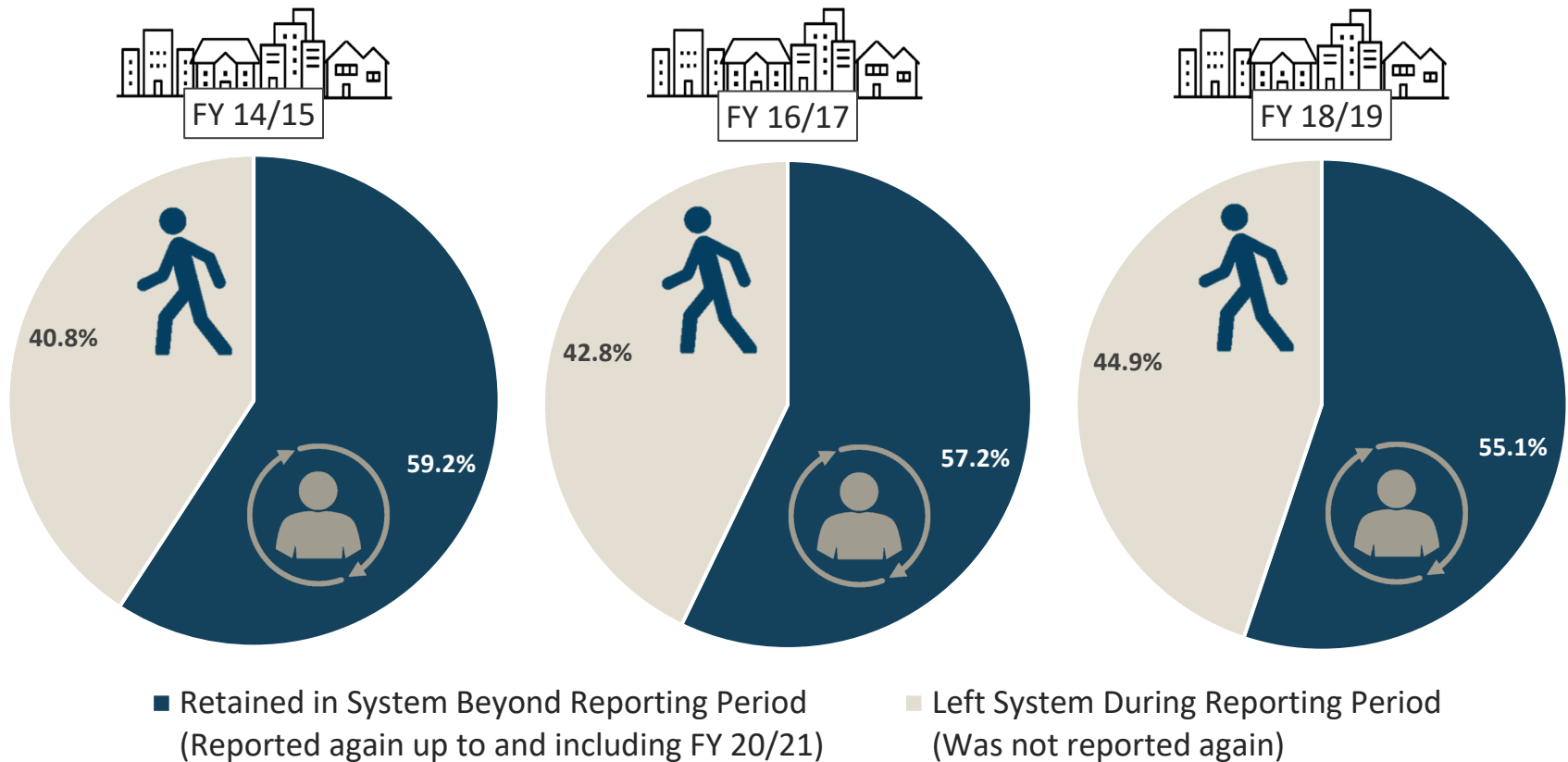
Please refer to slide 3 for terminology reference and slide 9 for summary of research limitations.

Many factors affect workforce trends; this includes COVID-19 in 2020.

