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Walden University

College of Social and Behavioral Sciences

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Tasha Moses

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and that any and all revisions required by
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Walden University
2021

Abstract

Improving Staff Retention in Adolescent Psychiatric Residential Treatment Facilities

by

Tasha C. Moses

MS, University of South Carolina, 2014

MS, Springfield College, 2009

BS, Springfield College, 2007

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

Walden University

May 2021

Abstract

High direct care staff (DCS) turnover in psychiatric residential treatment facilities presents significant organizational challenges. Insufficient DCS levels and high turnover rates can undermine an organization's ability to provide quality care to residents who have acute psychiatric symptoms, maintain a safe environment, and achieve strategic goals. This case study was grounded in the Baldrige Excellence Framework and focused on the DCS retention challenges experienced by a psychiatric residential treatment facility in the southeastern United States. Sources of data included semi structured interviews with seven organizational leaders, a review of organizational archival records, and an academic literature review. Thematic content analysis revealed (a) the organization's DCS are entry-level, low wage positions requiring minimal experience, (b) the organization's DCS need specialized and continuous training to manage the acuity of the client population, (c) the importance of utilizing trauma-informed care models, and (d) efforts to improve DCS retention should be evaluated to ensure effectiveness. Strategy, workforce, and client-focused recommendations are provided to address study findings. Improving DCS retention in residential treatment settings contributes to positive social change, as DCS stability is essential for successful behavioral health treatment outcomes for vulnerable youth.

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Dedication

This doctoral study is dedicated to my loving grandparents, John and Lucille Gandy. Your love, example, and words of wisdom carried me throughout this process. You are missed.

Acknowledgments

Thank you, Heavenly Father for blessing me to complete this endeavor. I am forever grateful to my family and friends for understanding the sacrifices and supporting me throughout this journey. A special thanks to my mother for praying and encouraging me. I thank my loving husband for always believing in me. To my children, thank you for your patience and my grandchildren for always providing me with joy and laughter. My sincere thanks to my professor for guidance and constant support.

Table of Contents

List of Tables v

List of Figures vi

Section 1a: The Behavioral Health Organization 1

Introduction..........1

Practice Problem 4

Purpose..........5

Significance..........7

Contribution to Organization's Success and Behavioral Health Leadership Practice.......... 7

Potential Contribution to Positive Social Change.......... 7

Summary 8

Section 1b: Organizational Profile..........10

Introduction..........10

Organizational Profile and Key Factors..........11

Organizational Background and Context..........12

Organizational Structure 12

Clients, Other Customers, and Stakeholders.......... 13

Partners and Suppliers.......... 15

Competitive Environment.......... 16

Strategic Context..........18

Finances 18

Regulatory 21

Performance Improvement 23

Summary 25

Section 2: Background and Approach—Leadership Strategy and Assessment 27

Introduction 27

Supporting Literature 28

Employee Retention and Turnover 29

Psychiatric Residential Treatment Facilities 31

PRTF Client Population 33

DCS/Youth Care Workers/Residential Counselors 35

Factors Contributing to DCS Turnover 38

Leadership and Strategy Influence on DCS Retention 41

Best Practices for DCS Retention 44

Sources of Evidence 50

Leadership Strategy and Assessment 50

Client Population 55

Customer Engagement: Patient Offerings and Patient Support 56

Analytical Strategy 58

Leadership/Strategy Questions 58

Workforce Questions 59

Business Operations Questions 60

Summary 60

Section 3: Measurement, Analysis, and Knowledge Management Components of the Organization 62
Introduction 62
Analysis of the Organization 63
Workforce Environment 63
Workforce Engagement 71
Knowledge Management 75
Summary 77
Section 4: Results—Analysis, Implications, and Preparation of Findings 79
Introduction 79
Analysis, Results, and Implications 81
Data Analysis 81
Client Results 82
BHOA Client Programs 82
Workforce Focused Results 87
Capability and Capacity 89
Workforce Climate 94
Workforce Engagement 100
Workforce Development 104
Leadership Results 107
Communication and Workforce Engagement 107
Strategies and Implementation 109

Finance and Market Results 113
Findings and Implications of Study 116
Client-Focused Findings 116
Workforce-Focused Findings 117
Leadership/Strategy Findings 117
Financial Market Findings 118
Positive Social Change 119
Strengths and Limitations of the Study 120
Summary and Transition 121
Section 5: Recommendations and Conclusions 122
Client-Focused Recommendations 122
Workforce Recommendations 124
Leadership and Strategy Recommendations 129
Finance and Market Recommendations 132
Conclusion 133
References 135
Appendix A: BHOA Client Population and Milieu Description 151
Appendix B: Thematic Content Analysis 153
Appendix C: 2020 Quality Assurance and Strategic Planning Tracking 154

List of Tables

Table 1 BHOA Census Budget vs. Actual 2019 19

Table 2 BHOA Census Budget vs, Actual 2020 19

Table 3 2019 Performance Improvement Benchmarks 20

Table 4 BHOA Onsite Services 83

Table 5 2020 Performance Improvement Data 86

Table 6 BHOA Leader's Perception of DCS Retention Rates 88

Table 7 Thematic Content Analysis: BHOA Leader's Perception of DCS Diversity 89

Table 8 Thematic Content Analysis: Leader Perspective of Factors Contributing to DCS Turnover 91

Table 9 2017 BHOA's General Hourly Pay Rate for DCS 93

Table 10 BHOA DCS Turnover 2020 94

Table 11 BHOA 2020 Voluntary Turnover Typology 95

Table 12 BHOA DCS Workforce Injury Claims Report 2019-2020 97

Table 13 TIC Models, Design, Context and Outcomes 99

Table 14 BHOA Leaders Perception of DCS Rewards and Recognition Opportunities 103

Table 15 BHOA Leaders Perspectives: Opportunities for DCS Career Advancement 105

Table 16 BHOA Overtime Hours 2010 - 2019 115

Table 17 Frequently asked Human Resources Questions 130

List of Figures

Figure 1. Corporate Organizational Chart 53

Figure 2. Facility Organizational Chart 54

Section 1a: The Behavioral Health Organization

Introduction

In the United States, many residential treatment programs provide therapeutic and educational services to children with significant emotional and behavioral disorders (Seti, 2008). In 2015, there were 384 psychiatric residential treatment facilities (PRTFs), which provide inpatient services in a non-hospital setting to those under 21 (Centers for Medicare and Medicaid Services, n.d.). PRTFs are designed to provide intensive inpatient medical supervision in a secure and highly controlled environment (Rose & Lanier, 2017). Youth are eligible for PRTF services when ambulatory care services offered in the community do not meet individual treatment needs (Rose & Lanier, 2017). Adolescents admitted to residential treatment programs require protection from themselves, protection from others inflicting abuse, or environmental factors such as violent communities (Brauers et al., 2016). The most common concerns are aggressive behavior, mental health, and safety (Sternberg et al., 2013). Prior to PRTF admission, youth more than likely have trauma-related mental health diagnoses, behavioral health service utilization, prescribed psychotropic drugs, or antipsychotic medication (Rose & Lanier, 2017). Additionally, youth may have experienced neglect, abuse, out of home placements, and varying levels of care.

Behavioral Health Organization A (BHOA) is a for-profit, 150-bed adolescent PRTF located in the southeastern United States and was founded in 1987 (BHOA website, 2020). According to the Service Description Manual, BHOA is licensed by its state's Department of Health and Environmental Control, is fully accredited by the Joint

Commission and AdvancEd, and all services adhere to practice parameters established by the American Academy of Child and Adolescent Psychiatry. Empirical evidence and information provided through the Association of the Treatment for Sexual Abusers guide the program designed to treat youth with problem sexual behaviors. BHOA's website states that the organization is nationally recognized for behavioral healthcare and partners with Medicaid to offer residential treatment to adolescents from seven surrounding states. The website advertises services as 24 hours a day, 7 days a week for youth ages 12–21. BHOA employs approximately 400 employees (http://www.buzzfile.com/business). Information retrieved from BHOA's website also described the client population, services, and eight specialized milieus programs. According to the website, adolescents admitted to BHOA present with myriad challenges, including mood disorders, traumatic experiences, substance abuse, behavioral disorders, autism spectrum disorder, and problem sexual behaviors. Additionally, BHOA offers a comprehensive array of services, including clinical evaluations, assessments, crisis stabilization, and psychiatric treatment.

BHOA's service manual detailed the characteristics of the eight distinct therapeutic communities, with five milieu programs designed to meet the needs of normal cognitive functioning youth, and three programs catered to youth with intellectual and developmental disabilities (BHOA website, 2020). Onsite services include individual and family therapy, fully accredited private school education, comprehensive medical and dental services, and recreational therapy (BHOA website, 2020). Given the scope of services offered and professional partnerships, maintaining qualified, appropriate staffing levels is imperative to the success of BHOA.

The BHOA website also explains the organization's mission, vision, and values. BHOA's mission statement focuses on guiding the healing process for youth 12–21 suffering from psychological and psychiatric illnesses and their families, providing high-quality residential care for youth with serious maladjustment when other services have failed, and restoring healthy functioning through trauma-informed practices (BHOA website, 2020). The vision of BHOA is to provide effective and efficient care in a safe and nurturing environment. BHOA offers individualized treatment plans and respects the rights of its stakeholders. BHOA promotes an atmosphere conducive to personal development and professional growth (BHOA website, 2020). According to BHOA's website, organizational values include:

- Providing services with dignity and respect
- Creating a youth involved therapeutic treatment approach
- Individualized treatment and educational services in a safe and stable environment
- Encouraging family engaged treatment
- Utilizing evidenced-based and trauma-informed models whenever possible.

BHOA's mission and vision statements suggests that residents will have holistic residential treatment experience. The organizational expectation is to excel in helping youth with the severe mental and behavioral health problems succeed in a therapeutic setting and post discharge. BHOA indicates that children should learn and prosper in a safe and nurturing environment that promotes evidence-based practices to achieve its mission (BHOA website, 2020).

Members of BHOA's leadership team participated in semistructured interviews, providing information about the client population, workforce, leadership governance, strategy, and finance. Responses from the interviewees reflected the experiences and perceptions of the practice problem. To maintain confidentiality, participants will be referred to as Participant 1, Participant 2, and so on throughout the study. Additionally, the organization will be referred to as BHOA.

Practice Problem

Staff instability impacts an organizations' ability to provide quality and sustainable services (Sulek et al., 2017). High employee turnover leads to direct and indirect costs, which puts the organization at risk for not reaching its goals (Chowdhury & Hasan, 2017). In U.S. social service organizations, turnover rates are between 23% and 60%, adversely impacting vulnerable populations through inconsistent care (Tremblay et al., 2016). For instance, high turnover is positively correlated with subsequent residential readmissions for youth (Tremblay et al., 2016). Thus, PRTFs' continuity of care is an imperative component of successful treatment outcomes.

Direct care staff (DCS) are essential employees and vital for the organization's sustainability because they are front line employees. Providing continuous supervision, care, and safety are the primary responsibilities for DCS (Seti, 2008). But rate of pay, job satisfaction, training, burnout, supervision, and support can lead to high staff turnover (Sulek et al, 2017). Frequent turnover often results in a culture of residential staff who are inexperienced and ill-prepared to manage the responsibilities required in a PRTF setting (Seti, 2008). Furthermore, staff retention issues are costly in various ways including high

rates of incidents, work-related stress, low staff morale, limited therapeutic interactions between staff-to-youth, and increased financial expenses (Pette and Dempsey, 2020). Ultimately, high turnover harms the children, staff, and the organization.

BHOA experiences high turnover rates among DCS, which adversely impacts the organizational performance and quality of care provided to the residents (Participant 3). Due to the complexity of presenting problems, including aggressive behaviors, safety is a primary concern for the residents and employees. High turnover rates among DCS can compromise the organizations' ability to maintain appropriate staffing levels, potentially creating an unsafe environment. Participant 5 reported that BHOA employs pool staff members to work when milieu programs are understaffed. The use of intermittent or pool staff potentially increases safety concerns because they have not earned the youths' trust. As a response to the high attrition rates, the human resources (HR) department currently conducts a 7-day new employee orientation bi-weekly to ensure adequate staffing, which strains the budget and impacts overall performance (Participant 3). Therefore, retaining skilled workers and reducing employee turnover is necessary for the organization's economic and operational success (Belbin et al., 2012).

Purpose

The purpose of this case study was to assess and describe BHOA's current staff retention practices and performance gaps as well as identify improvement opportunities based on professional and academic literature. Information from this study allowed BHOA's leaders to determine a path for improving the staff's retention, thereby potentially improving the organization's financial stability and quality of client care.

The Baldrige Excellence Framework and its criteria for performance excellence (National Institute of Standards and Technology, 2019) was applied to this study to systemically approach retention issues within the organization. The framework served as a guide to explore employee engagement and organizational culture through a series of semistructured interviews and document reviews. The Baldrige framework highlights indicators that measure organizational dynamics, such as staff retention, job satisfaction, work environment, fiscal performance, and safety (America Association of Children's Residential Centers, 2009). The framework offers a set of questions that are beneficial for leadership and management practice (National Institute of Standards and Technology, 2019). Moreover, the Baldrige framework provided the information needed to accurately assess the current state of the organization's workforce capability, capacity, engagement strategies, and leadership, and organizational culture that impacts retention. To ensure a thorough organizational analysis of retention, the workforce environment (capability and capacity) was examined to determine the competency, skills, and knowledge of DCS staff. The Baldrige Framework provided guidelines for assessing BHOA's ability to adequately staff, train, and retain DCS to deliver quality client services (National Institute of Standards and Technology, 2017).

The sources of evidence and strategies applied in this study included semistructured leader interviews, a review of organizational documentation, and other secondary data sources. The first consulting strategy is to obtain documentation from the client to become familiar with the organization (McNamara, 2005). The purpose of the semistructured interviews with BHOA's leaders was to develop a clear understanding of

leader perspectives and experiences related to staff retention and turnover, with questions focused on gaining information on the respondents' experiences through open-ended questions (Castillo-Montoya, 2016). Secondary sources of organizational documents reviewed included the organization's strategic plan, personnel policies, organizational structure and hierarchy charts, meeting minutes, and Board policies and procedures. Additional secondary sources were retrieved from public sources such as BHOA's website, online job posting advertisements, online databases, and scholarly journals.

Significance

Contribution to Organization's Success and Behavioral Health Leadership Practice

BHOA's experience is a potential model for behavioral health organizations to gauge their staff retention practices and address retention related concerns. Additionally, this study created an opportunity for BHOA to compare its performance with competitors and national standards based on key indicators and best practices for PRTFs. As a result of this study, behavioral health leaders can understand the benefit of maintaining consistent staff to improve organizational performance, provide quality care for their clients, and enhance organizational sustainability. Ultimately, the results of the study provide insight into best practice strategies for improving DCS retention.

Potential Contribution to Positive Social Change

This study provides information that can allow BHOA to improve the quality of care provided to vulnerable adolescent populations by reviewing evidence-based treatment models specific to PRTFs. Such models emphasize aspects of staff engagement and retention that can affect quality outcomes. This case study is also a qualitative case

study model for similar organizations to evaluate staff retention issues and understand retention best practices. The population of adolescents served in PRTF, such as BHOA, have typically experienced high levels of inconsistency, abandonment, and trauma in their lives. As a critical variable in reducing youth readmission, successful family reunification will be influenced by the quality of the interpersonal relationships, therapeutic alliance, and level of commitment demonstrated by the DCS during residential treatment (Byers, & Lutz, 2015). Therefore, this study is significant because it provides evidence of best practices that improve DCS retention in PRTFs. BHOA and other behavioral healthcare organizational leaders can gain insight into the value of investing in DCS to improve the quality of care for the client population.

Summary

Staff retention is a critical component for successful organizational outcomes (Sulek et al., 2017). In PRTF settings, DCS are essential employees with myriad responsibilities in carrying out the organization’s mission (Seti, 2008). But retention rates among residential DCS are low (Tremblay et al., 2016). BHOA is experiencing retention problems with DCS that negatively affect the organization’s ability to achieve quality outcomes and organizational goals (Participant 3).

Section 1b, which follows, describes BHOA’s organizational profile and provides a general overview of the organization. This section includes the organizational structure, staff and stakeholder profiles, regulatory requirements, strategic vision, and continuous improvement efforts. The organizational profile also includes factors contributing to low

retention among DCS and key mechanisms for organizational communication and support.

Section 1b: Organizational Profile

Introduction

Researchers have continued to examine why employees voluntarily abandon their jobs (Rubenstein et al., 2018), and top-level managers continue to address employee retention issues (Belbin et al., 2012). Employee instability affects the business' ability to function effectively (Iqbal, 2010). Personnel separations can disrupt customer services, decrease business performance, affect the organization's competitive nature, increase the workload for remaining employees, deplete the employee pool, and result in a turnover domino effect (Lee et al., 2018). In the behavioral health field, staff retention is critical for organizational performance.

Likewise, DCS retention rates are low in residential treatment settings. Staff turnover is high in residential youth settings, which is positively correlated with subsequent residential readmissions (Tremblay et al., 2016). BHOA experiences persistent problems with DCS retention (Participant 3). With the capacity to provide care for a maximum of 150 adolescents with mental and behavioral health diagnoses, these essential workers are vital to BHOA's delivery of quality services (Participant 1). But the inability to improve retention rates can impact the organizational mission and strategic goals identified by BHOA leaders.

This study was aimed to examine the current processes and strategies that BHOA leaders have explored to improve DCS retention rates. Understanding how the current organizational culture impacts retention and the gaps that exist can help BHOA leaders identify opportunities for increased retention among the DCS. Thus, an examination of

turnover contributed valuable knowledge for BHOA leaders to improve DCS retention rates, which can help them accomplish organizational goals and fulfill the organizational mission.

Organizational Profile and Key Factors

BHOA's organizational profile will be based on a review of internal documents and public resources describing the services provided, the mission, vision and values, workforce profile, assets, regulatory requirements, organizational structure, governing system, and key market segments (patients, customers, and stakeholders). Furthermore, I will assess communication methods, competitive environment, DCS requirements, engagement strategies, continuous improvement plans, and employee turnover factors. Opportunities for improvement were informed by empirical evidence and best practices. PI practices and strategic plans were obtained from public sites, secondary literature, and the organization's intranet. BHOA's training, compliance requirements, hiring practices, and safety provisions were also be reviewed. Additionally, a review of employee satisfaction surveys and exit interview criteria was examined to determine critical factors related to DCS retention.

Aspects of leadership, workforce, strategy, and performance improvement (PI) are vital components of the practice problem of DCS retention. How senior leaders communicate, encourage communication, and engage the entire workforce is relevant for maintaining a high morale culture to retain quality DCS (Arunchand & Ramanathan, 2013). Aspects of the workforce profile included changes experienced in the workforce, DCS educational requirements, drivers that engage employees in achieving the

organization's mission and vision, and safety factors. These elements are relevant to help determine key factors related to BHOA's leaders experience with DCS instability. Assessing the educational and work-related experiences of DCS provided insight into the organizations hiring criteria and selection process for DCS.

Further, the mission and vision are the guiding principles for the organization. BHOA's mission is to assist in the process of restoring healthy functioning to adolescents diagnosed with psychological and psychiatric illnesses who exhibit significant maladaptive behaviors. BHOA help youth and family members when all other services have failed (BHOA website, 2020). Therefore, addressing BHOA's safety requirements is vital when determining issues of retaining DCS. Staff are more likely to promote an organization's mission and not leave when they feel safe (Pette & Dempsey, 2019, p. 16).

Organizational Background and Context

Organizational Structure

BHOA is a private, family-owned, for-profit corporation founded in 1987 (BHOA website, 2020). The corporate office and treatment facility are in the same state; however, they are separated by approximately 2.5 hours of travel time. BHOA's organizational design is a traditional hierarchical structure where communication flows from the top-down (BHOA Organizational Chart, 2017). Organizations can allocate resources, conduct planning, and hold people accountable for performance and resources through hierarchies (Burns et al., 2012). Leading the organization's mission and vision, the governing board is responsible for the oversight and direction of the organization (BHOA's Governing Board Bylaws, 2017). Board members are comprised primarily of external stakeholders.

The 2017 Governing Board Bylaws detail the members of the senior and leadership team, the role of the members, and meeting frequency.

Senior leadership and leadership teams execute the organization's vision. Senior leadership meetings occur monthly and include representation of external and internal directors across major departments. The leadership team meets weekly and is mostly comprised of internal directors and managers across various departments. BHOA's multi-level leadership extends from the corporate office to the residential leaders (BHOA Organizational Chart, 2017). Residential leaders are responsible for managing eight specialized milieus (BHOA Facility Organizational Chart, 2017), as effective leadership is essential due to the nature of health care (Johnson, 2009, p. 194). There are also numerous departmental and program meetings where information is shared with BHOA's employees through different communication modes (Participant 1).

Clients, Other Customers, and Stakeholders

Information about the client population was accessed from the 2019 BHOA Service Description Manual in a PDF downloadable format on the organization's website. According to the Service Description manual (BHOA website, 2019), BHOA's clients are male and female adolescents between the ages of 12–21 with mental and behavioral health disorders (see Appendix A). The male population consists of young men with emotional and behavioral challenges, intellectual disabilities, problem sexual behaviors, and autism. Females admitted to BHOA require treatment for emotional and behavioral issues and intellectual disabilities. Evidence of medical necessity must be provided for PRTF level of care based on a set of criteria including a recommendation

from a psychiatrist or a licensed mental health practitioner, immediate risk of harm to self or others, removal from home due to psychological instability, or psychologically unstable and at high risk of developing more severe of persistent symptoms (BHOA, Service Description Manual, 2019). Further, according to the orientation PowerPoint, Common Diagnosis of Children at BHOA (BHOA Intranet, 2013), every youth in BHOA's care must have a billable diagnosis.

A customer is a person or organization that purchases a commodity, goods, or business services (Brinkmann, 2018), which in this case is both the client's legal guardian or guardians, who ensure payment for the PRTF services, and the youth receiving care. BHOA's customers participate in the youth's treatment (BHOA Service Delivery Manual, 2019). Family-driven strategies adopted from the six core strategies (6CS) and Building Bridges Initiatives (BBI) help guide the process for engaging parents, legal guardians, and other family members in the treatment process (BHOA Service Description Manual, 2019). Family members and legal guardians are encouraged to participate in child and family team meetings, and are offered family therapy, phone calls, onsite visitation, and off-campus therapeutic home time (BHOA Service Description Manual, 2019).

