



Massachusetts Department of Public Health

Bureau of Substance Addiction Services Treatment Program Workforce Data Update Central Region

FY 2014 - 2021

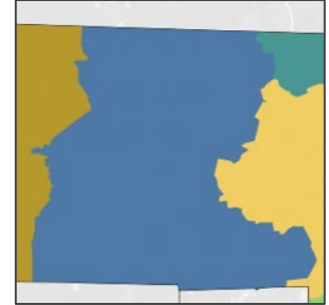
BSAS & DMA Health Strategies
Workforce Development Teams

Introduction

BSAS analyzes Treatment System Program Staff information in order to monitor workforce trends.

This presentation offers Statewide analysis with a comparison to the Central Region.*

This image will indicate that regional level data is being presented.



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*Additional presentations available:

- Statewide
- Each BSAS region

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.

Region: Six Massachusetts regions defined by DPH.

Level of Care: High level groupings of treatment types.

[Click here for more information on BSAS Regions.](#)

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.

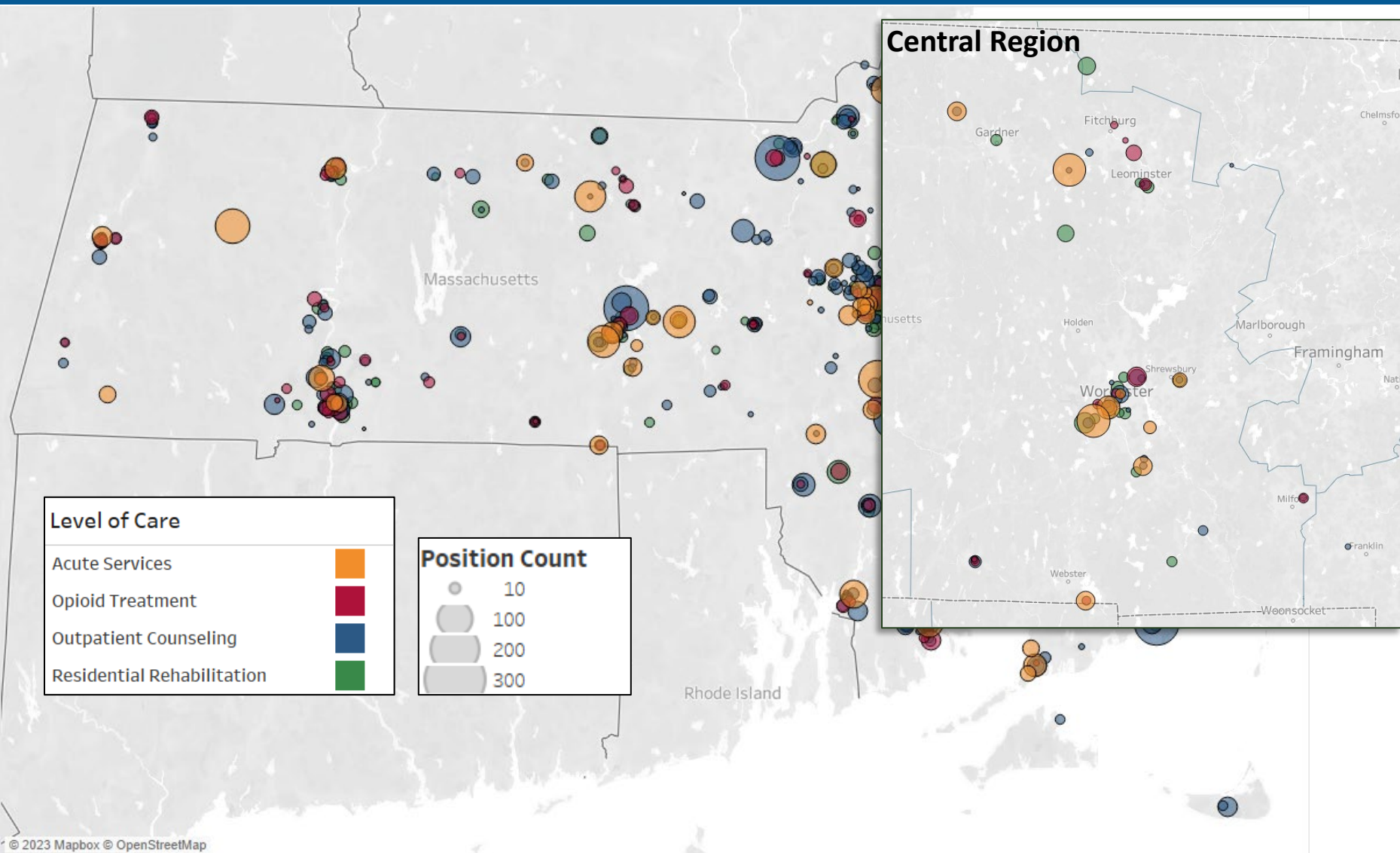
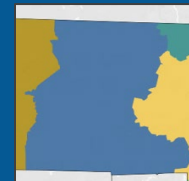
Section 1: Program & Staffing Trends

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

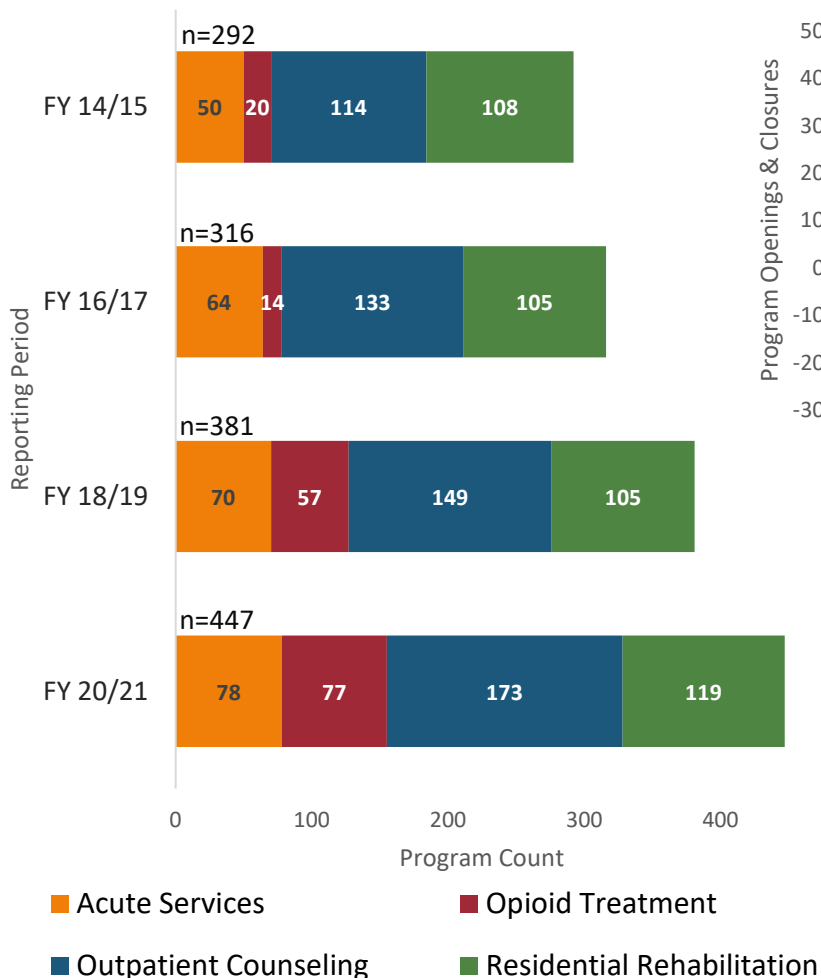


© 2023 Mapbox © OpenStreetMap

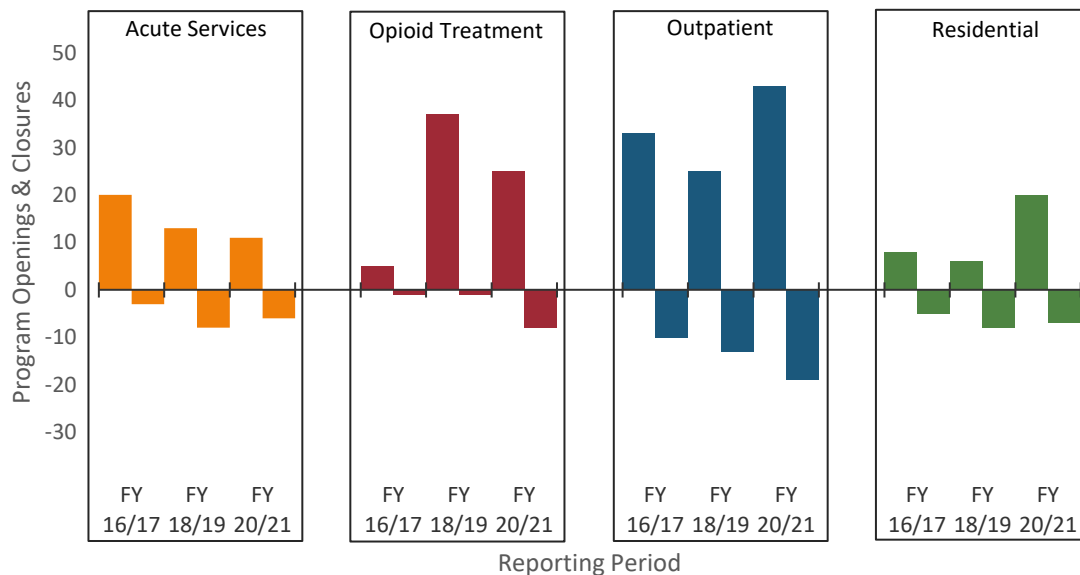
Please refer to slide 5 for summary of research limitations.

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.