# System Level Retention

## Statewide System Retention\* of Staff by Reporting Period

FY 14/15 - FY 18/19



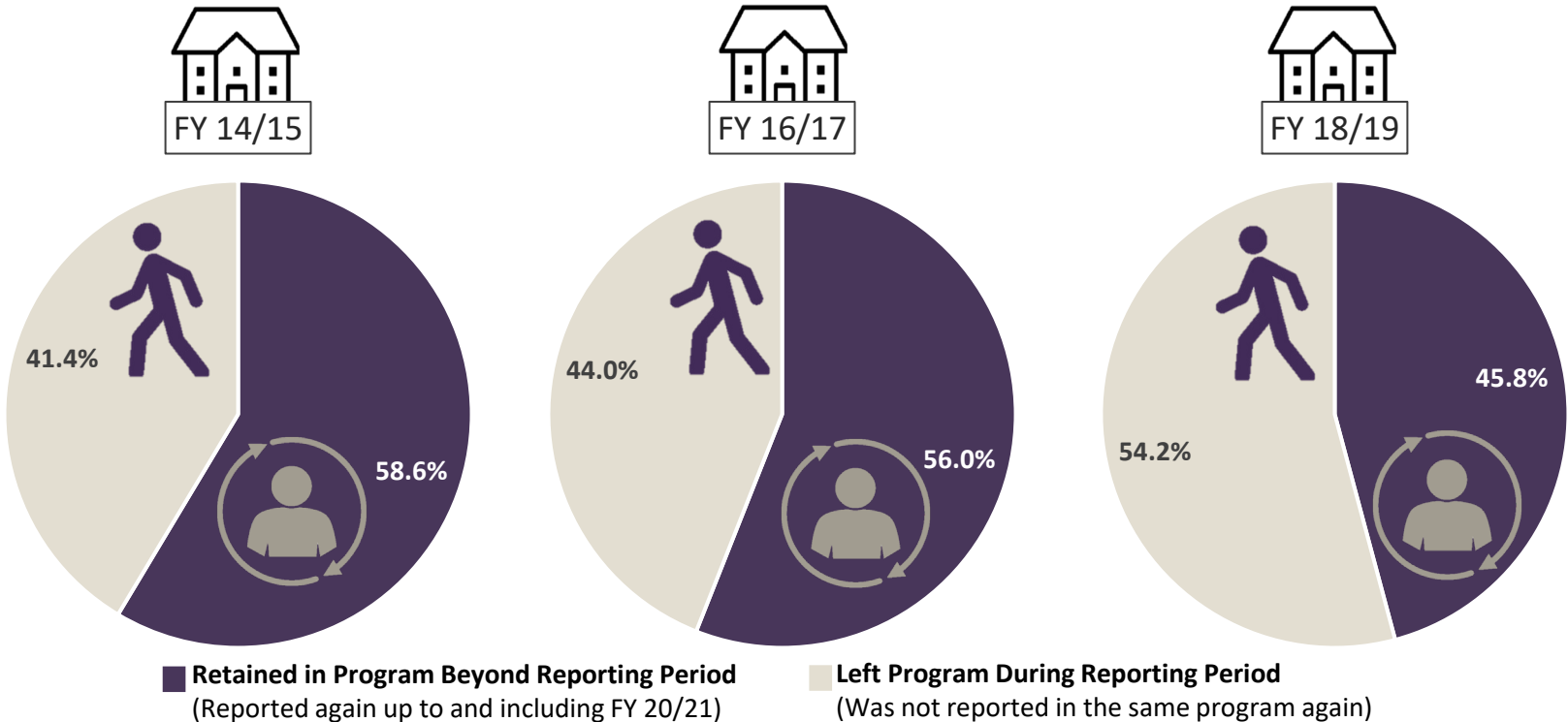
\*An average of 2.3% of staff leaves the system in a given Reporting Period due to program closures. Retention rates do not include this staff loss.

Please refer to slide 9 for summary of research limitations

Many factors affect workforce trends; this includes COVID-19 in 2020.

# Program Level Retention

## Statewide Program Level Retention\* of Staff by Reporting Period FY 14/15 - FY 18/19



- Limited to programs over two years of age (two reporting periods).
- Captures both those that leave the system and those that move programs within the system.
- For those that were retained in the system, 85% on average stay in the same program.
  - Sharp decrease in program retention without the decrease in system level retention speaks to an increase of within program movement.
  - In FY 18/19, 17% of staff moved *between programs within the system* (3% increase from FY 16/17).

\*An average of 2.3% of staff leaves the system in a given Reporting Period due to program closures. Retention rates do not include this staff loss.

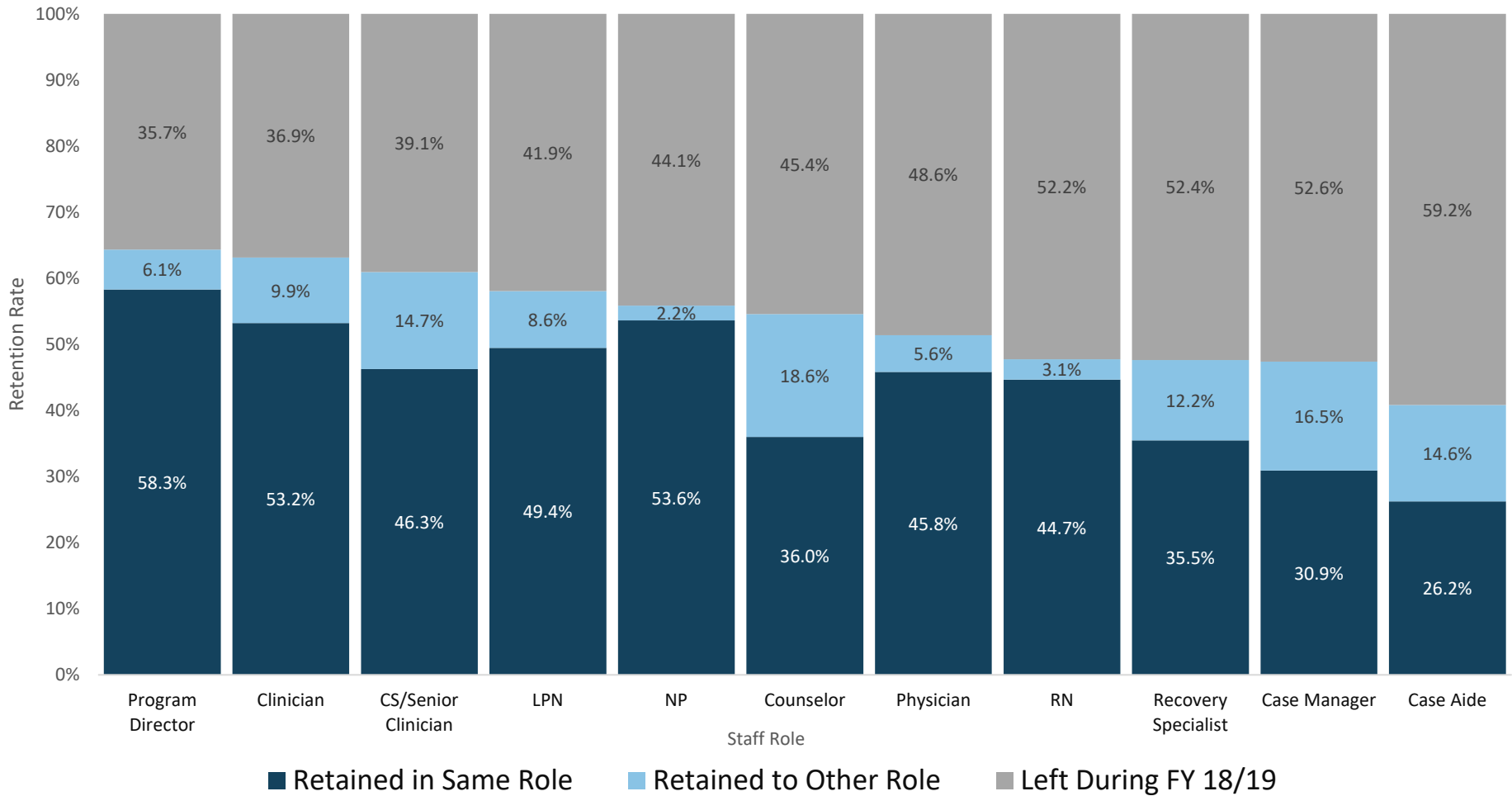
Please refer to slide 9 for summary of research limitations.

