Massachusetts Department of Public Health
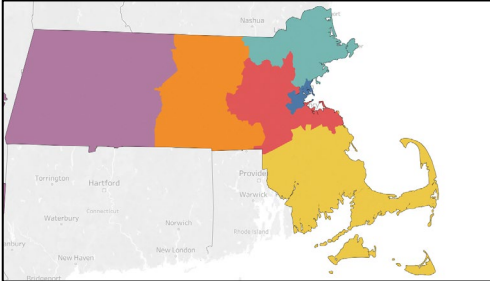
Bureau of Substance Addiction Services Treatment Program Workforce Data Update

FY 2015-2022

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.

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

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) 2015-2022

- 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 15/16, FY 17/18, FY 19/20, FY 21/22
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.

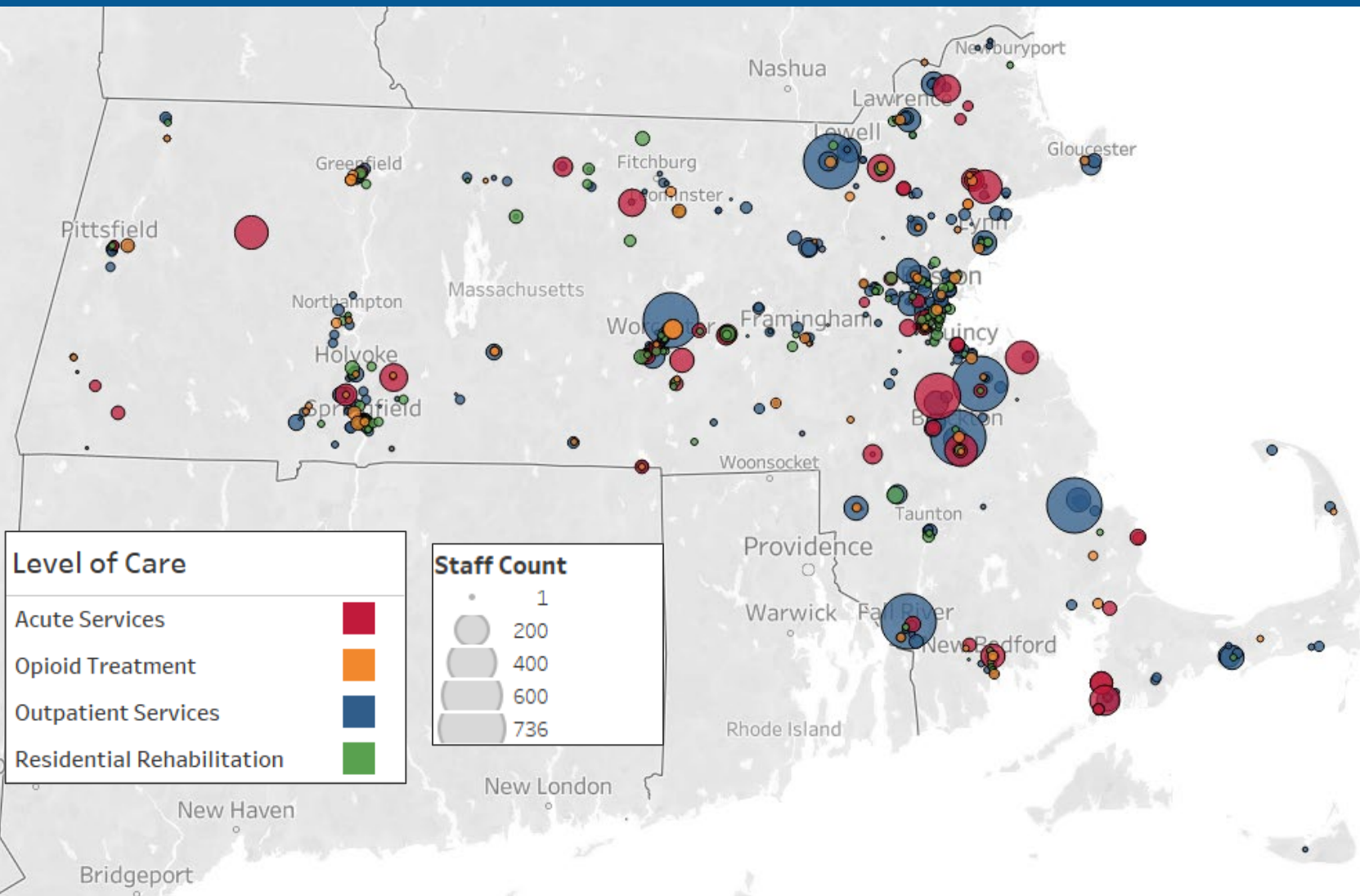*Each section will include specific limitations for reference.*

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.
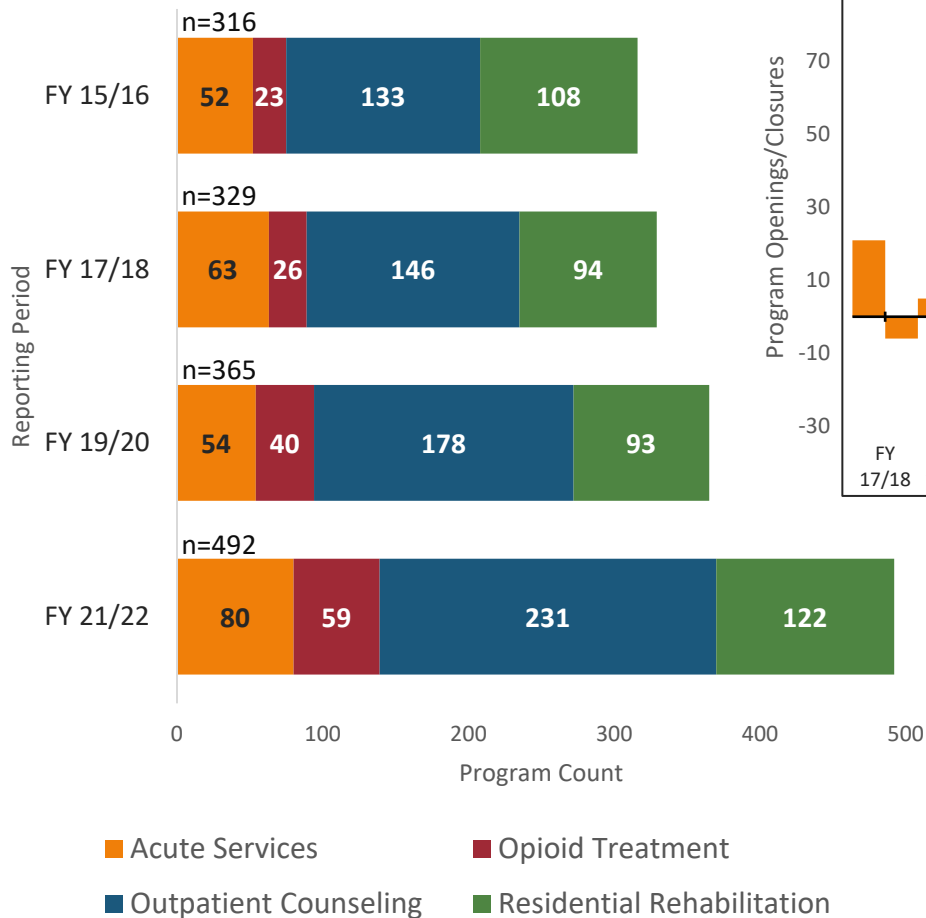
Staffing by Level of Care

Level of Care

Acute Services	![red]
Opioid Treatment	![orange]
Outpatient Services	![blue]
Residential Rehabilitation	![green]