BHOA's internal stakeholders are leadership and management members, professional, nonprofessional, and contractual employees. Interface stakeholders associated with BHOA are individuals who provide services internally and externally (Johnson, 2009), such as the governing board members and hospital contractual psychiatrists. Managed care organizations, insurance providers, and social services

organizations (i.e., Department of Social Services and Department of Health and HR) are external stakeholders that are essential to the operation and sustainability of BHOA. Along with regulatory entities, including the state's licensing body and accreditation entities, Joint Commission, and AdvanceED (BHOA website, 2020).

Highlights of the organization's service description include its affiliation with Building Bridges 4 Youth and the Substance Abuse and Mental Health Service Administration (BHOA website, 2020). Collaborative treatment providers and advocacy group affiliations are also displayed on the website. Other external stakeholders include community members, businesses, the local police department, hospitals, the Department of Juvenile Justice, and the local judicial system. Due to the diverse service offerings in a residential treatment setting, BHOA works with various vendors providing supplies for medical, food, sanitation, and educational needs. Additionally, BHOA offers residential treatment to youth from approximately seven states (Director of Referrals and Admissions, personal communication, April 23, 2020).

Partners and Suppliers

As a multifaceted PRTF for adolescents, BHOA's suppliers and partners are extensive. BHOA suppliers provide the supplies necessary to maintain a living environment for the clients and work environment for the employees. Under regulations set forth by the licensing agency, BHOA must meet its clients' needs in many aspects (Department of Health and Environmental Control, 2016). Based on the Budget vs Actual Financial 2019-year-end report, BHOA works with various vendors supplying medical equipment, medication, food, sanitation, furniture, arts and crafts, games, indoor-outdoor

equipment, and educational needs. BHOA maintains general business needs, such as office supplies, office equipment, and furniture, to ensure that employees have the means to provide efficient services.

The organization's intranet listed BHOA's partners and suppliers including contracts with various social services state agencies. Local medical partners include a vision center, mobile dental and x-ray services, pharmacy, urgent care facility (residents and employees), and audiologist. Other service partners include linen services, hair care services for clients, local school district, Book Mobile, Department of Juvenile Justice Get Smart program, Core Solutions, copier services, and janitorial services. On the website's resources page, affiliations are noted as managed care and insurance providers, Medicaid providers from seven states, the state's Medical University, BBI, National Alliance on Mental Illness, Special Olympics, Juvenile Justice Association in a neighboring state, Association of Community Alternatives for Youth, and Polaris Project for Human Trafficking. BHOA also partners with Walden University to provide discounts for employees' continued education (BHOA website, 2020).

Competitive Environment

During the organization's early years, BHOA operated four treatment centers throughout the state: one outpatient and three inpatient residential programs. Currently, there is only one remaining inpatient residential treatment facility, which has been in existence since 1987 (Executive director, personal communication, August 3, 2020). BHOA's current programs specialize in treating male and female youth with normal cognitive functioning, intellectual disabilities, males diagnosed with autism, and male

sexual offenders (BHOA website, 2020). According to BHOA's 6CS Initiative report (2018), multi-sensory and comfort rooms, trauma focused yoga, and animal assisted therapy were added to their service line. Program size, specialized services, and a philosophy of compassionate care positions BHOA as a viable competitor with stakeholders interested in PRTF services.

Competitors serving the same geographical locations as BHOA have significantly increased (Director of Referrals and Admissions, personal communication, April 23, 2020.). A list of BHOA's competitors was provided and was comprised of 28 PRTFs in the southeastern United States. An exploration of these competitors revealed areas that enhance their competitive edge such as multiple facilities in their networks, integrated continuum of care services, smaller client populations to improve individualized care, and extensive service lines. Innovative treatment modalities are also available amongst BHOA competitors, including music therapy, art therapy, and equestrian therapy.

Regarding competition for the recruitment and retention of DCS, fringe benefits are an incentive that impacts employee performance and retention (Seti, 2008). BHOA advertises competitive salaries and generous benefits to attract and retain employees. BHOA offers a benefits package including group health, dental, vision, life, disability insurance, matching 401K benefits plan, and employee assistance program on its website (BHOA website, 2020). Free onsite preventative medical services are also available to staff and free prescriptions filled by partnering pharmacist (Participant 5). Additionally, employee recognition and appreciation efforts are important for retaining quality staff

(Kadis, n.d.). Additional competitive and retention strategies include monthly and quarterly employee recognition events (Participant 1; Participant 3).

Strategic Context

BHOA was established in 1987 and previously operated three PRTFs and one community-based outpatient program (Participant 3). It is unclear the date and factors resulting in the closure of the other BHOA establishments. However, research has indicated that the state government's role shifted, decreasing their efforts in delivering mental health services (due to insurance expansions) and resulting in mental health treatment facilities consolidating throughout the country (Cummings et al., 2016). Furthermore, there have been trends in bed shortages between 1990–2008 with a 60% decrease in inpatient psychiatric beds in various regions of the country, creating an opportunity for private investors to profit (Cumming et al., 2016). Similarly, private equity acquisitions of health care organizations have significantly increased over the past decade (Brown & Casalino, 2020). However, BHOA continues to operate as a private medium-sized PRTF facility.

Finances

With 150 beds available, it is the goal of BHOA to maintain a minimum census population of 140 to satisfy the budget and profit margin (Participant 3). BHOA's Budget vs. Actual Report for 2019 illustrated the budgeted and actual average daily census (ADC) for the year (see Table 1). Between April and December 2019, BHOA did not meet the budgeted ADC. In 2020, BHOA continued to fall below the budgeted ADC (see Table 2).

Table 1

BHOA Census Budget vs. Actual 2019

Month	Budgeted ADC	ADC Actual/Projected
January	135	134.74
February	140	140.43
March	140	139.52
April	142	136.60
May	143	132.10
June	143	133.57
July	143	137.35
August	143	132.10
September	142	137.63
October	144	137.97
November 9	141	135.03
December	140	130.30

Table 2

BHOA Census Budget vs, Actual 2020

Month	Budgeted ADC	ADC Actual/Projected
January	125	125.33
February	130	122.17
March	135	125.87
April	140	131.00
May	140	134.35
June	140	131.87
July	140	130.13
August	140	128.90
September	140	125.90
October	140	129.13
November	140	127.20
December	140	125.35

Despite lowering the budgeted ADC in 2020, BHOA continued to fall below budget, and BHOA did not meet the desired ADC budget for the entire year of 2020. Data retrieved from BHOA's 2019 Performance Improvement Benchmarks Report provides census data covering a 5-year period from 2014–2018, which showed the actual ADC as consistently lower than 140 (see Table 3).

Table 3

2019 Performance Improvement Benchmarks

	2018 Results	2017 Results	2016 Results	2015 Results	2014 Results
ADC	137.28	136.19	133.5	133.5	120.74

Census data also revealed that adequate staffing inherently impacts BHOA's ability to meet the 140-census goal, which can also impact operations. The census data were collected from the Safari database and organizational documents. The Safari system is a network of servers which allow users to store, manage and pull patient information in one, easy to access system. Records are also stored in "Image-Silo" for redundancy. Image-Silo is a cloud-based data storage system used for disaster recovery. Safari permits users to run reports and build reports based on the data that is requested by the end user (BHOA email communication, 2018).

BHOA's 2020 budget is based on an ADC of 140 at a budgeted average daily rate of $450–$459.00 (BHOA Budget vs. Actual Report, 2019). The BHOA Safari database reflects an average daily rate (per client) increase for the past three years from $432.46 in

2017 to $453.76 in 2019. However, the 2019 Budget and Actual report reflects the average daily rate range as $450.27–460.31. The 10 Year Capital Expenditure Schedule from 2015–2023 (obtained from the organization's intranet) includes past, current, and future organizational in categories of year, item, priority and rationale, price timeline, and status.

BHOA accepts various forms of payments, including cash, credit cards, and Paypal (Psychology Today, 2020). The organization also accepts multiple insurance plans. Federal funding through the Medicaid program is made available for state expenditures for individuals under age 21 requiring PRTF services (Centers for Medicare and Medicaid Services, 2020).

Regulatory

The adoption of the Affordable Care Act (ACA) prompted rapid reforms in the healthcare sector. These changes included strategies to decrease the uninsured population, improve quality healthcare services, and reduce healthcare costs (Janicke et al., 2015). The focus of health shifted from a fee-for-service model to quality performance outcomes. Although BHOA's home state did not support the ACA, the Centers for Medicare and Medicaid Services, managed care organizations, licensing entities, and accreditation agencies maintain the efforts of ACA's goal to focus on providing quality and efficient healthcare.

Additionally, the Department of Health and Human Services (DHHS; 2014) Code of Federal Regulations Parts 441 and 483 dictate the guidelines for PRTF compliance for survey protocols and interpretive guidelines to which the organization and all employees

must adhere. According to the DHHS (2001), non-hospital settings such as PRTFs quickly replace acute psychiatric hospitals for treating youth with psychiatric illnesses. DHHS guidelines also define staff as full-time, part-time, or contracted individuals responsible for managing the health or participating in emergency safety interventions for residents. DHHS Code of Federal Regulations Section 483.376 also informs that education and training are vital components for DCS in PRTF settings (DHHS, 2001).

BHOA is responsible for reporting incidents (based on type) to the appropriate licensing agency and family members within a specific period (BHOA Policy 139 Incident Reporting, 2018). All incidents are either classified as serious occurrence, critical, or non-critical (BHOA Policy 139 Incident Reporting, 2018). DCS are responsible collecting and reporting incidents ensuring that accurate documentation of events (DHHS, 2014). According to BHOA Policy 139, "expedient reporting, review, and documentation of incidents to maximize the safety and security of the residents, staff, and visitors. Incident reporting is considered an integral function of the safety and risk management practices" within the organization (p. 1). BHOA Policy 139 also requires DCS compliance with state regulatory and contractual reporting requirements. As DCS provide around the clock supervision, they are responsible for providing a firsthand account of the event (BHOA Policy 139 Incident Reporting, 2018).

Further, as a requirement for accreditation by the Joint Commission, BHOA invested in its continuous PI activities, which included the reduction of restraints and seclusion, consistent with BBI and the 6CS (BHOA's 6CS Initiatives, 2018). According to BHOA's 6CS Initiative document (2018), BHOA formally endorsed the BBI in August

of 2012. BBI and 6CS are holistic restraint reduction interventions with foundational components of trauma-informed care (TIC) principles (Dennison et al., 2018). The BBI framework is acknowledged as a best practice (Blau et al., 2010).

Physical restraints initiated by BHOA staff are guided by the nonviolent crisis intervention training model (BHOA HR manager, personal communication, August 6, 2020). Participant 4 reported that nonviolent crisis intervention training and refreshers are mandatory for all BHOA DCS employees. Staff must demonstrate nonviolent crisis intervention competency before initiating or engaging in physical intervention. To ensure restraint and seclusion interventions are utilized as a last resort, DCS must be trained to use nonphysical techniques such as de-escalation, conflict resolution, mediation techniques, and active listening skills (Participant 4). Additionally, all DCS must obtain certification in cardiopulmonary resuscitation (CPR), which complies with DHHS (2017) guidelines.

Performance Improvement

BHOA leaders participated in an annual leadership retreat in December 2019 with the goal to evoke PI ideas from the leadership team (Participant 3). Minutes from the meeting detailed the “big ideas” that were discussed (BHOA Retreat Minutes, 2019). Participant 3 explained the big idea concept as establishing task teams to steer PI projects. Ideas for PI task groups included improving processes or operationalizing new strategies (BHOA Retreat Minutes, 2019). There were several questions captured during the retreat and for each question, various solutions were offered for improvement.

Strategic measures have been made to ensure compliance with the state licensing entity, Joint Commission, and managed care organization stakeholders (Participant 2). The BHOA 2019 PI Plan is a 19-page document developed by the PI director. The report begins with BHOA's mission statement, which explains the organizations' position to successfully treat adolescents with emotional and behavioral challenges when all others have failed (BHOA PI Plan, 2019). As stated, the DHHS established PRTF requirements that are routinely surveyed. Per Participant 2, PI is the catalyst for ensuring that all statues are followed according to federal and state regulations. According to the PI plan:

> The 2019 PI plan involves a planned, systematic, organization-wide approach to the process, design, performance measurement, analysis, and improvement. BHOA's PI plan is consistent with the organization's mission, vision, values, and goals. This comprehensive plan is designed to meet the needs of residents, staff, families, referral/payer sources, and regulatory accrediting agencies.

Participant 2 explained that to ensure performance strategies are operationalized, monthly CARE meetings, critical incident reviews, and healthcare failure mode effects analysis processes are facilitated. These processes assess existing policies, create new procedures, revise existing policies, and identify corrective actions to mitigate negative reoccurrences. Additionally, DCS are routinely invited to participate in these meetings (Participant 2).

During the current Covid-19 pandemic, the PI director implemented strategies to monitor processes, navigate the current environment, and provide BHOA with information regarding the changes for congregate-care facilities. The PI director's focus

is on ensuring the health and safety of BHOA's employees and staff while navigating the Covid-19 pandemic (personal email communication, 2020). One strategy was creating a "frequently asked questions" process regarding the organization's response to the pandemic and how BHOA is promoting safety (Participant 2). Communication and transparency are two fundamental aspects of the improvement performance system. Weekly communication is disseminated to parents and staff regarding new processes, safety efforts, and Covid-19 cases within the building among staff and employees (Participant 3). Lastly, Participant 2 provided current information from the Centers for Disease Control, the state's Department of Health and Environment Control, and best practices for congregate care settings to mitigate the coronavirus spread.

Summary

BHOA is a privately owned PRTF for adolescents with mental and behavioral health difficulties. As a medium-size residential treatment facility, the program has a census capacity of 150, with approximately 400 employees (Participant 3). BHOA adheres to a traditional organizational structure, where information is cascaded from the top down (BHOA Organizational Chart, 2017). TBHOA is tasked with providing quality services to the most vulnerable population, treating adolescents successfully where others have failed to do so (BHOA, Service Description Manual, 2019). To accomplish the stated mission, BHOA recognizes the need to improve their DCS retention problem (Participant 1). Research is consistent with the negative impact of low retention on organizational performance and quality services delivery (Chowdhury & Hasan, 2017;

Sulek et al., 2017). Thus, gaining awareness regarding the voluntary turnover problem among DCS can improve help the process to improve BHOA’s retention problem.

Section 2 discusses BHOA’s governance, leadership strategy, strategy development, and operations related to DCS retention. BHOA’s workforce development strategies and current retention practices are also explored. The section includes supporting literature and a review of sources of evidence obtained to understanding best practices in residential treatment facilities. Furthermore, I describe BHOA’s client population and workforce, and the methodology used for data collection.

Section 2: Background and Approach—Leadership Strategy and Assessment

Introduction

BHOA is a for-profit adolescent PRTF in the southeastern United States (BHOA website, 2020). BHOA is licensed by the Department of Health and Environmental Control and fully accredited by the Joint Commission. The organization is also partnered with the BBI established by the Substance Abuse and Mental Health Service Administration (BHOA Service Description Manual, 2019). Additionally, BHOA partners with Medicaid to offer residential treatment to adolescents between the ages of 12–21 from seven surrounding states (BHOA website, 2020). Onsite services include mental health therapy, fully accredited private school education, comprehensive medical and dental services, and recreational therapy (BHOA Service Description Manual, 2019). According to BHOA's 6CS Initiatives (2018), the organization fully adopted the Building Bridges 4 Youth joint resolution and the 6CS Pledge. The goal for adopting BBI and 6CS is to strengthen collaborative efforts and improve the relationships between BHOA clients and their families, residential and community-based organizations, and to eliminate the use of restraints and seclusion (BHOA Service Description Manual, 2019).

BHOA leaders have identified low retention rates among residential treatment DCS as an organizational problem and are invested in reducing involuntary DCS turnover rates. Given the presenting problems of the target population in residential care and the scope of services offered, maintaining appropriate staffing levels is imperative for the organization's overall functioning and sustainability. Safety is a primary concern for the residents and staff, which is also impacted by the availability, consistency, and DCS

stability (Graham et al., 2017). Therefore, overall care and positive treatment outcomes are influenced by committed and qualified DCS (Sulek et al., 2017).

The purpose of this qualitative study was to assess and describe BHOA's current DCS retention practices, identify performance gaps, and emphasize improvement opportunities derived from academic literature. Low employee retention impacts an organization's ability to accomplish its mission and goals (Chowdhury & Nazmul, 2017). Staff turnover leads to financial costs for replacing staff and a reduction in quality of service (Garner et al., 2010, p. 134). Participant 3 explained that due to excessive new employee orientations, increased overtime expenses, and continuous employee bonus incentive plans, leadership members are concerned high turnover rates among DCS.

In the following section and throughout the study, PRTFs and residential treatment centers will be used interchangeably. Likewise, DCS, residential counselor, direct care work, staff, and paraprofessionals will also be interchangeable. Section 2 provides an overview of the academic literature relevant to DCS retention in adolescent PRTFs. Sources of evidence collected and BHOA's leadership strategy is also analyzed. Furthermore, I describe BHOA's client population and leadership, strategy, workforce, and operations are described according to the Baldrige Excellence Framework (National Institute of Standards and Technology, 2019). Finally, an analytical strategy detailing the data collection and methodology is explained.

Supporting Literature

An extensive review of the literature was performed on improving staff retention in adolescent residential treatment facilities. Various databases were used to obtain

relevant peer-reviewed journal articles within the last 5 years. Literature dated before 2015 was accessed when similar or key studies were identified. Databases accessed for this literature review included SAGE Publications, ProQuest Central, Academia Edu, Springer Link, Google Scholar, and Research Gate. Using the Walden Library's search engine, Thoreau and the Boolean Operators, the following descriptors were used for the research queries:

- *Psychiatric Residential Treatment Facilities*, *Residential Treatment Facilities*, *Residential Treatment,* AND *adolescent*,
- *Employee*, *Staff*, *DCS*, *Mental Health Professional*, *Retention*, *Turn-over* AND *Best Practices*,
- *Retention Strategies*, *Burnout*, *Employee Incentives*, *Staff Motivation*,
- *Work Environment*, *Work Culture*, and *Organizational Culture*,
- *Leadership Impact*, and *Strategy*.

Employee Retention and Turnover

There are numerous definitions for employee retention. Ivanova (2019) referenced Woods's (1995) definition of employee turnover as a "replacement cycle" that describes the process of hiring a new employee for a position that has been vacated by a previous employee. Employee turnover refers to the voluntary or involuntary separation of an employee. Significant voluntary employee job withdrawal is detrimental to organizations. Staff instability impacts an organizations' ability to provide quality and sustainable services (Sulek et al., 2017). Employee retention issues exist globally and have impacted diverse business industries for over 100 years (Rubenstein et al., 2018). In 2013, the

Society for HR Management reported that 25% of HR managers rated employee turnover as their primary concern, and 46% expressed the same problem in 2016 (Lee et al., 2018). The primary goal for employee retention strategies is to prevent human talent loss and motivate employees to remain with an organization for as long as possible (Singh, 2019).

Staff retention issues are costly in various ways such as disrupting client services, decreasing business performance, affecting the organization's competitive nature, increasing the workload for remaining employees, and depleting the employee pool (Pette & Dempsey, 2020). High employee turnover has direct costs (i.e., recruitment, orientation, and training) and indirect costs that impact employee performance (i.e., increased stress, decreased self-efficacy, educational costs, and the decline of the social capital within an organization; Chowdhury & Hasan, 2017). Likewise, recruitment efforts to fill vacancy costs half to 200% of the previous employees' wages stemming from additional resources, marketing, and time allocated (Cloutier et al., 2015). These expenses put the organization at risk for not reaching its goals. Thus, an organization's growth, sustainability, and revenue are greatly impacted by its ability to successfully retain quality employees (Cloutier et.al, 2015). HR departments assess the supply and demand of human capital and determine what is necessary for the organization to accomplish the mission, goals, and objectives (Kamalaveni et al., 2019), which helps leaders to ensure operational effectiveness and successful performance outcomes.

Research also reveals that social service organizations experience high direct care turnover. Staff turnover rates in the United States' social service organizations in 2006 were between 23% and 60% (Tremblay et al., 2016). High turnover impacts the quality of

services provided to clients and their families in every child welfare system (Zeitlin et al., 2014). Likewise, in adolescent residential treatment programs, DCS retention is low (Tremblay et al., 2016). This is significant because in PRTFs and similar residential treatment settings for youth, continuity of care is an essential treatment outcome. High staff turnover is a factor that positively correlates with subsequent residential readmissions (Tremblay et al., 2016). Staffing inconsistency creates a treatment climate of instability and uncertainty that negatively impacts the clients emotionally. Youth in residential treatment may display increased emotional instability and behavioral problems rooted in feelings of continued neglect due to DCS turnover (Graham et al., 2017).

Psychiatric Residential Treatment Facilities

The United States embraced the concept of residential treatment programs in the 1940s (Lieberman et al., 2014). PRTFs are intended to temporarily house disenfranchised, troubled, or abused young people. During the treatment process, care teams pursue permanency planning to ensure safe, supportive, and stable home for these youth post treatment (Lieberman et al.). A PRTF is a non-hospital, 24-hour setting that provides services like education and treatment to youth with mental health or behavioral needs in a secure environment (Centers for Medicare and Medicaid Services, n.d.; Hurley et al., 2017; James et al., 2012). Although PRTFs vary in their treatment approach, most facilities offer various therapeutic interventions and modalities, provide onsite medical services, and provide educational services to help youth accomplish academic success during treatment (Barth, 2002). As such, PRTFs must maintain compliance with state and

federal guidelines securing appropriate licensure and accreditation (Buckholdt, 2016; Rose & Lanier, 2017).

Admission to residential placement is based on medical necessity and the level of care (James et al., 2012). The severity of the child's mental and behavioral health problems must be significant, meaning that ambulatory care resources are not adequate treatment options (Rose & Lanier, 2017). To ensure the least restrictive environment, a level of care tool helps guide and coordinate the child welfare system (Kraus et al., 2015).

PRTFs continue to evolve as new research surfaces informing the need for improved evidence-based practices and best practice guidelines in residential care. But the treatment setting's complexities have resulted in PRTFs receiving scrutiny regarding effective treatment and quality of care for residents. Researchers have examined cost, quality services, length of stay, restraints and seclusion practices, and the use of evidence-based practices (Barth, 2002; Boel-Studt et al., 2016; James et al., 2012; Rose & Lanier, 2017). PRTF services are described as costly, specialized out-of-the-home interventions that offer room and board (Rose et al., 2017). Despite the argument of expensive services provided by PRTFs and the goal of treating youth in a less restrictive environment, the increased symptomology of adolescents in the United States requires the utilization of PRTFs (Smith et al., 2017). For instance, in 2010, 38,676 youth under the age of 18 were admitted to 781 PRTFs in the United States (Smith et al., 2017). These ongoing concerns of PRTF costs and treatment effectiveness emphasize the need for organizational leaders to ensure high quality of care through staffing consistency.

