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Strategies to Reduce Turnover and Increase Retention Among Therapists and Case Managers in Community Mental Health

Genice Mae Harvey
Walden University

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Genice Mae Harvey

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2024

Abstract

Strategies to Reduce Turnover and Increase Retention Among Therapists and Case Managers in Community Mental Health

by

Genice Mae Harvey

MS, Michigan State University, 2015

BS, Grand Valley State University, 2011

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

Walden University

February 2024

Abstract

The issue of employee turnover has been widely recognized. High turnover and poor retention of clinicians, specifically therapists and case managers, in the community mental health arena of behavioral health impact not only an organization, but also the consumers it serves. The subject of this qualitative case study was a state contracted provider of the community mental health authority. Semistructured interviews were held with five behavioral health leaders of this organization in addition to a review of organizational records. The Baldridge Performance Program was the conceptual framework that grounded this study. A thematic qualitative analysis of the interviews in addition to a review of scholarly literature were utilized to describe strategies and tactics that can be useful in mitigating this organization's practice problem. Six themes emerged from the qualitative analysis: promoting from within and investing in employees, open-door policy and effective communication, flexibility as an aspect of organizational culture and employee trait, organizational morale and its impact on the organization, benefits and incentives and their relationship to employee retention, and inflexible financial barriers. Recommendations for strategies that the organization's clinical supervisors can implement to mitigate high turnover and poor retention among its case managers and therapists include conducting stay interviews, reimplementing staff surveys, establishing a career profile, developing a peer-to-peer mentoring program among therapists and case managers, and conducting "lunch and learns" at regular intervals. These strategies and tactics will play a role in positive social change by improving the retention in this Behavioral Health Organization.

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Dedication

This study is dedicated to my daughter, Khloe. I began this program when you were 7 months old. Despite life's circumstances and significant delays to completion, you have always been my motivating factor. To my maternal grandparents, who were an integral part of my childhood, adolescence, and adulthood until their passing in 2018 and 2021, Herphon and Alice Rutherford. Although I'm not the type of doctor I spoke about becoming as a child, I found a way to the title. To my paternal grandparents, who were sharecroppers and the children of slaves, Lee Willie and Hattie Bell Harvey, "I am my ancestors' wildest dreams" comes to mind as I'm sure they never could've imaged their descendents having the prestigious title of "Doctor." To my parents, who have since infancy instilled in me the importance of higher education and also passed down their clinical expertise genetically as a counselor and therapist, Melton Sr. and Geneva Harvey. To my siblings, Vickayla, Melton II, Alexis, and Jamelco, who encouraged and motivated me to finish what I started throughout my tenure at Walden University. To my very best friends (in no particular order), Emily, Whitney, Blake, Ples, and Colonel. I only get one page for this dedication, so I'll just say, your consistent love and support kept me grounded, I am foever indebted. To my favorite cousin, Tamara, for always reminding me who I am and WHOSE I AM when the clouds of doubt came my way. To my "Forever Frans," I lost so much throughout this process, and your friendship kept me from losing my mind. Thank you for never leaving me out, even when the answer was likely "no" because I needed to write.There are so many others that helped me reach the

finish line, truly too many to name, but I thank you from the bottom of my heart, and I dedicate this study to you.

Acknowledgments

I would first like to acknowledge God because without Him I am absolutely nothing. I would secondly like to acknowledge my committee chair, Dr. Derek Rhode, who has been not only a phenomenal resource throughout this process, but also an amazing support. I would be remiss if I did not acknowledge Dr. Aundrea T. Harris, who was my original chair prior to my unexpected leave of absence during the infancy of my study. Thank you for epitomizing “Black Girl Magic”; your example was truly inspiring, and I am so grateful that we crossed paths in academia. Thank you to my committee for the hard work that you put into getting me to the finish line. This would not have been possible without you. Finally, thank you to my partner organization, XYZ, Inc., and the chief human resources officer. Thank you for allowing me to work with your organization to complete this study; without your trust in my abilities and your understanding of the delay in its completion, I wouldn’t have made it to the finish line. I quite literally would not have been able to earn my doctorate without your organization; thank you!

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Section 1a: The Behavioral Health Organization

Introduction

The behavioral health organization (BHO) of this study, XYZ Inc. (pseudonym), is a small, private, not-for-profit mental health organization that serves individuals throughout the East North Central region of the United States. The clients of the BHO are diagnosed with behavioral health issues, co-occurring disorders, emotional impairments, autism spectrum disorders, or developmental disabilities. XYZ Inc. provides a wide array of behavioral health services, including assertive community treatment, autism services, case management, clubhouse, family psychoeducation, housing assistance, individual placement and supports, individual therapy, medication, and nursing services, peer support services, therapy and skills groups, and a young adult program. XYZ Inc. has several initiatives, including being a behavioral health home, evidence-based practice, integrated healthcare, self-determination, Supplemental Security Income/Social Security Disability Insurance outreach access and recovery (SOAR), trauma-informed care, and zero suicide. XYZ Inc. currently has 203 employees who provide behavioral health services at one of XYZ Inc.'s eight locations. The organization's executive leadership includes the board of directors, executive director, deputy director, human resources director, finance director, continuous quality improvement manager, housing manager, and clinical director. In addition, all of XYZ Inc.'s programs have a program director who reports to the clinical director.