Staff Count
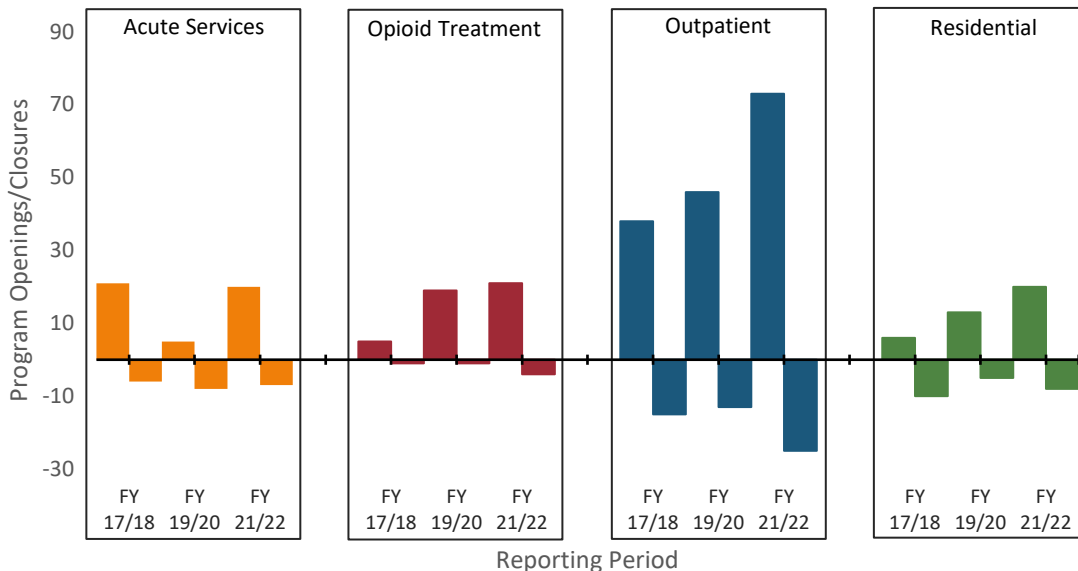- 1
- 200
- 400
- 600
- 736

Please refer to slide 5 for summary of research limitations.

Statewide Program Growth & Loss

Statewide Program Count by Level of Care FY 2015-2022

n=316

FY 15/16 — Acute Services: 52 | Opioid Treatment: 23 | Outpatient: 133 | Residential: 108

n=329

FY 17/18 — Acute Services: 63 | Opioid Treatment: 26 | Outpatient: 146 | Residential: 94

n=365

FY 19/20 — Acute Services: 54 | Opioid Treatment: 40 | Outpatient: 178 | Residential: 93

n=492

FY 21/22 — Acute Services: 80 | Opioid Treatment: 59 | Outpatient: 231 | Residential: 122

Program Count (0, 100, 200, 300, 400, 500)

Reporting Period

Legend:
- Acute Services
- Opioid Treatment
- Outpatient Counseling
- Residential Rehabilitation

Statewide Program Openings & Closures by Level of Care FY 2017-2022

Program Openings/Closures (−30 to 90)

Acute Services | Opioid Treatment | Outpatient | Residential

Reporting Period (FY 17/18, FY 19/20, FY 21/22)

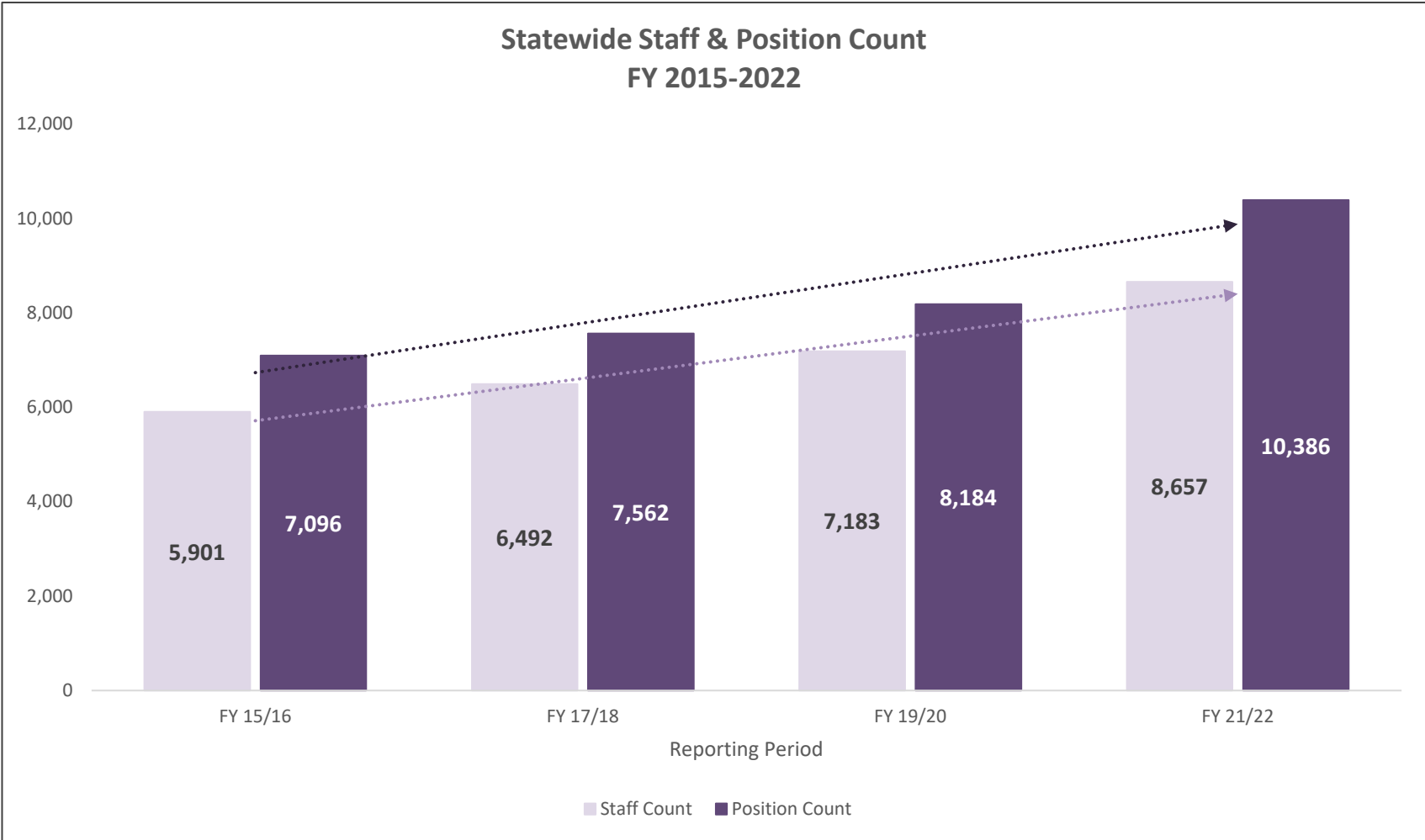*Net program growth* of 18% on average in each reporting period.