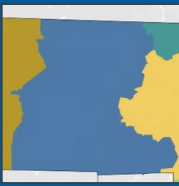
This results from:

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

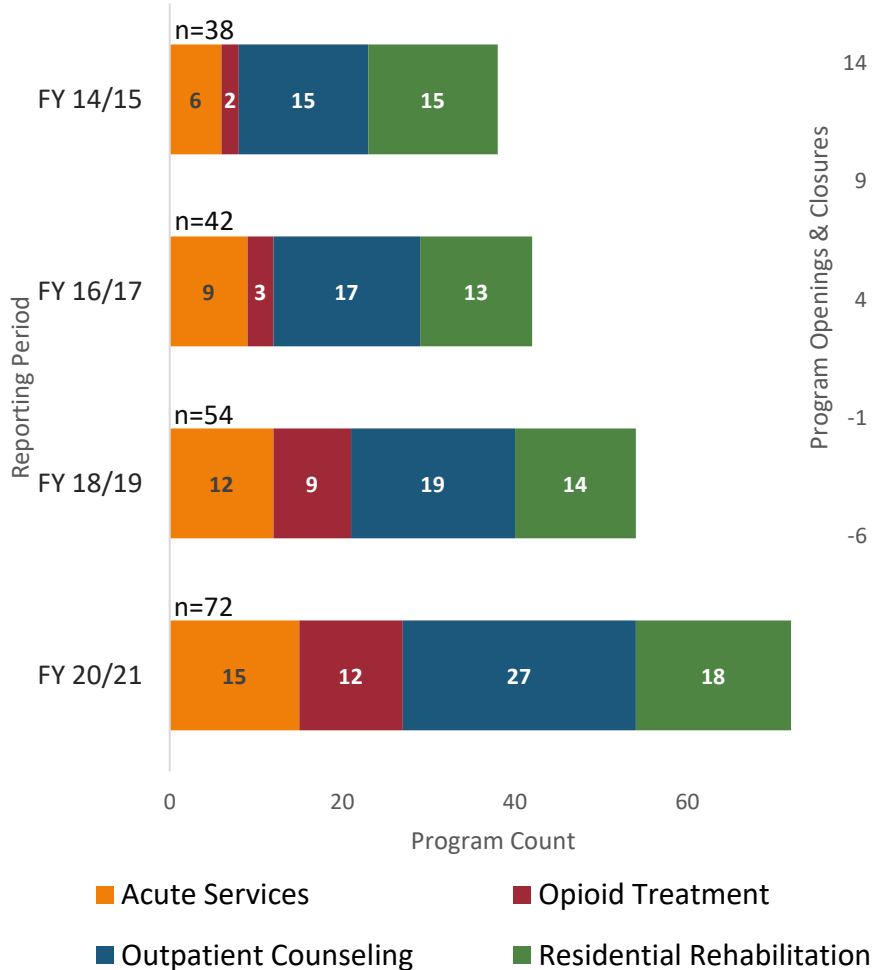
Please refer to slide 5 for summary of research limitations.

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

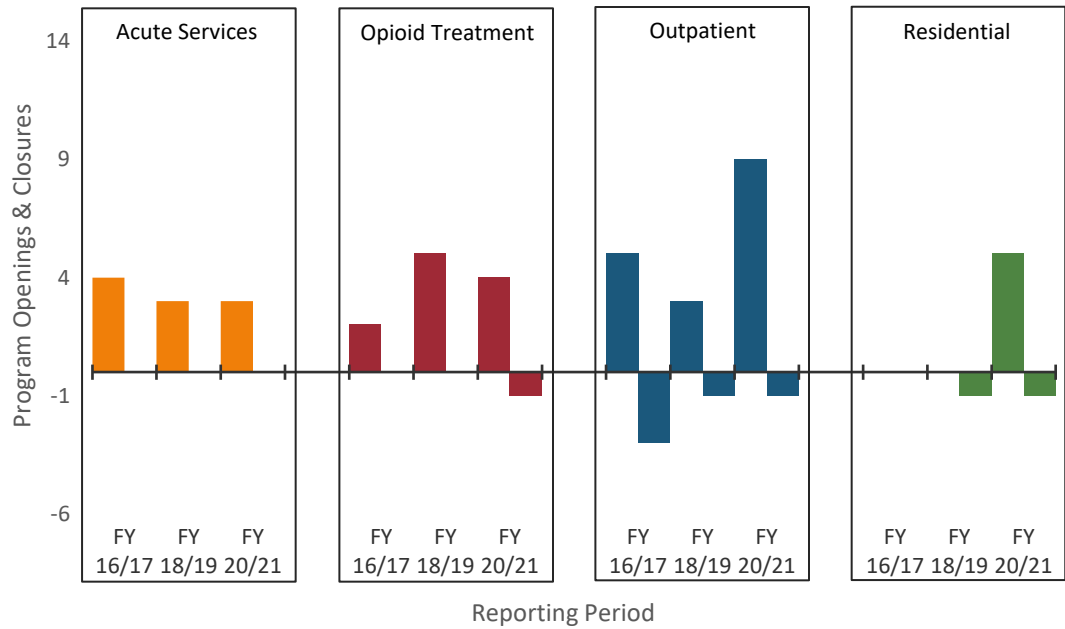
System Program Growth & Loss: Central Region



Central Region Program Count by Level of Care
FY 2014-2021



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

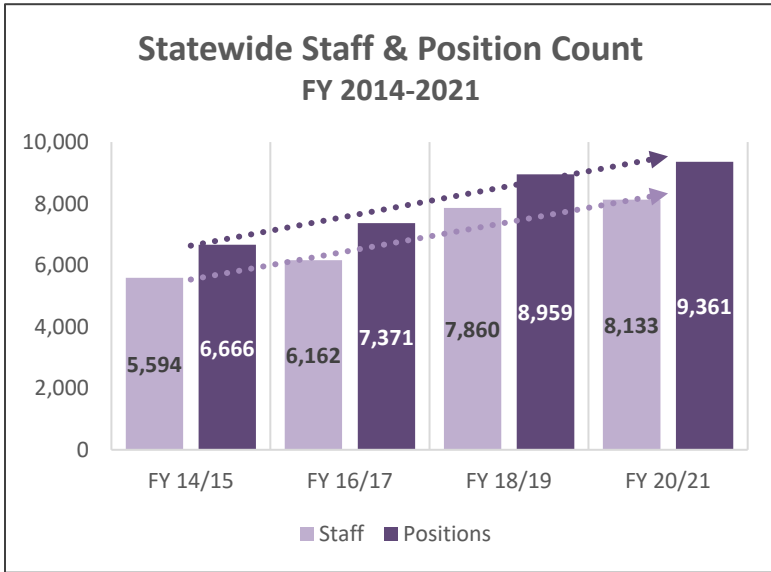
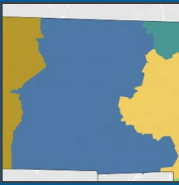


- Central region program growth has been steady, sharply increasing in recent years.
- Overall, the region has had little to no loss.

Please refer to slide 5 for summary of research limitations.

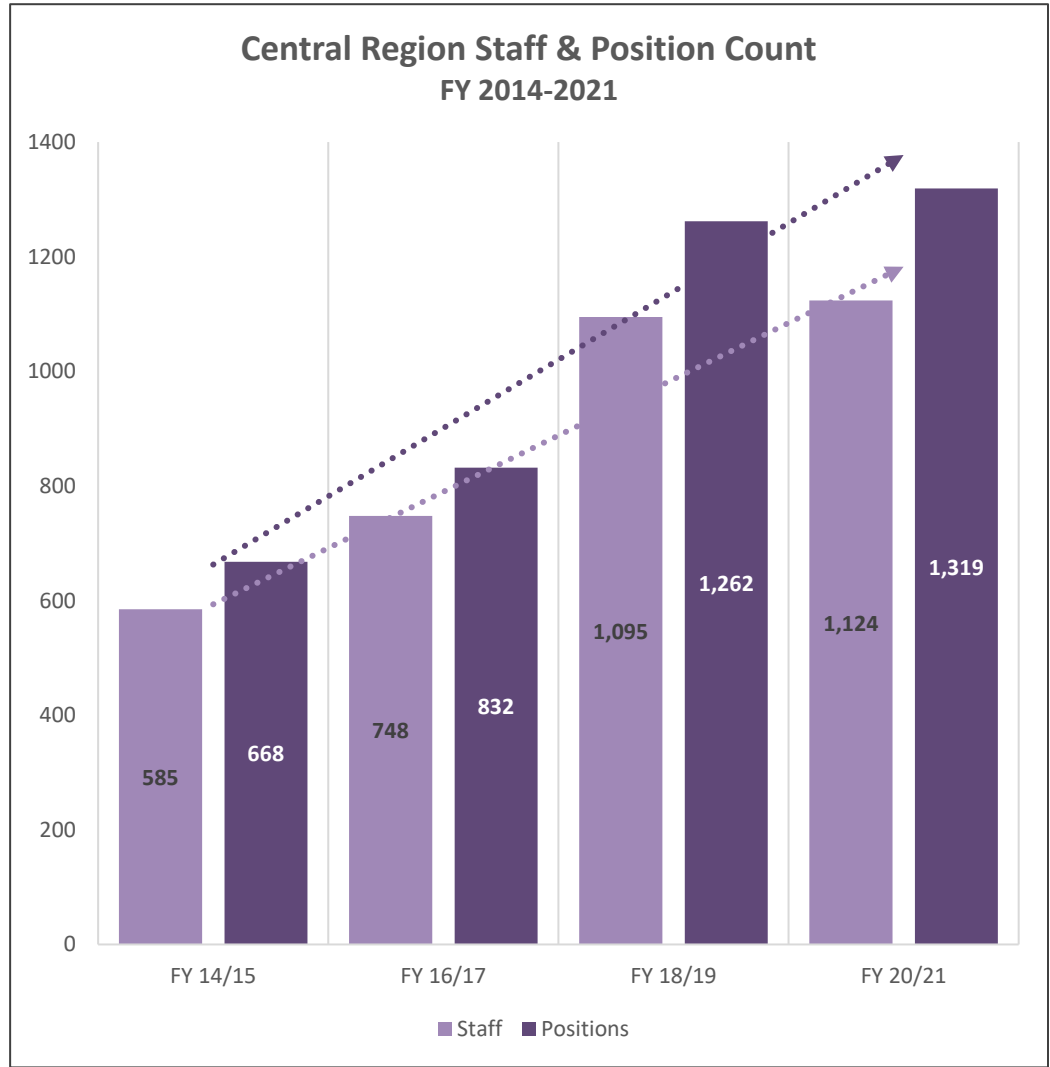
Many factors affect workforce trends; this includes COVID-19 in 2020.

Position & Staff Counts



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

- Central Region Comparison:**
- Position growth trend greater than staff growth trend.
 - Slowing of growth rate more pronounced than statewide.