Many factors affect workforce trends; this includes COVID-19 in 2020.

# Role Level Retention



Statewide Role Level Retention From FY 18/19 into FY 20/21  
(Highest to Lowest)



Please refer to slide 9 for summary of research limitations.

Many factors affect workforce trends; this includes COVID-19 in 2020.

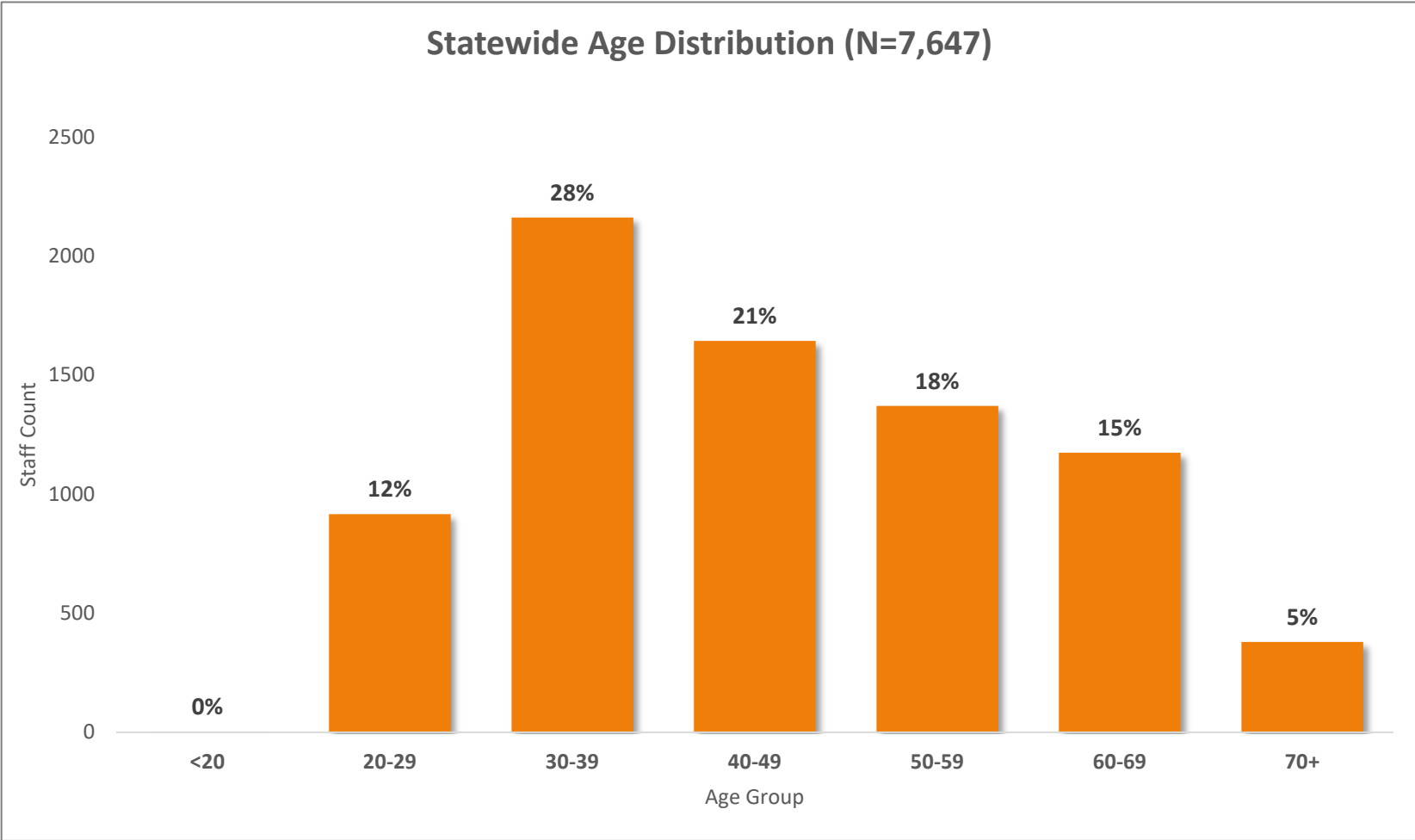
# Section 3: Staff Characteristics (FY 2020/2021)

## Section-Specific Notes & Limitations

- Data collected via DPH eLicensing system.
- e-Licensing fields have changed over course of reporting.
- Programs are scheduled to submit renewal applications every two years, however some programs renew late or early, causing gaps in reporting.
- Individual staff only identified by name; name cleaning is a manual process.
- eLicensing only captures BSAS Treatment Programs; other BSAS services not included.
- Vacancies are not uniformly reported.
- Programs only report on positions required by regulations; programs may employ staff not reported.
- Data only provides snapshot of the workforce. Change between applications is not reported.
- All information, including demographics, is reported by program representatives, not individual staff members.