This results from:
- *Program growth* of 22-37% in each reporting period.
- *Program loss* of 8-12% 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

Statewide Staff & Position Count
FY 2015-2022

	Staff Count	Position Count
FY 15/16	5,901	7,096
FY 17/18	6,492	7,562
FY 19/20	7,183	8,184
FY 21/22	8,657	10,386

Reporting Period

■ Staff Count ■ Position Count

Increased staff & position growth in FY 2021 & 2022 (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-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.
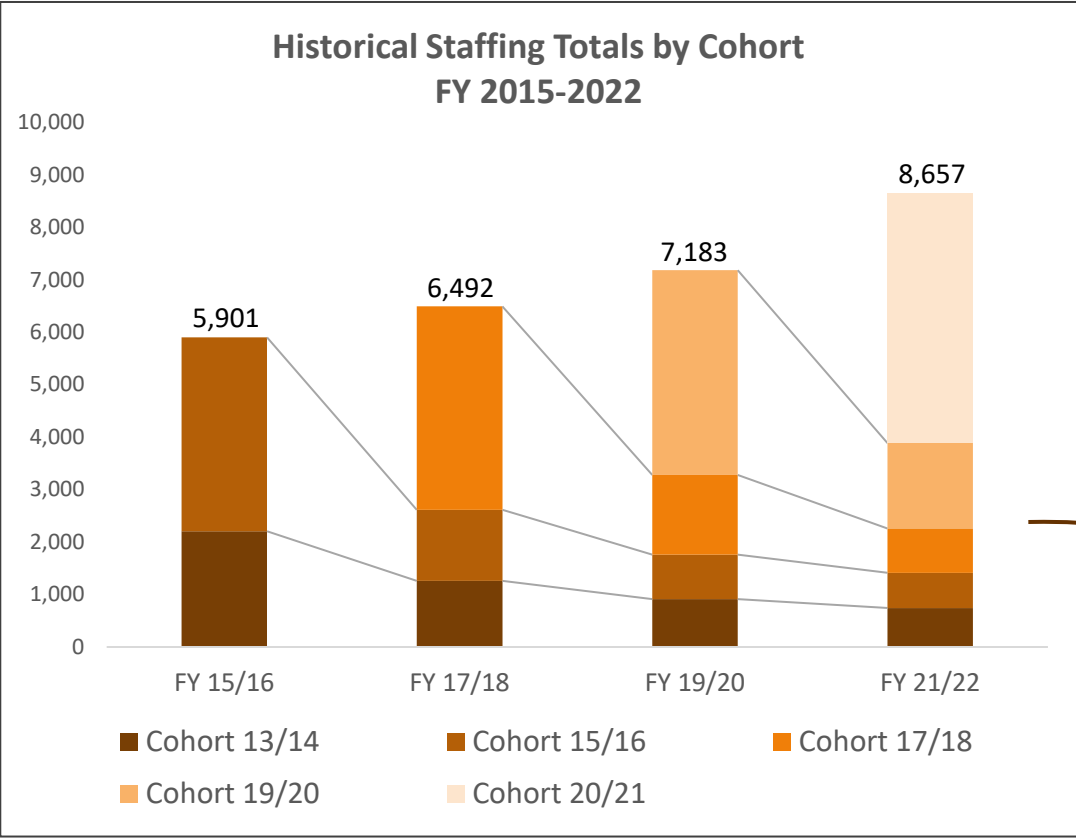
System Level   Program Level   Staff Role Level

Statewide Historical Cohort Composition

Historical Staffing Totals by Cohort FY 2015-2022

Bar chart showing historical staffing totals:
- FY 15/16: 5,901
- FY 17/18: 6,492
- FY 19/20: 7,183
- FY 21/22: 8,657

Legend:
- Cohort 13/14
- Cohort 15/16
- Cohort 17/18
- Cohort 19/20
- Cohort 20/21

- 55% of the current workforce is new (two years or less in system).
- A little under 20% has been in the system two to four years.
- 27% of the workforce has been in the system longer than four years.

Statewide Cohort Composition FY 21/22

Pie chart:
- 9%
- 8%
- 10%
- 19%
- 55%
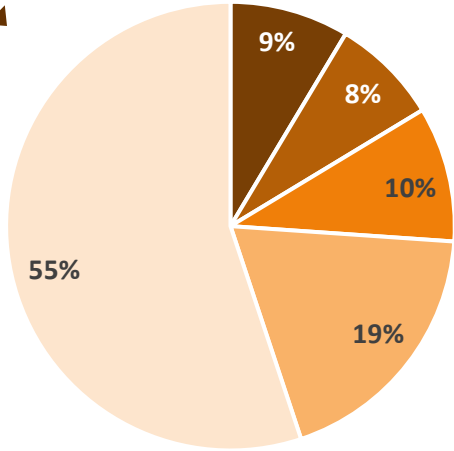
- Overall Staff growth year to year
- Loss of new staff at a higher rate relative to more seasoned staff (longer than two years of employment)
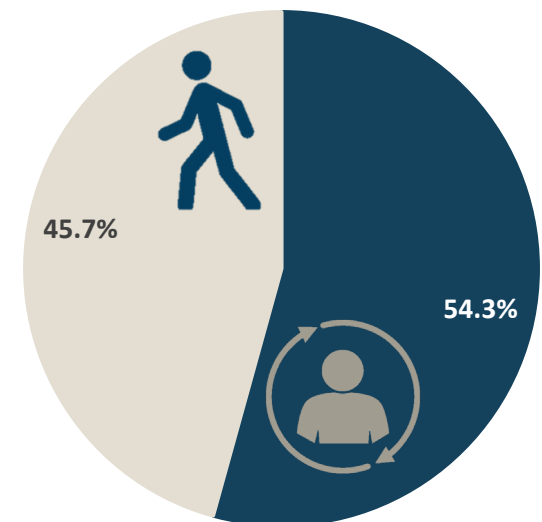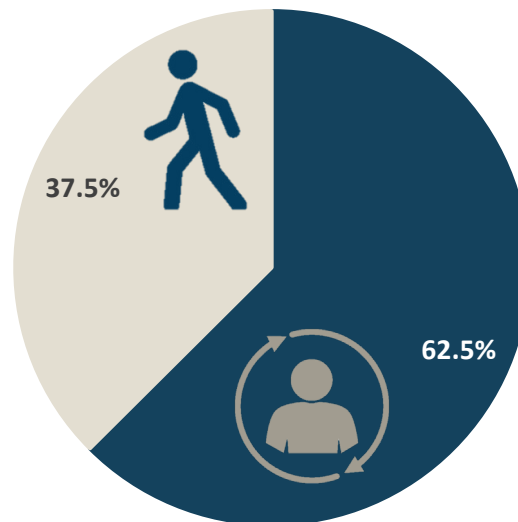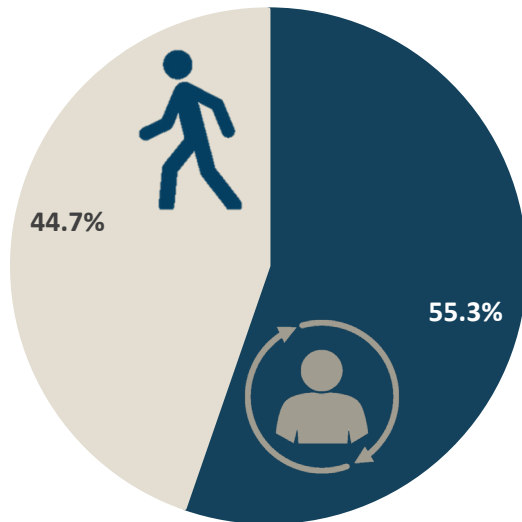
Please refer to slide 3 for terminology reference and slide 9 for summary of research limitations.