Ideally, PRTFs provide short-term care, lasting approximately 6 to 9 months (Strickler et al., 2016). During this timeframe of residency, a home-like environment is beneficial to youth in treatment. When the residential environment does not represent a home-like atmosphere and inconsistent staffing issues occur, normal youth development may be hindered (Barnett et al., 2018). Two key factors shape the environment of adolescent residential care settings: (a) the client's interpersonal relationships with DCS and their peers, and (b) staff fidelity to the rules and procedures to ensure appropriate resident functioning (Lancot et al., 2016).

PRTF Client Population

Data retrieved from the DHHS revealed that approximately 58,000 children reside in congregate care settings, 34,000 in institutions, and 24,000 in group homes (Dozier et al., 2014). Many of the youth in congregate care have mental health conditions and have experienced significant abuse or neglect (Dozier et al., 2014). Residential treatment programs are a resource for children who require 24-hour intensive inpatient services in a highly structured and controlled environment (Rose et al., 2017).

The youth placed in residential treatment present with a plethora of psychiatric and behavioral problems. Common reasons for youth placed in PRTFs include mental health diagnosis, safety issues, and aggressive behavior (Sternberg et al., 2013). Over 90% of youth cared for in PRTF settings have a history of at least one traumatic experience, and most have encountered multiple traumas, with an average range of exposure from 2.3 to 5.8 experiences (Barnett et al., 2018). Additionally, based on a study in Norway of youth residential centers, 37% of youth were diagnosed with

depressive disorders, 34% anxiety disorder, 32.3% attention deficit hyperactive disorder, 23.2% autism, 19.1% conduct disorder, and 21% with reactive attachment disorder (Jozefiak et al. 2019). Although post-traumatic stress disorder (PTSD) was rated as occurring only in 0.6% of cases, the reports of traumatic experiences were present for 79% of cases (Jozefiak et al., 2019). In contrast, U.S. research reveals that youth in PRTFs not only experience trauma but are likely to have a PTSD diagnosis, borderline personality disorder, depression, and anxiety (Denison et al., 2018). Aggression, negativity, delinquent behaviors of social problems, are also present, and most are labeled as "labile, reactive, impulsive, withdrawn, depressed, numbed, or dissociated" (Denison, et al., 2018, p. 117).

Further, the impact of trauma for children results in a correlation of disorganized attachment issues and low self-esteem (Denison et al., 2018). Youth in PRTFs who have experienced direct or indirect violence demonstrate borderline personality traits, emotional dysregulation, suicidal ideation, interpersonal problems, attachment issues, impulsivity, low academic achievement, depression, and violent behaviors (Buckholdt, 2015). As a result of adverse childhood experiences of youth in residential care, evidence of attachment issues has surfaced, which is evident in their interactions with DCS. Serious emotional disturbances have resulted in inconsistent caregivers, various placements, and a series of attachment disruptions (Conner et al., 2003). The bonding and interaction of the caregiver and child relationship can influence the outcomes of youth in residential care (Bowman, 2019).

PRTF settings must ensure a therapeutic environment where DCS understand the needs of the youth in their care. The impact of inconsistent care creates a perpetual absence of reliable attachments to caretakers that promote positive treatment outcomes for youth (Dozier et al., 2014). According to the Annie Casey Foundation (2017), “all children need consistent, nurturing adults in their lives to form healthy attachments and to develop positive socio-emotional skills” (p. 2). There is also a need to implement TIC in residential treatment centers to manage the trauma responses of youth in treatment (Bryson et al., 2017). Residential treatment programs that prioritize TIC and staff who demonstrate caring and supportive relationships with patients significantly reduce maladaptive behaviors related to traumatic experiences (Bryson et al., 2017).

DCS/Youth Care Workers/Residential Counselors

PRTF staff are full-time, part-time, or as needed staff who are responsible for the management of clients’ health and safety (DHHS, 2002). Although various direct care employees are serving adolescents’ needs in residential treatment such as therapists, nurses, and psychiatrists, the DCS highlighted in this study are identified as paraprofessionals. These employees have attained at minimum a high-school diploma and may have earned a bachelor’s degree in a human service-related field. They are essential staff in PRTFs and have considerable roles and responsibilities. Paraprofessionals should possess effective communication skills; understand mental health assessments, terminology, and be able to apply the principles; deliver psychosocial skills development; and implement behavioral interventions on the milieu identified on treatment plans (Axer, 2013).

DCS in residential treatment settings are considered frontline employees because they have constant interaction with the residents and ensure that their daily living needs are met (Barford & Whelton, 2010). These essential employees work 8–12-hour shifts, including first, second, and third shifts, and provide daily structure for the residents (Seti, 2008). A central task for DCS is to support a home-like environment for patients (Lanctot et al., 2016, p. 250), with roles and responsibilities including:

- Signing in, key retrieval
- Reviewing messages
- Conducting medication counts
- Administering medication
- Milieu walkthroughs
- Team Coordination
- Assigning tasks
- Engaging residents
- Constant safety supervision of residents
- Providing support
- Crisis intervention and debriefing
- Planning and conducting community outings
- Completing shift notes
- Conveying information to team members during staff transition meetings. (Axer, 2013)

In essence, the interaction between DCS and the residents is constant. The duties of the DCS members are extensive and diverse, requiring a variety of skills. Each task assigned to DCS is designed to ensure the safety of residents and staff.

According to Seti (2008), staff responsibilities are stressful because they manage safety and care, serve as disciplinarians, homework tutors, emotional support, and crisis management. For these reasons, the therapeutic alliance between the DCS and the residents is a key factor in PRTFs. Seti (2008) strongly asserts that direct care workers' role is critical for effective residential care treatment and may be more influential than the therapists' role. Lanctot et al. (2016) claim the number one predictor of youth successfully acclimating to the residential setting is based on their relationship with the DCS. Research conducted by Hurley et al. (2017) reiterated the impact of DCS's influence on youth as an essential core component in treatment outcomes. Essentially, DCS's expectation is to form therapeutic relationships with residents reflective of a positive caretaker or parental behaviors supporting their emotional and developmental needs (Lanctot et al. 2016).

In most cases, paraprofessional DCS are minimally skilled, low wage earners responsible for constant supervision of the youth in their care (Smith et al., 2017). For example, in New York, 74% of PRTFs required a minimum high school education for youth care workers, who earned mean annual wages of $23,750 in 2013, according to the US Department of Labor Statistics (Smith et al., 2017). Barnett et al. (2018) findings suggest that DCS hired in PRTFs have limited training in responding to trauma symptoms, aggressive and explosive outbursts, trust issues, and self-destructive

behaviors. Furthermore, research also informs that residential staff typically have a history of personal trauma (Barnett et al., 2018). Moreover, DCS may also experience compassion fatigue and vicarious trauma or secondary trauma from working with youth in residential treatment. An occupational hazard often experienced by DCS that can negatively impact their performance and emotional state is compassion fatigue. Compassion fatigue results from long hours of working with patients with significant trauma (Rossi et al.,2012). Moreover, Barnett et al. (2018) explains that the risk of DCS experiencing compassion fatigue and vicarious trauma is increased when they endure physical and verbal abuse, experience indirect stress from learning about residents' trauma experiences, and managing challenging behaviors. In addition, they explain that employees who experience compassion fatigue often become emotionally debilitated, angry, numb to the needs of clients (Rossi et al., 2012).

Factors Contributing to DCS Turnover

Many factors influence DCS retention. Adolescent residential treatment programs' social climate is extremely complex, dynamic, where interactions and practices often fluctuate between compassionate care and control (Lanctot et al., 2016). This ever-changing work setting is challenging due to the population served and the myriad of presenting problems addressed. In these facilities, DCS are the client's primary caregivers. They have numerous responsibilities and are exposed to various stressors, including safety concerns for residents and staff that often result in burnout (Seti, 2008). In 2010, aggressive behavior was the primary reason for adolescent residential

admissions (Sternberg et al., 2013). Staff instability can induce attachment issues, trauma responses, anxiety, and uncertainties about safety and stability for residents.

Predictors of high staff turnover include burnout, insufficient pay, job satisfaction, training, supervision, and lack of support (Sulek et al., 2017). Research by Boel-Studt et al. (2016) reports that 56% of program directors surveyed in residential treatment centers attribute staff retention issues to inadequate training and low wages. Other factors related to direct care retention include work environment and organizational culture with matters about job clarity, staff perceived sense of job value, work-life balance, and perception of organizational support (Graham et al., 2017). DCS in PRTFs who are more likely to voluntarily resign from their positions, according to Conner et al. (2003), are individuals who have been employed less than one year, as well as employees under 23 years old and those over 45 years old. Research facilitated by Lakin et al. (2008) also found an unexpected variable of age as a predictor of burnout, stating that "staff who were younger reported higher levels of emotional exhaustion and depersonalization" (p. 265), which results in DCS turnover.

While research supports the notion of low retention resulting from burnout in the field of human service and social work, there is limited current research about burnout factors for residential DCS (Attar-Schwartz et al. 2015). However, a study by Lakin et al. (2008) revealed three distinct characteristics of burnout among DCS in PRTFs, including "emotional exhaustion, depersonalization, and lack of personal accomplishment" (p. 250). Emotional exhaustion occurs when emotional energy is depleted and feelings of emotional inadequacy surfaces, making it difficult to manage situations on the job (Lakin

et al., 2008). Symptoms of depersonalization include becoming emotionally detached, callous, and demeaning towards clients as described by Lakin et al. (2008). When DCS experience feelings of incompetence and lack of self-efficacy regarding their ability to accomplish their work-related aspiration, they experience burnout due to lack of personal accomplishment (Lakin et al., 2008).

These constructs are further explored in correlation to staff personality traits such as neuroticism and extraversion. It was concluded that Neuroticism type personalities are significantly related to decreased job satisfaction and feelings of lack of personal accomplishment, which ultimately results in staff turnover. Compassion fatigue and vicarious trauma are related to burnout and high turnover among DCS in PRTFs. Many paraprofessionals are not properly trained, lacking the professional development support needed to understand and manage trauma response symptoms in this setting (Barnett et al., 2018).

Safety is identified as a workforce issue in PRTFs that impacts a staff member's intent to leave the organization. An ethnographic study performed by Smith et al. (2017) described the workplace violence endured by residential staff at volatile residents' hands. It was reported that DCS endure tremendous stress and violence during crisis interventions, in which they are assaulted physically and verbally (Smith et al. 2017). Although DCS works with the most vulnerable populations, research informs that staff in residential settings may also be classified as vulnerable in their work setting (Smith et al. 2017; Seti, 2008; & Conner, 2003). Extant research suggests that the demands of the PRTF environment, including stressors related to non-compliant and physically

aggressive youth, impact DCS well-being, and job satisfaction, which influences voluntary job withdrawal and burnout (vanGink et al. 2018).

DCS workers rely on support from their peers and supervisors, as well as adequate training to manage the unpredictable work environment. An environment of supportive teamwork is an essential component of staff retention in residential treatment center settings. Axer (2013) provided empirical evidence that effective teamwork can reduce staff burnout. Pette and Dempsey (2019) found that 80-90% of DCS voluntarily resign because of reasons associated with job responsibilities, managerial and supervisory relationships, work environment, and organizational culture, rather than low wages. These factors indicate the importance of organizational leadership and the role of leaders in improving DCS retention. However, workforce development in residential treatment settings remains a challenge and a priority for leaders to provide effective staff training and support services (Boel-Studt et al., 2016).

Leadership and Strategy Influence on DCS Retention

Retaining a skilled workforce and decreasing involuntary DCS turnover is vital to the organization’s economic and service delivery outcomes (Belbin et al., 2012). Leadership is a critical aspect of organizational performance and employee engagement because top-level leaders’ behaviors impact employee behaviors (Nasomboon, 2014). As previously stated, factors such as work environment, safety, culture, lack of job clarity, perceived sense of job value, work-life balance, and the perception of support influence DCS decision to leave an organization. High levels of burnout among DCS are also associated with a rigid and controlling work environment that does not afford autonomy,

offers limited ability to make decisions, excessive bureaucracy, and minimal career advancement (Seti, 2008).

PRTF leaders can affect organizational change through a myriad of strategies to ensure the longevity of DCS. Pinchover et al., (2015) referenced a study of residential treatment centers in the UK that found a well-developed leadership strategy with clear guidance results in high staff morale and an improved social climate. When PRTF leaders do not implement appropriate employee retention strategies, the organization may experience excessive turnover (Cloutier et al., 2015), and high organizational turnover creates a negative organizational culture, potentially developing a "turnover culture" (Soojin, 2017, p. 313). According to Armenakis et al. (2011), "an organization’s culture is created, enacted and whenever appropriate transformed by the organization’s top leader and other decision-makers" (p. 306). Leaders need to understand the correlation between DCS experience of burnout and their perception of leadership and management behaviors, as research shows that supportive leaders can reduce staff burnout (Pinchover et al., 2015) and improve retention rates.

Terera and Nigirande (2014) emphasized monetary and nonmonetary incentives such as bonuses, good benefits packages, opportunities for promotion, and other benefits that positively influence retention, all which leaders influence. Conversely, DCS may feel unsupported and devalued if organizational leaders fail to incorporate employee reward and recognition systems in their retention strategy. A correlation was established between successful outcomes for youth in residential settings and leaders who respect and value a professional workforce (Graham et al., 2017). Furthermore, Bhoganadam et al. (2016)

found that work-life balance impacts retention, in that employers that provide emotional support by accommodating the needs of staff enhance retention rates.

Team leadership can inspire, engage, empower, and optimize team performance to produce successful outcomes and accomplish shared goals and objectives (Warrick, 2016). It requires the promotion of an environment conducive to interdependence and exchange of knowledge. Leaders are responsible for assessing, evaluating, and implementing diverse strategies while also diversifying the team's talent. According to Warrick (2016), effective teams improve employee overall performance and quality of work in areas of effectiveness, efficiency, morale, job satisfaction, shared purpose, communication, innovative thinking, and loyalty. Team leadership competency is a skill that employers seek to improve organizational cultures (Lussier & Achua, 2015). One of the most important features of good program supervisors is promoting constructive relationships with staff and teamwork, according to McCrea and Bulanda (2008).

Lastly, DCS needs to understand the complex needs of the diverse population of youth receiving treatment in PRTFs. There is a clarion call for DCS in PRTFs to receive continuous training and professional development opportunities to mitigate burnout, vicarious trauma, and high turnover (Lakin et al., 2008). Training is a key factor for ensuring staff competence and self-efficacy. Kerig (2019) explained the need for frontline staff to receive trauma-specific training in working with youth with traumatic experiences. She also disclosed that trauma-informed training does not typically exist for DCS and where it does exist, there is limited information that addresses vicarious trauma experiences for staff (Kerig, 2019)

Best Practices for DCS Retention

According to Best Practice guidelines, retention strategies should be incorporated into the organization's strategic plan that holds organizational leaders accountable for implementing evidence-based practices to retain quality DCS talent in PRTFs (Cloutier, 2015). It is important to understand how recruitment practices impact retention. Pette and Dempsey (2020) explains that "recruitment has a significant impact on staff retention and organizational stability" (p. 16). Therefore, organizations should develop formal action plans that include and align specific recruitment and retention practices, and consistently track progress (Pette & Dempsey, (2020).

Furthermore, as leaders develop strategies to improve retention, recruitment efforts that target employees who are a good fit for the organization should be considered. A "good fit" is characterized by an employee that shares similar ideals as those stated in the organizational mission statement. Chowdbury et al. (2017) emphasized the importance of the employee selection process. They explained that candidates that demonstrate qualities that align with the job would likely perform better, exhibit job satisfaction, and have longevity with the organization. The foundation of retention strategies is rooted in the "organization's vision, mission, values, and policies," shared at the onset of employment and during orientation (Cloutier, 2015, p. 121). Articulating these messages to DCS is a vital component of effective and transparent communication providing a clear sense of direction and purpose of the organizational needs.

Cloutier (2015) provided four strategies for leaders to improve retention that include: (1) encouraging effective communication, (2) diversify the workforce, (3) hire

individuals with related skills, and (4) provide professional development and training opportunities. Similarly, Pette and Dempsey (2019) shared Stinchcomb et al. (2009) eight elements of residential treatment that demonstrate high retention rates for DCS that leaders should assess, which include (p.14-15):

- A clear sense of the agency's direction and purpose
- Caring management
- Flexible benefits and schedules adapted to the needs of the individual
- An environment that promotes open communication
- A charged work environment
- Performance management
- Reward and recognition
- Staff training and development opportunities

The eight elements above are useful for leaders to honestly assess their current culture and make changes necessary to improve staff retention. By asking these questions leaders can identify gaps in services and implement strategies for improvement (Pette & Dempsey, 2019).

Regarding developing best practices for organizational culture in PRTF to reduce DCS turnover, Pette and Dempsey (2019) emphasized the role of leader's commitment to change, which includes high visibility of leaders, friendly and supportive interactions between DCS and all levels of employees, respectful communication, reliable leaders, and co-workers demonstrating ethical decision making and follow-through. Additionally, assessing the workforce environment to determine the organizational culture's health is a

vital element of organizational performance. Colton (2007) stated that one reason that DCS leave an organization is not feeling valued. Research conducted by Pinchover, S. et al. (2015) revealed that leaders committed to the social needs of staff and the organization goals, staff developed a higher level of trust towards their leaders, demonstrated lower levels of emotional fatigue, and perceived their work as satisfying and meaningful.

A PRTF organizational culture that is infused with values placed on supporting DCS is a necessary strategy for improving retention (Colton, 2007). It is further stated that the staff confidence, morale, culture, and leadership are more important than education and training (Colton, 2007). However, suppose an organization promotes staff confidence, improves morale, creates a healthy culture, and has supportive leaders. It is highly unlikely that training and education are not incorporated into the leadership strategy.

The Joint Commission's guide for leadership standards emphasizes the importance of the leaders' role in creating safe and high-quality care for patients. According to the Joint Commission, "it is the leaders who can strategically plan for the provision of services, acquire and allocate resources, and set priorities for improved performance" (The Governance Institute, 2009, p. 3). To ensure safety and quality care, leaders must employ sufficient staff to carry out the difficult tasks required from DCS in PRTFs. Therefore, training is a key element for retaining qualified DCS. Research contends that youth residential settings present an array of challenges for DCS, which they have not been properly trained to endure (Barnett et al., 2018).

Developing training modules and programs that consider the emotional and physical well-being of DCS and the client population can help reduce staff burnout. Rossi et al. (2012) report that implementing specialized trauma training improves compassion satisfaction and reduces compassion fatigue and burnout. According to Shoji et al. (2015), formal training for DCS on vicarious trauma, work-life balance, and self-care should be incorporated into its training strategy. Best practice recommendations for PRTFs also promote adopting a trauma-informed approach to reduce the severity of maladaptive behaviors exhibited by youth experiencing trauma symptoms that may influence staff turnover. According to Barnett (2018), "Trauma-informed care (TIC) is an organizational change model and staff training that is effective in improving organizational cultures and staff morale. Furthermore, leaders must demonstrate buy-in for TIC and make DCS provisions to participate in advanced trauma-informed training.

According to the Child Welfare League of America (2010), a collaborative effort between themselves, Substance Abuse and Mental Health Service Administration, the Federation of Families for Children’s Mental Health, and National Association of State Mental Health Program Directors resulted in the development of the Six Core Strategies, which is founded on TIC principles, with a comprehensive approach to reduce the use of restraints and seclusions. These strategies incorporate goals to reduce restraints and seclusions in PRTF settings through a systemic approach (Hales et al. 2017). Positive outcomes associated with staff training include higher retention rates, fewer staff injuries, decreased worker’s compensation expenses, reduced sick and personal time, and a reduction in the use of restraints and seclusion (Denison, 2018).

In adolescent residential treatment programs, it is necessary to operationalize strategies that improve the client's treatment outcomes. Systems that affect positive change in the client population are essential factors to consider when developing DCS retention strategies. Therefore, it is the onus of leaders to create a social climate for adolescents that promotes interpersonal connections, support, safety, and respect (Lanctot, 2016). It was also stated that when the client's emotional, safety, and developmental needs are met by compassionate and consistent staff, misconduct decreases (Lanctot, 2016), which improves the work environment. Training and professional development strategies should offer an array of skills training to help staff understand youth developmentally and apply appropriate non-violent interventions that promote safety and well-being. The adaptation of trauma systems therapy is an appropriate strategy for a residential program milieu because of its dual approach to addressing the youths' emotional/behavioral functioning and the social environment (Brown, 2013).

As previously stated, frontline workers in PRTF are at risk for workplace violence perpetrated by youth and secondary trauma. In general, wages are often low in the mental health field due to funding shortages; therefore, leaders can recognize DCS's work through nonmonetary rewards (Kadi, n.d.). Staff members in these settings may improve their job satisfaction when they perceive their work efforts are appreciated. Although many of these workers present altruistic characteristics (Smith, 2019), rewards and recognition, comprehensive benefits packages, and flexibility may offset the negative influences imposed by their challenging work setting. Singh (2019) found that

incorporating retention strategies to include rewards and recognition, and flexible work schedules reduce employee turnover and improve work-life balance. Furthermore, strategies that provide opportunities for professional development and career advancement are also attractive retention strategies that influence DCS's longevity (Singh, 2019).

Effective teamwork has also been identified as a best practice strategy for reducing employee turnover. The volatile and unpredictable nature of PRTFs requires the implementation of teamwork strategies where teams are empowered by leaders to work collectively, in alignment with the organizational goals in a nurturing and supportive environment, creates a culture of trust and high performance (Bigsby, 2019). Empirical evidence provided by Axer (2013) indicates that effective teamwork positively correlates with higher DCS retention. Research shows that less burnout, optimistic staff attitudes, and successful treatment outcomes are influenced by effective teamwork (Axer, 2013).

An organization's sustainability, growth, and revenue are impacted by successful employee retention strategies (Cloutier, 2015). Likewise, quality of care and performance outcomes are also impacted by high DCS retention rates. Therefore, retention strategies that employ data-driven processes have been identified as best practices that contribute to the success of PRTFs. Leaders that allocate resources data-driven performance metrics, reviewing them consistently to analyze the organization's culture and staff retention experience successful outcomes, and decreased DCS turnover (Pette & Dempsey, 2019).