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



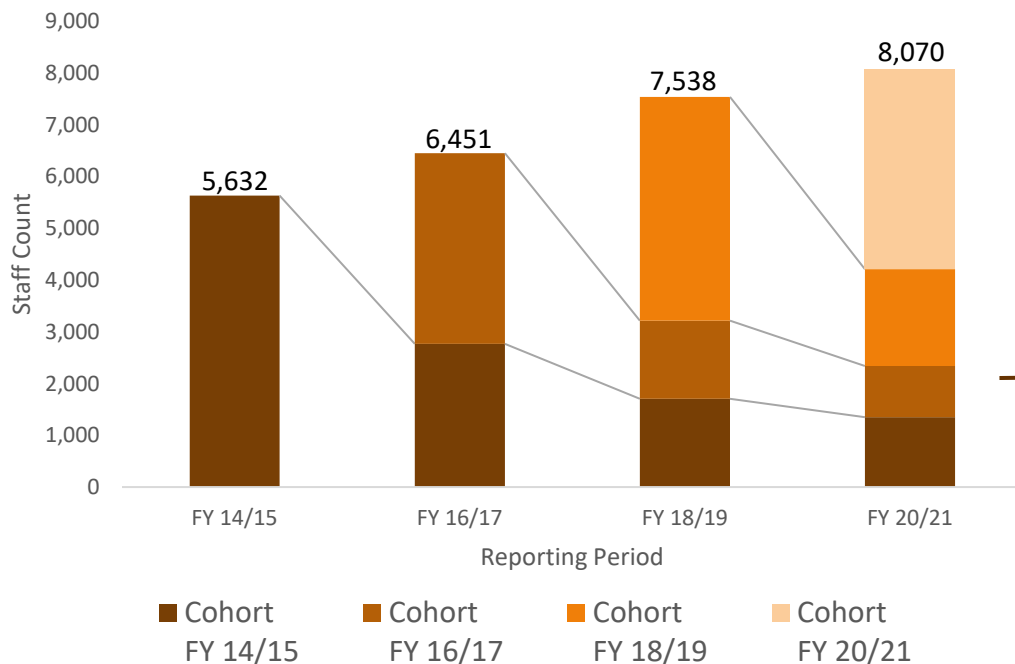
Program Level



Staff Role Level

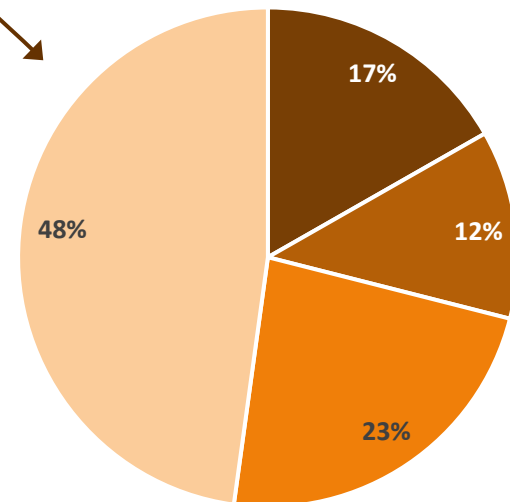
Statewide Historical Cohort Composition

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

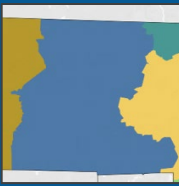


- Overall Staff growth year to year
- Loss of new staff at a higher rate relative to more seasoned staff (longer than two years of employment)

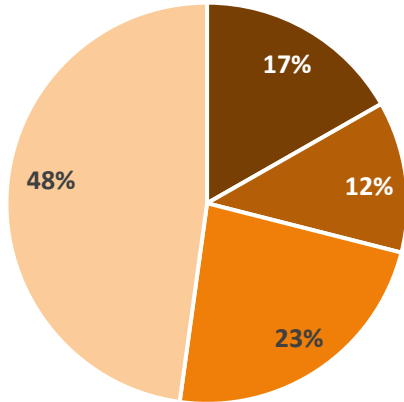
Please refer to slide 3 for terminology reference and slide 10 for summary of research limitations.

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

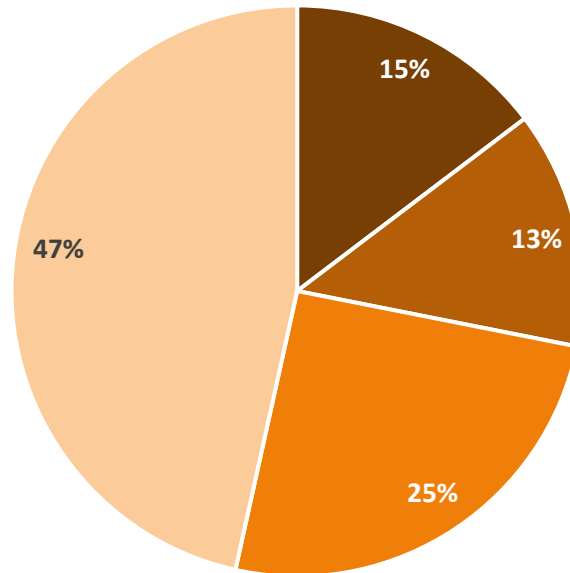
Central Region Cohort Composition



Statewide System Level Cohort Composition
FY 20/21



Central Region Cohort Composition
FY 20/21



The central region shows cohort composition aligned with the statewide distribution.

- Retained from FY 14/15
- Retained from FY 16/17
- Retained from FY 18/19
- New

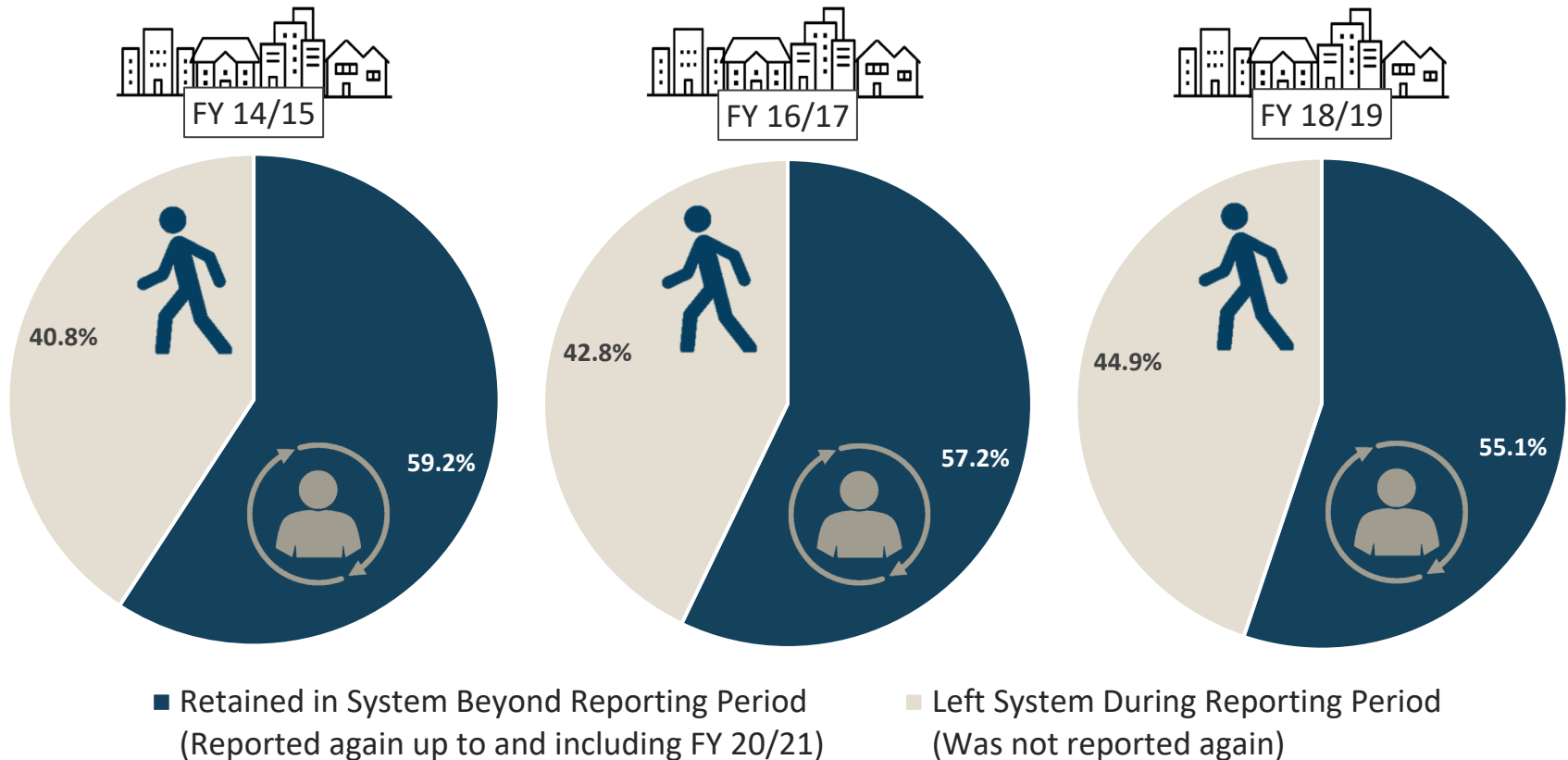
Please refer to slide 10 for summary of research limitations.

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.