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

System Level Retention

Statewide System Retention* of Staff by Reporting Period
FY 15/16 - FY 19/20

FY 15/16

44.7% 55.3%

FY 17/18

37.5% 62.5%

FY 19/20

45.7% 54.3%

■ **Retained in System Beyond Reporting Period**
(Reported again up to and including FY 21/22)

□ **Left System During Reporting Period**
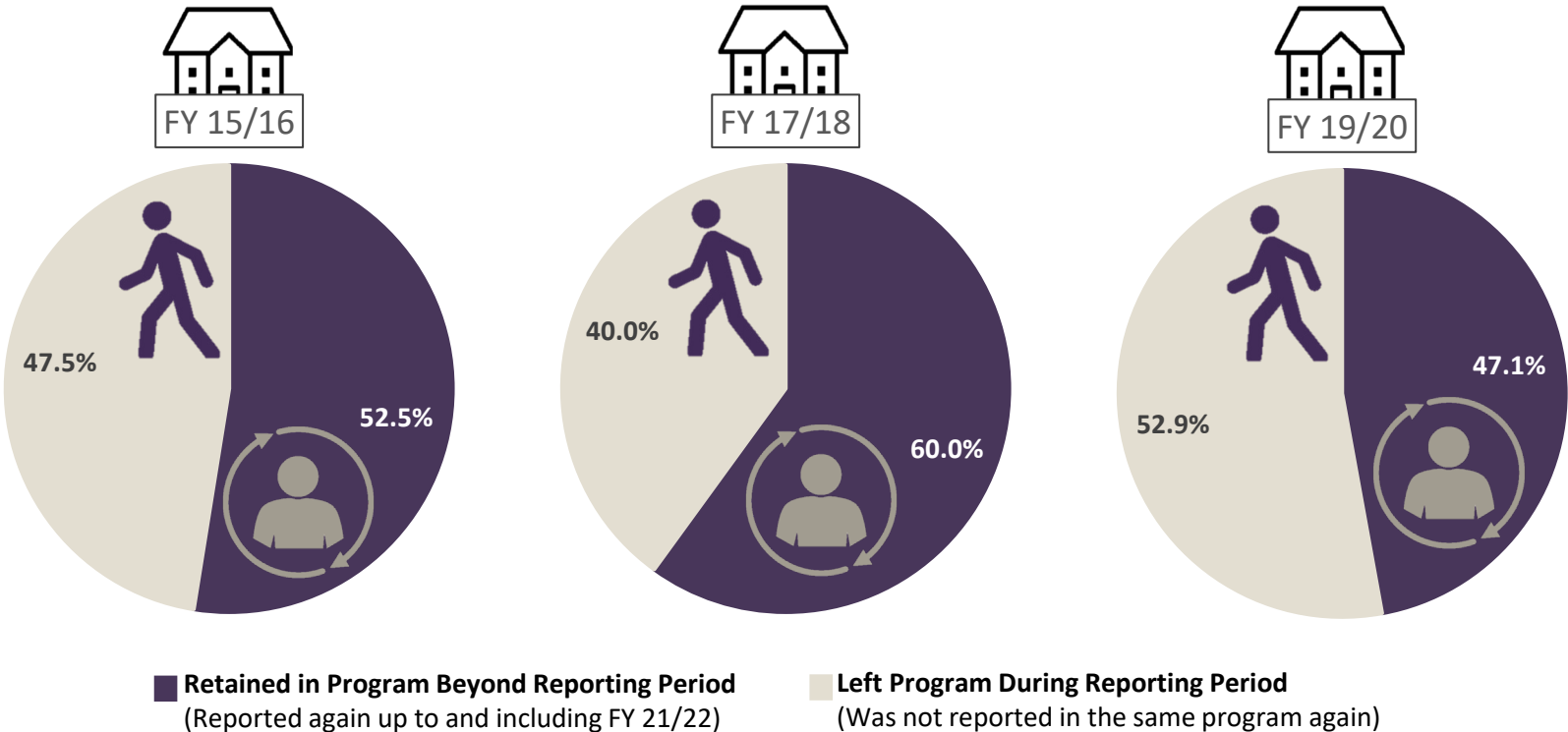(Was not reported in the same program again)

*An average of 2.5% 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 15/16-19/20

FY 15/16

47.5%

52.5%

FY 17/18

40.0%

60.0%

FY 19/20

47.1%

52.9%

■ **Retained in Program Beyond Reporting Period**
(Reported again up to and including FY 21/22)

■ **Left Program During Reporting Period**
(Was not reported in the same program again)

- 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, 84% 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 19/20, 17% of staff moved *between programs within the system* (5% increase from FY 17/18).

*An average of 2.5% of staff leaves the system in a given Reporting Period due to program closures. Retention rates do not include this staff loss.
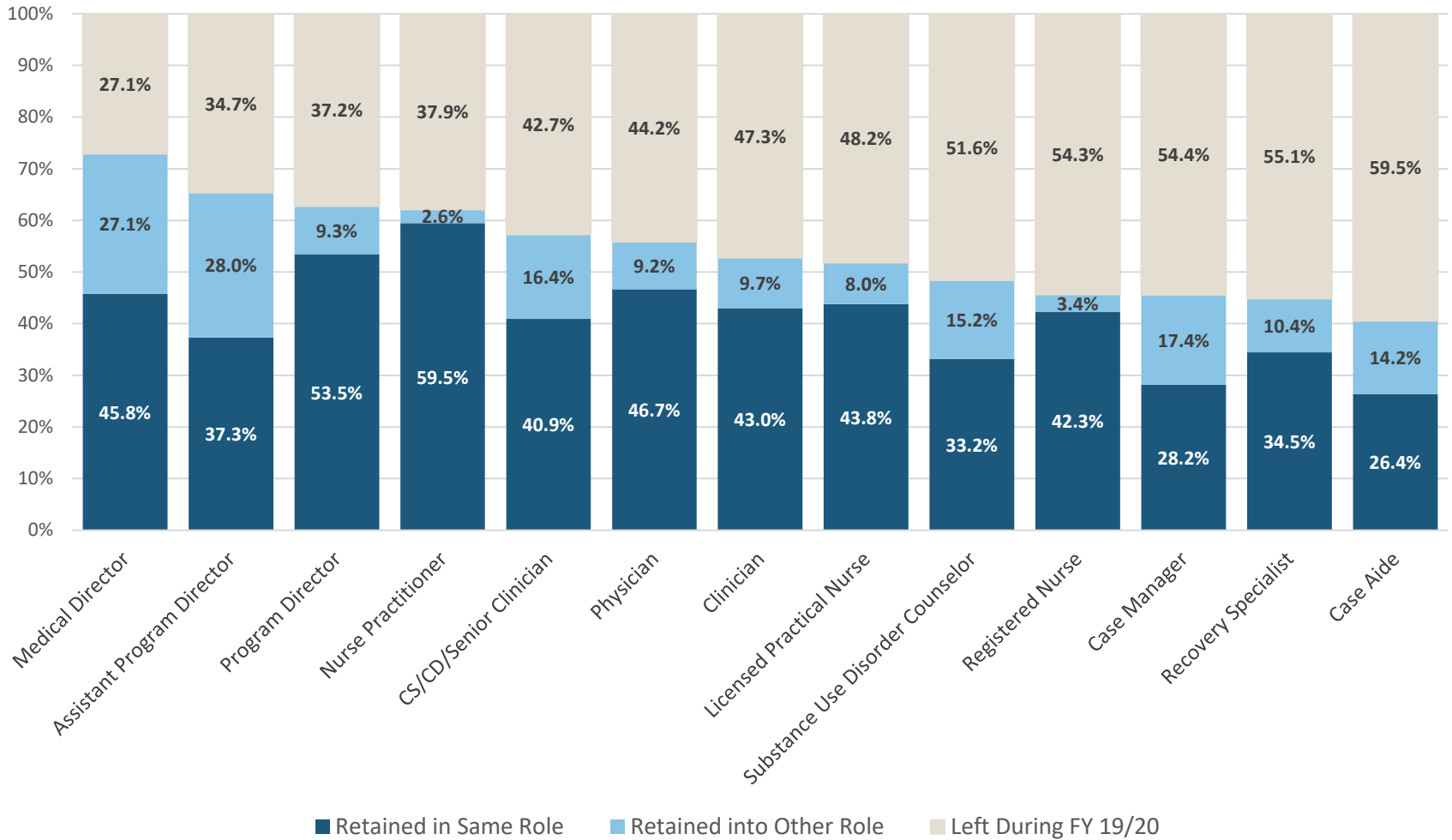
Please refer to slide 9 for summary of research limitations.