Sources of Evidence

The sources of evidence and strategies utilized in the current study included interviews with BHOA's senior leadership team members and a review of organizational documentation and other secondary data sources. Secondary data sources were selected based on information obtained during the leadership interviews and academic literature review. According to McNamara (2005), the first strategy is to obtain documentation from the client to become familiar with the organization. The purpose of the interviews was to develop a clear understanding of the leaders' perspectives or experiences related to staff retention and turnover. The interview question design was an inquiry-based conversation, which seeks specific information regarding the focus of the study, as well as a tool to gain the respondent's experiences through open-ended questions to elicit dialogue (Castillo-Montoya, 2016). Standardized, open-ended interviews, conversational interviews, and the interview guide approach were relevant for the study.

Secondary sources for review included the organization's strategic plan, personnel policies, organizational charts, PI plan, leadership minutes, and board policies and procedures, and leadership retreat minutes. (McNamara, 2005). These documents provided insight into the organization's ongoing DCS retention strategies and barriers. Additionally, leadership meeting minutes were used to capture the thoughts and feelings expressed by the leadership team regarding the needs, culture, and attitude toward DCS.

Leadership Strategy and Assessment

"Whatever happens at the top gets multiplied throughout the organization whether it is unity and common focus, or disunity and confusion" (Warrick, 2016, p.15). BHOA

engages care teams utilizing participatory and empowering leadership strategies (Executive Director, personal communication, July 27, 2020). Empowerment includes promoting independent action, opportunity-thinking, self-improvement, self-reward, and teamwork (Hock & Morgeson, 2014).

BHOA is a private for-profit organization. According to Johnson (2009), "the primary mission of a for-profit health organization is usually to enable principles and agents to provide an adequate return on investment (ROI) to the owners of the enterprise" (p. 144). Therefore, the development and use of power in the organization is to generate influence motivated by profit. BHOA examines strategies related to DCS retention based on the organization's budget and the bottom line that impacts profits (BHOA Participant 1, personal communication, July 27, 2020). The governing board includes the owner/chairperson, CEO/president, controller, executive director, and vice president of national referral systems. Two key factors noted from the organization's 2016 Governing Board Bylaws is that these appointees have absolute power, and no set term limits. The Governing Board finalizes all decisions regarding operations, policy, and procedures in collaboration with the Professional Staff (see Figures 1& 2).

According to the Governance Bylaws, the Governing Board has regular meetings quarterly, an annual meeting in January, and holds special meetings as necessary. The chief operating officer is responsible for overall facility operations and developing the Plan for Service; the Executive Director oversees operational and management activities at the facility. The Director of Performance Improvement prioritizes, supports, and promotes organization-wide PI activities (BHOA Governing Board By-Laws, 2016).

BHOA's organizational design is a matrix type of traditional hierarchy structure, combining elements of functional and divisional models (Small Business Chronicle, 2019). Decisions can be made on different organizational levels vertically and shared vertically and horizontally throughout the organization. Communication flows through meetings, and information is disseminated to approximately 400 employees through various means such as team meetings, programming meetings, shift transitional meetings, individual and group supervision, organization-wide memos, email announcements, and Shifthound (BHOA Interview, Participant 3, July 27, 2020). As a private business, with few decision-makers positioned on the top and most Senior Leadership members remotely located, clear and consistent communication between the corporate office and treatment facility is a critical factor for organizational success.

Figure 1

Corporate Organizational Chart

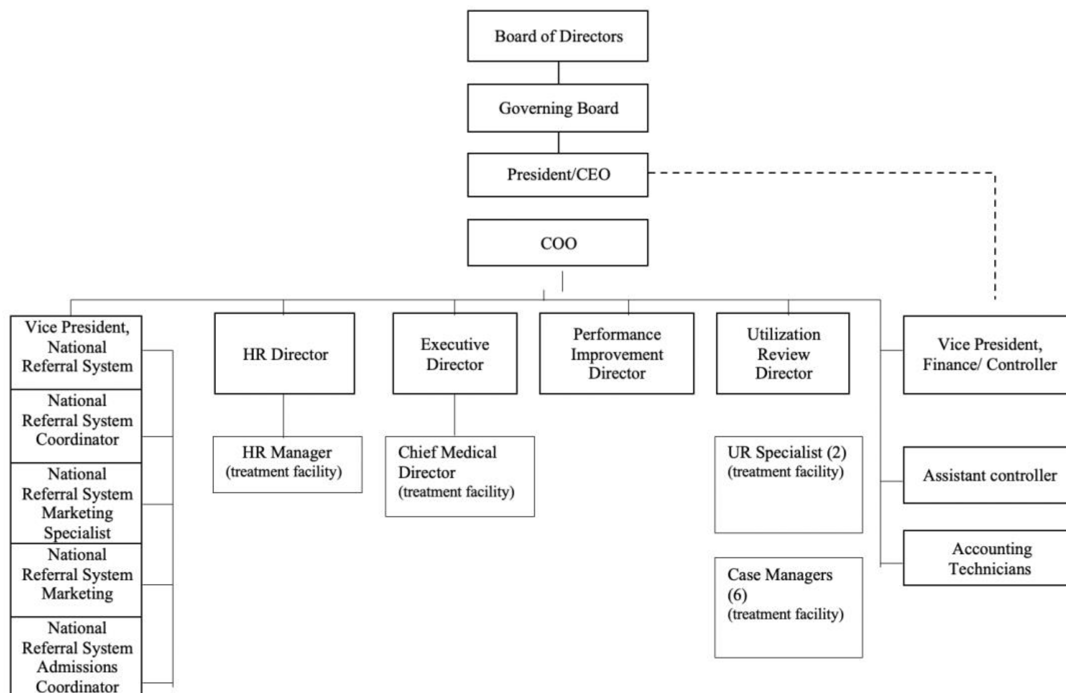
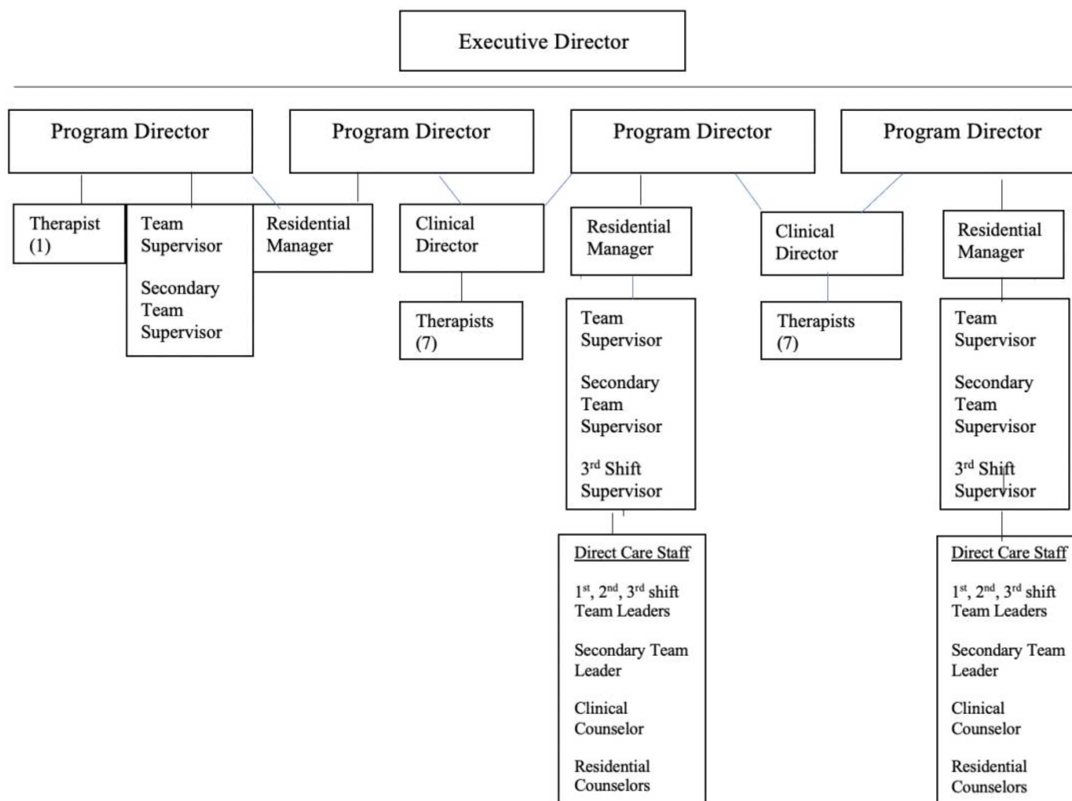


Figure 2

Facility Organizational Chart



Client Population

Children and adolescents admitted to PRTFs experience serious emotional disturbances, including complex neuropsychiatric diagnosis, multiple attachment disruptions, significant traumatic events, excessive changes in caregivers, and placements (Conner et al., 2003). Recipients of BHOA services are youth ages 12– 21 with mental and behavioral diagnoses, who meet the medical necessity guidelines outlined in the BHOA's Service Description Manual (2017). Youth must discharge from BHOA's care by their 21st birthday. Specialized milieus include general emotional and behavioral challenges, intellectual disabilities, problem sexual behaviors, and Autism (See Appendix A). Male and female milieus are separated and established based on age, presenting problems and diagnosis, and intellectual functioning (BHOA, Service Description Manual, 2017).

According to BHOA's new employee orientation training module (BHOA, Common Diagnosis PowerPoint, n.d.) every youth in BHOA's care must have a billable diagnosis. Insurance companies require a DSM-5 diagnosis to bill, and few people pay out of pocket. The common diagnoses are identified in the training module as attention deficient hyperactivity disorder, oppositional defiant disorder, conduct disorder, depression, bipolar disorder, PTSD, reactive attachment disorder, substance-related and addictive disorders, and paraphilic disorders. Clients also have an array of traumatic experiences such as physical and sexual abuse and neglect, abandonment issues, and trafficked sexual exploitation victims (BHOA website, 2020). The most common type of abuse of BHOA's client population is sexual abuse (BHOA, Common Diagnosis

PowerPoint, n.d.). Conner et al. (2003) explained that due to the youth’s past attachment losses, grief experiences, lack of safety, stability, and uncertainties in the therapeutic environment, staff instability may increase traumatic symptoms and increase the likelihood of dangerous behaviors.

Customer Engagement: Patient Offerings and Patient Support

BHOA engages clients in developing partnerships and alliances. Partnerships are established through the BBI adopted principles, which promote client-led initiatives. According to the 2019 BBI Informational Document, "A major reason for failed permanency efforts was youths not being included in their planning at every step, including using their expertise about their own life, experiences, important connections, and protective relationships" (p. 7). This framework emphasizes the importance of including the client in all aspects of their treatment planning and decision-making processes. Youth are empowered by engaging in leadership practices and self-advocacy to ensure that their strengths are recognized and meet their developmental stage (BHOA’s 6CS Initiatives, 2018). BHOA’s fidelity of the BBI framework will not only engage clients and their families but will strengthen relationships between the BHOA staff and the service population.

BHOA obtains information from clients utilizing BBI and 6CS. The 6CS is a trauma-informed evidence-based practice incorporating the following principles (BHOA, Service Description Manual, 2019):

- Leadership principles drive effective change

- Utilizing a public health prevention approach (anticipating risks, intervening early, and using corrective actions to mitigate future occurrences)
- Embracing recovery and resiliency principles
- Value consumer and staff self-reports of what works
- Operationalizing knowledge of trauma and its effects on our clients
- Staying true to continuous quality improvement principles

These strategies are instrumental in engaging clients and building client relationships.

According to BHOA's 6CS Initiatives (2018) the BHOA encourages residents to lead their own CFT meetings with their therapists' assistance. The Youth Advisory Board is another platform that engages residents in their treatment and allows them to share suggestions and concerns with the Lead Youth Advocate. Individual programs also create opportunities to engage and build positive relationships with DCS, according to an email from the executive director, praising residential staff efforts for hosting a unit fashion show. The fashion show is an example of staff members engaging the residents, establishing relationships, and utilizing creative activities to enhance their treatment experience. According to Seti (2008), lack of autonomy, decision-making authority, lack of opportunities for advancement, and lack of recognition are factors for staff burnout and turnover. By BHOA leaders providing DCS the autonomy to "think outside of the box" and supporting their efforts, staff may find their role more meaningful and buy-in to BHOA's mission.

Analytical Strategy

Seven interviews with BHOA leadership members were conducted. The interview participants included the Chief Executive Officer, Executive Director, PI Director, HR Director, HR Manager, Program Director, and Residential Manager. A variety of organizational documents were retrieved and reviewed. Secondary sources were collected from various sources, including public data sites, and peer-reviewed journal articles and books related to the research question. Semi-structured interviews completed with the leadership team members revealed leader's perceptions of DCS retention issues for the organization. Participants provided knowledge about current and past strategies and barriers leaders have encountered in their plight to improve DCS retention. Additional information was retrieved is regarding operational effectiveness based on staff turnover issues. Core questions were asked of each leader participant and additional questions specific to the leader's role.

Leadership/Strategy Questions

The following questions will be presented to the Participant 1 and Participant 2, which includes seven core questions:

- How do senior leaders deploy the organizational vision and values through the leadership system to DCS?
- What is your current perspective of retention rates among your DCS?
- What factors do you attribute to high turnover among the DCS?
- How has leadership addressed DCS retention in the strategic plan?
- What are your current leadership strategies for DCS retention?

- Are there any past strategies for retention that were discontinued?
- If so, why were they discontinued?
- What are your strategies for engaging and supporting DCS?
- How do you monitor the performance of the DCS?
- What does the organization do to provide recognition for DCS?
- How are processes and information conveyed from leadership to the DCS team?
- What are the barriers that leadership encounter in making improvements to retaining DCS?
- What is the primary concern for leadership regarding DCS turnover?

Workforce Questions

The following core questions were presented to seven members leader participants:

- What is the level of involvement of the DCS as stakeholders of the organization?
- How do leaders foster an organizational culture that benefits from diverse ideas, cultures, and thinking of DCS?
- What platforms are available for DCS members to share PI ideas?
- What measures are in place to ensure the DCS's physical and emotional safety?
- How diverse is the DCS pool? (age, gender, race, etc.)
- How are DCS trained – Professional Development?

- What is the process for career progression for DCS within the organization?

Business Operations Questions

The following questions were also presented to the interviewees which includes seven core questions:

- How many DCS are needed to maintain operations without impacting services?
- How is the organization affected when there are too few DCS?
- What are the current barriers to maintaining a sufficient and stable pool of DCS to meet the demand for services?
- How would you describe the organization's competitiveness in attracting and retaining DCS?
- Are there any aspects of the organization that you think might limit its appeal to direct care employees?

The initial point of organizational contact for this study, Participant 3, identified the organizational problem and provided the appropriate BHOA contacts to retrieve organizational documents. The case study requirements, goals, timeframe, and process were shared with the Senior Leadership team. By consensus, Senior Leadership approved the case study as presented. Upon approval, a list of potential interviewees and a request for organizational documents review were provided to the organization's liaison.

Summary

Organizational retention issues are prevalent in an array of industries. There is significant research on retention issues and factors contributing to staff turnover in the

human services and social services fields. DCS retention in PRTFs settings is limited; however, research is consistent that a problem does exist. Various factors impact staff turnover in residential treatment settings for adolescents. Issues related to burnout among this population is vast. These issues are related to the presenting problems of the client population to the strategies implemented by leadership. Research and BHOA interviews align with the problems associated with DCS retention issues. According to empirical research and Best Practices, methods are available to help BHOA leaders improve retention issues.

In section 3 an analysis of workforce operations and engagement strategies was conducted to determine how BHOA creates an effective and supportive workforce environment conducive to a high-performance work environment. I described how BHOA designs, manages, and improves its critical services and work processes. Information was synthesized to inform how the organization measures, analyzes, and improves organizational performance. Furthermore, the section will include an evaluation of BHOA’s utilization of knowledge assets, information, and information technology related to improving retention among DCS in adolescent residential treatment settings.

Section 3: Measurement, Analysis, and Knowledge Management Components of the Organization

Introduction

With a long history servicing the mental health needs of youth and their family, BHOA has experienced many successes; however, BHOA leaders encounter chronic challenges in improving their retention strategies among DCS (BHOA CEO, personal communication, July 17, 2020). As a result of staff shortages, the organization consistently falls below its census goal of occupying 140 beds, with a capacity of 150 beds (Participant 1), and census caps must be placed on programs due to a lack of staff (Participant 3). To improve retention, provide quality care, and remain sustainable, BHOA leaders have consistently focused on retention for 3–5 years (BHOA executive director, December 9, 2019). Strategies to enhance employee engagement, culture, and processes remain the focus of leadership discussion regarding DCS retention rates.

Data collection involved an extensive review of scholarly peer-reviewed journals, statistical data, interviews, and organizational documentation. Peer-reviewed journals provided information regarding best practices for DCS retention and factors contributing to high DCS turnover rates in PRTF settings. Interviews with leadership team members with expert knowledge regarding the practice problem were selected to share their perspective of BHOA’s staffing retention issues. The executive leaders’ approval of organizational documents for review also aided in the study. Further, a comprehensive description of BHOA’s history and services is on their website. The public information on the website targets adolescents and their families, external stakeholders, and internal

stakeholders (BHOA website, 2020). BHOA's CEO stated that "a big part of attracting the right staff is telling them our story, telling them our mission and our vision" and looking for a response from those suggesting that BHOA is "something they would like to be part of" (personal communication, July 17, 2020).

Analysis of the Organization

Workforce Environment

To introduce the workforce environment, it is important to note that BHOA has experienced high turnover in the HR department (Participant 5). The HR team is comprised seven individuals: the HR director, HR manager, HR recruiter, staffing supervisor, two staffing coordinators, and an administrative assistant. The HR director works from the corporate office (approximately 2 hours from the facility), and the other six HR employees work in the treatment facility. Per email communication with Participant 5, the HR director and the HR manager have been with the company a little over 1 year. The staffing coordinator has been with BHOA approximately 6 months. The staffing supervisor joined the company a little over 3 months ago, and within the last 1–2 years two DCS residential supervisors transitioned as staffing coordinators. Thus, the HR department inherited a staffing and retention problem that has existed for years (Participant 5).

Staffing and recruitment is a primary function of BHOA's HR department (BHOA recruitment and staffing meeting, personal communication, 2020). The staffing team manages all pool staff and is responsible for ensuring that all programs are fully staff with regular and pool DCS (Participant 4). BHOA leaders are working to improve

the recruitment, staffing, and retention efforts (Participant 5). One of the strategies implemented to address recruitment and staffing issues is the formation of recruitment and staffing team, comprised of BHOA leaders and subject matter experts (Participant 5; Participant 3). According to the Participant 5, the recruitment and staffing team is referred to as “Think Tank” and meets twice a week. The team’s tasks include brainstorming, analyzing, and operationalizing strategies to improve recruitment and staffing issues, and DCS retention (Participant 5).

As part of staffing and recruitment, BHOA advertises competitive salaries and a comprehensive benefits plan including group health, dental, vision, life, disability insurance, matching 401K benefits plan, and employee assistance program. Additionally, free onsite preventative medical services are available to staff and free prescriptions filled with partnering pharmacist. To convey this message to the public and recruit compatible DCS employees, BHOA employs a full-time HR recruitment specialist responsible for recruiting a compatible and robust workforce (Participant 5). Minutes collected from the August and September 2020 recruitment and staffing meeting also highlighted various recruitment and marketing strategies. Electronic recruitment and marketing methods include BHOA’s website, the states’ workforce database, Indeed, Glassdoor, and social media sites (i.e., Facebook, LinkedIn). Additional strategies include BHOA Career Fairs, Walk-up Wednesdays, and the Bring-A-Buddy referral bonus program. Efforts to partner with community organizations such as Good Will, the Military Spouse Program, and local colleges are opportunities to explore, according to the recruitment specialist. A

suggestion to put out additional hiring signs adding “no experience” was also in the minutes.

Despite the various marketing and advertising strategies, bi-weekly new hire orientation classes yield fewer than 10 candidates completing the new hire employment process. During the recruitment and staffing meeting, the recruiter explained that many candidates either fail the Diana Screening or the drug test or do not complete the online application process (BHOA recruitment and staffing meeting participant, personal communication, September 15, 2020). The Diana Screen is an evidence-based electronic pre-hire tool used to screen out potential sex offenders (https://dianascreen.com/about-us/). Additionally, the meeting participant stated that most candidates interested in working as pool staff have an additional job and therefore have difficulty participating in a 7-day in-person orientation (BHOA recruitment and staffing meeting participant, personal communication, September 15, 2020). Considering these findings, the team anticipates that applicants who complete the interview will complete their drug test and education verification before the orientation begins. The recruitment and staffing team is also examining strategies to conduct full or partial online orientation and providing applicants with onsite computer access to documentation and training, where applicable (BHOA recruitment and staffing meeting minutes, September 2020). Candidates who complete the current orientation process and hired as DCS continue to receive training for policy compliance (Participant 1, Participant 3).

To address retention, effective leadership style and communication practices are essential components for BHOA to ensure workforce operations and engagement

strategies are efficient, inclusive, and supportive of DCS. Participant 1 described the communication process and employee engagement strategy in the following manner: "We push these ideas back down to the bottom of our organization chart to get feedback to come back up." Participant 3 described BHOA's leadership practices and personal leadership style as participatory. Participatory leadership yields effective outcomes because everyone participates in decision making, which can reduce turnover (Puni et al., 2016). Before finalizing decisions, participatory leaders consult with subordinates about matters related to work, ask for subordinate opinions, collect ideas, and try to include subordinates' suggestions in the final plan (Banjarnahor et al., 2018). In this regard, organizational strategies, implementation, and the ability to motivate employees to perform optimally aligning can be shaped by leadership (Puni et al., 2016). But a poor leadership style can influence employee loyalty, voluntary resignation, or counterproductive work behaviors (Puni et al., 2016). For example, at BHOA's facility level leadership, communication and practices are groupthink strategies that hamper action and improvements (BHOA personal email communication, September 27, 2020). Groupthink occurs when well-intended individuals make irrational decisions based on their value of group cohesiveness and consensus instead of the critical thinking decision-making process (Psychology Today, 2020).

Furthermore, to establish an effective and supportive workforce environment, various BHOA leaders described a team-based approach to improve organizational performance, as teamwork is a necessary component for effective performance. Teams can involve as few as two people (Salas et al., 2015). When necessary, BHOA leaders

develop small teams of subject matter experts to explore solutions for critical problems. The teams are tasked with brainstorming strategies, sharing ideas, inviting the right people to the table, listening, engaging in generative dialogue, surveying, implementing new systems, and cascading information throughout the organization. An example of such teams is the recruitment and staffing team that was previously discussed.