# Staff Age Distribution (FY 20/21)

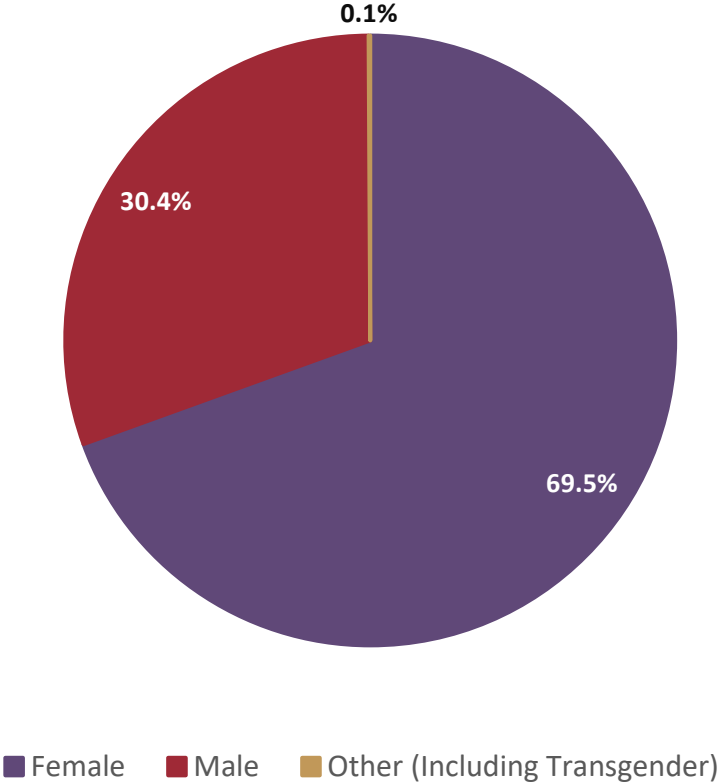


More than 60% of the workforce is age 40 or older.

Please refer to slide 14 for summary of research limitations.

# Gender Identification (FY 20/21)

Statewide Gender Distribution (N=8,037)

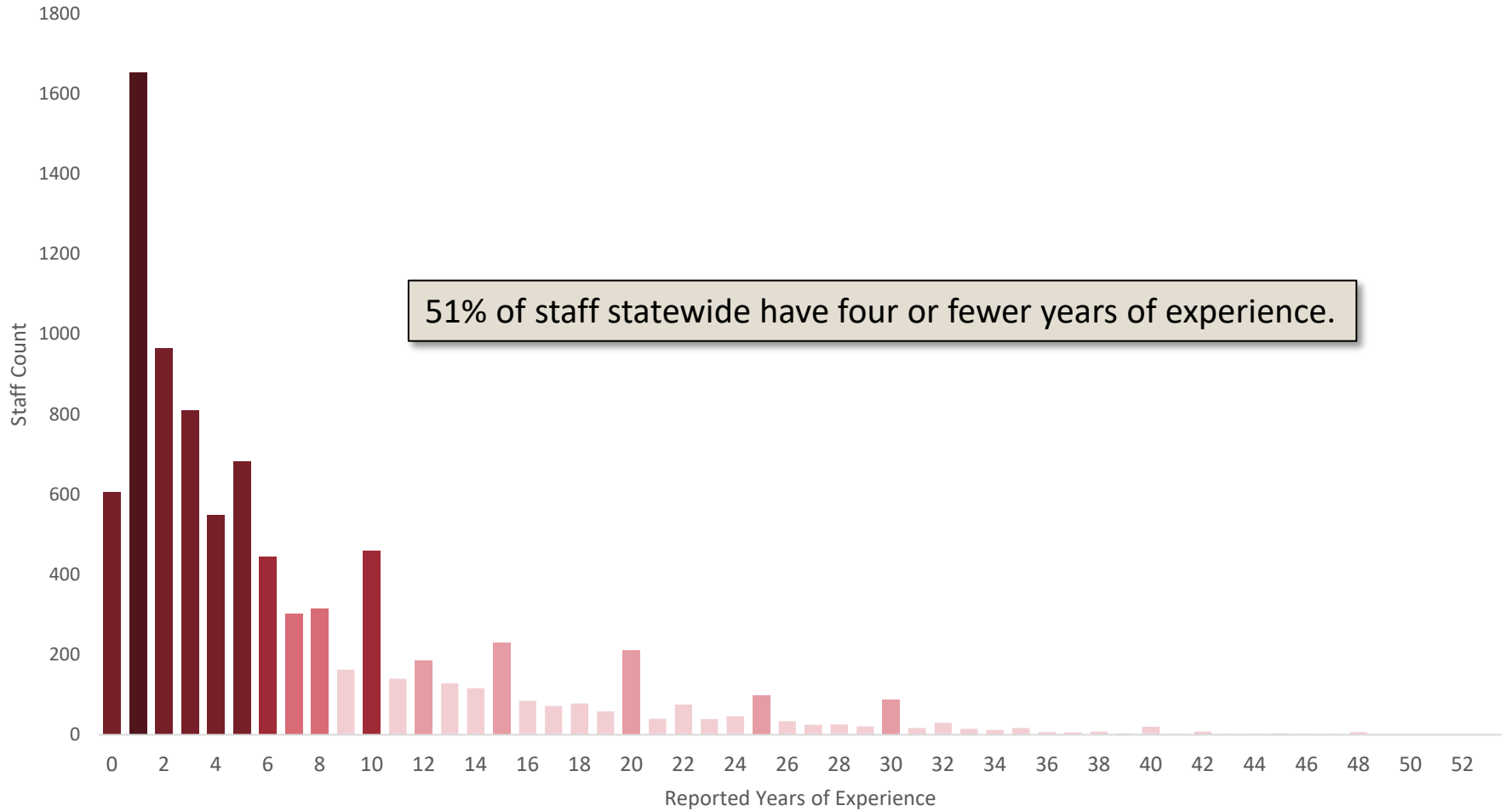


Please refer to slide 14 for summary of research limitations.