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

Role Level Retention

Statewide Role Level Retention From FY 19/20 into FY 21/22

Role	Retained in Same Role	Retained into Other Role	Left During FY 19/20
Medical Director	45.8%	27.1%	27.1%
Assistant Program Director	37.3%	28.0%	34.7%
Program Director	53.5%	9.3%	37.2%
Nurse Practitioner	59.5%	2.6%	37.9%
CS/CD/Senior Clinician	40.9%	16.4%	42.7%
Physician	46.7%	9.2%	44.2%
Clinician	43.0%	9.7%	47.3%
Licensed Practical Nurse	43.8%	8.0%	48.2%
Substance Use Disorder Counselor	33.2%	15.2%	51.6%
Registered Nurse	42.3%	3.4%	54.3%
Case Manager	28.2%	17.4%	54.4%
Recovery Specialist	34.5%	10.4%	55.1%
Case Aide	26.4%	14.2%	59.5%

■ Retained in Same Role   ■ Retained into Other Role   ■ Left During FY 19/20

Please refer to slide 9 for summary of research limitations.

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

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.
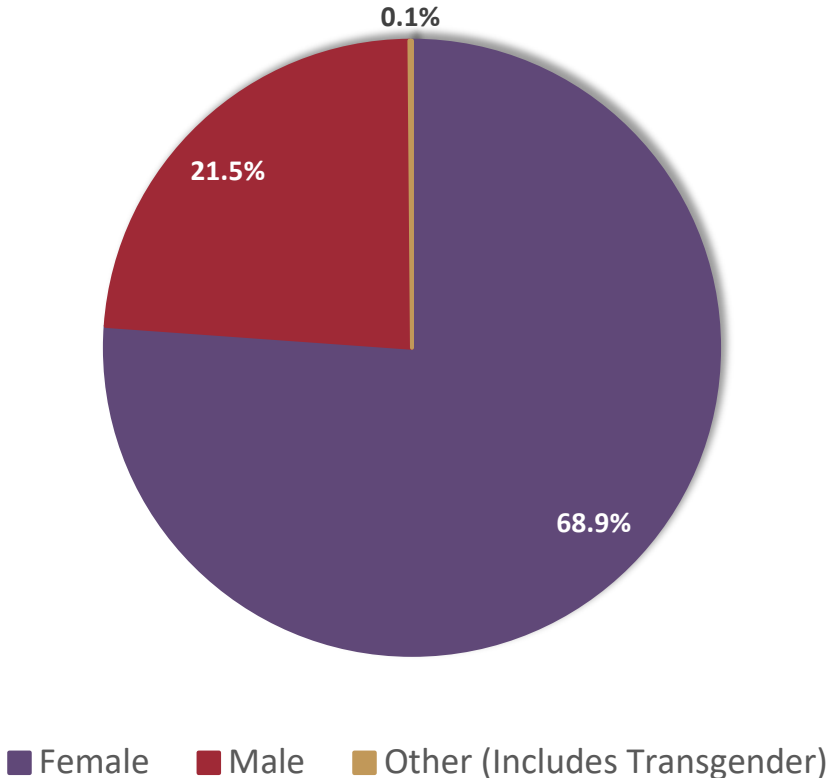
Staff Age Distribution
(FY 21/22)

Statewide Age Distribution (N=8,330)
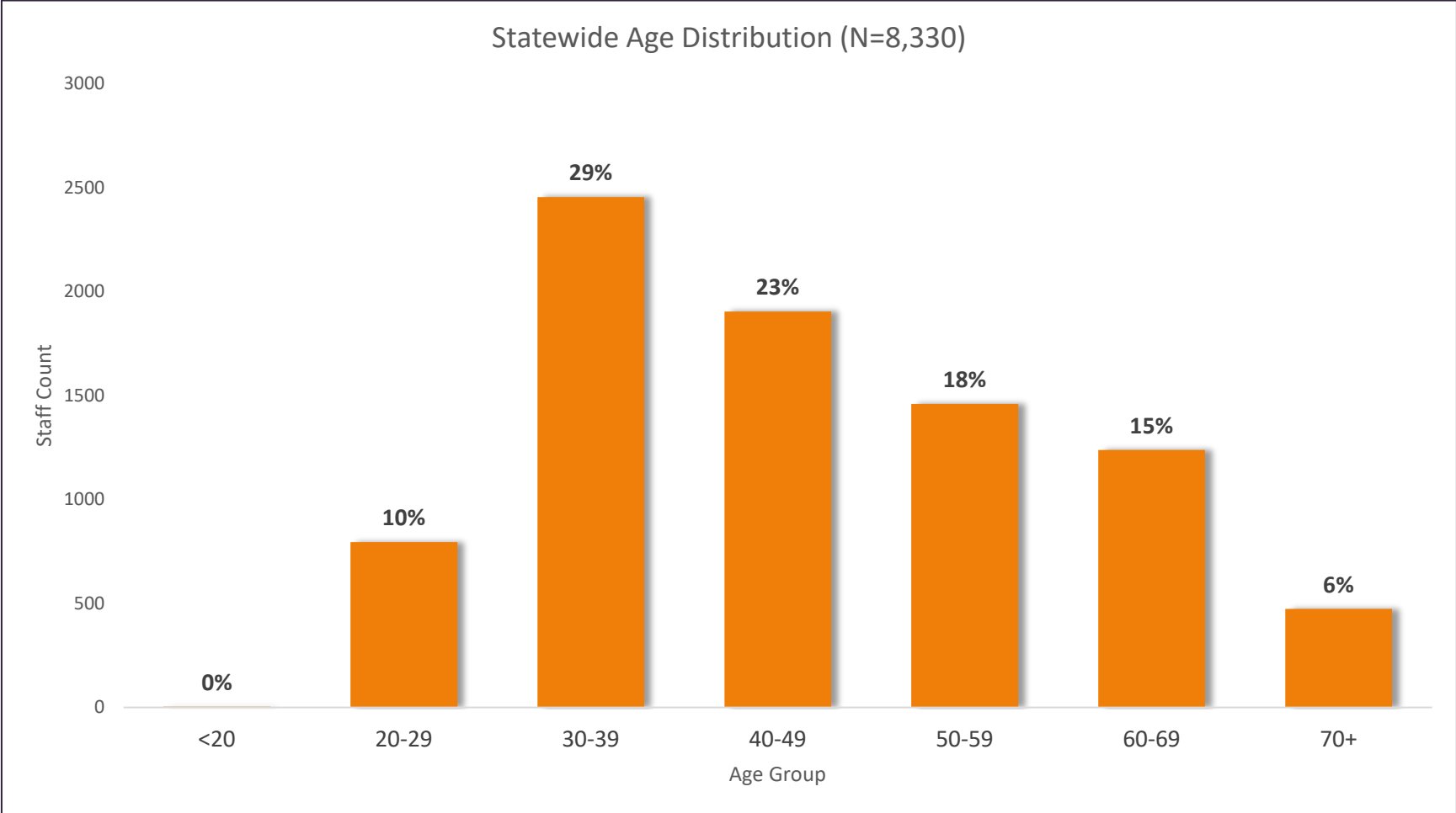
More than 60% of the workforce is age 40 or older.

Please refer to slide 14 for summary of research limitations.