Another strategy to help establish an effective work environment is assessing the staffing climate weekly during the staffing meeting. According to BHOA's Staffing Charts (2020), between July and September, BHOA experienced a steady increase of DCS vacancies between 47–51 open positions and decreased DC pool staff. According to Participant 3, during the more successful years, BHOA employed approximately 200 pool staff. The current number of pool staff is 67, with 51 full-time DCS vacancies. According to the BHOA staffing charts from July–September 2020, full-time DCS and pool DCS turnover remained consistent. The pool staff structure is perceived as a critical problem related to DCS retention issues due to their lack of agility (BHOA personal email communication, September 27, 2020). Regarding management operations, Participant 3 provided one detailed example of how the organization ensures effective management of DCS staffing operations:

> Weekly, BHOA carefully tracks the staffing numbers during the staffing meeting, via the staffing chart. The staffing chart includes names and employee status [i.e., full-time] that allow the team to plan for census changes and target recruitment in areas of need due to DCS turnover. If there is not adequate staffing for any

program, a temporary census cap is implemented to maintain regulatory compliance and safety for the residents and staff.

Performance improvement strategies are also essential to the workforce environment, ensuring safety and quality services to achieve a high-performing workforce. Information obtained from the 2019 Safety and Quality Plan revealed the Governing Board’s authority to the director of PI to implement the Safety and Quality Plan (BHOA website, n.d.). The PI director is responsible for developing interdisciplinary functional teams to implement, monitor, and evaluate the Safety and Quality Management Program. The scope of the teams’ responsibilities includes, but is not limited to,

- Implement ongoing monitoring of all corporate and facility activities related to safety, risk management, therapeutic environment, and infection control.
- Implement and monitor facility activities designed to correct safety and risk problems identified through data management or other channels.
- Conduct the annual hazard vulnerability analysis and healthcare failure mode effects analysis.
- Assist in the development of departmental rules and practices concerning safety and quality.
- Provide for various surveys designed to elicit feedback from staff, patients, and stakeholders regarding the quality of care provided, and utilize the feedback offered to improve the overall quality of care.

- Conduct regular reviews and analysis of risk management reports involving residents, employees, or visitors and make corrective action recommendations.
- Assist with the design and implementation of employee training and orientation.
- Establish and implement a schedule for safety and risk inspections.

In addition to the Safety and Quality Management Program, BHOA Professional Staff Bylaws, Rules, and Regulations (2008) detail various professional staff committees. Some of the committees listed include the management of environment/infection control/safety and risk team, CARE team, and the PI team. These bylaws define the purpose, characteristics, and the frequency of the meetings. The more recently developed teams, such as the recruitment and staffing think tank team and the culture club, focus on DCS recruitment and retention strategies (Participant 1; Participant 3). The teams' purpose is to gain insight from various experts in their prospective roles to improve service delivery processes (Participant 3).

Additionally, one of BHOA's critical work processes is ensuring the appropriate staff-to-resident ratio. Milieu programs must always maintain a minimum of one staff person for every three adolescents. Staffing patterns may be modified beyond the minimum ratios based on assessed needs of the population (BHOA, Service Description Manual, 2019). Participant 5 reported that the recruitment and staffing team was recently formed to address the DCS recruitment and staffing issues. The team explores innovative strategies to reduce overtime expenses, and direct and indirect costs incurred due to high

DCS attrition rates. Strategies to improve DCS retention are also discussed among the Recruitment and Staffing team. Surveys were designed and disseminated to the residential direct care counselors to determine if there is a preference for 12 hours shifts, 8-hour shifts, weekend part-time 24 and 32, or full-time weekend 36-hour shifts (BHOA Recruitment and Staffing Team meeting, personal communication, 2020). Suppose the surveys reveal high employee interest in 12-hour shifts. In that case, the Recruitment and Staffing team members will determine if the strategy reduced cost, fill the employee gaps that currently exist, and meet the work-life balance needs for DCS. To ensure that the plan is an acceptable risk, the team will collaborate to build a schedule with the existing DCS, explore a shift-team concept, and assess over-time costs and other expenses. Additionally, the Culture Club is an internal, volunteer group of staff members whose primary function is to look at BHOA's culture and how it impacts retention (BHOA Recruitment and Staffing Team meeting, personal communication, 2020; (BHOA Participant 1, personal communication, July 17, 2020; BHOA Participant 3, personal communication, July 27, 2020).

BHOA embraces technology as a useful tool to enhance communication with DCS in an everchanging work environment. DCS members do not, however, have access to the organization's email system (BHOA Participant 3, personal communication, July 27, 2020). Therefore, the organization relies on Shifthound and Paycor to convey important notices to DCS (Participant 5, personal communication, August 6, 2020). The Ability Smartforce Shifthound system is a web-based mobile scheduling and open shift management program designed for the healthcare industry

(https://www.abilitynetwork.com). Another communication mode and a vital element of the workforce process is the multi-functional HR software, Paycor System (Paycor, 2020). Participant 5 explained that Paycor tracks time and attendance for payroll and allows supervisors and managers to complete electronic Performance Evaluations and complete an assortment of meaningful online training (personal communication, August 6, 2020).

BHOA's approach to designing, managing, and improving key services is relevant to enhancing DCS retention. BHOA leaders recognize the importance of the DCS workforce's impact on achieving the organization's mission (BHOA Participant 1, personal communication, July 17, 2020). The organization must meet and maintain DCS staffing requirements for licensure, its accreditation body, customers, and other stakeholders (Participant 5, personal communication, August 6, 2020).

Workforce Engagement

In the first quarter of 2019, the previous HR director and HR manager administered an Employee Satisfaction Survey to assess the employee's perspective of BHOA's performance, culture, and relationships (Participant 4, personal communication, August 6, 2020). The 2019 survey results were shared electronically with all staff. According to Participant 5, no actions resulted from the survey to address employee concerns (personal communication, August 6, 2020). The current HR leaders formed the Recruitment and Staffing Team designed to brainstorm and operationalize strategies to improve DCS recruitment and staffing issues (Participant 5, personal communication, August 6, 2020). A Schedule Preference Survey (2020) designed by the team evoked

staff feedback to determine which shift schedules best align with DCS work-life balance. According to Participant 5 (personal communication, August 6, 2020), the team decided to survey those directly impacted to assess their level of interest before making any shift and policy changes to mitigate additional staffing problems. In addition to surveys, BHOA promotes staff engagement by using suggestion boxes, electronic FAQs for employees, "an open-door policy for people to bring their ideas to us," and rewards and recognition (Participant 3, personal communication, July 17, 2020).

Quarterly, BHOA employees are encouraged to nominate and vote for the individual (excluding leadership team members) who demonstrate exceptional work performance, teamwork, leadership, customer service, or safety (BHOA Interview, Participant 3, July 27, 2020). Recognition of the Award Recipients occurs during the All-Staff quarterly meetings (BHOA Interview, Participant 1, July 17, 2020). Rewards and recognition opportunities are available in some form to all employees. However, according to the Participant 3 (personal communication, September 14, 2020) incentives and bonus plans target DCS specifically to help improve retention. Staff who work their regularly scheduled shifts without calling off during a pay period and pick up extra shifts are eligible for attendance bonuses. Shift differential pay is also offered to DCS (BHOA Interview, Participant 3, July 27, 2020). According to Participant 5 (BHOA Interview, August 6, 2020), BHOA has no assessment strategy or evaluation plan to determine if BHOA’s engagement strategies have impacted the retention rate.

Participant 3 recognizes ongoing training opportunities as a critical element for improving DCS retention and recruited the leadership team members to design new

training modules to help supervisors engage and support DCS (personal communication, July 27, 2020). An informal weekly electronic training titled the Skill of the Week is generated to all employees from the Executive Director. The skill of the week enhances workforce learning and development opportunities for DCS. It is a simple refresher of evidence-based interventions that are helpful when interacting with the client population (BHOA Participant 3, personal communication, July 27, 2020). Residential supervisors share the Tip of the Week skill during shift transition meetings, individual and group supervision with DCS members (BHOA Participant 3, personal communication, July 27, 2020). DCS must complete the required monthly online training, CPR, and nonviolent crisis intervention certification in-person training and meet the yearly renewal requirements. New DCS members participate in a seven-day orientation training that includes time allotted for new hires to shadow DCS (BHOA Interview, Participant 4, August 6, 2020).

BHOA utilizes various approaches to engage DCS and foster an organizational culture of open communication and high performance to deter voluntary resignations. Examples of prior staff engagement and support initiatives shared by Participant 3 (BHOA Interview, July 27, 2020) include the WOW Card (an employee receives a WOW Card in the act of doing something well and the card is placed in a monthly drawing for a monetary reward), BHOA bowling league, and tuition reimbursement. Current retention strategies include shift differential pay and attendance bonuses (BHOA Interview, Participant 3, July 27, 2020).

All Staff meetings are facilitated quarterly by the executive director. Employees receive the required training, special recognition, and awards during All Staff meetings. DCS are encouraged to utilize this time as an opportunity to share their thoughts with the Executive Director. According to Participant 1 (BHOA Interview, July 17, 2020), employees also receive awards for Exceptional Customer Service, Role Model of the Quarter, Employee of the Quarter, HERO of the quarter, and Safety awards. The award recipients receive certificates, plaques, and monetary awards. Furthermore, the Staff Appreciation Team organizes DCS appreciation events and program supervisors receive a monthly stipend, per shift to celebrate their DCS team (BHOA Interview, Participant 3, July 27, 2020).

BHOA utilizes Survey Monkey to assess DCS job satisfaction (BHOA Interview, Participant 4, August 6, 2020). The Survey Monkey process has not proven effective due to limited employee participation (BHOA Interview, Participant 1, July 17, 2020). More recently, hard copy surveys were administered to gauge DCS's shift preferences, including 8-hour, 12-hour, weekend part time-24, and weekend 36-hour shifts. The staff surveys represent an example of strategies used to improve DCS retention. This strategy highlights the importance of improving staff retention by engaging staff in creating a flexible work environment designed to meet organizational and staff needs and reduce turnover (BHOA Interview, Participant 5, August 6, 2020).

Other workforce engagement strategies that support and inform DCS retention are Performance Improvement initiatives such as the CARE Team and healthcare failure mode effects analysis task team. The CARE team is a root cause analysis framework, a

reaction to a problematic occurrence seeking to understand the root cause and a corrective action plan. Participant 3 (personal communication, September 14, 2020) reports that the CARE team originated from the title of a Joint Commission chapter. BHOA developed functional teams connected to each chapter (BHOA Performance Improvement Director, September 15, 2020). According to Fassett (2011), the failure modes effects analysis process is designed as a proactive measure to assess systems and processes to determine where improvements can be made, and it is a follow up to root cause analysis for designing action plans (Fassett, 2011). Processes such as CARE (a root cause analysis framework) and healthcare failure mode effects analysis yield data pertinent to creating and implementing new or revised standard operating procedures and policies. According to the Safety and Quality Plan (2019), system failures, policy reform, and standard operating procedures are strategized with the Leadership and Senior Leadership team and reported to the Governing Board with recommendations. Once approved by the Governing Board, the actions or procedures are binding on all employees. Various modes for disseminating information to all programs and departments via “all staff” emails, team transition meetings (for all shifts), and corporate memos (BHOA Participant 3, personal communication, July 27, 2020).

Knowledge Management

According to BHOA leaders and document reviews, many strategies are operationalized to improve DCS retention. Through formal leadership meetings and small task teams, knowledge is shared throughout the organization. Personal communication with BHOA leaders reveals similar perceptions regarding the workforce environment and

engagement strategies. Best practices are implemented to engage DCS, such as surveys and reward and recognition events. Surveys are administered to measure employee satisfaction and preferences. By implementing processes established by BHOA's accreditation entity, The Joint Commission, BHOA utilizes useful tools such as the HEFMEA, CARE, and critical incident reviews processes to assess, analyze, and improve organizational performance outcomes (BHOA Participant 2, September 15, 2020).

Although BHOA has implemented an array of strategies to invest in DCS and reduce the turnover rates, according to Participant 5, BHOA has no assessment strategy or evaluation plan to determine if BHOA's engagement strategies have impacted the retention rate (BHOA Participant 5, personal communication, September 15, 2020). Participant 3 reports similar information, in that an evaluation for the effectiveness of bonus plans, rewards and recognition, and shift differentials have not been polled (personal communication, September 14, 2020). Previous surveys yielded no organizational changes resulting from DCS feedback (BHOA Participant 5, personal communication, August 6, 2020). Participant 3 reports that exit interviews are performed upon receiving voluntary resignation from DCS (personal communication, September 14, 2020). However, according to Participant 5, exit interviews have not been administered or tracked consistently to provide a well-informed depiction of the experiences that resulted in a voluntary resignation (personal communication, September 15, 2020). Participant 2 has limited involvement with DCS retention processes and believes one challenge for improving DCS retention is collecting useful data. Additionally, BHOA needs to be a data-driven organization (Participant 2, personal communication, July 23,

2020). Furthermore, Participant 2 explained that obtaining good data may be difficult because the individuals who make decisions that impact DCS work from the corporate facility and are not interacting with DCS regularly.

Finally, effective communication is a critical component of PRTFs settings due to the environment's complexity (Participant 3, personal communication, July 27, 2020). BHOA embraces technology as the primary platform for sharing knowledge and information with DCS. However, there are limitations for DCS access to information technology platforms, such as access to BHOA's email system (Participant 3, personal communication, September 14, 2020). Other modes of electronic communication have been utilized to ensure DCS receives important information. (DCS will receive access to the EMR during the second phase of implementation. EMR access for DCS is an organizational investment that can improve BHOA's communication and performance (Participant 3, personal communication, September 14, 2020).

Summary

BHOA has multiple operational and engagement strategies designed to improve DCS retention but has a less robust system for measuring each strategy's impact. The executive director endorses a participatory leadership style that research has reported to be effective and efficient for engaging employees (Banjarnahor et al., 2018). The organization has various informal control strategies and processes to convey and share information through small teams and groups that provide a generative dialogue platform. Company-wide communication is conducted in-person and electronically. Several

industry best practices (teamwork, participatory leadership style, and employee recognition programs) support DCS engagement.

In Section 4, I provide an analysis of various components relevant to the practice problem. Based on the sources of evidence, I analyzed BHOA's client and workforce-focused results. An analysis of BHOA's leadership and governance results related to DCS retention was completed. Section 4 also includes an interpretation of the results, implications, strengths, and limitations of the case study.

Section 4: Results—Analysis, Implications, and Preparation of Findings

Introduction

This case study was designed to gain an in-depth understanding of BHOA leaders' experiences and practices related to DCS retention. Data related to the practice problem were gathered from academic and professional literature, public data sources, related websites, and books. I completed a literature review of scholarly sources to contextualize the practice problem and identify best practices for DCS retention in PRTF settings. Public sources of data including peer-reviewed journal articles were accessed through numerous databases and search engines (see Supporting Literature section). Internal documents were provided by BHOA leaders. I reviewed various internal documents to understand BHOA's practices and processes that impact DCS retention:

- 2020 Quality Assurance and Strategic Planning Tracking Form
- Employee Separation Report
- Program Service Manual
- Board Policies & Procedures
- Leadership Meeting Minutes
- Recruitment and Staffing Meeting Minutes
- Budget and Census Data
- Organizational Structure and Hierarchy charts
- 6CS Strategic Plan
- Client and Employee Survey Results
- Performance Improvement Plan
- DCS Job Descriptions and Salary Band

- Personnel Policies

Semistructured, open-ended interviews were also conducted with seven of BHOA leaders, which created flexibility and deeper understanding of their experiences and feelings (Austin & Sutton, 2014, p. 438). Core questions were asked of all participants, and additional questions were presented according to the interviewee's specific role in the organization (see Analytical Strategy section). Interviews were 45–60 minutes long, recorded, and transcribed. An iPhone voice memo function was used for recording the interviews with BHOA leaders, and the mobile application Transcribe was purchased and downloaded for interview transcriptions.

To maintain confidentiality, participants will be referred to as Participate 1, Participant 2, and so on. Interview participant selection was influenced by leadership role and expert knowledge of the practice problem. As stated, interview participants were comprised of individuals from the corporate office and the direct-care facility. Flexible participation options were offered, including face-to-face, virtual platform, and telephone interviews.

The following section provides the results of the data analysis. Potential implications of the findings are discussed, and the study's strengths and limitations summarized. Additionally, I explain the potential for positive social change resulting from the study.

Analysis, Results, and Implications

Data Analysis

Upon completing the data collection process, I analyzed the data manually and used Microsoft Word and Excel to organize the data. The transcribed interviews were converted to a Word document and reviewed for accuracy. I compared the memo recordings to the transcription, and errors were corrected. After correcting transcription errors, I created Microsoft Word tables grouping interview questions and participant responses to identify the frequency of key words and phrases. The content was then organized to reflect codes, themes, and categories (see Appendix A). Journal articles, white pages, and internal document reviews were also formatted in tables, grouped by client, workforce, leadership and strategy, and finance in accordance with the Baldrige Excellence Framework. Literature content was reviewed to identify best practices and factors that influenced DCS turnover such as TIC, leadership style and support, training, and safety.

Data sources that required calculations or numerical references were organized and calculated in Excel spreadsheets to mitigate errors in reporting. Data were extracted from the organization's overtime expense reports, workman's compensation claims, budget and census reports, and employee separation data. These documents were reviewed to understand the financial impact of the organization's DCS turnover rate.

Lastly, a thematic content analysis and data triangulation method was used to further test the data sources to ensure validity. Triangulation tests the convergence and divergence of content across multiple data sources and provides a comprehensive

understanding of the research problem (Carter et al., 2014). The data content retrieved from participant interview transcripts, literature, and internal documents were compared to best practices for DCS retention in PRTF.

Client Results

BHOA is a level four psychiatric treatment facility for youth who have been displaced from various levels of care for various reasons. The organization's primary functions are to provide the youth in its care with a safe, structured, and therapeutic environment conducive to healing and ultimately successful community reintegration. DCS has an intricate role in ensuring these functions are performed effectively. But high turnover rates among DCS in PRTFs for youth negatively impact the quality of care and treatment outcomes. Therefore, understanding BHOA's current staff retention efforts and identifying opportunities to apply best practices to improve retention of residential treatment facility DCS will enhance client services and ameliorate BHOA's overall performance. This section includes analysis and interpretation of data collected from leadership interviews, organizational documents, and peer-reviewed literature. Interview questions related to client results are presented to leader participants with frequent DCS and resident interaction.

BHOA Client Programs

A review of the BHOA website (2020) provided information regarding the organization's PRTF milieus. BHOA program are identified as Program Milieus A, B, C, D, E, and F to ensure the organization's confidentiality. BHOA provides 24-hour secure residential care for adolescents. The census capacity is 150 beds, which is divided among

eight distinct program milieus. BHOA serves male and female youth with significant psychiatric diagnoses. The milieus are designed to meet the needs of normal cognitive functioning youth, youth with intellectual and developmental disabilities, youth sexual offenders, and autistic males (BHOA website, 2020). Additionally, program milieus BHOA offers a comprehensive array of onsite services. Table 4 provides a list of onsite client services.

Table 4

BHOA Onsite Services

24-hour medical services	Dental services	Medication management
Accredited private school education	Evidence-based treatment	Multi-Disciplinary Discharge Planning
Comprehensive Clinical Assessments	Group & Recreational therapy	Psychiatric and Psychological evaluations
Crisis Stabilization & Assessment	Individual & Family therapy	

DCS turnover has an impact on these onsite services. Youth in PRTFs have likely experienced multiple caretakers, encountered traumatic events, struggle with attachment issues, exhibit maladaptive behaviors, and display extreme symptomology related to mental health diagnosis (Rose & Lanier, 2017). But residential DCS ensure an environment of nurture, structure, and consistency (Ochoa, 2012). Client engagement in PRTFs is considered a best practice strategy and indicative of quality care (BBI, 2012; Daly et al., 2018), and developing a therapeutic alliance between DCS and clients is associated with increased motivation to engage in treatment (Boel-Studt et al., 2018). According to Participant 6, “without efficient and productive residential staff, you don’t have programming.” Furthermore, DCS relationship with the residents was described as

"daily role models, counselors, and motivators, and when you fail to have that person those persons in place consistently you break down a lot of programming" (Participant 6). According to Participant 6, exempt employees are placed in ratio when units are short staffed. The presence of exempt employees helps to maintain the residents' and staff safety. However, structure and consistency are compromised and weakens the program. "The residents take advantage of that" (Participant 6).

Participant 7 explained that when residential staff turnover is high and the team is not cohesive, it compromises the program's structure:

> It does compromise structure. I think maybe you'd be in denial if you say it didn't; when things work the way they need to [with a cohesive team], I think the kids do feel that retention affects them because it compromises the structure of the unit. It [DCS turnover] compromises the continuity of how directives are given, how the structure is carried out, and communication is done.

According to Participant 3, DCS low retention rates results in excessive overtime for remaining DCS, contributing to their stress and burnout. It was explained that burnout negatively affects DCS level of patience and has an impact on the client population. Participant 3 elaborated,

> The residents are experiencing the effects of employee burnout. Less patient staff equates to poor performance to patients directly. In our business, consistency is the key to good treatment. When you lose that consistency, it impacts the kids feeling of stability. That's going to equate to more problem behaviors from the

kids. More problem behaviors from the residents' correlate to more burn out from the staff, so you get into that vicious cycle.

In addition to participants' responses, documentation from the BHOA's 6CS initiatives (2018) indicated that client engagement is essential, which resulted in BHOA's Youth Advisory Board. However, contrary to participants' responses, the data received from client surveys did not indicate the impact of DCS retention on the resident's treatment or quality of treatment. BHOA displayed 2012 survey results on the website and conducted the most recent client satisfaction survey in 2019, but these results are not published on the organization's website. The patient surveys provided no information related to the impact of DCS retention for client results.

Despite a lack of documentation support, literature relevant to the topic indicated that the relationship between residents and DCS is a central feature that positively correlates with client treatment engagement and improved mental health outcomes and is designed to positively influence the DCS and clients (Hales et al., 2017). The literature also included themes around structure, TIC, safety, reactive violent behaviors, trust, and data collection. Therapeutic residential care has evolved in practice and policy and is now considered vital to young people's care system (Daly, 2018). This evolution has propelled extensive research of evidence-based and best practices in youth congregate care settings yielding numerous evidence-based milieu models, including BBI, 6CS, trauma-informed systems, and residential experiences (CARE), and The Sanctuary, to name a few. Safety, staffing, setting, and treatment outcomes as common core aspects of residential treatment programs across milieu models that indicate quality programs (Farmer et al., 2017).