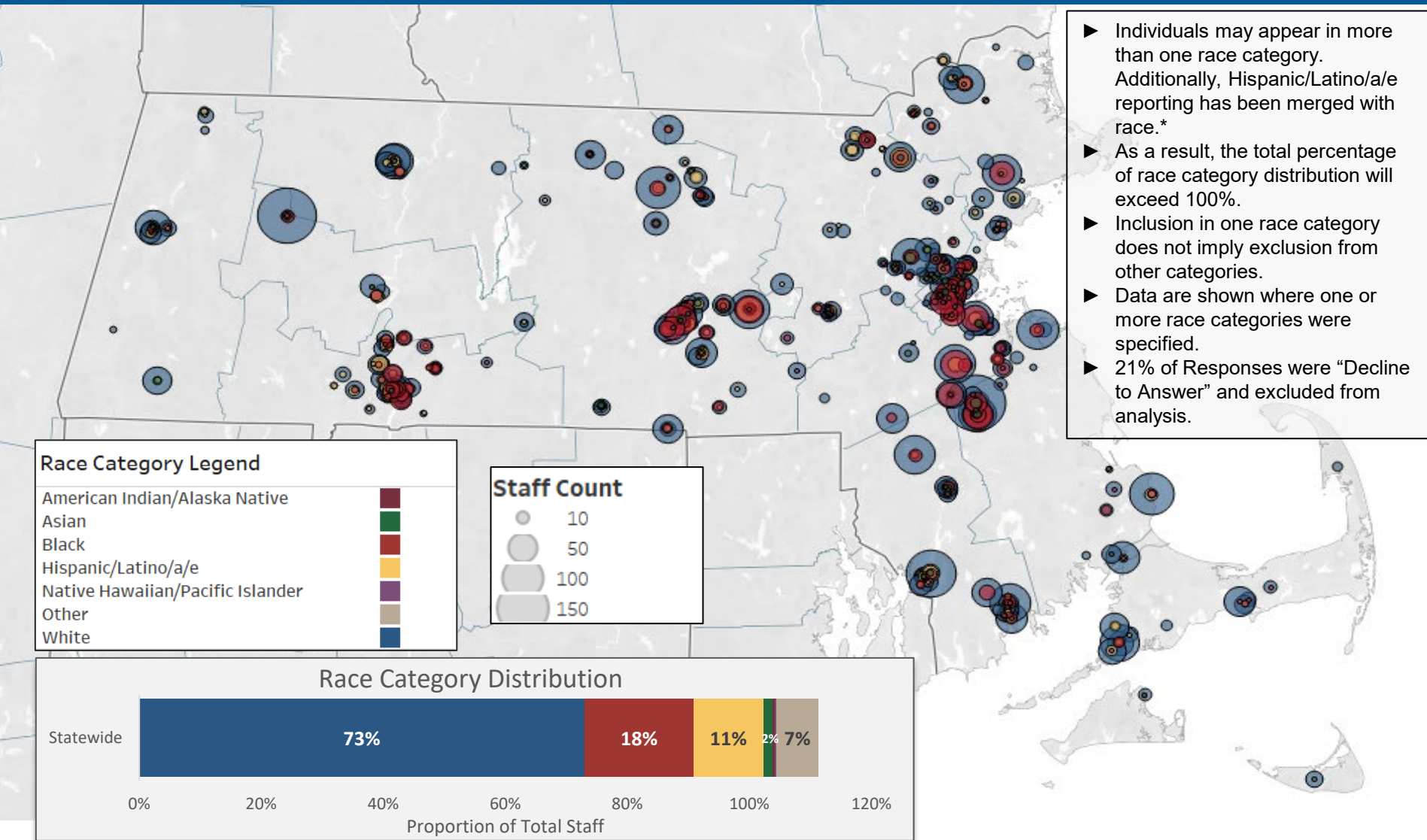
# Years of Experience (FY 20/21)

Statewide Staff Count by Years of Experience (FY 20/21)



Please refer to slide 14 for summary of research limitations.

# Staff Race Statewide (FY 20/21)



- ▶ Individuals may appear in more than one race category. Additionally, Hispanic/Latino/a/e reporting has been merged with race.\*
- ▶ As a result, the total percentage of race category distribution will exceed 100%.
- ▶ Inclusion in one race category does not imply exclusion from other categories.
- ▶ Data are shown where one or more race categories were specified.
- ▶ 21% of Responses were “Decline to Answer” and excluded from analysis.

Please refer to slide 14 for summary of research limitations.

\*Some individuals identify their race as Hispanic/Latino/a/e.