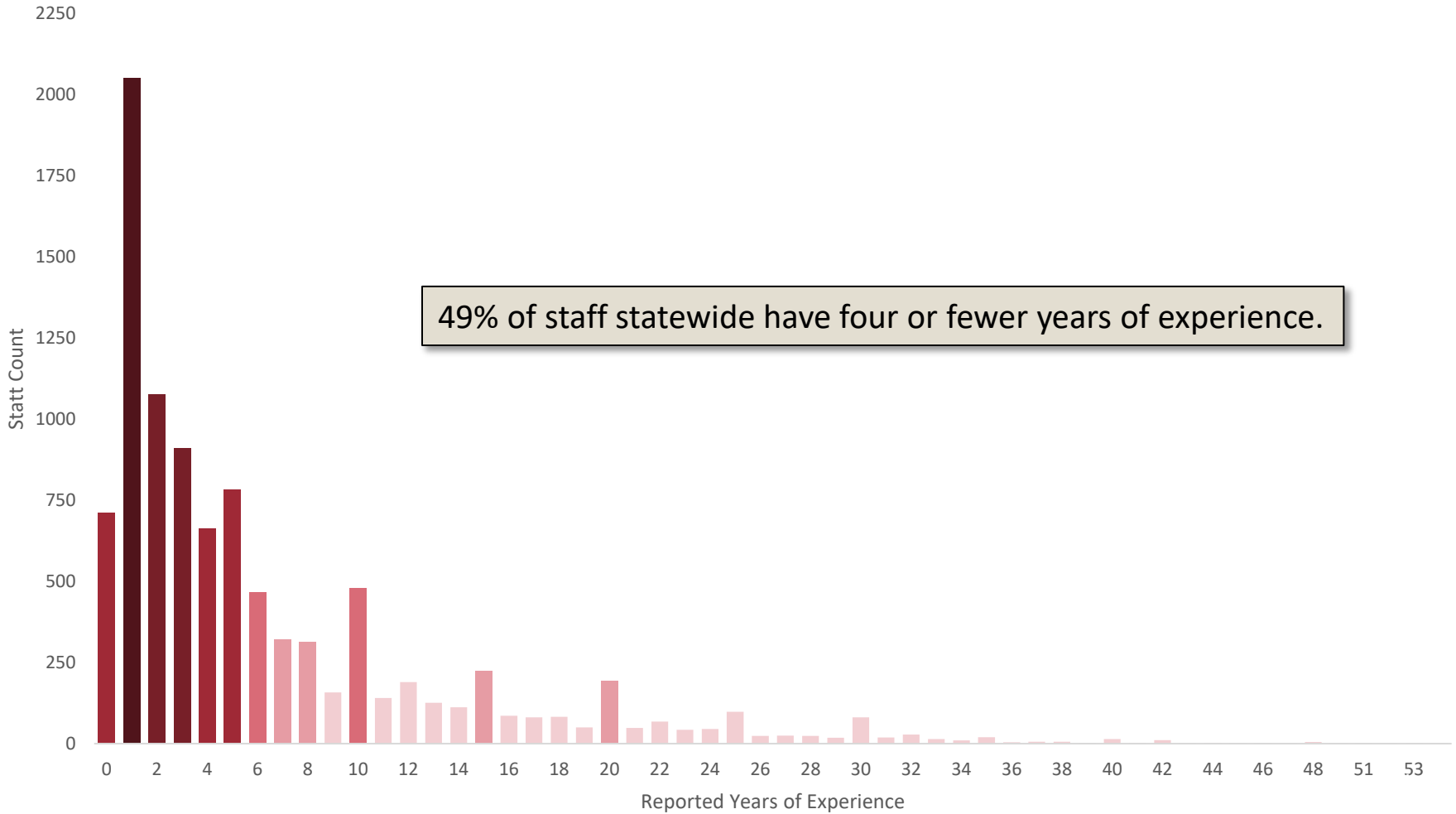# Gender Identification
(FY 21/22)

Statewide Gender Distribution (N=8,630)

- 0.1%
- 21.5%
- 68.9%

■ Female ■ Male ■ Other (Includes Transgender)

Please refer to slide 14 for summary of research limitations.

Years of Experience
(FY 21/22)

Statewide Staff Count by Years of Experience (FY 21/22)

49% of staff statewide have four or fewer years of experience.

Please refer to slide 14 for summary of research limitations.
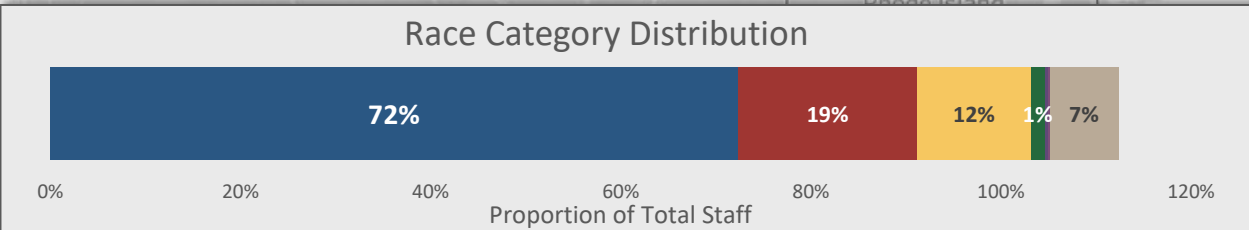
Staff Race Statewide
(FY 21/22)

► 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.

► 27% of Responses were "Decline to Answer" and excluded from analysis.

Race Category Legend

American Indian/Alaska Native	(pink)
Asian	(green)
Black/African-American	(red)
Hispanic/Latino/a/e	(yellow)
Native Hawaiian/Pacific Islander	(dark red)
Other	(tan)
White	(blue)

Staff Count
- 1
- 200
- 400
- 606

Race Category Distribution

| 72% | 19% | 12% | 1% | 7% |

Proportion of Total Staff

Please refer to slide 14 for summary of research limitations.

Some individuals identify their race as Hispanic/Latino/a/e.
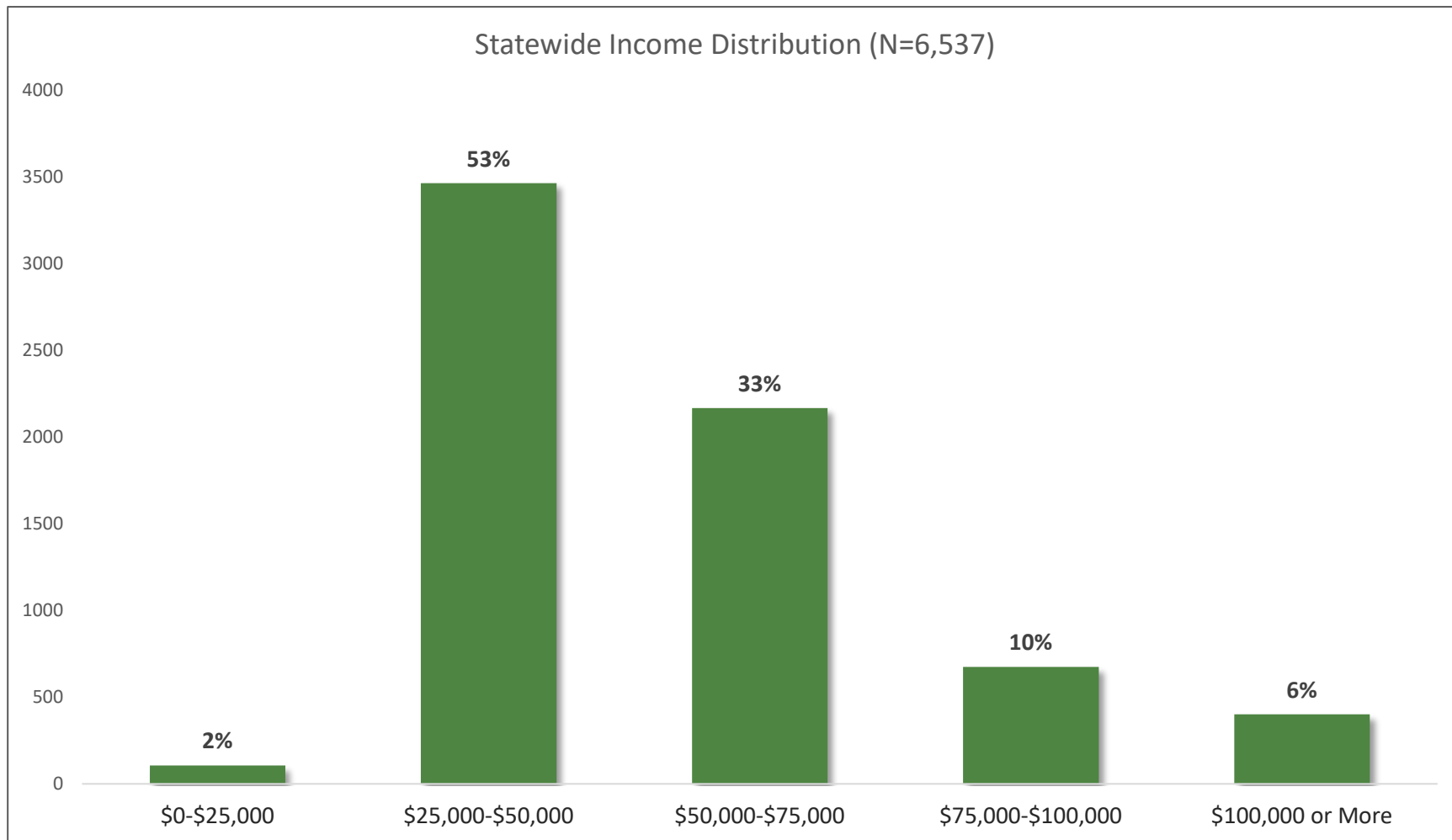
Staff Income (FY 2021/2022)