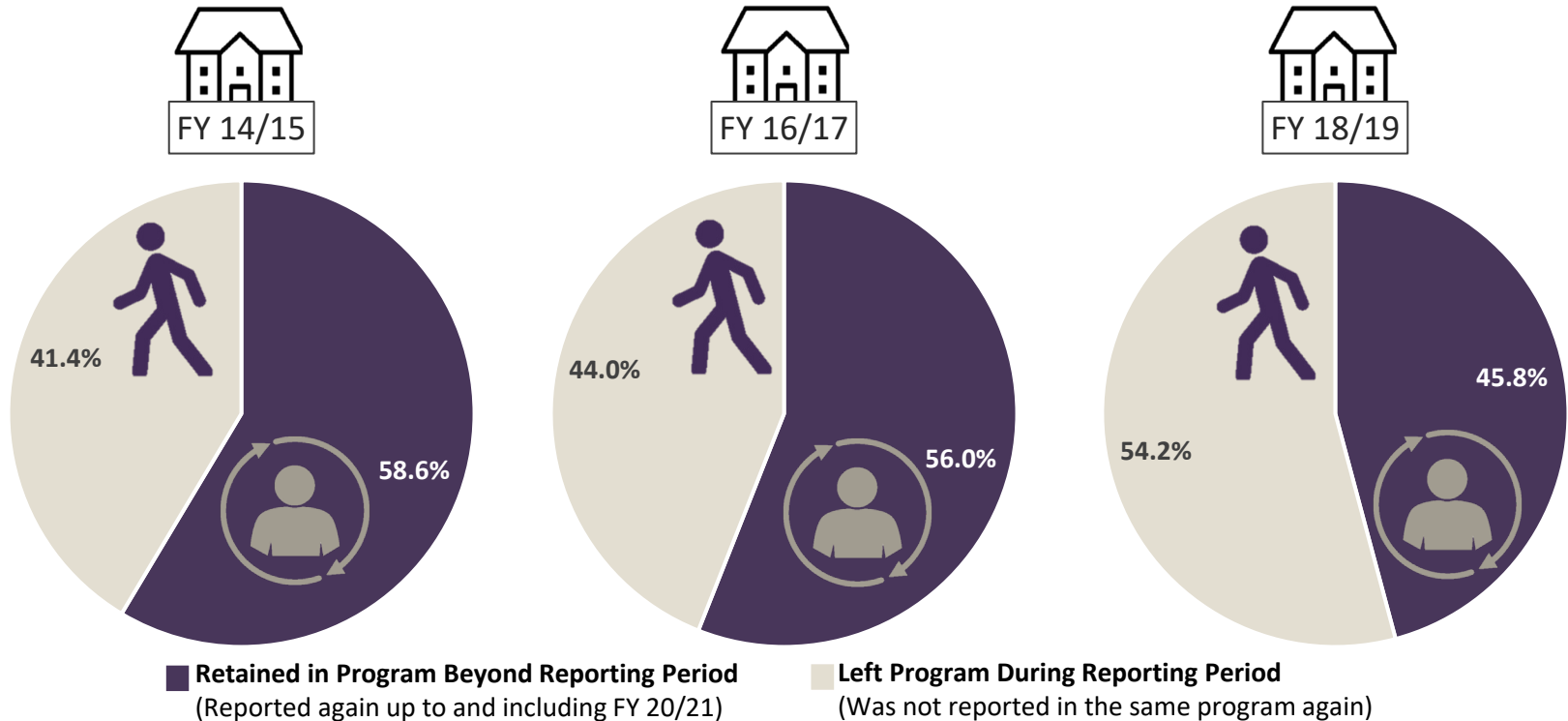
Please refer to slide 10 for summary of research limitations

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



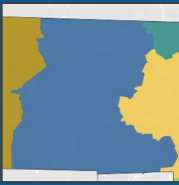
- Limited to programs over two years of age (two reporting periods).
- Captures both those that leave the system and those that move programs within the system.
- For those that were retained in the system, 85% on average stay in the same program.
 - Sharp decrease in program retention without the decrease 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 10 for summary of research limitations.

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

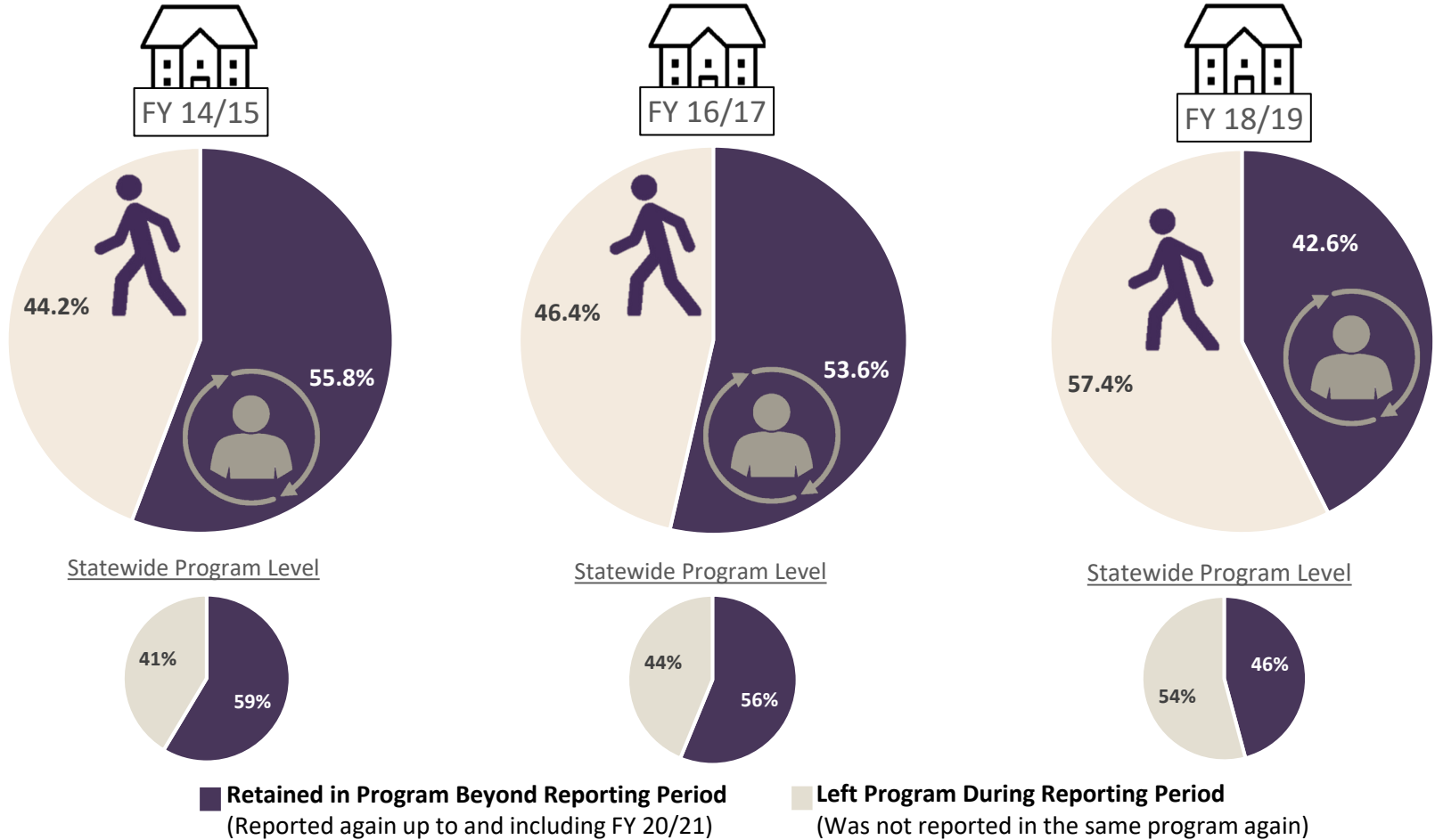
Program Level Retention: Central Region



Central Region Program Retention of Staff by Reporting Period

FY 14/15 - FY 18/19

(Excludes staff loss due to program closures)



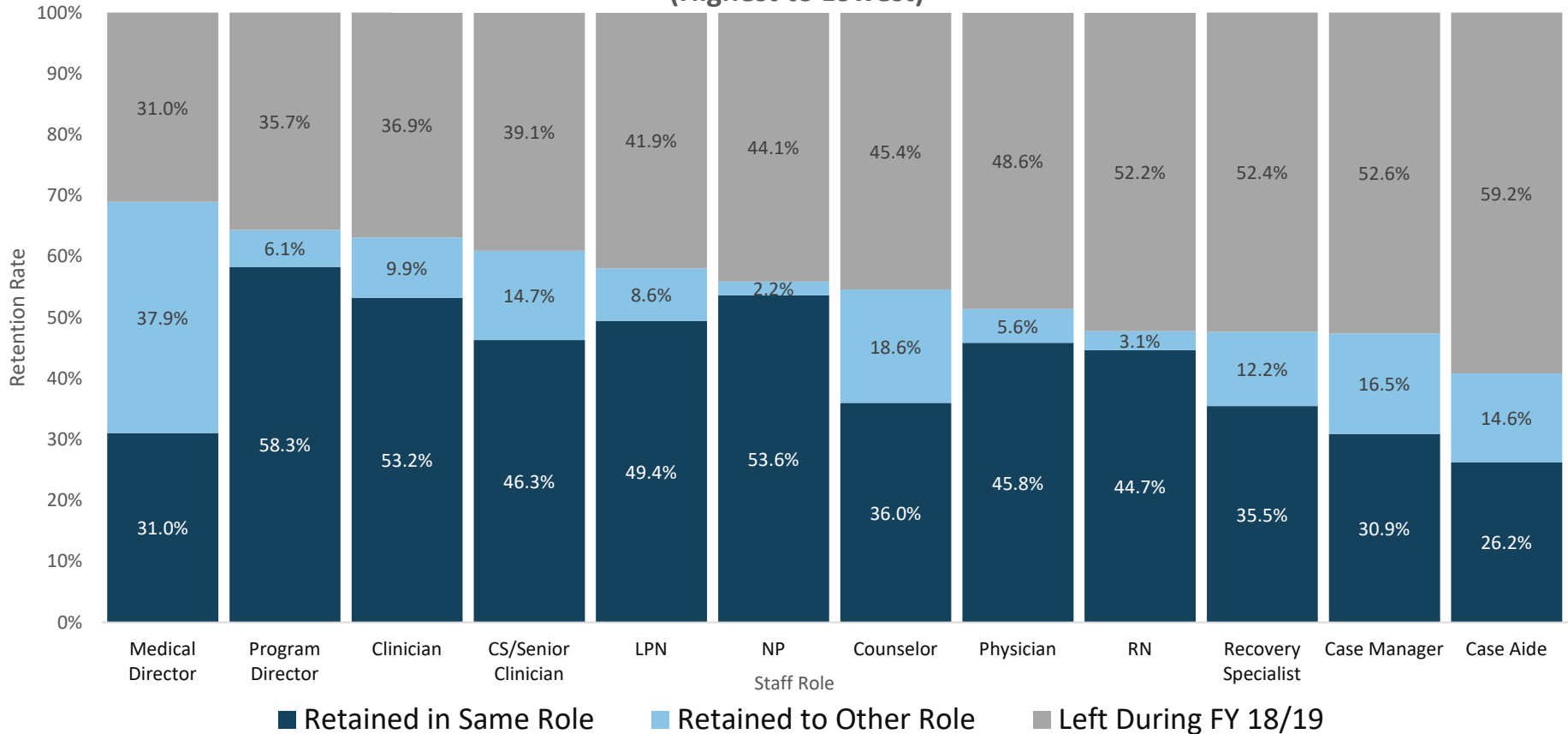
Please refer to slide 15 for notes on program level retention analysis.
Please refer to slide 10 for summary of research limitations.

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)



Central Region Comparison:
 Highest Retained Role: Program Director (66%)
 Lowest Retained Role: RN (38%)

Please refer to slide 10 for summary of research limitations.