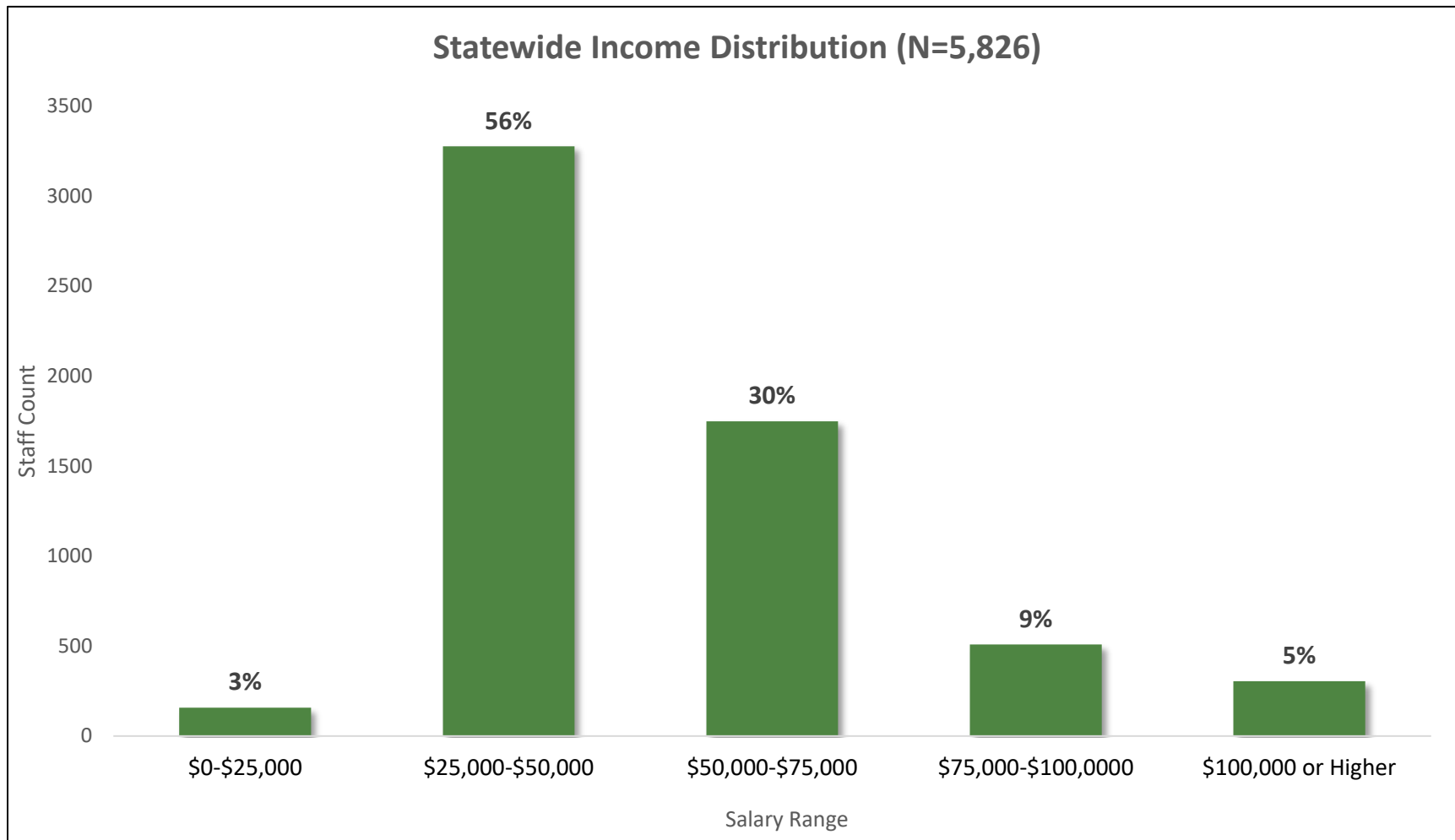
## Section 4: Staff Income (FY 2020/2021)

### Section-Specific Notes & Limitations

- Programs only report on positions required by regulations; programs may employ staff not reported.
- Salaries are reported in selected ranges. Salary ranges are not exclusive.
- Income analysis is limited to full-time employees only.
  - \*Full-time workers per the IRS are employees employed on average at least 30 hours per week or 130 hours per month.
- Income is reported as an annual salary rather than an hourly wage for both full-time and part-time employees.
- Individuals may be reported in more than one salary category if they appear in multiple program applications in FY 2021.
- Results for income analysis by race categories are suppressed for small groupings which might afford identification of individuals.



# Annual Income Distribution (FY 20/21)

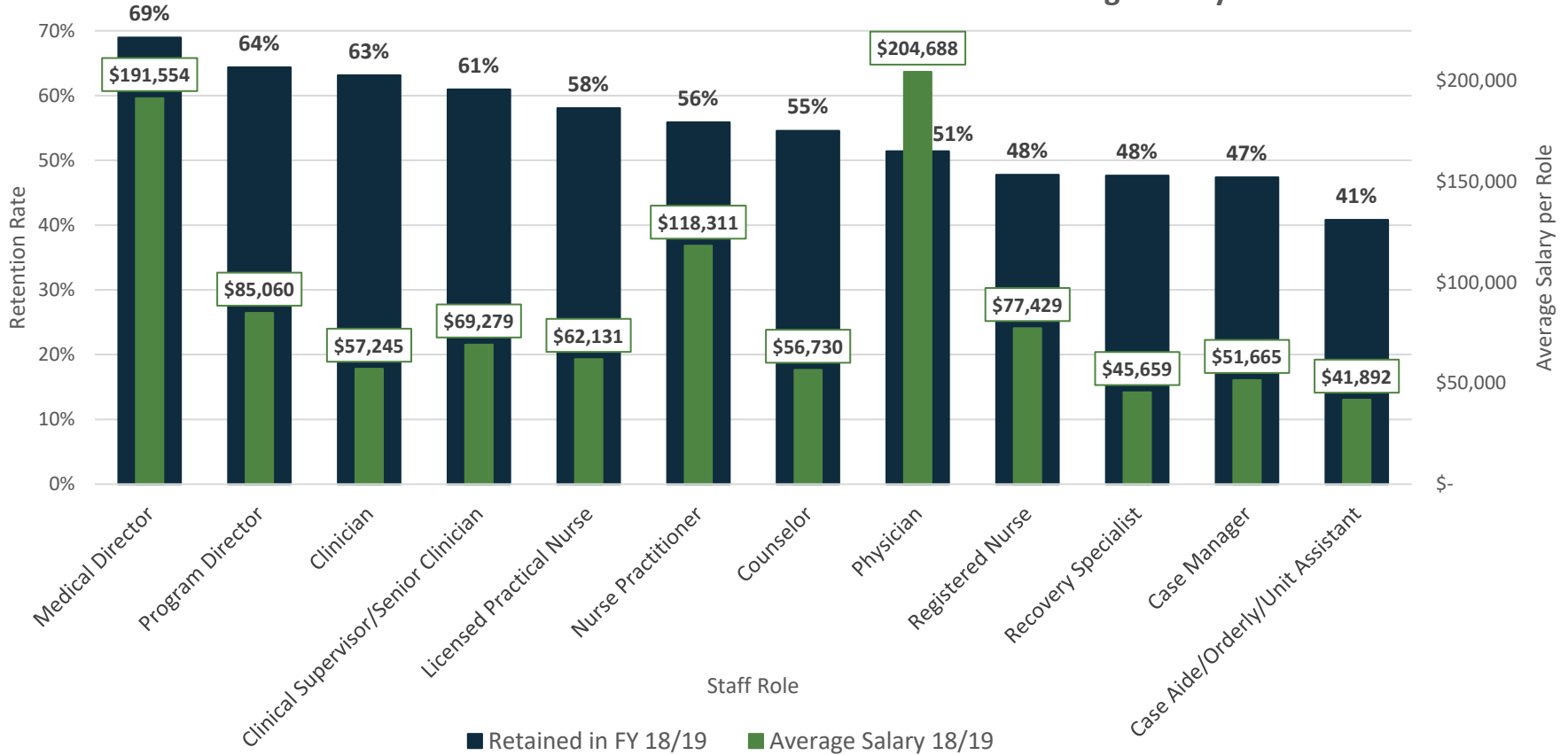


Almost 60% of the full-time workforce statewide reported making \$50,000 or less per year.