BBI, 6CS, CARE and trauma systems therapy milieu models are considered trauma-informed or systems of care approaches. These models focus on reducing physical restraints and seclusion interventions that adversely impact treatment outcomes. Data collection for resident outcomes and client satisfaction, and client and staff engagement are considered a best practice of evidenced-based milieu models (Bryson et al., 2017; Daly, 2019). Furthermore, the diversity of resident experiences and DCS stability in youth residential treatment centers are essential components to maintaining consistent program implementation and developing a stable therapeutic milieu (Conner et al., 2003). Participant 6 acknowledged BBI and 6CS strategies that have been employed to engage the client population, such as youth participating in the interviewing process for DCS. However, according to Participant 6, more training is necessary for DCS regarding TIC to increase competence and skills.

Table 5 lists client frequency data for a range of incidents (BHOA PI Spreadsheet, 2020). BHOA bed capacity is 150, but the ADC census in 2020 was 128.12. The data are inclusive of all eight BHOA program milieus.

Table 5

2020 Performance Improvement Data

Incidents	Jan	Feb	March	April	May	June	July	August	Sept
Physical Restraints	47	27	48	30	22	31	20	21	22
Escorts	43	36	36	28	12	8	4	15	7
STAT Meds	1	2	8	6	4	2	2	0	0
Critical Incidents	18	8	11	9	10	14	3	17	9
Elopements	5	1	2	3	3	2	0	3	1
Aggression/assault	203	131	202	111	73	91	79	115	88

Client incidents are recorded for data analytic review for PI purposes. Incidents range from serious occurrences to critical incidents. Serious occurrences are defined as any significant impairment of the physical condition of the client as determined by qualified medical personnel (BHOA, State-Specific Reporting Requirements, n.d.). BHOA utilized nonviolent crisis intervention team controlled physical restraints as a last resort to maintain the safety for clients and others. Physical restraints can cause harm to residents and staff because physical restraints are used when residents are unable to self-regulate and display aggressive behaviors. Restraints can also exacerbate intense trauma reminders and feelings, resulting in unsafe behaviors during the intervention (Barnett et al., 2018). Furthermore, because physical restraints involve direct physical contact between staff and dysregulated residents' injuries can occur. Escorts are less physical and used to help physically guide residents to safety. BHOA utilized STAT medications during the time of crisis/restraints and must be ordered by a doctor. Critical incidents cover a range of behaviors including elopements, physical restraints, assaults, and off-site medical visits. These data highlight the volatile behaviors that DCS are required to manage frequently.

Workforce Focused Results

BHOA leaders perceive poor attrition rates among DCS as an ongoing organizational problem that negatively impact various aspects of organizational performance. The perception among all interview participants is that DCS turnover is high in BHOA as well as health care in general. Leaders also described DCS retention rates in similar terms that inform a problem exists (see Table 6). This section provides

BHOA sources collected from leadership interviews, organizational documents, and peer-reviewed literature. Semistructured inquiries informed leadership perception of the diversity of DCS, factors contributing to DCS attrition rates, and insight into DCS employee benefits, rewards, and career advancement opportunities. Organizational documents retrieved such as employee satisfaction surveys, DCS injury claims, pay scales, and DCS resignation data clarify the problem's depth. Lastly, public data and scholarly peer-reviewed literature highlighting best practices for DCS retention in PRTF are examined. Using the Baldrige Framework of Excellence, I assessed BHOA's workforce capability and capacity, climate, engagement, and development related to this case study of DCS retention.

Between 2015–2020 retention rates have consistently decreased among residential care staff. BHOA leaders described initiatives and barriers experienced in improving DCS retention rates. Attrition rates and inconsistent residential staff present significant challenges that impede the organizational goals, quality care, and safety for residents and staff. These circumstances adversely impact BHOA's overall organizational performance (Participant 3). Table 4 provides the leaders perception of the organizations DCS retention problem.

Table 6

BHOA Leaders' Perception of DCS Retention Rates

Example quotes
"I think it's poor" (Participant 1)
"From everything I've heard, It's a challenge" (Participant 2)
"Problematic, very problematic" (Participant 3)
"I unfortunately feel that it is very high. I think it's too high" (Participant 4).
"I believe there's definitely room for improvement. (Turnover rates) higher than they should be" (Participant 5)
"I definitely think it's a struggle" (Participant 7)

Capability and Capacity

Semi-structured interviews with BHOA leaders revealed that the pool of DCS is diverse regarding age, ethnicity, and gender. Singh (2019) explained that companies are exploring generational aspects and generational preferences as a tool to retain employees. Furthermore, research asserts that employees follow a life cycle. Their aspirations change as their stage of life evolves and understanding their expectations and fulfilling them is a tool to help improve retention (Singh, 2019). Conner et al. (2003) found that staff turnover circumstances can be connected to employee characteristics. He states, "younger employees less than 23 years of age are much more likely to leave residential treatment position as are employees 45 years and older (p. 45). BHOA leader responses referencing DCS diversity is captured in Table 7.

Table 7

Thematic Content Analysis: BHOA Leaders' Perception of DCS Diversity

Themes	Example statements
Lack of scientific data	It's anecdotal. I don't have any hard and fast data, but anecdotally I would say we have a very diverse workforce at that level for all of those categories. (Participant 3)
BHOA DCS are generationally diverse	We do have a really good mix of age group. I think demographically we're solid there. (Participant 5)
Older DCS are more efficient	Normally if you get an older type of staff, they can function way better, you know a lot more efficient. (Participant 6)
Academic experience is diverse among DCS	I think you've got to have a balance between those two (college experience and no college experience, Participant 7)

Themes established from raw interview data collected from semi-structured interviews imply that BHOA has a diverse residential workforce with varying education and experience levels. Leaders working in the PRTF report that the DCS population is very diverse regarding age, experience, and education. DCS age ranges appear to be between 21 to elderly (no clear definition of "elderly"). However, age 21 thru the mid-’40s was specifically stated during the interviews. The data presents themes around older and seasoned staff as more competent, efficient, and effective in working with the client population. DCS must be at least 21 years of age for employment with BHOA (BHOA Interview, Participant 7, November 17, 2020). No experience is required for DCS employed with BHOA. Furthermore, it is noteworthy to emphasize the leaders’ perception of DCS as "kids." Another theme emphasizes the benefit of seasoned DCS and their ability to model and teach the younger staff how to navigate their roles more effectively, as conveyed from interviewees.

BHOA leaders report similar perceptions of factors that attribute to high attrition rates among DCS. Factors contributing to BHOA’s retention issues are numerous, according to leadership members. The common themes that emerged from leadership interviews related to elements of DCS turnover include low wages, lack of training, challenging job, difficult client population, competition, and burnout (see Table 8).

Table 8

Thematic Content Analysis: Leader Perspective of Factors Contributing to DCS Turnover

Themes	Example statements
Client population acuity is high	It's an extremely difficult population. (Participant 1, July 17, 2020)
Difficult field	Healthcare is difficult to work in there's a lot of burnout. (Participant 2, July 23, 2020)
Work demands are inconsistent with DCS wages	It's very challenging work and the wages are low compared to other forms of challenging work. (Participant 3, July 27, 2020)
Front level supervisors influence organizational culture	It could be the front level supervision in regard to the STL and TL and inconsistency of those roles make it hard for someone to understand and learn the culture that has been set by the program director, RM, or even the supervisors (Participant 4, August 6, 2020).
Communication barriers	I don't think that we do a really good job at the outset describing what we do and how training is going to impact the care of the kids. (Participant 5, August 6, 2020)
Undesirable job	I don't think residential services in place that people want to be. (Participant 6, August 17, 2020)
BHOA brand	When you read online (reviews), you can kind of figure out why people left. (Participant 7, November 17, 2020)

Interviews with BHOA leaders' perspectives are consistent with the literature regarding low wages for DCS, difficult client population (exhibiting aggressive behaviors toward DCS), and enhanced training opportunities to decrease turnover rates. According to Boel-Studt and Tobia (2016), residential staff identified workforce development and training as challenges. They reported that offering competitive wages as a challenge, "fifty-six percent of survey respondents indicated that they felt their staff did not receive adequate training, which, along with low-wages, contributes to retention issues" (Boel-Studt & Tobia, 2016, p. 28). Additionally, the residential staff's job in a PRTF setting is described as a vulnerable position due to the violence they encounter from the residents (Smith et al., 2017; Seti, 2008; & Conner, 2003).

Regarding staff competency and training, Participant 3 described BHOA's training processes as "very robust training and good supervision" (BHOA interview, personal communication, July 27, 2020). DCS are trained through various modes, including orientation, monthly mandatory training (online), and ongoing individual and group supervision (BHOA leader interviews, 2020). Addressing workforce development and retention issues are paramount to serving youth in residential care. To ensure quality and evidence-based care, focus on ensuring adequate training, supervision, and support for DCS and supervisors (Boel-Studt & Tobia, 2016, and Bullard et al., 2014).

Terms related to DCS compensation include pay, wages, living wage, and salary were mentioned 92 (pay 59, wages 23, salary 10) times throughout the interviews. DCS wages are consistently reported as a barrier among BHOA leaders to retaining quality residential staff. Entry-level direct care workers in the United States earn approximately

$21,000 per year, with an average yearly salary range of $25, 317 ($12.17/hr), and the top 10% earn $29,000 (Zippia, 2020). Table 9 represents BHOA's DCS rate of pay, education, and experience requirements.

Table 9

2017 BHOA's General Hourly Pay Rate for DCS

DCS levels	Low	Middle	High	Education
RC1	$9.50 no experience required	$10.50 5-7 years' experience	$11.50 7-10 years and up with experience	High School Diploma
RC II	$10.00 no experience- 2 years	$11.00 2-5 years' experience	$12.00 5-10 years' experience	Bachelor's Degree
RCIII	$11.50 no experience	$12.50 1-2 years' experience	$13.50 2-5 years' experience	Master's Degree

On the low end of BHOA's DCS pay scale, full-time entry-level staff with no experience can earn $19,760 per year. In comparison, experienced residential staff with a master's degree can earn $28,080 per year. According to the TL and STL pay rate scale (BHOA internal documentation, General Pay Rate for DCS, 2016), individuals hired as or promoted to STL pay between $23,920 and $26,000 per year based on education, experience, and shift. TL salary ranges from $23,920 to $27,040 annually. Depending on education, experience, and shift worked, DCS hired for the ASD program earn between $22,880 and $31,200 annually (BHOA internal documentation, ASD Pay Rate for DCS, 2017).

Workforce Climate

As shared in Table 10 (BHOA Termination Document, 2020), between January and October 5, 2020, 134 residential staff separated from the organization, of which 103 were voluntary. In 2019, BHOA experienced a turnover of 303 DCS and 235 in 2018. Of the DCS positions, the highest attrition rates were among the RC ranks. BHOA residential floor leadership positions appear more secure, with a turnover of four each. However, there are only 24 TL and 24 STL positions (BHOA internal document, Weekly Staffing Chart, November 4, 2020).

Table 10

BHOA DCS Turnover 2020

DCS Position	# of separations
Residential counselor	94
Team leader	4
Secondary team leader	4
Team supervisors	0
Secondary team supervisors	1

BHOA’s 2020 Terminations report captured limited explanations for DCS separation. BHOA does not have a formal exit interview process, therefore antecedents related to DCS resignation were not provided. Table 11 revealed that most of the DCS resigned without any prior notification such as resigning without explanation, job abandonment, and no call/no show. When DCS resign abruptly or without any notice, there is a potential risk of increased critical incidents and milieu disruption. Lack of DCS impacts the structure of the milieu and puts the remaining staff and residents at risk for harm.

Table 11

BHOA 2020 Voluntary Turnover Typology

Types of voluntary resignation	Number of voluntary resignations
Another job	8
Did not return from Leave of absence/no call no show	17
Did not return after orientation	2
Incomplete orientation	1
Job abandonment	13
Personal conflicts	9
Resigned	32
Resigned w/o explanation	30

Health and safety measures have been implemented to increase residential staff mental and emotional well-being. BHOA offers a comprehensive healthcare benefits package, including medical, dental, and vision insurance, and short- and long-term disability benefits (BHOA interview, Participant 4, August 6, 2020). The employee assistance program is thought to be a service that is underutilized but is valuable and beneficial for DCS to help them be successful despite what they are dealing with here (BHOA interview, Participant 4, August 6, 2020). Other safety measures that have been implemented, according to Participant 4, are active shooter drills. Additionally, the facility is badge accessed, and only the current employees can enter and exit.

The PI Director develops a yearly training calendar that includes regulatory safety training such as Occupational Safety and Health Administration from a PI aspect. The PI director reports revising the Employee Health and Safety module developed an Employee Wellness module. “The motivation for creating the Employee Wellness module to address recruitment retention strategies, more so than what we have to do from a

regulation standpoint, but it came out of just wanting employees to know" (BHOA interview, Participant 4, August 6, 2020). Participant 6 provided insight into the emotional and physical safety of the staff from a facility perspective. He reports the following (BHOA interview, Participant 6, August 17, 2020):

- We run a 1 to 3 ratio that lends to the physical support and maintains that safety
- We do a 16-hour nonviolent crisis intervention
- We teach verbal interventions and physical interventions as needed during a group supervision
- Discuss residents and brainstorm interventions during daily transition meetings
- We need to offer and encourage mental health days

Other comments regarding the staff's physical and emotional safety relate to the relationship between leaders and DCS. Knowing, observing, and interacting with DCS can influence communication. Open communication, coupled with observation of DCS behaviors, can help leaders recognize work fatigue and offer suggestions (BHOA interview, Participant 7, August 17, 2020).

Table 12

BHOA DCS Workforce Injury Claims Report 2019-2020

Injury type	Total	Description
Assaults	35	Involves staff being punched, kicked, hit, shoved, hit by an object, jumped on, spat on, or other means to intentionally cause harm or injury.
Restraint related	18	Includes injuries during restraints or escorts (slip and falls, any of the above assaultive actions
Breaking up fights	13	Includes injuries incurred while intervening between resident: resident conflict. Injuries may include all the above.
Elopement related	3	Includes injuries sustained during an elopement pursuit such as slip and falls etc.
Misc.	5	Includes injuries sustained when residents attempt to barricade themselves in their rooms, such as fingers closed indoors, shoulder injury. Other injury resident jumping

Internal documents revealed 45,453.63 hours of overtime worked by full-time and part-time DCS, not including holiday hours (BHOA Internal Document, Monthly HR Report, December 2020). According to BHOA's Loss Experience Report (2020), during the insurance policy period 2019 – 2020, as of September 2020, there were 102 workman's compensation claims. From the 102 claims, 96 claims were reported by DCS. Seventy-five work-related injuries involved employee and resident interaction. All but one of the employee-resident injuries involved DCS. DCS filed the remaining 74 workers' compensation claims for injuries sustained during negative interactions with the residents (see Table 12). BHOA's most significant form of injury results from physical

assault towards staff and the second leading cause of injury is related to physical restraints. This information is significant because trauma-informed approaches in residential settings help reduce restraints and have the potential to reduce staff injuries and job dissatisfaction (Conner et. al, 2003; Smith et al., 2017; vanGink et al., 2018).

Research posits that working long hours, such as excessive overtime can result in Compassion Fatigue when working with patients with significant trauma (Rossi et al.,2012). DCS endure tremendous stress and violence during crisis interventions, in which they are assaulted physically and verbally (Smith et al., 2017; Sternberg et al. 2013). Trends in the literature indicate that the stress related to lack of safety and injury from physically aggressive youth is one of the leading factors resulting in job dissatisfaction and influence voluntary resignations (Smith et al., 2017; vanGink et al. 2018). Likewise, TIC models encourage and enforce staff and client engagement, which is positively correlated with staff retention and improved client outcomes (Hales, 2017).

Bryson (2017) evaluated the effectiveness of TIC models employed in residential treatment facilities. A compilation of TIC models, including designs, context, and outcomes, was charted from TIC implementation articles. In Table 13, I show the extracted sources to examine the outcomes of similar population size, smaller populations, and 6CS outcomes to demonstrate TIC models' effectiveness regardless of the organization's size.

Table 13

TIC Models, Design, Context and Outcomes

TIC Models	Results	Size and Population
The patient-focused intervention model	Staff injuries decreased by 48% in the first year of implementation. Seclusion and restraint rates decreased by 50%; 75% reduction in hours of S/R first 2 years One full year after implementation, staff survey data showed improvement in 5 of 10 areas, including staff perception of aggression mgmt. Emphasized: Leadership commitment Outcome orientation Shared maintenance	80 bed facility, two adolescent programs, 19-bed adol female tx, center, 15-bed acute psychiatric facility youth 12–18 years old
Collaborative problem solving (CPS)	Reduced staff and patient injuries from an average of 10.8 per month to 3.3. per month *Emphasized*: Model selection Workforce transformation, Outcome orientation, Shared maintenance	US 13 bed, locked inpatient child psychiatry unit serving ages 3–14 years average stay of 14 days
6 core strategies	In Site #1: Between 2005 and 2013, mechanical restraints were 100% mechanical restraints were 100% eliminated; restraint was reduced by 87%. seclusion reduced by 67% In Site #2: Restraints reduced from 49 in January 2012 to 1 in 2014 In Site #3: Restraint reduced by 75% between 2011 and 2013	Site #1: Children's Center 52 youth psychiatric beds Site #2: Secure facility youth with serious emotional disturbance Site #3: residential program 100 male youth beds

TIC systems stress the importance of training staff to fidelity of the model. However, trauma systems therapy, another residential-based trauma system, places high regard on specifically training DCS. Brown et al. (2013) expressed, “the DCS members are the adults who spend the most time with the youth. They are the ones on the “front lines” who most likely intervene when the youth become dysregulated and thus in many ways are in most need of training and support" (p. 696). Furthermore, residential staff members are essentially a surrogate family system, the immediate caregiver for the youth while in treatment, and can significantly impact the youth’s treatment (Brown et al., 2013).

Workforce Engagement

Regarding workforce engagement, I asked BHOA’s leaders what platforms are available for the residential team members to share their performance ideas. All the interview participants reported that BHOA provides opportunities for DCS to express their concerns or offer suggestions. Staff satisfaction surveys, suggestion boxes, and an open-door policy were the common responses of the leaders. According to Participant 1, “we’ve done lots of different things on Survey Monkey. We’ve done paper surveys etc. We have suggestion boxes outside of human resources again. We have an open-door.” Similarly, Participant 3 stated, “the open-door policy, supervisors being able to bring ideas directly to your chain of command. We also have suggestion boxes that are more anonymous and general. And then, we do annual surveys of all employees to try to get their input on processes.” Participant 7 shared, “I’ve seen where we’ve done surveys, and

we've asked employees what they need. I know we've had some issues sometimes with employees assuming we know what they need." According to Participant 6, surveys, questionnaires, individual and group supervision, or open-door policy are platforms for DCS to engage and share ideas.

Conversely, Participant 2 provided insight on DCS not engaging in surveys. She identified possible barriers as DCS's access to the internet to email. Moreover, it was reported that "some staff may not think that leadership really takes the time to read them or don't think it is valuable, and in turn, they chose not to participate in the surveys" (BHOA interview, Participant 2, July 23, 2020). Participant 5 recalled an annual engagement survey, stating BHOA may have conducted employee satisfaction surveys consistently for two or three years. Due to the change in HR leadership, Participant 2 is unsure if the survey produced any leadership efforts to address the survey results (BHOA interview, personal communication, August 6, 2020).

The 2019 Employee Satisfaction survey was conducted via Survey Monkey, covering categories related to job significance, professional growth, employee teamwork, good working relationships, stress levels, communication, work culture, and benefits package. Implications of the survey concluded that improvement opportunities exist in the following areas:

- Raising current pay rates
- Holding managers and supervisors more accountable
- Ensuring that rules and regulations remain consistent
- Improving work culture

- Improving trust between supervisors and employees
- Improving constant communication

These opportunities for improvement highlight potential factors affecting high DCS turnover rates. Analysis of this data based on DCS results would allow BHOA to clarify the extent to which these identified areas in need of improvement may be subtly affecting DCS turnover.

Workforce engagement also involves rewards and recognition opportunities for DCS. BHOA leaders disclosed numerous strategies to recognize and support DCS (see Table 14). It is undeniable that BHOA leaders are focused on strategies to improve their retention problem among DCS through incentives, bonuses, and rewards and recognition opportunities. BHOA leaders also mentioned strategies that have been discontinued.

Table 14

BHOA Leaders Perception of DCS Rewards and Recognition Opportunities

Theme	Example statements
Changing DCS behavior	To effect change, you've got to shape behavior and to shape behavior is a big part of that is rewarding behavior. (Participant 1, July 17, 2020)
Bonuses and rewards for DCS coming to work as scheduled	Bonuses paid for things "like just coming to work." We call it perfect attendance. (Participant 3, July 27, 2020)
Leaders are particularly invested in DCS	The RCs we actually recognize twice a year, whereas other roles are recognized once a year. (Participant 4, August 6, 2020)
DCS rewarded to for coming to work as scheduled consistently DCS rewarded for overtime	Rewarded because of attendance, attendance things, you know, coming to work regularly without calling out being on time, and picking up additional shifts (Participant 6, August 17, 2020).
Increase DCS rewards and recognition opportunities	I think sometimes we probably don't do enough recognition of those people. (Participant 7, November 17, 2020)

Note. RC = residential counselor

The efforts made to support DCS through staff appreciation events, bonuses, and other incentives are well-intended leadership endeavors to retain DCS. Tone and content divulged from BHOA leader interviews reveal leadership commitment to retaining and changing DCS behaviors through reward systems. Based on the leaders' responses, the desired behavior change for DCS is to report to work as scheduled. Raw interview data informs that BHOA offers bonuses to DCS for consistently working their schedules. Rewards and recognition opportunities implemented for DCS are designed to change their behaviors (BHOA Interviews, Participant 1, July 17, 2020).

Literature converges with BHOA's awards and recognition practices identified by BHOA leaders. These opportunities of appreciation are relevant to the problem of DCS retention. Lack of staff recognition is an organizational feature associated with burnout (Seti, 2008; Pinchover et al., 2015; Graham et al., 2017). Research contends that best practices for retaining quality staff involve incorporating staff appreciation and recognition systems (Kadis, n.d; Seti, 2008; Pinchover et al., 2015; Graham et al., 2017). Although various strategies have been implemented to ensure staff feels appreciated, according to the HR Director, there are no measurements developed to evaluate if these strategies have made an impact on DCS retention (BHOA interview, personal communication, August 6, 2020).

Workforce Development

A central recurring theme in workforce development is continuous training and opportunities for career advancement within an organization. BHOA leaders provide a comprehensive orientation at the onset of employment. Training continues daily through executive director tips of the week, transition meetings, individual and group supervision, and monthly computer-based training (BHOA Interviews, 2020). Other trainings such as nonviolent crisis intervention and CPR are renewed yearly through face-to-face training and online.