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 21/22.

- Results for income analysis by race categories are suppressed for small groupings which might afford identification of individuals.

Annual Income Distribution
(FY 21/22)

Statewide Income Distribution (N=6,537)

- $0-$25,000: 2%
- $25,000-$50,000: 53%
- $50,000-$75,000: 33%
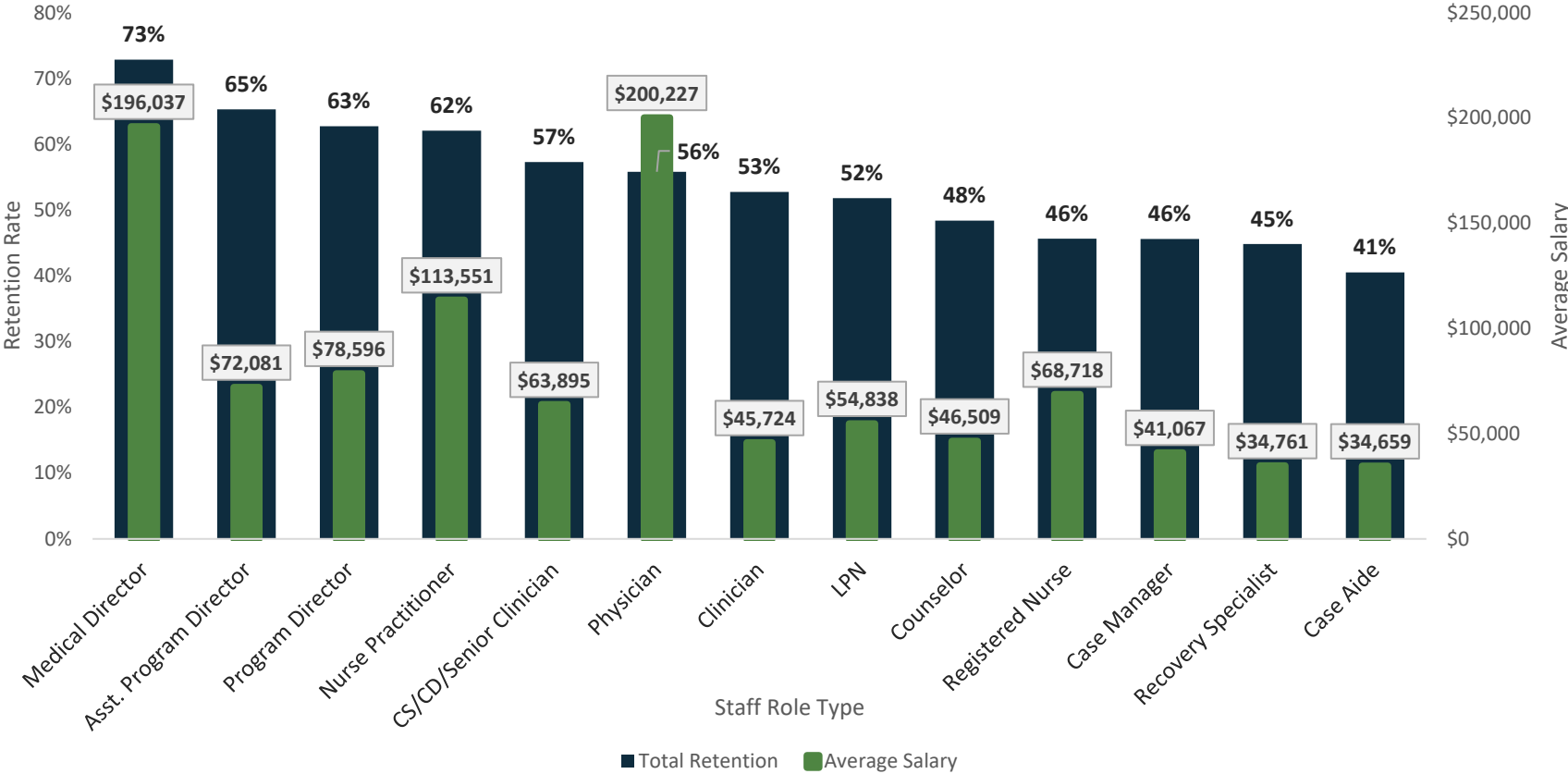- $75,000-$100,000: 10%
- $100,000 or More: 6%

Fifty-five percent 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 21/22)

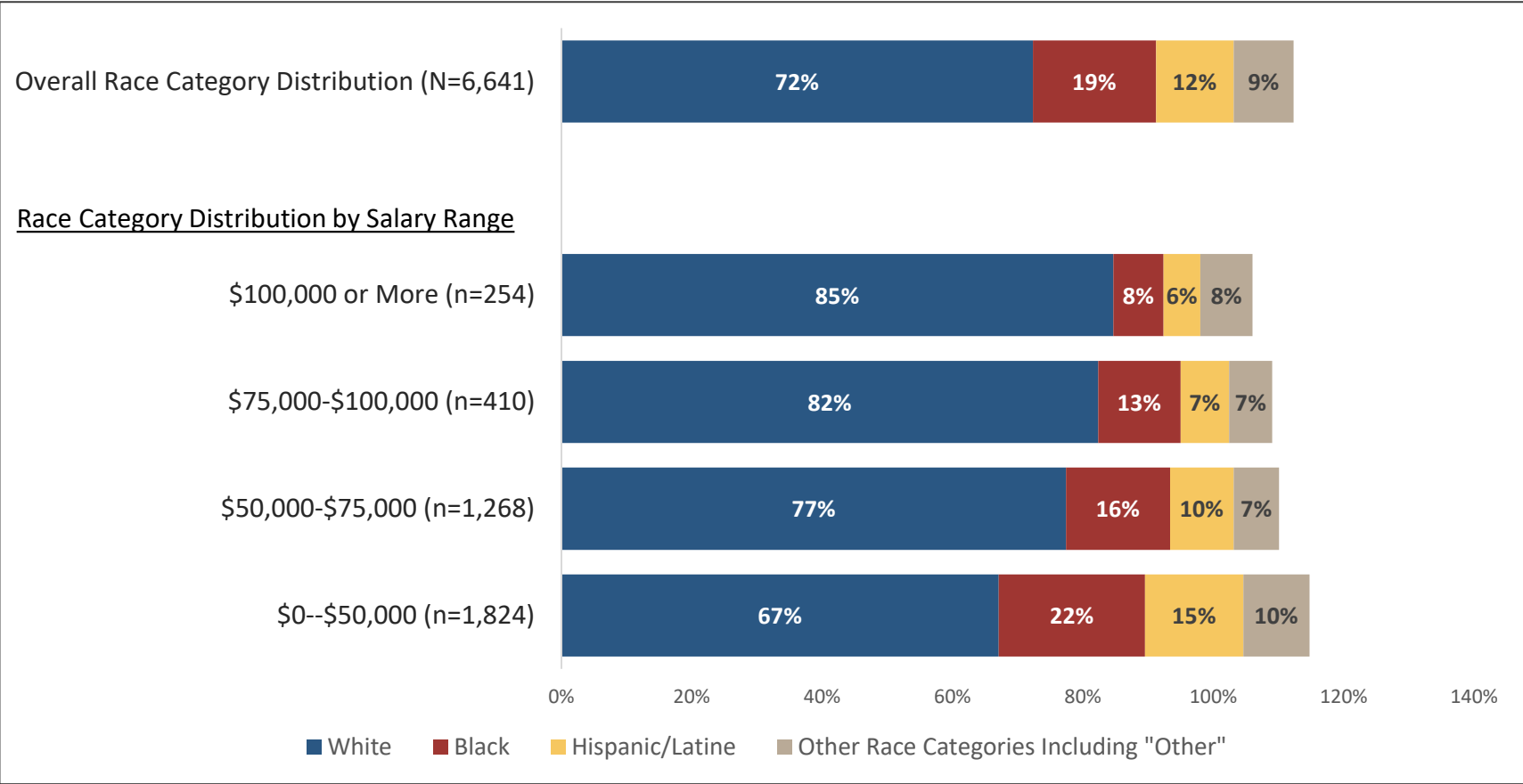**Role Level Retention Rates on Average Reported Salary**