*Please refer to slide 19 for summary of research limitations.*

# Role Level Retention & Salary (FY 20/21)

Statewide Role Retention Rates on Average Salary

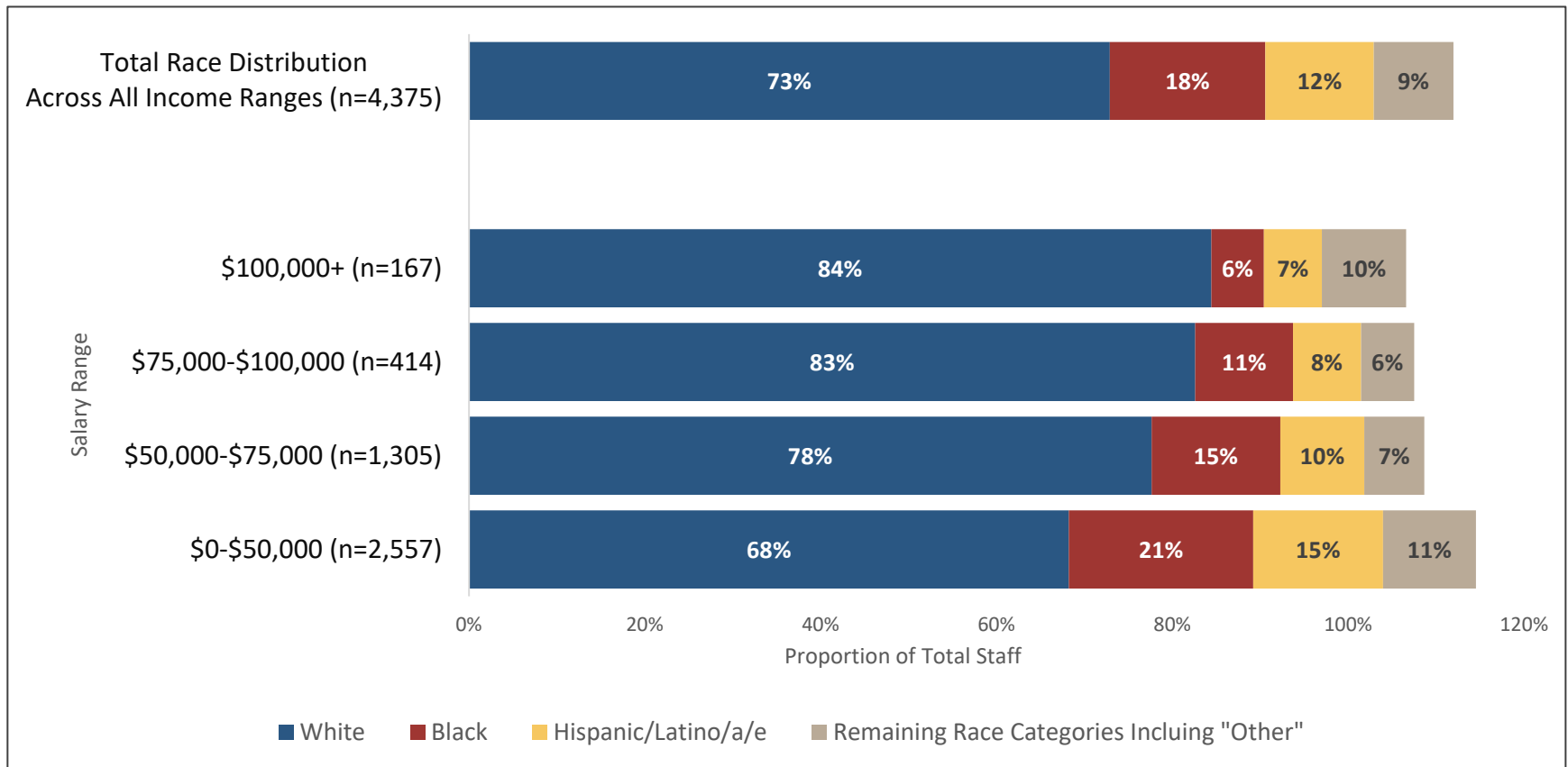


Generally, retention rates of staff role types follow salary patterns with some exceptions:

- Licensed Practical Nurses have a lower average salary than Registered Nurses, but they have higher retention rates.
- Clinicians have a lower average salary than Senior Clinicians, but they have slightly higher retention rates.
- Physicians have the highest reported average salary, but lower than average retention rates.

Please refer to slide 19 for summary of research limitations.

# Statewide Race Distribution by Salary Range (FY 20/21)



- Compared to their proportion in the total race distribution, staff reported as White are **over**-represented in **higher** salary ranges and **under**-represented in **lower** salary ranges.
- In contrast, compared to their proportion in the total race distribution, staff reported as Black or Hispanic/Latino/a/e are **over**-represented in **lower** salary ranges and **under**-represented in **higher** salary ranges.

Please refer to slide 18 for description of race categories  
Please refer to slide 19 for summary of research limitations.

# General Takeaways

## Program and Staffing Trends

- While the treatment system in Massachusetts is growing, there is increased volatility in recent years.

## Retention

- System retention rates average around 55% with lower rates in more recent years.
- Over 80% of staff retained in the system stay in the same program, though there has been increased internal movement in recent years.

## Income

- Sixty percent of the workforce reported to earn \$50,000 or less annually.
- Retention rates per role generally follow salary patterns.