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

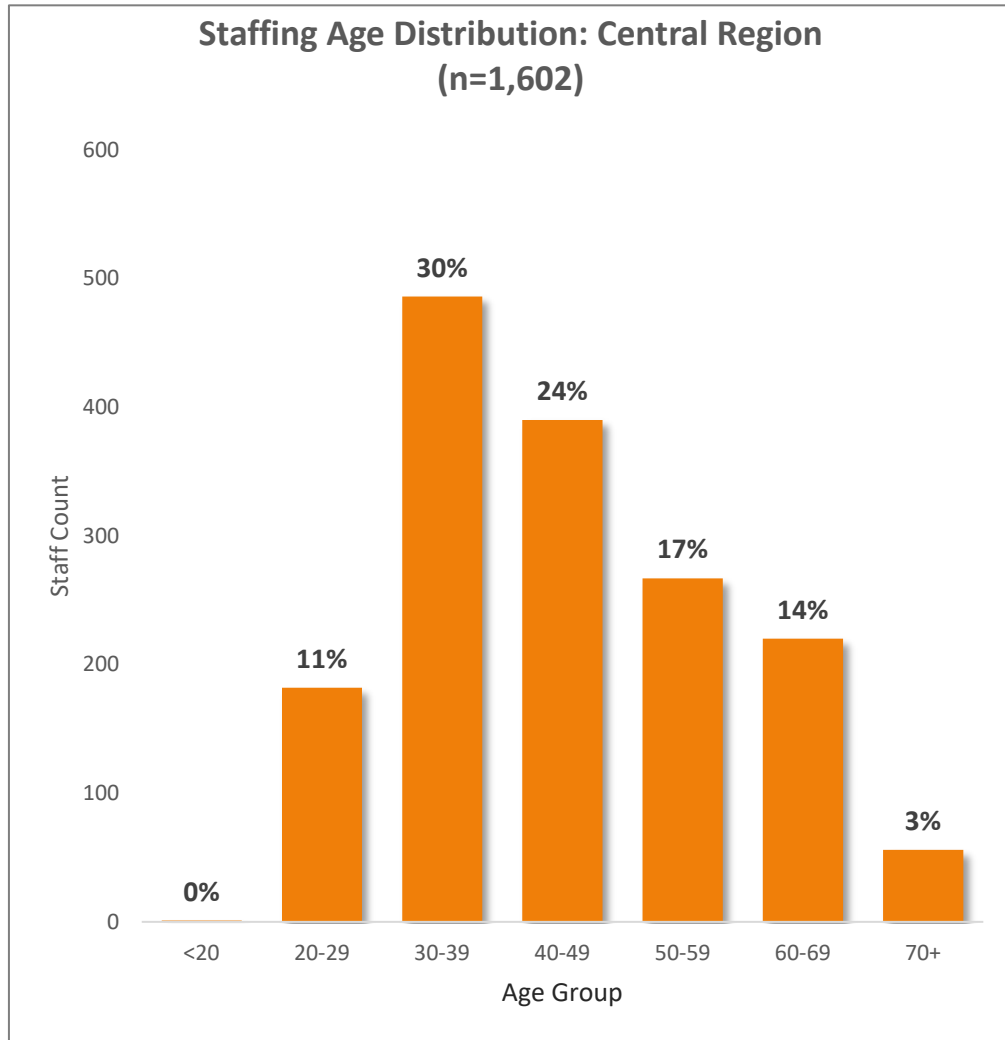
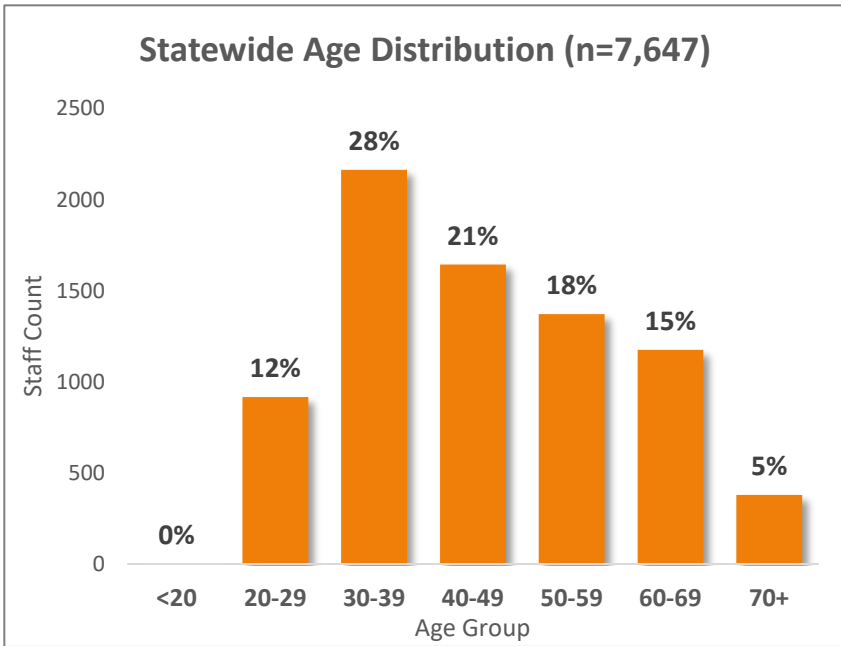
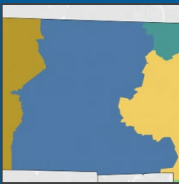
Section 3: Staff Characteristics (FY 2020/2021)

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)

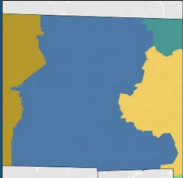


More than 60% of the workforce is age 40 or older.

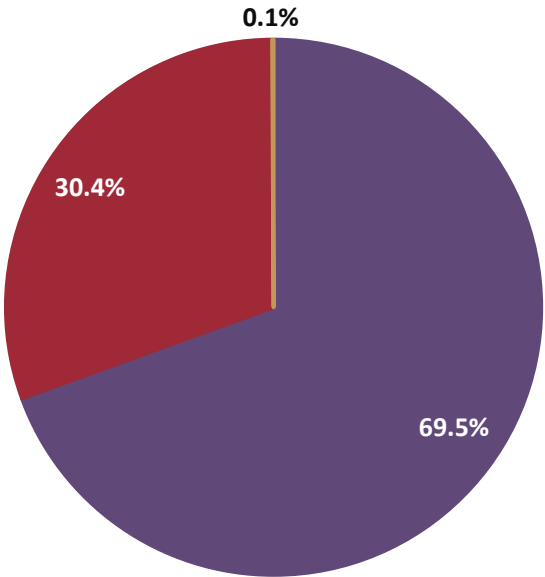
Central Region Comparison:
Central Region age distribution generally aligns with the state as a whole.

Please refer to slide 18 for summary of research limitations.

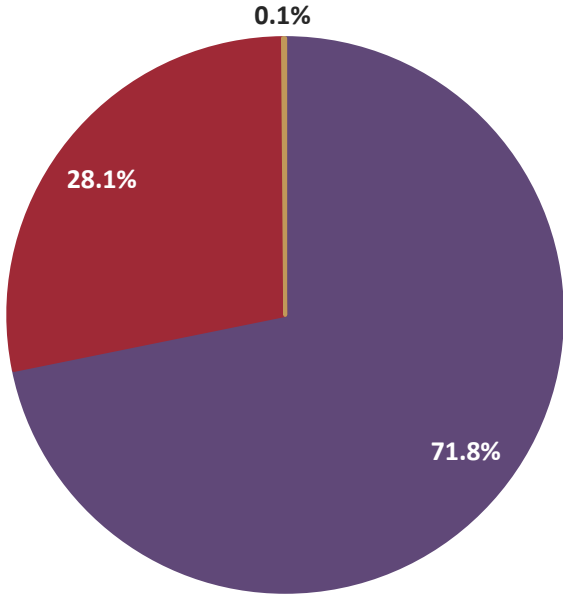
Gender Identification (FY 20/21)



Statewide Gender Distribution (n=8,037)



Central Region Gender Distribution (n=1,586)

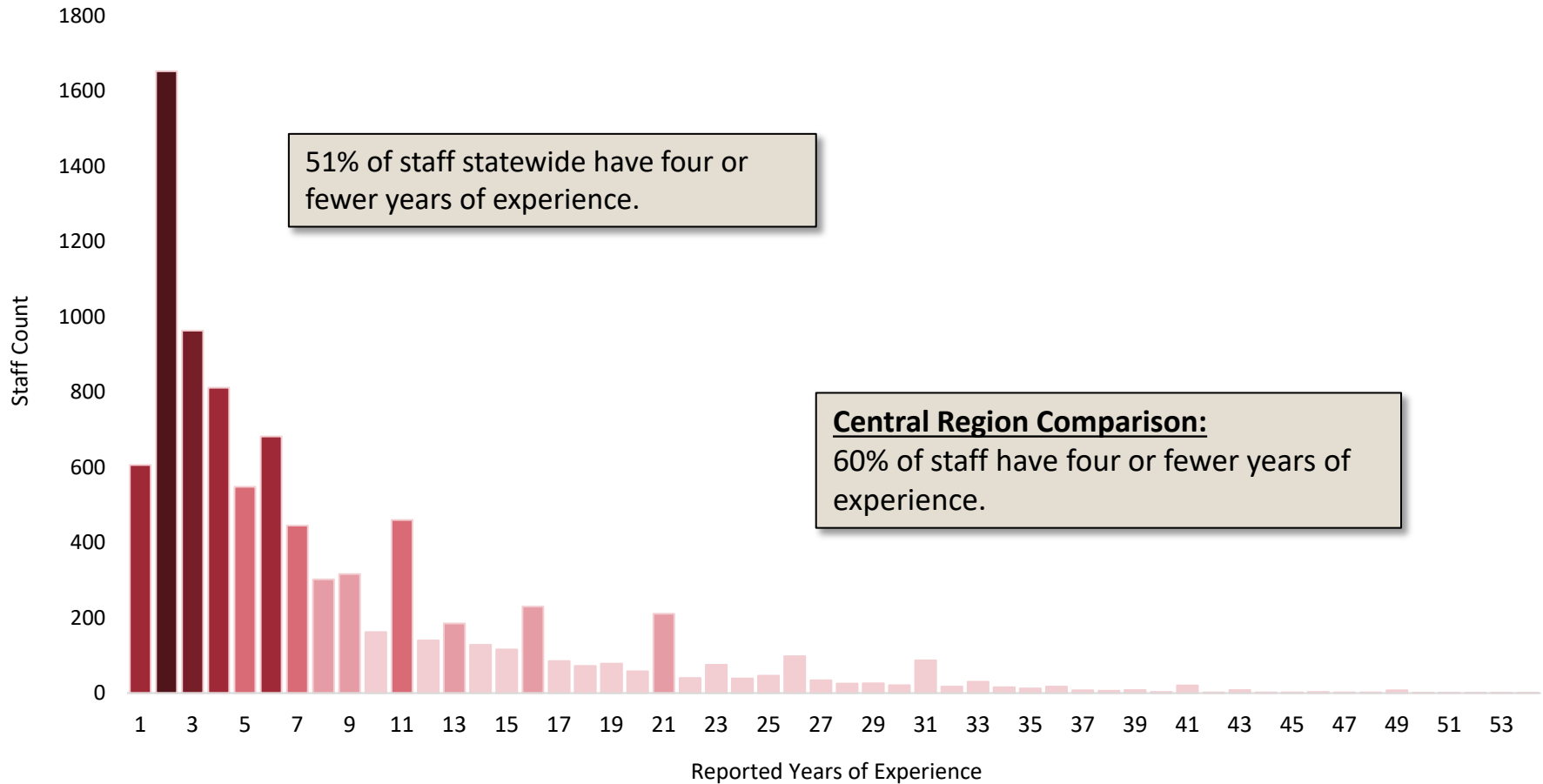


■ Female ■ Male ■ Other (Including Transgender)

Please refer to slide 18 for summary of research limitations.