A review of the 2020 Quality Assurance and Strategic Planning Tracking form (see Appendix C) developed by the PID provided a comprehensive list of yearly training requirements by the department and other organizational strategic goals to be completed monthly. Most of the training identified are requirements from BHOA's licensing and

accreditation agencies. According to the tracking form, DCS receive TIC training annually in January. A section of the Quality Assurance and Strategic Planning Tracking form most relevant to DCS training is provided in the appendices section.

Professional development includes training and preparation for career growth. BHOA leaders agree that the opportunities for career advancement are vast within the organization. Several of BHOA leaders provided personal examples of their promotion within the company. The following responses provided insight of the leaders' perception of professional development and path of progress for DCS employed with BHOA (see Table 15).

Table 15

BHOA Leaders Perspectives: Opportunities for DCS Career Advancement

Themes	Example statements
Developing leaders	We have parceled out in our Culture Club of looking at our leaders and what are ways that we can better grow leaders. (Participant 1, July 17, 2020)
Improving DCS awareness of advancement opportunities	We have a very good career ladder, but I don't know that we do a great job of advertising that or helping the employees see that. (Participant 3, July 27, 2020)
Creating a Path pf Progress strategy for DCS to obtain professional growth	I think that that it is definitely goal-oriented for an employee to learn that there are opportunities, and they don't have to just be an RC forever. We don't have a path of progression only positions. (Participant 5, August 6, 2020)
Enhancing core competencies in vivo	This is a place to gather experience because it's firsthand primary dealing with certain diagnosis.
Leaders recognize and help develop DCS leadership skills	You start to see (strengths) or build or mold them for unit leaders. (Participant 6, August 17, 2020)

Note. RC = residential counselor

Overall, according to BHOA leaders, goal oriented DCS have many opportunities available to rise in the ranks and achieve success within the organization. Preparing residential staff for career growth does not appear to be a concerted effort but specific to individual program leadership goals. Based on the interviews, it is apparent that BHOA leaders are invested in developing quality leaders and providing new innovative strategies to accomplish that goal. Likewise, leaders recognize that improvement is needed to enhance training and professional development.

A clarion call for PRTF continuous training and career advancement opportunities for residential staff are recognized as essential components to maintain a safe environment for residents and staff. Training can help mitigate risk factors associated with DCS voluntary resignations. Continuous training and professional development mitigate burnout, vicarious trauma, high turnover and is key to ensuring DCS level of competence and self-efficacy in their challenging roles (Lakin et al., 2008; Kerig, 2019). Training for frontline staff should also focus on trauma-specific training, which typically exists for DCS, and where it does exist, there is limited information that addresses vicarious trauma experiences for staff (Brown et al., 2013; Hales et al. 2017; Kerig, 2019)

The workforce section illuminates themes around low wages, enhanced training, and TIC. Many of BHOA practices converge with literature and best practice strategies. BHOA leaders have consistently implemented strategies to make improvements. Platforms for DCS feedback and open communication, safety measures, comprehensive health benefits, a system of awards and recognition, career advancement opportunities, and training are available. Many of the strategies employed by BHOA are considered best

practices and are evidence-based, including TIC practices; however, the persistent struggle of maintaining quality and committed DCS remains problematic. Because BHOA has no formal exit interview process, it is difficult to ascertain why DCS leave the organization. The BHOA interview participants equate low wages to high DCS turnover. Leaders regularly offer bonus incentives to improve retention but have not increased DCS wages across the board since 2017.

Leadership Results

How senior leaders and facility leaders communicate, encourage communication, and engage the entire workforce is relevant for maintaining a high morale culture to retain quality DCS. Maintaining a stable and competent DCS workforce is s a high strategic priority for BHOA leaders. Leadership and Governance results provide an understanding of BHOA leaders' perception of their influence on DCS retention. Leadership communication and behaviors, engagement strategies, fiscal responsibilities, regulatory factors, and contributions to the community are assessed to respond to the problem of high attrition among its DCS.

Communication and Workforce Engagement

Participant 1 explained that leadership communication and engagement with DCS should occur during the pre-employment and interview process by initially explaining BHOA's story, mission, and values (BHOA interview, personal communication, July 17, 2020). The organizational mission and vision statements set the precedence for the organization as the guiding principles. The mission statement should be understood by all employees, especially the DC workforce. BHOA seek out youth who have failed in

previous treatment programs, the most challenging youth requiring level 4 admission. This insight is hugely significant because the frontline workers experience the bulk of maladaptive behaviors displayed by the residents (Seti, 2008). The Governing Board and Executive Leaders are the primary decision-makers who do not work in the facility or engage with the DCS and residents daily (BHOA Interview, Participant 2, July 23, 2020). Therefore, DCS must be well trained and competent in their role to support the organizational mission.

Vocabulary terms related to communication were found 33 times in the leadership interviews, such as communication, listening/listening skills, and open dialogue. Some BHOA leaders believe the communication process is robust, using multiple communication modes to convey messages to the DCS. Other leaders described their perception of senior leadership communication with residential workers as challenging. Electronic modes of communication are available to reach the DCS through the organization's Shifthound application and email system. According to BHOA leaders, additional methods of communication are in person team meetings, where information is cascaded from the SL meetings to the facility's leadership team by the program directors (PDs) to the RMs. From there, the RMs inform the team supervisors, who cascade the information to the TLs and STLs. Finally, information is expected to be shared with all residential staff during each shift change transition meeting (BHOA leadership interviews, 2020).

Most of the communication from SLs to DCS is through indirect means. This relates to geographical barrier, emphasized by Participant 2, due to the distance between

the corporate office and the treatment facility (BHOA Interview, July 23, 2020). Recognizing if this is a detriment or not is a factor to consider regarding DCS's engagement with SL and retention. Listening to the DCS concerns, collecting qualitative and quantitative data, and making decisions based on the feedback is paramount. Participant 6 expressed the importance of listening, "one of the first things you have to do is listen to the DCS feedback without making any changes to it, accept the raw data, and then good leadership decisions can be made" (BHOA Interview, Participant 6, July 23, 2020).

Consistent with the literature, leadership communication skills engage staff and are essential to Participatory and Transformational Leadership styles. Having an exchange of information where decisions are made in concert or consultation with DCS helps to enhance feelings of connectedness and establish trust with the organizational leaders and the environment (Boies et al., 2015; Boonyada, 2014; Seti, 2008). The inclusion of DCS in the information exchange process with leaders impacts the organizational culture. Research examined and supported organizational leaders' ethical behaviors and leadership style as an influence on organizational culture impacting staff retention (Boonyada Nasomboon, 2014; Armenakis et al., 2011; Zeitlin et al., 2014; Singh, 2019; Sinha & Sinha, 2012; James & Matthew, 2012).

Strategies and Implementation

As previously discussed, BHOA recognizes the magnitude of the problems incurred when there a too few DCS to maintain a safe and structured environment. Leaders shared various strategies employed to improve their core competencies and

decrease DCS attrition rates. When asked which present and past strategies have been implemented by leadership and if any of those strategies were discontinued, Participant 1 discussed the development of the centralized staffing office. It was explained that the initiative has regressed from the original goals (BHOA interview, personal communication, July 17, 2020). Before the centralized office was developed, every team supervisor was responsible for staffing their programs. Due to DCS complaints of program supervisors displaying favoritism, BHOA experienced high DCS turnover. The leaders implemented a centralized staffing office to ensure that HR professionals, individuals with appropriate experience or education would manage the staffing aspect of the organization. BHOA has been operating the staffing office for approximately 10 years. Participant 1 reports that the staffing department now resembles a hybrid model, where program supervisors have been promoted, and credentialed employees supervise the staffing department. However, the current staffing model has not proven effective (BHOA interview, Participant 1, July 17, 2020).

Participant 5 explained that the staffing office is responsible for staffing the programs using the schedule builder in Shifthound. The HR department and staffing office are also responsible for evaluating and minimizing overtime (BHOA Interview, Participant 5, August 6, 2020). In the event of DCS calling off or not reporting for their scheduled shifts, the staffing team (which consists of 1 supervisor, and two assistants) begins to cold call other DCS employees to pick-up extra shifts. If the staffing team is unable to secure individuals in a timely at the start of shift change the stay-over calendar is executed. The stay-over calendar is a monthly calendar where DCS indicate and are

required to identify, typically one day that they are available to stay over for a maximum required 4 hours.

According to Participant 5, BHOA has researched the number of call offs, as resulting in a gap of 60 DCS. Due to excessive DCS call offs, BHOA requires additional assistance that resulted in the implementation and execution a mandatory DCS stay over list and exempt employee sign-up calendar. In situations when the staffing personnel are unable to secure DCS to pick up shifts, the program supervisors or RMs contact their staff to fill the positions. Participant 5 explained that program supervisors are often more effective in securing program coverage than the staffing team. Participant 5 emphasized:

> We've seen that that has been in some instances more productive because the supervisor is calling for direct accountability to their own staff it is not the centralized staffing office, just calling everybody. It's my boss, calling me to come into work, so it's very different and we've seen some success with that on different instances (BHOA Interview, August 6, 2020).

Similarly, Participant 4 reports over-communication from the staffing team to the unit supervisors, RM, and PD to inform of staffing shortages and request assistance if needed. These staffing strategies are important "because we want to be legal in our practices of maintaining a three to one ratio" (BHOA Interview, Participant 4, August 6, 2020).

Other strategies unrelated to rewards and recognition includes the formulation of small "Think Tank" teams such as the Culture Club and Staffing and Recruitment teams, which specifically address BHOA's DCS retention problem. The Culture Club focuses on assessing BHOA's culture and how culture impacts retention (BHOA interview,

Participant 1, July 17, 2020). The Staffing and Recruitment team brainstorms and executes recruitment and retention strategies. One recent strategy surveyed the DCS's interest in working 12-hour shifts (with 4 hours built in over-time) versus 8-hour shifts. The survey results yielded a 50/50 response (BHOA Internal Document, Recruitment and Retention meeting minutes, August 13, 2020). The shift change strategy was not implemented.

Literature provides ambiguous findings related to 12 hour shifts versus 8-hour shifts. There are employer and employee benefits to working 12-hour shifts. Gogel (2015) explains that 12-hour shifts are easier to manage, requires less staff, reduces hours of training, reduces total labor costs, and minimizes errors. Likewise, employees also identified benefits of working 12 hours shifts. Employees report an improved work-life balance when working fewer days per week (Gogel, 2015; Estryn-Béhar, et al., 2012). The authors also, report that 12-hour shifts can be harmful to employees over time and unhelpful for the client population, due to employee fatigue, stress, and burnout (Gogel, 2015; Estryn-Béhar, et al., 2012). Overall, Gogel (2015) contends that incorporating 12-hour shifts can be an effective recruitment and retention strategy.

Ultimately, SLs can assess and make investments where necessary to improve their workforce climate and culture. Implementing monetary and nonmonetary incentives is demonstrated by leaders who convey a value for their workforce (Terera and Nigirande, 2014). Additionally, investing in strategies that provide emotional support, reduce burnout, and enhance work-life balance is a positive correlation for improving staff attrition rates (Bhoganadam et al., 2016).

Finance and Market Results

For the finance and market section, I conducted semi-structured interviews with BHOA leaders and reviewed the organization's financial documents relevant to DCS retention. Literature was explored to gauge elements that impact organizational budgets, such as excessive overtime and soft costs for orienting new employees. Orientation is scheduled bi-weekly and numerous marketing strategies have been used to attract and retain DCS, which can be costly. The average retention rate for orientees completing orientation and working scheduled hours between January and October 2020 was 71% (BHOA Internal documentation, HR Monthly Report, December 2020).

DCS wages and competitive factors were frequently referred to as a retention barrier, according to BHOA leaders and literature. BHOA's investment in DCS has been established, based on the assortment of retention strategies explored and implemented by the organization's leaders. However, the extent of the financial investment in DCS is relative to BHOA's means and competition. The majority of BHOA interview participants explained that many of the entry-level positions in the community pay higher wages, are less stressful, and require less responsibility, such as fast-food restaurants and retail markets (BHOA Interviews, Leader participants, 2020). Another perspective of market competition, conveyed by Participant 7 was the lack of similar competitive markets in the area. Participant 7 further explained that a conundrum is presented when there is minimal competition from youth serving residential programs near BHOA because competition also influences DCS wages (BHOA Interview, November 17, 2020).

BHOA's 2020 budget is based on an ADC of 140 at a budgeted average daily rate of $450 - $459.00 (BHOA document, Budget vs. Actual Report, 2019). Factors influencing BHOA's ability to maintain a 140 census depends on residential staff availability. According to the 2019 benchmark report illustrated in Table 3, the organization consistently fell below the daily census goal.

Medicaid reimbursements account for 90 to 95 percent of BHOA's revenue and as a for-profit organization, there are finite resources available (BHOA Interview, Participant 1, July 17, 2020). Furthermore, the payor rates have remained stagnant over the years and without any provision for inflation (BHOA Interview, Participant 3, July 27, 2020). The Centers for Health Care Strategies (n.d.) provides insight on Medicaid's role in supporting the treatment cost, including full room and board for youth admitted to PRTF programs. The funding is allocated through Title IV-E for eligible youth. Some states use Medicaid to fund the total cost of treatment. Other states combine these funding sources, and a few states accept no federal residential services and use only state funds for PRTF services (Centers for Health Care Strategies, n.d.).

The diversity of revenue streams presents a challenge for BHOA. Unlike similar non-profit organizations that benefit from grants and donations (BHOA Interview, Participant 3, July 27, 2020). According to Participant 5, because the organizational structure is for-profit, and the organization must operate within the confines of the reimbursement rates provided. This means BHOA leaders are responsible for controlling factors that increase unbudgeted spending items, such as overtime and turnover (BHOA Interview, August 6, 2020). An assessment of BHOA's Payroll report from January 2020

thru September 30, 2020, reflect BHOA paid $645,684.60 in overtime (Internal documentation, 2020).

In the first quarter of 2020, BHOA experienced a loss of revenue leading into the second quarter of 2020. The data revealed BHOA exceeded the budgeted net income 4 out of the 7 months (See Appendix D). BHOA's average daily rate fell below budget 2 out of 7 months. The organization did not meet its census goal 5 out of 6 months. BHOA exceeded their expense budget twice within the same period. Extenuating factors, such as COVID19, may have impacted the financial data after March.

Table 16

BHOA Overtime Hours 2010 - 2019

Year	DCS OT hours
2010	4,032
2011	8,052
2012	3,133
2013	1,453
2014	11,345
2015	4,417
2016	16,189
2017	25,606
2018	34,273
2019	39,038

The BHOA overtime report revealed that overtime hours and expenses over the past 5 years have steadily increased, reflecting excessive hours of overtime incurred by DCS. It was explained that overtime should represent no more than 5% of the overall salary, and BHOA is experiencing a rate of 10-15% of the overall salary, which equates to roughly $750,000 (BHOA Interview, Participant 5, August 6, 2020). With limited flexibility to create additional revenue streams, these numbers could impact BHOA's

overall operations. Fenush et al., (2018) posits that an overtime rate exceeding 3% depletes the organization's resources and results in staff burnout.

The budgeted vs. actual statistics data recorded on the Monthly Financial Report (BHOA, Internal document, September 14, 2020) illustrates BHOA's ability to surpass the budgeted profit margin despite the financial challenges experienced. Based on the financial data leaders have managed to navigate fiscal responsibility and exceed their profit margin goals.

Findings and Implications of Study

Client-Focused Findings

There were two main findings from the client focused results. First, BHOA provides care for a high-risk, high-need patient population. Because of residents' emotional lability specialized models of care are essential in PRTF settings (Boel-Studt et al., 2018; Farmer et al., 2017; Hales et al., 2017; Rose & Lanier, 2017). The implication of this finding is that without specialized models of care residential programs may have unstable environments, resulting in increased risk of negative staff and resident interactions (Bryson et al., 2017; Daley, 2019; Hales et al.,2017). Second, these specialized models of care require fidelity to the model and a consistent milieu environment that relies on stable staffing levels. This finding suggests that the organization's high DCS turnover rate challenges the adherence to principles and practices of specialized care models (Brown et al., 2013; Lanctot et al. 2016).

Workforce-Focused Findings

There were three significant findings from the analysis of Workforce Force Results. First, BHOA does not have an exit or stay interview process. The implication of this finding is that BHOA leaders miss opportunities to capture valuable feedback from DCS staff who resign or plan to resign, which is vital to understanding and mitigating factors associated with high DCS attrition rates (Allen, 2008; Spain & Groyberg, 2017; Society for HR Management, 2021). Another finding is that BHOA can improve consistency of using client and employee satisfaction surveys to understand factors affecting DCS retention. The absence of this real time feedback from clients and staff may prevent BHOA's leaders from identifying critical organizational issues affecting DCS retention (Allen 2008; Pette & Dempsey, 2019). Lastly, DCS hires for BHOA appear to be predominantly inexperienced, young adults. As DCS are faced with managing the most acute adolescents in residential systems of care, BHOA may find that such hires require more initial job support and training to avoid rapid turnover (Conner et al., 2003; Lakin et al.,2008; Pette & Dempsey, 2020; Singh, 2019).

Leadership/Strategy Findings

The Leadership and Strategy Results analysis identified four findings. The first finding is that BHOA's leadership recognizes the importance of addressing the DCS retention problem and that this problem has negatively impacted the organization. Because leaders recognize and value DCS, they continuously identify opportunities to make improvements. Secondly, BHOA's mission statement is to seek out adolescents with psychiatric illnesses who have failed in previous treatment programs and provide

youth successful treatment experiences (BHOA Service Manual, website, 2020). This mission statement implies that BHOA's DCS are expected to manage a high level of patient acuity and ensure successful treatment outcomes. However high rates of DCS turnover can threaten the organization's mission and performance (Chowdhury & Hasan, 2017; Seti, 2008; Sulek et al., 2017). The third finding is that BHOA's strategic plan does not include and align recruitment and retention strategies. Without formally addressing and aligning recruitment and retention practices in the strategic plan, BHOA DCS retention efforts may be counterproductive (Li, 2004; Pette & Dempsey, 2020; PHI, 2018). Lastly, finding is that BHOA has not evaluated the effectiveness of its past or current retention strategies. Without assessing the effectiveness of staff retention interventions, BHOA's leaders are unable to determine the effectiveness of the strategies (Allen, 2008).

Financial Market Findings

There were three findings for the Financial Market Results. First, BHOA incentivizes DCS to earn bonus pay by consistently working their scheduled shifts and working additional shifts. This approach may allow BHOA to meet their short-term daily management operational needs to get DCS to cover shifts. While offering bonus pay demonstrates a recognition of DCS value, it may also have the undesired effect of increasing DCS burnout and payroll costs, and resolve DCS retention issues long-term (Fenush et al., 2018; Rossi et al., 2012). Secondly, DCS overtime hours have steadily increased over the past 5 years, and overtime expenses are costly. BHOA will continue to have higher costs in the budget for positions if this retention problem persists. Lastly,

BHOA has not evaluated the return on their investment regarding DCS bonus strategies, expenses associated with marketing, and orientation. The implication is that without assessing the effectiveness and return on the financial investments related to retention strategies, leaders are unable to determine if these strategies decrease DCS turnover. Therefore, BHOA leaders may continue employing inefficient and costly retention strategies.

Positive Social Change

BHOA's case study has the potential of producing positive social change as it models one approach to assessing and solving DCS retention challenges, which may allow organizations to improve quality of care and outcomes for youth in treatment. This study highlights DCS retention best practices, such as incorporating TIC systems in residential programs. Such best practices have proven effective for good treatment outcomes for youth, positively influence organizational culture, and improves DCS attrition rates (Bryson et al., 2017; Daly, 2019; Hales, 2017).

This study also highlights the critical role of DCS in effective residential treatment services. PRTFs are a costly, high level of care option for youth with behavioral health issues (Barth, 2002; Boel-Studt et al., 2016; James et al., 2012; Rose & Lanier, 2017; Smith et al., 2017). Yet recent research has recognized that the increased severity of symptoms for youth in behavioral health care makes PRTFs a vital component in the care system for youth (Daly, 2018; Smith et al. (2017). Consistent, high quality DCS staffing for PRTFs is essential for ensuring PRTF success. The exploration of organizational challenges related to DCS staffing in this case study may help inform

policy making and allocation of resources to enhance the quality of DCS serving youth in PRTFs. Adequate resources such as wages, training, and self-care options can change first-line workers' perception from control to compassion, collaboration, and quality care (Saxe, et al, 2016, Daly, 2018; Hales et al. 2017).

Strengths and Limitations of the Study

A primary strength of this case study is the qualitative research design, which allowed for in-depth collection of data from the perspective of behavioral health leaders facing the actual practice problem. Flexibility in data collection, such as the ability to probe interview responses, ensured richness and depth of data. The inductive approach of the research revealed codes, categories, and themes derived from the sources of data (Cho & Lee, 2014). Utilizing data triangulation to analyze primary and secondary sources enhanced the credibility and validity of the research results. Finally, acquiring first-hand information from organizational leaders experiencing the problem is a strength of this study.

Qualitative research has the potential to demonstrate subjectivity and bias, and therefore must demonstrate rigor in the research process (Ravitch & Carl, 2016). Throughout this study, I served as both the researcher and a BHOA employee. This is a study limitation as this dual role increased the possibility of bias in study findings. To help mitigate researcher bias, I utilized data triangulation to enhance validity of the study's findings. An inherent limitation of this study is that qualitative research does not focus on causality of the practice problem.

Summary and Transition

In section 4 of this case study, I examined and presented BHOA's client, workforce, leadership and governance, and financial and marketplace results. I provided a description of the analytic process and identified key findings from that process. The analysis revealed findings related to strengths and opportunities for BHOA DCS retention problem. For example, BHOA currently engages in many of the best practices according to the literature. Leaders recognize that DCS retention is a problem and have implemented numerous strategies to resolve their DCS retention problem. However, there are opportunities to improve by expanding on these best practices and engage in more strategy driven concepts to assess the DCS retention issues. Additionally, strengths and limitations of the study design were noted, as well as the implications for social change. In section 5, I will conclude the study with recommendations based on these key findings in the study.

Section 5: Recommendations and Conclusions

BHOA retention strategies align with literature regarding implementing a TIC model, reward and recognition systems, comprehensive benefits plan, continuous training, and career advancement opportunities (Barnett, 2018; Bryson et al., 2017; Conner et al., 2003; Daly, 2019; Graham et al., 2017; Pete & Dempsey, 2020; Singh, 2019). The organization has also attempted to offset low wages by offering bonus plans for attendance and promoting overtime opportunities. Evidence gathered from semistructured interviews indicated that BHOA leaders seek to improve DCS retention by implementing strategies that change DCS behavior. However, opportunities to build on BHOA's current DCS retention improvement efforts were also identified in the study's results. To help BHOA achieve its mission and goal to improve DCS retention, the following recommendations, supported by literature and best practices, are offered.