## Areas of Future Exploration:

- Updated analysis with FY 2022 eLicensing data
- Expanded analysis on program closures and between program movement
- Expanded income analysis with additional salary data from similar industries

*To use this information for your own presentation, policy or program development, please contact Jen Parks at BSAS (refer to slide 30).*

*Additional presentations available for each BSAS Region and Statewide.*

# BSAS Workforce Initiatives



# BSAS Equity Initiatives

## Supporting Culturally Responsive and Affirming service provision

- Internal Bureau Racial Equity Team (BRET)
- Hired Transgender Affirming Services Coordinator
- Engagement with BIPOC-led organizations
- Engagement with community members through Community Advisory Boards
- Supporting Culturally-Responsive Addiction Education, expanding upon existing Latino Addiction Counselor Education (LACE) and Black Addiction Counselor Education (BACE) programs, through new Increasing Diversity and Equity in the Addiction Workforce Initiative (IDEA)
- Used a Racial Equity lens throughout internal Strategic Planning process
- Making anti-racism and other equity-focused trainings available and encouraged for internal and external workforce



# BSAS Strategic Planning Initiatives

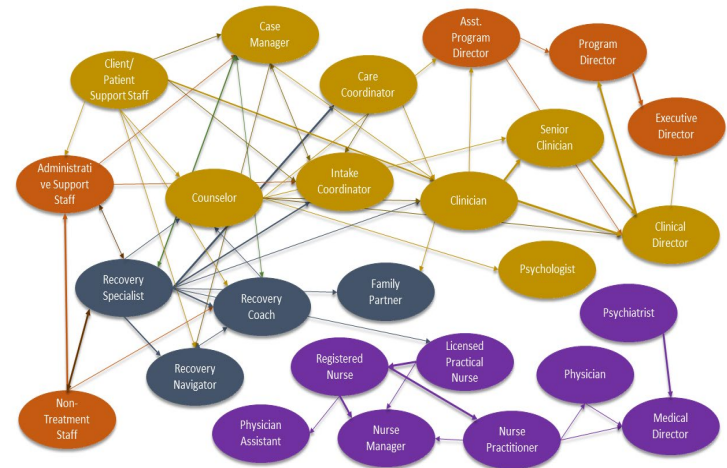


## Internal BSAS strategic plan and restructuring

- FY22: Created Strategic Plan
- FY23: Created Implementation Plan
- FY24 and beyond: Implement and Adjust Plans

## Provider data gathering and analysis

- Licensed treatment program workforce data – ongoing since 2014
- Comprehensive Career Ladder project
- Exit Questionnaire
- Prevention Workforce Survey



# BSAS Capacity Building Initiatives



## Supporting workforce recruitment & retention

- Paid Internship initiatives
- Group Peer Support training and groups for workers
- [Careers of Substance](#) & [Recovery Coach Hub](#) websites
- Credentialing collaborations
- Cross systems collaborations

## Training & technical assistance

- Recovery Education Collaborative
- Addiction Education Advisory Group
- Population-specific initiatives (examples)
  - Increasing Diversity & Equity in the Addiction Workforce (IDEA)
  - Women's Services Training/TA
  - Sexual and Domestic Violence Training/TA & Call for Change Helpline
  - Collaboration with Mass Comm for the Deaf/Hard of Hearing



# Practice Improvement Throughout the BSAS System

## Organization/Program Practice Improvement Training & Tech Assistance

**Annual Peer Review** - Collaboration across programs

**Dual Diagnosis Capability of Addiction Treatment (DDCAT)** – Co-occurring services assessment and support in collaboration with Case Western University



**EMO Health** - Medication Management

**NIATx** - Continuous Quality Improvement

**Evaluation** of workforce development activities, through **Appreciative Inquiry**

# Resources

Careers of Substance: [www.careersofsubstance.org](http://www.careersofsubstance.org)

Careers of Substance Trainings and Events: <https://www.careersofsubstance.org/trainings-and-events/calendar>

The Massachusetts Substance Use Helpline [Helplinema.org](http://Helplinema.org)

BSAS Website: [www.mass.gov/dph/bsas](http://www.mass.gov/dph/bsas)

Black Addiction Counselor Education (BACE): [blackcounselors.adcare-educational.org](http://blackcounselors.adcare-educational.org)

Latino Addiction Counselor Education (LACE): [lbhwtp.adcare-educational.org](http://lbhwtp.adcare-educational.org)

MA Health Promotions Clearinghouse: [massclearinghouse.ehs.state.ma.us](http://massclearinghouse.ehs.state.ma.us)

GPS (Group Peer Support): <https://grouppeersupport.org/bsas-recovery/>

EMO Health: [www.emo.health](http://www.emo.health)

Recovery Coach Hub: [massrchub.org](http://massrchub.org)

NIATx (Process Improvement for Behavioral Health): [niatx.wisc.edu](http://niatx.wisc.edu)

Dual Diagnosis Capability of Addiction Treatment Services (DDCAT) (Case Western Reserve): [case.edu/socialwork/centerforebp](http://case.edu/socialwork/centerforebp)

# Contact Us

## BSAS Team

SarahEvan Colvario  
*Training and TA*

[sarahevan.colvario2@mass.gov](mailto:sarahevan.colvario2@mass.gov)

Lillian Komukyeya  
*eLearning Management*

[lillian.komukyeya2@mass.gov](mailto:lillian.komukyeya2@mass.gov)

Jen Parks

*Provider Support/Workforce Development*

[jennifer.f.parks@mass.gov](mailto:jennifer.f.parks@mass.gov)

## DMA Health Strategies Team

Lindsay Rubridge  
[lindsayr@dmahealth.com](mailto:lindsayr@dmahealth.com)

Deborah Strod  
[deborahs@dmahealth.com](mailto:deborahs@dmahealth.com)

Khanan Chaudhry  
[khananc@dmahealth.com](mailto:khananc@dmahealth.com)

# Connect with DPH



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