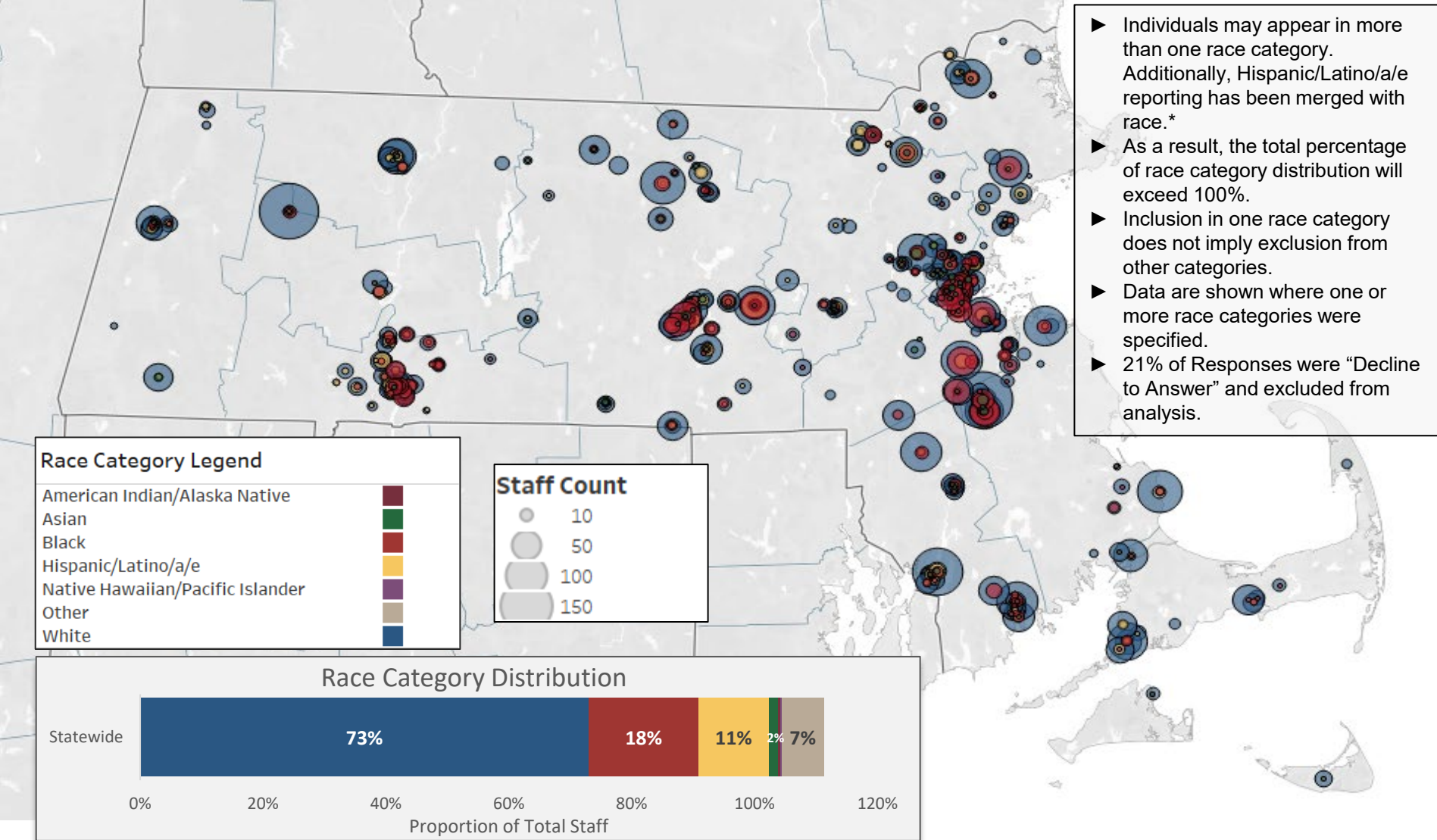
Years of Experience (FY 20/21)

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



Please refer to slide 18 for summary of research limitations.

Staff Race Statewide (FY 20/21)

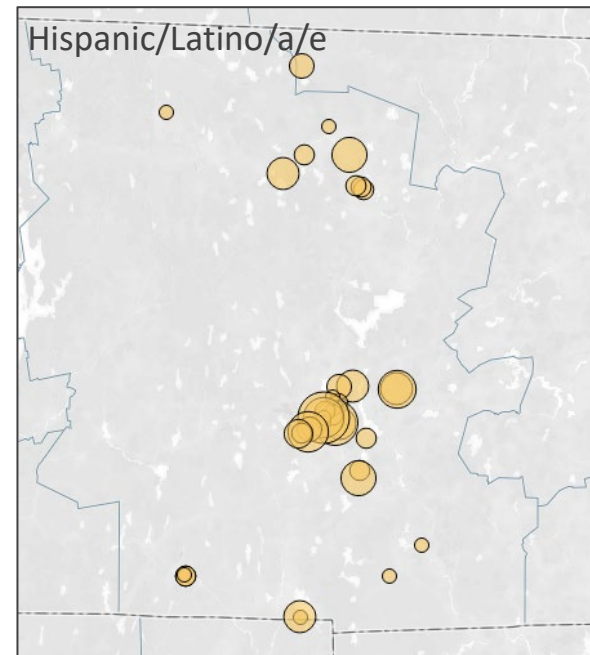
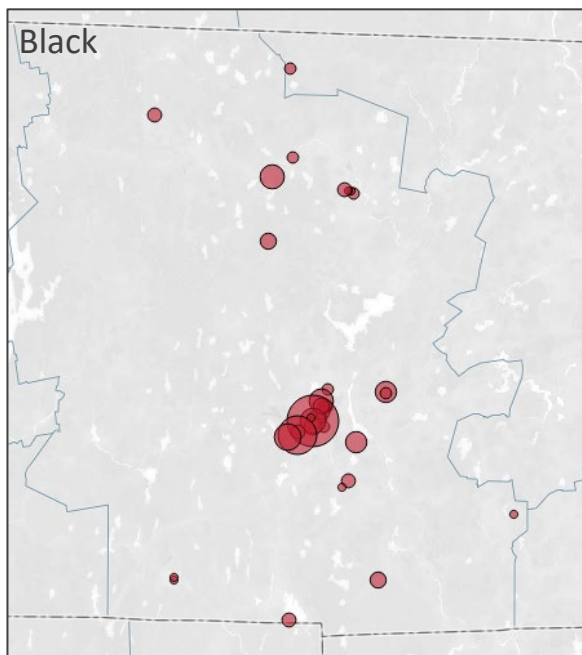
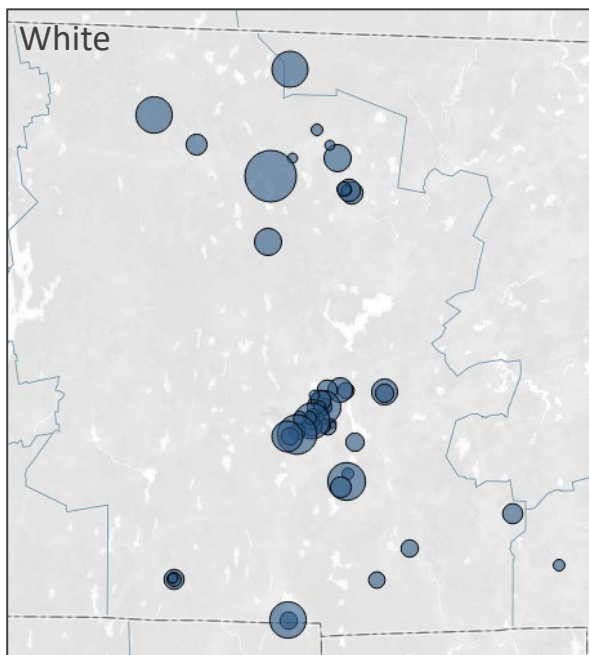


- ▶ Individuals may appear in more than one race category. Additionally, Hispanic/Latino/a/e reporting has been merged with race.*
- ▶ As a result, the total percentage of race category distribution will exceed 100%.
- ▶ Inclusion in one race category does not imply exclusion from other categories.
- ▶ 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 18 for summary of research limitations.

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

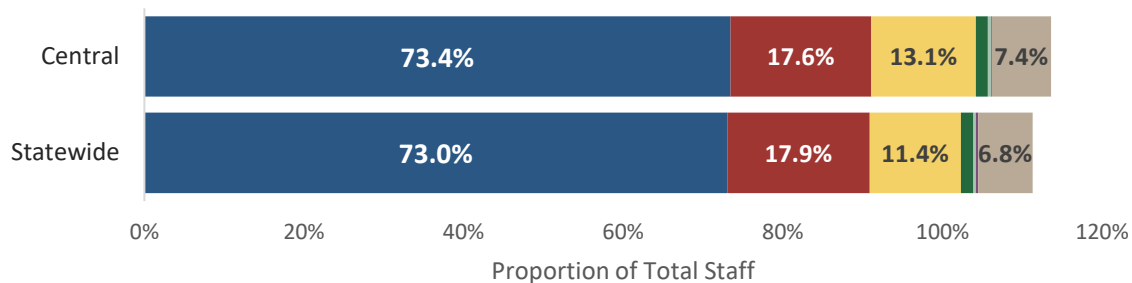
Staff Race: Central Region (FY 20/21)



*Scale is different for each image. Circle size should not be compared across images.