Client-Focused Recommendations

Client-focused recommendations revolve around TIC, which has the goal of restoring an individual by recognizing the effects of their trauma (Daley, 2019, p. 118). BHOA adopted BBI and the 6CS restraint and reduction programs, which are holistic restraint and seclusion reduction programs with foundational components of TIC principles (Daley, 2019). The implementation of BBI and 6Cs is an organizational strength; however, there are opportunities and recommendations for BHOA to improve its utilization of the models such as ensuring fidelity, continuous trainings, and assessing if BHOA's restraint and seclusion programs are the best TIC model for the organization.

BBI and 6CS are holistic restraint reduction interventions with foundational components of TIC principles (Dennison et al., 2018). The BBI framework is acknowledged as a best practice in residential and community programs (Blau et al., 2020, p. 21). Although BHOA has utilized the 6CS for over 18 years and in 2012, adopted BBI (BHOA documentation, Six Core Strategies Initiative, 2018), study data suggest that opportunities exist to revisit these strategies for DCS training (Participant 6).

Client-Focused Recommendation 1: Assess TIC Model Fit/Selection

It is recommended that BHOA leaders conduct a comparative analysis of other TIC models such as trauma systems therapy to determine organizational fit. Trauma systems therapy is a residential-based trauma system that emphasizes DCS role, continuous advanced training for DCS, and the DCS and resident relationship. Additionally, it is a dual approach to address the resident's emotional and behavioral functioning and the social environment in which the residential staff role is essential (Brown, 2013). Although BBI and 6CS are effective practices, a comparative analysis will ensure that TIC strategies align with BHOA's capacities, fit, and culture. For instance, The Impact Center for FPG is a capacity building organization that is a resource that can:

- Help align the strategies with each PRTF's capacities, fit and culture,
- Install selected strategies and ensure fidelity to the adopted strategies through increasing agency capacities and performance associated with the adopted strategies,

- Create sustainability strategies for ongoing use and quality improvement of the intervention(s), and
- Offer strategic support to the state leadership team and others chosen by the Child Behavioral Health Services Team Leader and project leadership in the form of adult learning, professional development, and implementation science-informed coaching. (https://impact.fpg.unc.edu/)

Client-Focused Recommendation 2: Assess TIC Model Fidelity

Next, BHOA leaders are encouraged to revisit the BBI and 6CS framework to ensure the organization's fidelity to the model and maintain regular fidelity evaluations. Fidelity scales are used to determine the extent to which a program adheres to a prescribed treatment model (Inventory of Seclusion and Restraint Reduction Reviewers Guide, 2005). Using the BBI Self-Assessment is recommended as a starting point to determine the organization's fidelity to the framework. The BBI Self-Assessment Tool can be retrieved from the BBI website (www.BuildingBridges4Youth.org). Another useful fidelity scale for assessing the 6CS is the Inventory of Seclusion and Restraint Reduction Interventions, which captures and assesses a broad scope of relative impact based on critical criteria (Inventory of Seclusion and Restraint Reduction Reviewers Guide, 2005).

Workforce Recommendations

BHOA's ADC between January 2019-December 31, 2020 was 131.88 (BHOA internal documents, Staffing Charts (2020); Census Projections report, 2020). To maintain a 3:1 staff/resident ratio, BHOA requires stability of DCS. The residential staff

are comprised of full-time equivalent, part-time, and pool staff (pro re nata or as needed). DCS positions are entry level and candidates must be at least 21 years old to be considered employable. DCS diversity and generational factors have been found to impact DCS retention (Lakin et al., 2008; Pette & Dempsey, 2020).

BHOA leaders acknowledge diversity among its DCS workforce and rewards DCS for demonstrating exemplary behaviors, which supports best practices from the literature (Kadi, n.d.; Pette & Dempsey, 2019; Singh, 2019; Smith, 2019). Annual and monthly DCS training is incorporated in BHOA's Performance Improvement Strategic Plan (see Appendix B). Ongoing individual and group supervision is provided through supervision and transition meetings (BHOA Interviews, 2020). Supervision and support are also vital components for maintaining consistency among DCS (Graham et al., 2017; Pette & Dempsey 2020). As stated, BHOA adopted a TIC model, which according to best practices correlates with improved DCS retention rates (Blau et al., 2010; Bryson et al., 2017; Denison et al., 2017; Hales et al., 2017).

Though BHOA adheres to various evidence-base best practices, high turnover remains problematic according to semistructured interviews and internal documentation (see Tables 6 & 10). Employee satisfaction survey results were available for 2019, which provided limited data related to retention problems among DCS. But currently, BHOA is not using formal evaluation practices to assess the effectiveness of ongoing retention strategies (Participant 3, personal communication, September 14, 2020). Furthermore, data are anecdotal regarding DCS reasons for voluntary resignation because no formal exit interview process has been implemented (Participant 3).

Workforce Recommendations 1: Incorporate a Formal Exit Interview and Stay Interview Process

An effective exit interview process creates a systematic mechanism to help leaders understand why DCS resign from their positions (Spain & Groyberg, 2017). Gathering feedback from employees who are contemplating resignation provides leaders with pertinent knowledge to improve retention strategies (Allen, 2008; Spain & Groyberg, 2017; Society for HR Management, 2021). Stay interviews are beneficial for leaders to understand why good employees remain and what circumstances might result in voluntary resignation (Pette & Dempsey, 2019; Society for HR Management, 2021). Further, it is important that the right line leaders participate in the exit interviews and the executive committee oversees the program's design, execution, and results (Spain & Groysberg, 2016).

The recruitment and staffing team is a newly formed HR led team tasked with brainstorming, analyzing, and operationalizing strategies to improve recruitment and staffing issues, and DCS retention (Participant 5), and it would be beneficial for them to be included for various aspects in the workforce recommendations. Thus, I offer the following suggestion for the recruitment and staffing team to explore: Assign PDs to conduct an initial exit and stay interviews with DCS. A program director is responsible for researching, planning, developing, implementing strategies for their program, and is accountable for each program's delivery and overall success. A PD's responsibilities include initiating and setting goals for organizational programs. BHOA's interviews with DCS are typically conducted by program supervisors and RMs, who interact with DCS

more consistently. Allowing program directors to complete the exit interviews can create an atmosphere of open and honest dialogue and reduce bias while assessing voluntary resignation. Interviews conducted by second- or third-line managers are most likely to lead to action because these managers can follow up and affect immediate and effective change (Spain & Groysberg, 2016).

Workforce Recommendations 2: Establish a Workforce Survey Committee

Establishing a workforce survey committee would help BHOA to consistently survey DCS and clients. BHOA's recruitment and staffing team is a good platform to start this initiative. The team would be responsible for formalizing staff satisfaction surveys, exit interviews, and stay interviews. Including the PI director in the process of implementing data-driven performance and evaluation tools to assess the effectiveness of all DCS retention strategies is also strongly recommended. A continuous review of data-driven performance metrics to analyze the organization's culture and staff retention is also recommended (Pette & Dempsey, 2019). It will be beneficial for the task team to formalize a process for administering the surveys, analyzing the results, and publishing the results. Due to the high turnover rates among DCS, I recommend bi-annual satisfaction surveys. Employee satisfaction surveys are a tool to capture feedback directly from new, experienced, and employees contemplating resignation (Allen, 2008). Information learned from the surveys can inform BHOA leaders about the effectiveness and efficiency of their hiring processes from DCS's experiences (Allen, 2008). BHOA leaders explained the low response rates as a barrier for collecting electronic surveys

administered by Survey Monkey, but incentives may increase employee participation in surveys.

Workforce Recommendations 3: Develop Professional Training Initiative

As it is BHOA's practice to hire DCS as entry-level positions with limited to no experience, training in a critical concept required to develop competent staff. It is recommended that BHOA develops a formal Professional Development and Training process in collaboration with the HR department and organizational leaders. By designing a course model, DCS can strategically gain the skills and knowledge necessary to improve their skills and advance within the organization. Gabriel et al., (2014) concluded that leadership training and leadership skills programs developed based on employee job content and responsibilities as a best practice retention strategy. Literature contends that continuous training and professional development is a key factor for reducing attrition (Boel-Studt & Tobia, 2016; Bullard et al., 2014; Lakin et al., 2008; Kerig, 2019). Participant 5 expressed an interest in developing a Path of Career Progression for DCS (BHOA Interview, August 6, 2020). It is recommended that training and professional development include the following:

- Establish monthly professional development workshops that will DCS enhance core job skills, soft skills, and emotional intelligence (Cloutier, 2015)
- Leaders review the BBI and 6CS strategies model and incorporate continuous training for DCS to ensure fidelity (Bryson et al., 2017; Daly, 2018; Hales et al., 2017).

- Implement team-building training sessions and activities for DCS. Empirical evidence researched by Axer (2013) indicates that effective teamwork positively correlates with higher DCS retention.
- Incorporate in-service training from community experts (i.e., mental health, finance, budgeting, time management, and real estate) to enhance work-life balance and decrease personal stress.

Leadership and Strategy Recommendations

BHOA leaders have been working to identify strategies to maintain DCS stability. In 2020, BHOA formed the Retention and Staffing Team and various strategies have been implemented. However, the absence of intervention monitoring prevents BHOA leaders from identifying which interventions are effective. Best Practice guidelines suggest incorporating retention strategies into the organization’s strategic plan, which will hold organizational leaders accountable for implementing evidence-based practices (Cloutier, 2015; Pete & Dempsey, 2020; Gabrielle et al., 2014). Organizations should develop formal action plans that align specific recruitment and retention practices and consistently track progress (Pette & Dempsey, 2020).

Leadership and Strategy Recommendation 1: Establish a Formal Recruitment and Retention Strategy

BHOA would benefit from establishing a formal recruitment and retention strategy incorporating continuous tracking mechanisms in the strategic plan. Recruitment practices impact retention and are not mutually exclusive. Pette and Dempsey (2020) explain that "recruitment has a significant impact on staff retention and organizational

stability" (p., 16). The process should begin with a review the organizations' strategic plan and mission statement (Cloutier, 2015; Pete & Dempsey, 2020; Gabrielle et al., 2014). Examining BHOA's mission statement will ensure strategies align with DCS recruitment and retention practices. Creating an employee retention strategy should start within its vision, mission, values, and policies (Cloutier, 2015; Gabrielle et al., 2014). It will be important for Senior Leaders to gain insight from all leadership levels (including DCS) regarding the current mission statement and if necessary, proposed changes. The questions in Table 18 should be discussed during the action planning process (Li, 2004):

Table 17

Frequently asked Human Resources Questions

Recruitment	Training & Orientation	Retention
What education and/or training is desirable before hiring?	What kind of induction and orientation forms a realistic expectation of the organization?	Why do people leave or stay with an agency?
What job and/or life experience should a new hire possess?	What are the best times and methods of delivery?	Why do they leave the field?
What attitudes and values should recruits hold?	What are the most-cost effective opportunities and career development plans?	What might convince an uncommitted employee to stay?
What behaviors indicate these values and beliefs?		What is the position/wage/tenure of those leaving an organization?
		What effect does staff over have on clients?

It is recommended that BHOA's task team refer to the questions in Table 18 to construct a well devised recruitment and retention plan. Literature suggests that recruitment, retention, and orientation are interconnected (Li, 2004; Pette & Dempsey, 2020; PHI, 2018). An attempt to answer the above questions, will help guide the action planning process and reveal additional strategies to be implemented. BHOA leaders can

also refer to the Society for HR Management website to access the Retaining Talent: Guide to Analyzing and Managing Employee Turnover for additional guidance.

Leadership and Strategy Recommendation 2: Implement a Person-Job-Organization Fit Assessment

According to Gabrielle et al. (2014), person-job-organization fit perceptions positively relate to employee attitudes and well-being. Person-job fit is defined as a match between an individuals personality, knowledge, skills, and abilities and the requirements of a specific job and shared values of the organization (Afsar et al., 2015; Pette & Dempsey, 2020). Similarly, Cloutier (2015) found that by utilizing "fit" and generational theories, recruitment and retention rates were improved when jobs were congruent to educational background. Conversely, retention is decreased when organizations hire employees into fields that differ from their field of study and experience Cloutier (2015).

BHOA leaders can utilize formalized screening instruments and competency-based behavior interviews to assess employee fit. Advances in technology have made the administration of job-fit measures simple, allowing employers to post screening tools on their website (U.S. Office of Personnel Management [OPM], n.d.). Various pre-hire tests are available to determine employee fit such as Personality tests, Emotional Intelligence Tests, Integrity/Honesty tests, and Situational Judgement tests. All the above should pre-employment screens should be explored by the HR department. Furthermore, reference checking is also recommended. Resources for employee fit can be found on the U.S. Office of Personnel Management website, (OPM.gov). Also available is a resource

reference checking guide complete with a reference checklist and sample questions. BHOA should (OPM, nd).

- Verify the accuracy of information given by job applicants through other selection processes (e.g., résumés, occupational questionnaires, interviews)
- Predict the success of job applicants by comparing their experience to the competencies required by the job
- Uncover background information on applicants that may not have been identified by other selection procedures

Finance and Market Recommendations

BHOA is in the business of providing youth with mental health treatment and earning profits. The organizational structure inhibits BHOA from applying for most grants and the diversification of revenue is limited (BHOA Interviews, Participant 1, July 17, 2020; Participant 3, 2020). The primary source of BHOA's revenue is Medicaid reimbursements. According to Participant 1, the Medicaid rates are rarely increased and do not cover the total expenses of the youth's treatment (BHOA Interview, Participant 3, July 27, 2020). BHOA overtime expenses has significantly increased over the years. Between January and September 2020, BHOA paid $645,684.60 in overtime (BHOA Internal Payroll documentation, September 2020). Despite the ongoing monetary incentives to attract and retain DCS, low hourly wages create a barrier for retention (BHOA Interviews, 2020).

Finance and Market Recommendations 1: Determine ROI of DCS Bonus and Attendance Plans

Over the past few years, BHOA has consistently directed bonuses to retain DCS. A thorough assessment, of BHOA spending practices related to recruitment and retention efforts for DCS is recommended. The team should assess the costs of onboarding new DCS including marketing, orientation, and training expenses. Triangulating the turnover data, overtime expenses, soft costs for orienting new employees, bonus and attendance incentives, and budget vs. actual expenses will help leaders determine their financial strength or weakness.

Conclusion

BHOA leaders adhere to evidence-based best practices in the field. Overall, the leaders demonstrate a solid foundation and cohesiveness to resolve the DCS retention problem. From the data collected, I conclude that BHOA is positioned to improve retention strategies with the adoption of a TIC model, Rewards and Recognition opportunities, comprehensive benefits package, training, and opportunities for advancement. BHOA can enhance their current practices by reviewing the strategic plan, organizational mission and developing a formal Recruitment and Retention strategy and action plan that includes evaluation measures. Implementing a process for Exit Interviews is a critical component for BHOA leaders to capture pertinent feedback to make necessary improvements. Consistent data-driven methods are also imperative for BHOA to gauge client outcomes and DCS level of satisfaction. TIC models can help with most

critical factors that impact DCS retention, such as safety and burnout, training and professional development, and data-driven processes.

Furthermore, evidence supports that DCS wages are traditionally low in the field. Although relevant to DCS retention, wages can be offset with other rewards that demonstrate leader value for their DCS. Utilizing triangulation as a method to compare various sources of internal data, BHOA leaders could further assess their recruitment and retentions strategies to determine if it is more cost-effective to continue providing attendance bonuses or make incremental pay increases starting with BHOA direct care supervisors, who are key players in the retention process. BHOA leaders have the capability and competence to employ innovative strategies for diversifying revenue. Through virtual platforms, BHOA can potentially market their expertise to BHLs across the country, gain recognition, and increase its revenue. These marketing strategies can improve the organization’s brand, attract quality DCS, and potentially increase DCS wages to a living wage.

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Appendix A: BHOA Client Population and Milieu Description

Program A Male ASD	Program B Male IDD	Program C Male Gen. Psych	Program D Male Sex Offenders	Program E Female Gen. Psych	Program F Female IDD
A specialized enriched learning program for males ages 12-18 with and without intellectual and/or language impairments.	Mild cognitive and developmental impairment who present with significant emotional and/or behavioral issues.	(Two milieus) divided by ages 12-15 & 16-21. Normal cognitive functioning youth with significant emotional and behavioral problems.	Clinical programming provides education and therapeutic tools regarding the nature, progression, and management of offensive sexual behavior. Youth address problem sexual behavior and learn effective ways to abstain from the actions.	(Two milieus) divided by age 12-15 & 16-21. Normal cognitive functioning youth with significant emotional and behavioral problems.	Provides support for females with mild cognitive and or developmental impairment who present with significant emotional and/or behavioral issues.
This six-bed program includes 1:1 staff support.	Specifically adapted for youth with intellectual/developmental disabilities, and programming includes various behavior-modification techniques that promote optimal functioning	Navigates the healing to manage life's challenges without causing harm to self or others.	. Restorative justice is a critical consideration in this program as youth are invited to make amends to their victims, and everyone is impacted by sexual harm.	Serves young women with significant mental health, substance abuse, and/or behavior-management difficulties that include harm to self or others.	Specifically adapted for youth with intellectual/developmental disabilities, and programming includes various behavior-modification techniques that promote optimal functioning
The milieu is completely self - contained and offers a full array of behavioral, speech, and occupational therapies.	Modifies individual and group therapy to maximize experiential learning and behavioral rehearsal.	Helps youth manage mood and/or disruptive behavior disorders effectively that promote lasting change.	Supports young men in their efforts to consider and explore sexual health and wellbeing while accepting responsibility for sexual harm.	Provides specific therapy related to trauma and victims of sex trafficking.	Helps develop pro-social behavior and adaptive living skills. Safe Harbor uses a contingent reward system to provide feedback and promote change.
The program utilizes Applied Behavioral Analysis to manage disruptive behaviors and improve adaptive living skills.	Encourages the development of pro-social behavior and adaptive living skills.	Young men learn how to manage mental health symptoms effectively.	Helps youth understand and intervene in situations that may influence sexually harmful behavior. Eliminating harm, healing trauma, Promoting competency, positive self-worth, and self-confidence	Youth are encouraged to transform pain into healthy coping strategies that can improve their lives.	Introduces behavior-modification techniques and therapy in small groups designed to enhance self-concept and promoting healthy functioning.
	Information is presented in smaller increments, usually at a slower pace, to reinforce learning and increase competency development.	Youth practice skills to improve decision making to improve health and wellbeing.	Clarifying and modeling values related to respect for self and others	Young ladies learn how to assess how behavior impacts self-concept and relationships with others accurately	Specially trained professionals well informed about the unique needs of young women with disabilities who suffer from mental illness ensure a healing environment
	Communication and social skills, along with other adaptive behaviors, are taught through modeling, role-playing, prompting, contingent reward systems, and other recognized reinforcement techniques.	Parents are offered guidance and training to enhance existing strengths, improve communication with their son	Teaching and modeling social psychology of gender Teaching sexual health Promoting resilience and internal protective factors	Youth are supported in transforming pain into healthy coping strategies for everyday life.	Modified individual and group interventions

	Specific training in the transitional community helps youth practice new skills as they transition to a less restrictive environment	Development in social skills, moral reasoning, academic, workforce development, and independent living	Development in social skills, moral reasoning, academic, workforce development, and independent living		

Appendix B: Thematic Content Analysis

	Codes	Categories	Themes
Client results	Challenging/difficult population Client traumatic experiences attachment issues Trust Therapeutic environment Environmental challenges Stable relationships Structure	Therapeutic environment Quality of care Workforce stability and influence Safety and Structure Trauma-informed Care	Youth in PRTF settings require structure, predictability, and consistency of DCS staff. DCS who demonstrate TIC practices, improve the treatment experience of clients,
Workforce results	Wages Difficult population Challenging job Employee fit Lack of experience/competence Lack of training Category Entry-level- no exp. DCS injuries Physical assaults on DCS by clients Other jobs less stressful Community competition Younger staff level of maturity Older staff efficiency Teachable Behavior change Overtime Teamwork Anecdotal data Public reviews	Professional Development Entry level positions Continuous training Strategic path of progression Trauma Informed Care System Quality Care Training Safety Collaboration/Teamwork Data informed Retention Data informed processes TIC Employee Satisfaction Surveys Formal exit interviews Evaluation processes of DCS initiatives	DCS are low wage entry level positions. Continuous training professional development, and TIC practices can influence DCS behavior, reduce injury and burnout, and mold DCS into effective leaders, therefore reducing DCS turnover Affecting change can result from a data informed approach
Leadership results	Mission statement HR turnover HR role Geographical location Recruitment and Retention Communication Top-down Listening DCS feeling unheard Leadership styles Culture Open door policy Communication Investment Engagement	Mission and Vision HR Recruitment and Retention Strategic planning Staffing and recruitment Leader engagement Assessment/Evaluation TIC Fidelity to model Model fit	Mission and vision fit with BHOA practices HR behavior and practices heavily influence retention. Correlation between recruitment practices and retention – employee selection Assessment of use of BBI and 6CS, ensuring fidelity and review of other TIC models/organizational fit
Finance & Market results	For profit Funding diversity Medicaid DCS impact on census Census drive revenue Inflation Bonus plans Excessive overtime Profit margin DCS living wage competition	Short-term solutions to DCS low wage problem Developing strategies to diversify funding stream Inconsistent strategies impacting DCS wages and BHOA expenses	Leadership advocacy engagement Assessment and evaluation of DCS bonus plans impact on BHOA bottom line

Appendix C: 2020 Quality Assurance and Strategic Planning Tracking

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2 Trauma-Informed Care	*											
2 Interventions		*										
1 CPR certification course (2 yr cert, by employee)												
1 Quality Assurance: (HI) / ER 1= Life Safety: (DPPO)			ER 1									
2 NVCI				*	*							
1 Rights (LPA)/ER-2 =Infection Control: (Nursing)						ER 2						
2 CBT Reality Therapy						*						
1 Meck EDU							*					
1-De-escalation skills (RMs) /ER 3 = Flu Prep: (Nursing)									ER 3			
3 Motivational Interviewing								*				
2 NVCI Refresher										*		
1 Cultural Competency (LPA)/ ER-4 =Fire Response (DPPO)												ER 4
2 Sexual harm reduction											XX	
2 & 5 Boundaries											*	
External Expert Consultation												XX
Health Screen/Influenza Prep										*		
Medication Technician Training		*			*			*			*	

Training Codes:
1 = All Staff,
2= Residential, Clinical, Nursing Education, Rec
3 = Residential, Transport, Rec and Ed
4 = Residential, Transport, Nursing
5 = Admin, dietary and maintenance