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.
- 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 21/22)

Overall Race Category Distribution (N=6,641)
- White: 72%
- Black: 19%
- Hispanic/Latine: 12%
- Other Race Categories Including "Other": 9%

Race Category Distribution by Salary Range

$100,000 or More (n=254)
- White: 85%
- Black: 8%
- Hispanic/Latine: 6%
- Other Race Categories Including "Other": 8%

$75,000-$100,000 (n=410)
- White: 82%
- Black: 13%
- Hispanic/Latine: 7%
- Other Race Categories Including "Other": 7%

$50,000-$75,000 (n=1,268)
- White: 77%
- Black: 16%
- Hispanic/Latine: 10%
- Other Race Categories Including "Other": 7%

$0--$50,000 (n=1,824)
- White: 67%
- Black: 22%
- Hispanic/Latine: 15%
- Other Race Categories Including "Other": 10%

Legend: ■ White ■ Black ■ Hispanic/Latine ■ Other Race Categories Including "Other"

- 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

- The treatment system in Massachusetts is continuing to grow, with more rapid growth in FY 2021/2022.

Retention

- System retention rates average around 57% with lower rates in more recent years.
- Average 84% of staff retained in the system stay in the same program, though there has been increased internal movement in recent years.

Income

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

Areas of Future Exploration:

- Expanded analysis of program closures and between program movement
- Expanded analysis of program level retention
- 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).

BSAS Workforce Initiatives

# BSAS Equity Initiatives

Supporting Culturally Responsive and Affirming service provision

- New BSAS Office of Community Health and Equity (OCHE)
- Internal Bureau Racial Equity Team (BRET)
- 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 the Increasing Diversity and Equity in the Addiction Workforce Initiative (IDEA)
- Used a Racial Equity lens throughout BSAS organizational development process (including hiring)
- Making anti-racism and other equity-focused trainings available and encouraged for internal and external workforce

Use of Data for Quality Improvement

Provider data gathering and analysis

- Licensed treatment program workforce data – ongoing since 2014

- Comprehensive Career Ladder project

- Exit Questionnaire results/next steps

- Prevention Workforce Survey
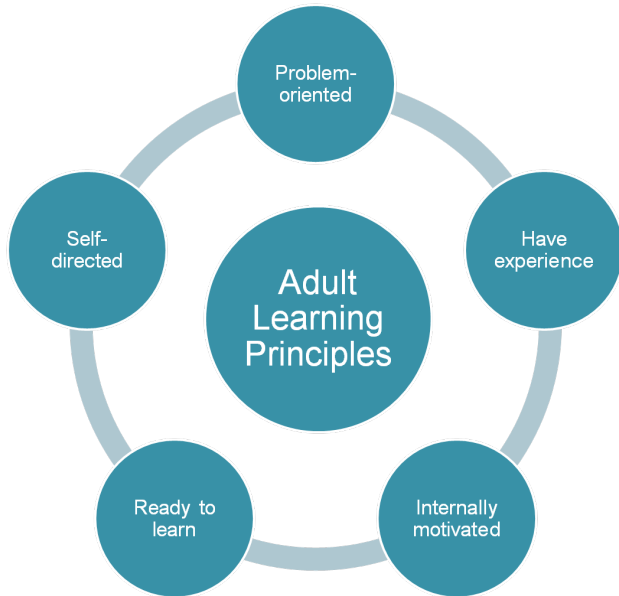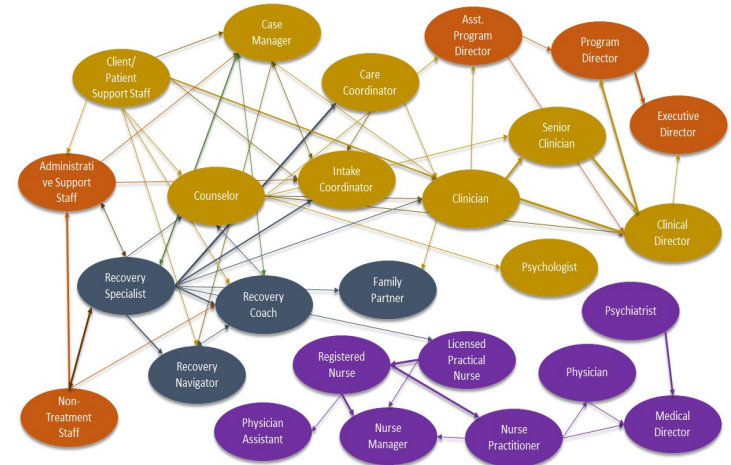
Training/Technical Assistance Quality Improvement

- BSAS Values and Observation Tool for Trainings

- T/TA Trainer & Facilitator Training

BSAS Capacity Building Initiatives

CAREERS OF SUBSTANCE

Workforce recruitment & retention
- Paid Internship initiatives
- Careers of Substance website
- Credentialing collaborations
- Cross systems collaborations

RECOVERY EDUCATION COLLABORATIVE

Training & technical assistance (T/TA)
- Recovery Education Collaborative
- Addiction Education Advisory Group
- Population-specific initiatives (examples)
  - Increasing Diversity & Equity in the Addiction Workforce (IDEA)
  - Trans & Gender Expansive services T/TA and Practice Guidance
  - Women's Services T/TA
  - Sexual and Domestic Violence T/TA
  - 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

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

The Massachusetts Substance Use Helpline Helplinema.org

BSAS Website: www.mass.gov/dph/bsas

Black Addiction Counselor Education (BACE): blackcounselors.adcare-educational.org

Latino Addiction Counselor Education (LACE): lbhwtp.adcare-educational.org

MA Health Promotions Clearinghouse: massclearinghouse.ehs.state.ma.us

EMO Health: www.emo.health

Recovery Coach Hub: massrchub.org

NIATx (Process Improvement for Behavioral Health): niatx.wisc.edu

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

Recovery Education Collaborative: www.massrec.org

Contact Us

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mass.gov/dph