XYZ Inc. has been providing behavioral health services since 1987. XYZ Inc.'s mission, according to its website, is "to enhance the quality of life of the individuals we

serve through an array of clinical best practices that inspire healthy living, empowerment, and recovery while promoting the attainment of personal goals and independence." In addition, the organization's vision is "to assist consumers in advancing their levels of independence, personal choice, and control over their lives that result in improved quality of life, financial stability, and full community integration."

Practice Problem

XYZ Inc.'s chief human resources officer identified poor retention and high turnover of clinicians, specifically therapists and case managers, as a problem for this agency, noting the negative impact on clients and the agency. Bukach et al. (2017) found that turnover adds to the workload and strain of existing staff, can decrease morale, causes burnout, decreases job satisfaction, and can increase turnover intention for remaining employees. According to XYZ Inc.'s chief human resources officer, if an employee leaves within the 1st year, the cost to the agency is approximately 60% of the employee's salary. They also noted that XYZ Inc. lost 20 employees in 2021. Employee turnover among community mental health (CMH) workers disrupts the working relationship between a client and their clinician; this relationship is critically important to successful treatment outcomes in mental health. Bukach et al. (2017) also discovered that turnover hinders the implementation of evidence-based practices.

Through this study, I aimed to fill the gap in research on high turnover and poor retention among therapists and case managers in the CMH sector of behavioral health by identifying leadership strategies to mitigate the practice problem. Herschell et al. (2020) identified the need for research focusing on interventions to prevent turnover. The results

of the study answered the following research question: What strategies and tactics can clinical supervisors in behavioral health organizations utilize to mitigate high turnover and poor retention of therapists and case managers in the community mental health setting?

Purpose

The purpose of this qualitative study was to examine the factors that contribute to high turnover and poor retention of therapists and case managers of this BHO, as well as their impact on the agency and the clients it serves. In addition, this study developed strategies and tactics that XYZ Inc.'s leaders, specifically clinical supervisors, can use to overcome this problem. Examining this BHO through the lens of the Baldrige Framework allows the opportunity to view this organization from a systems perspective (Baldrige Performance Excellence Program, 2023). The Baldrige Framework has been utilized successfully in the healthcare field to improve the performance of healthcare organizations by examining organizations in each category, when applicable, and identifying strategies and solutions to improve organizations and their operations (Baldrige Performance Excellence Program, 2023). The Baldrige Framework related to this study as I evaluated the organization and the practice problem in the context of five of the Baldrige Framework categories—its leadership, strategy, customers, workforce, and operations—and developed strategies and tactics to mitigate the practice problem.

Sources of evidence for this study included interviews with XYZ Inc.'s leadership and internal reports relevant to the practice problem These internal reports included the agency’s strategic plan, which provided insight into XYZ Inc.’s plans for the future; XYZ

Inc.’s annual reports, which contained information obtained from client satisfaction surveys; and employee census reports.

Significance

This study was significant to XYZ Inc. because it helped its leadership understand the factors associated with poor retention and high turnover of therapists and case managers. This study also offered strategies and tactics for addressing the identified practice problem of poor retention and high turnover of therapists and case managers within this BHO. The results of this study provided XYZ Inc.'s leadership with the appropriate tools to mitigate the identified practice problem. Identifying and implementing these strategies and tactics should decrease turnover, improve therapists' and case managers' retention, and positively impact XYZ Inc. and its client outcomes.

This qualitative study is significant to effective BHO practice and leadership. The results of this study study filled a gap in understanding the factors and circumstances that cause high turnover and poor retention among therapists and case managers within this subset of BHOs and CMH. Additionally, the strategies and tactics offered by the results of this study will benefit XYZ Inc. and other CMH BHOs by improving treatment fidelity. According to Babbar et al (2018)., high staff turnover rates can have negative impacts on the quality of treatment provided, resulting in lower adherence to treatment protocols, reduced patient satisfaction, and decreased participation in preventative services.

The results of this study may create positive social change by improving service delivery of behavioral health services within CMH, specifically evidence-based practices.

Beidas et al. (2016) found that turnover can threaten organizational efforts to implement evidence-based practices. Additionally, the results of this study should positively impact the future of BHOs that provide services in the CMH setting and the clients who receive services from this subset of behavioral health providers.