Race Category Distribution



Please refer to slide 18 for summary of research limitations.
Please refer to slide 22 for description of race categories.

The distribution of BIPOC staff in the Central Region is similar to their distribution statewide.

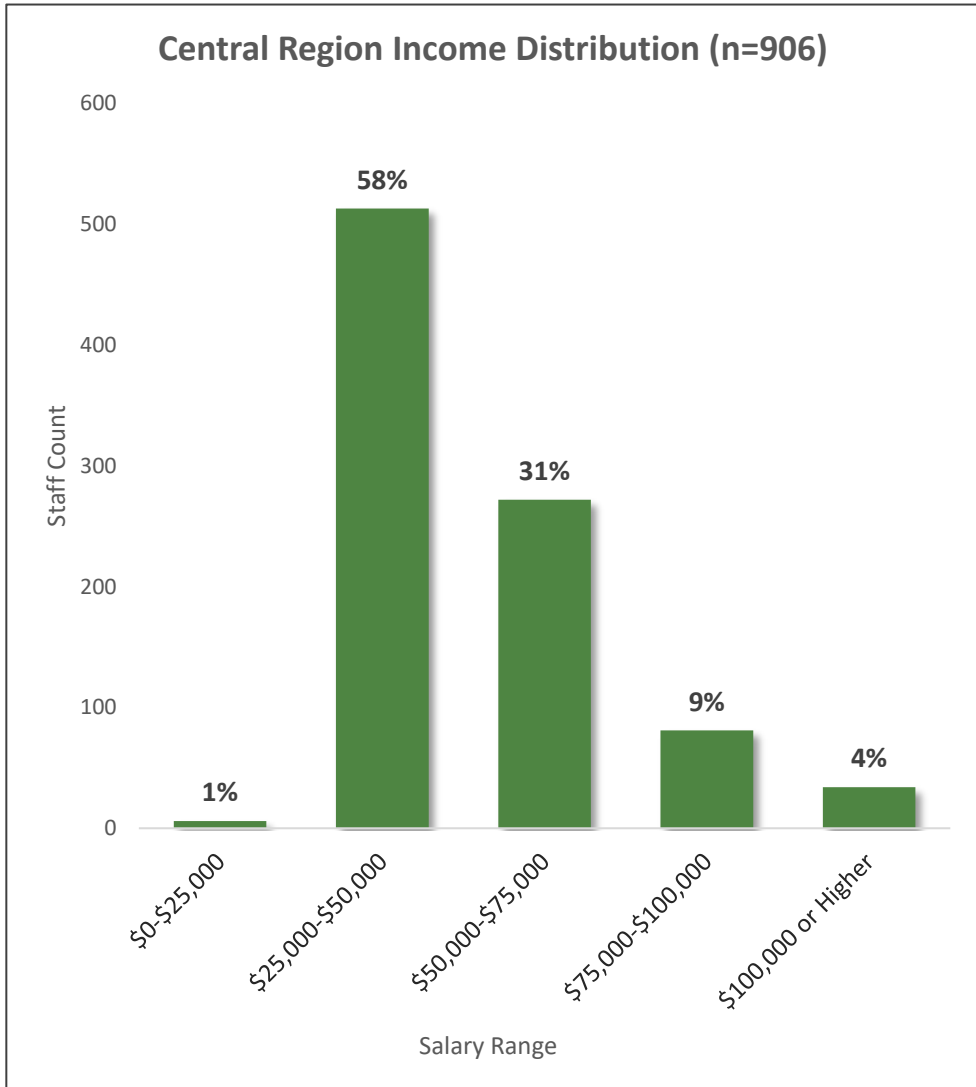
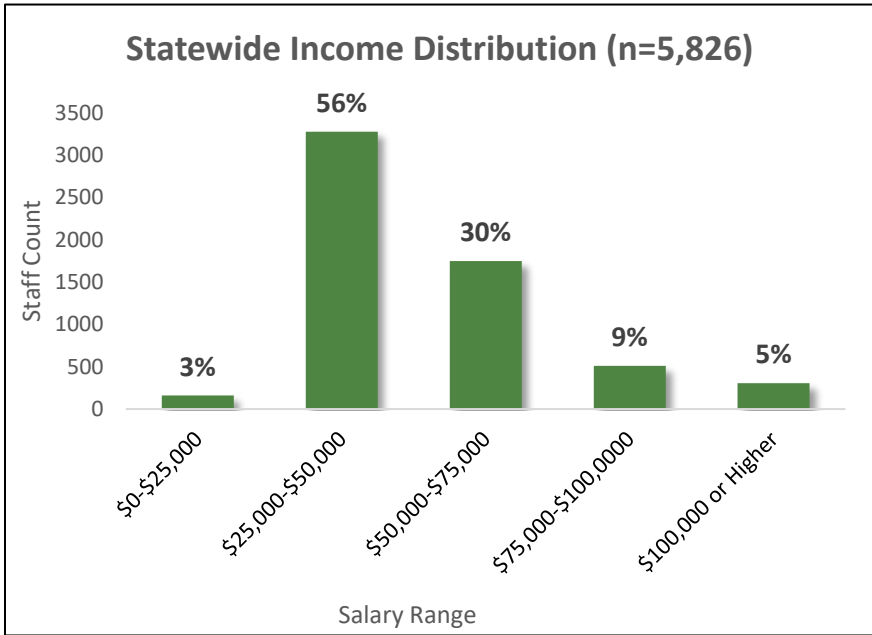
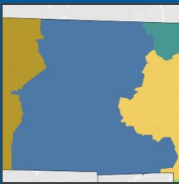
Section 4: Staff Income (FY 2020/2021)

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)



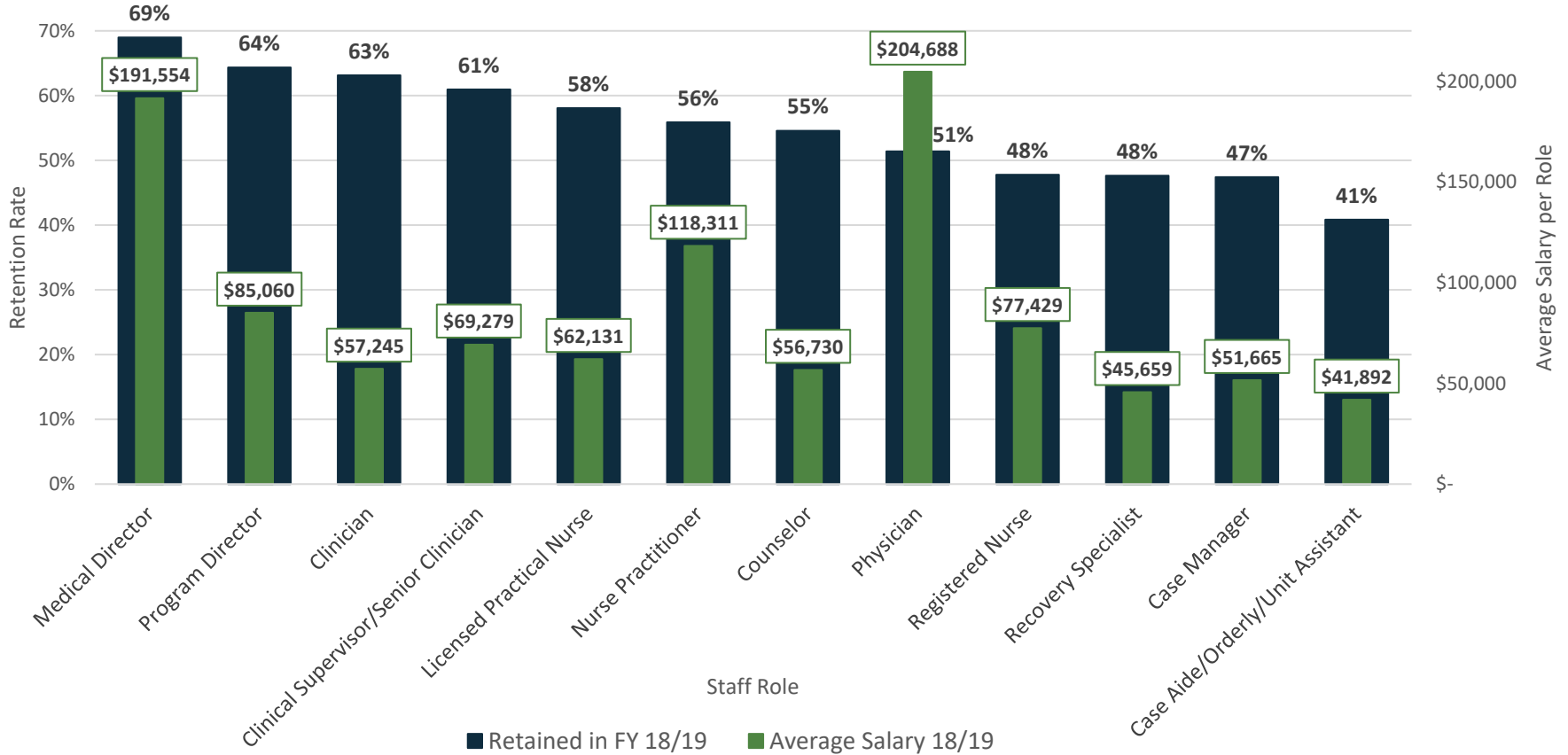
Almost 60% of the full-time workforce statewide reported making \$50,000 or less per year.

Central Region Comparison:
Salary distribution largely aligns with statewide distribution.

Please refer to slide 24 for summary of research limitations.

Role Level Retention & Salary (FY 20/21)

Statewide Role Retention Rates on Average Salary

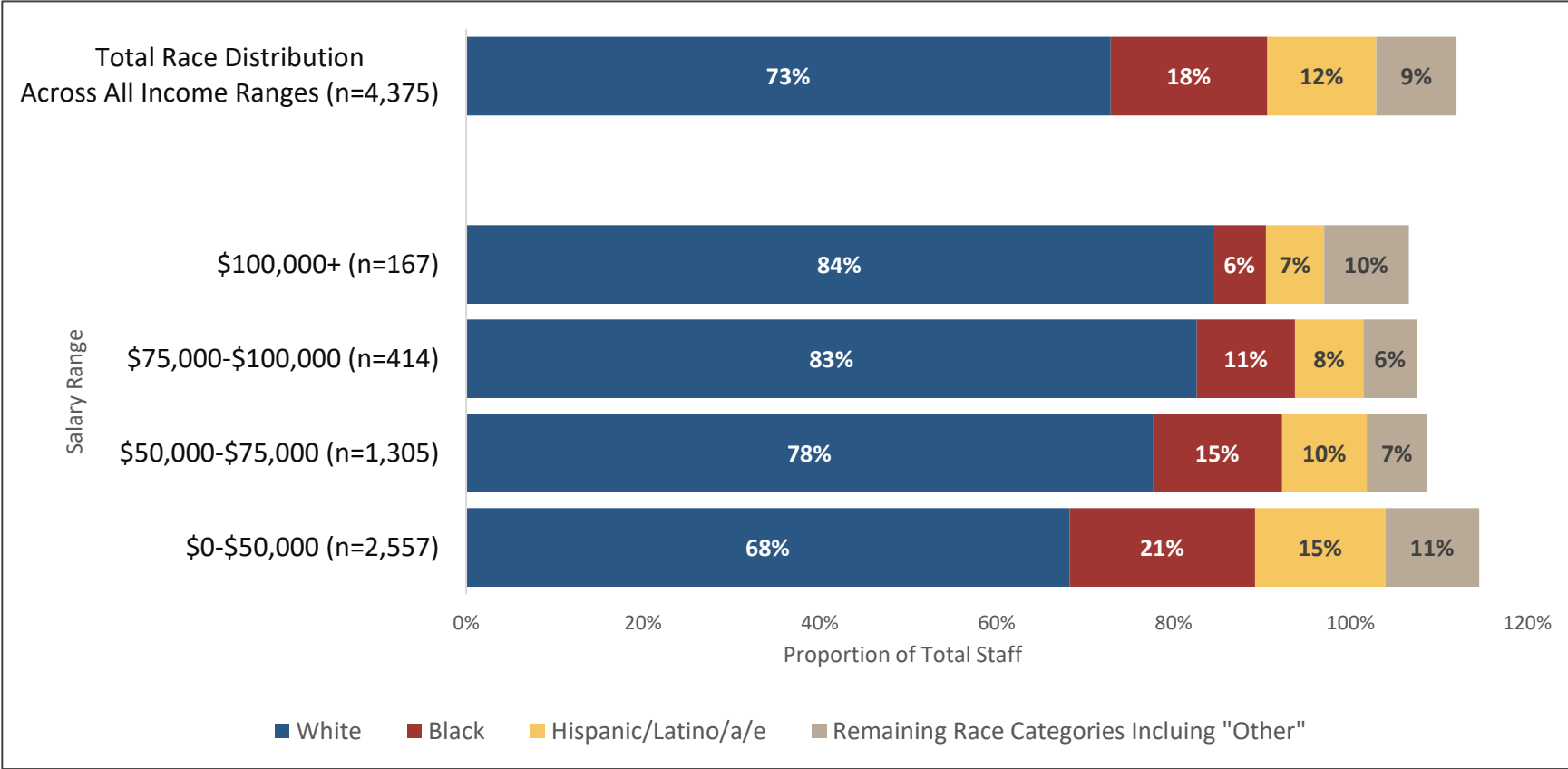


Generally, retention rates of staff role types follow salary patterns with some exceptions:

- 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 24 for summary of research limitations.

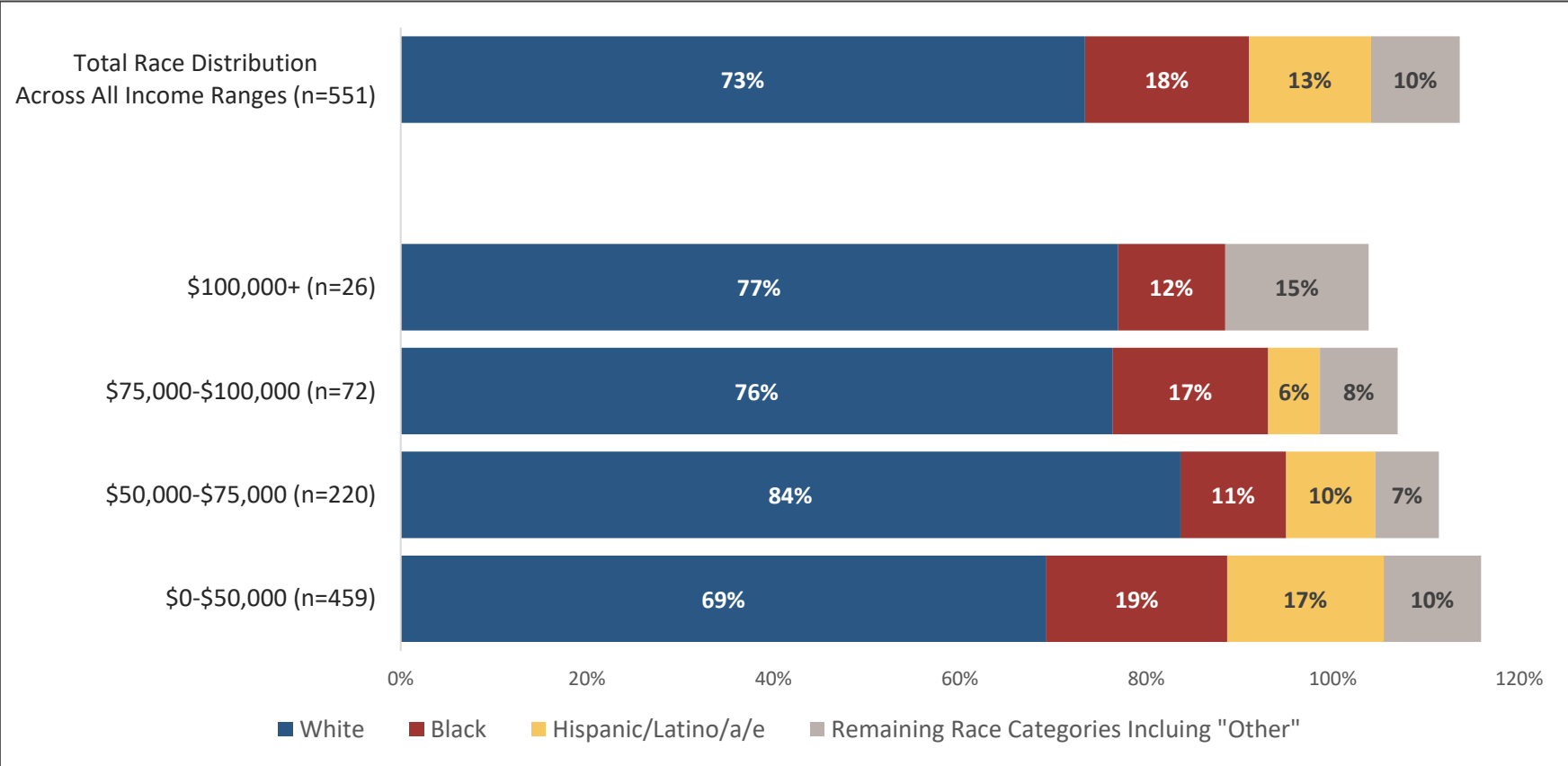
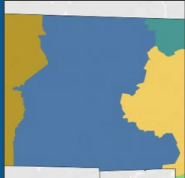
Statewide Race Distribution by Salary Range (FY 20/21)



- 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 22 for description of race categories
 Please refer to slide 24 for summary of research limitations.

Race Distribution by Salary Range: Central Region (FY 20/21)



Staff reported as Black and Hispanic/Latino/a/e are **over**-represented in **lower** salary ranges and **under**-represented in **higher** salary ranges in the Central Region. However, these over- and under-representations differ in degree: the difference for staff reported as Black are less than statewide, while those for Hispanic/Latino/a/e are greater than statewide.

*Please refer to slide 22 for description of race categories
Please refer to slide 24 for summary of research limitations.*

General Takeaways

Statewide	Central Region Comparison
Program and Staffing Trends	
While the treatment system in Massachusetts is growing, there is increased volatility in recent years.	Central Region had stable program growth year to year with minimal program loss. There was also steady staff growth from year to year at a greater rate compared to Statewide. However, staff and position growth slowed in FY 20/21.
Retention	
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 an increase in internal movement.	Central Region saw closely aligned retention numbers compared to Statewide.
Income	
60% of the workforce is reported to earn \$50,000 or less annually. Retention rates per role generally follow salary patterns.	Central Region largely aligns with Statewide patterns for salary distribution.

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 31).

Additional presentations available for each BSAS Region and Statewide.

BSAS Workforce Initiatives

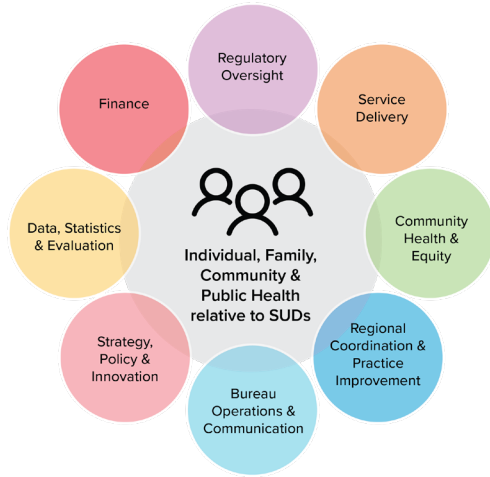
BSAS Equity Initiatives

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

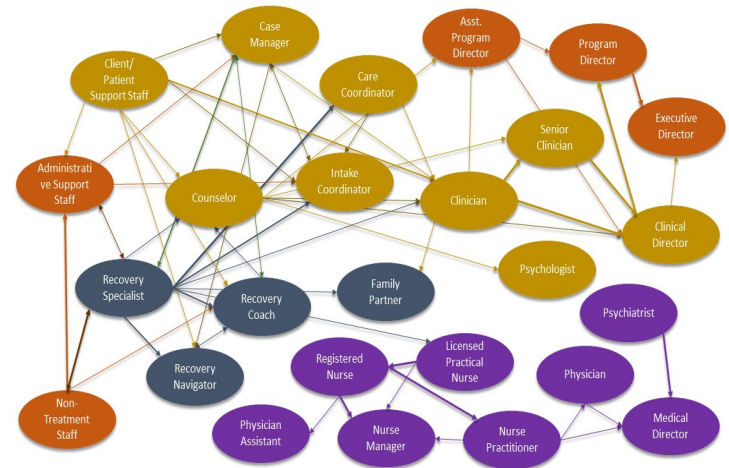


Internal BSAS strategic plan and restructuring

- 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

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

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

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

Contact Us

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