Summary and Transition

XYZ Inc. is a leader in behavioral health in the East North Central region of the United States. XYZ Inc. provides clinic and community-based services to support adults and children with behavioral health issues and co-occurring disorders. Despite its unwavering commitment to its clients, poor retention and high turnover of XYZ Inc.'s therapists and case managers threaten the agency and client outcomes due to the impact on the clinician–client relationship, the effect of caseload sizes when a clinician leaves the organization, and the financial consequences for XYZ Inc. of training an employee who may leave after a year or two due to obtaining an advanced degree or licensure or other reasons. In the next section, I will provide an overview of XYZ Inc.'s organizational profile, including key factors, background, and context concerning the BHO's identified practice problem.

Section 1b: Organizational Profile

Introduction

This study identified leadership strategies to mitigate the practice problem of high turnover and poor retention of therapists and case managers and the associated effects on XYZ Inc. overall and the impact on the clients served by XYZ Inc. Clients of XYZ Inc. were not interviewed for this study; however, information gathered from customer satisfaction surveys was utilized to illustrate the impact on the practice problem on the clients served. The key factor of the organizational profile that was most useful for addressing the practice problem was the organizational relationships (Baldrige Performance Excellence Program, 2017). The practice problem focused on how high turnover and poor retention of therapists and case managers impact the agency and its clients. Examining the service offerings and how client census and outcomes are affected by the practice problem was crucial in developing strategies and tactics to address the practice problem; archival data were utilized to measure the impact on the clients served by this organization. Organizational relationships also played a significant role in addressing the practice problem, as the literature on this topic identifies leadership as contributing to turnover (Green et al., 2014). This section will provide information on the organizational profile and key factors, the organizational background and context, and a summary of this section and a transition to Section 3.

Organizational Profile and Key Factors

Organizational Leadership Overview

An executive director governs XYZ Inc. The executive director reports to a board of directors with four members. Per XYZ Inc.'s organizational chart, its deputy director, finance director, and housing manager report to the executive director. The clinical director, chief human resources officer, and continuous quality improvement manager report to the deputy director, and the finance manager reports to the finance director. The program managers at XYZ's various locations report to the clinical director, and the clinical supervisors report to the clinical directors. The organizational chart also includes an executive assistant who reports to the executive director, a medical director who reports to the finance director, and a training department manager who reports to the chief human resources officer.

Strategic Plan

XYZ Inc.'s strategic plan for FY 2019–2021 focuses on administrative, clinical, and housing. XYZ Inc. focuses on technology, development, human resources, corporate operations, fundraising, and finance within the administrative category. XYZ Inc.'s technological goals are to upgrade its structured query language servers and dispose of outdated hardware. Their development goals include an ongoing environmental scan of the state's economic environment and local opportunities for behavioral health and substance use service requirements. Additionally, XYZ Inc.'s development goal is to routinely pursue grants and other opportunities, focusing on the target areas of geriatric, infant, mental health, and gambling. XYZ Inc.'s human resources goal is to ensure

credentialing compliance agency-wide. In corporate operations, XYZ Inc.'s leaders seek to continue its marketing strategies. One example of this is XYZ Inc. updating its website to be more visually appealing. This, in turn, gives.a positive first impression and provides an enjoyable browsing experience for its visitors. XYZ Inc. has a fundraising goal of increasing XYZ Inc.'s sponsored fundraising. The financial goals of the BHO are to monitor monthly finance reports, balance the budget, and refinance one of its buildings. The core of the clinical area of the strategic plan is its clinical initiatives. The clinical initiatives include the following:

- sustaining and expanding its applied behavioral analysis program
- expanding evidence-based practices
- expanding the outpatient clinic
- adding telehealth services
- enhancing peer services throughout the agency

XYZ Inc.'s housing goals are to explore opportunities to enhance its housing department's sustainability and develop fundraisers for grants, staff, and consumer training, as these were areas of improvement identified for the organization.

Service Offerings and Organizational Initiatives

XYZ Inc. provides assertive community treatment, autism services, case management, clubhouse, family psychoeducation, housing assistance, individual placement and supports, individual therapy, medication and nursing services, peer support services, therapy and skills groups, and a young adult program. In addition to its service offerings, XYZ Inc. has six strategically important initiatives for the organization

that are at the heart of its core competencies. These initiatives are XYZ Inc.'s classification as a behavioral health home, evidence-based practice, integrated healthcare, self-determination, SOAR, trauma-informed care, and zero suicide. All services and supports are provided by philosophy and consumer choice.

Mission, Vision, Values, and Governance

The mission of XYZ Inc. is to enhance the quality of life of the individuals they serve through an array of clinical best practices that inspire healthy living, empowerment, and recovery while promoting the attainment of personal goals and independence. Their vision is to assist consumers in advancing their levels of independence, personal choice, and control over their lives, resulting in improved quality of life, financial stability, and full community integration. XYZ Inc. will continue to do so in a manner characterized by a balance of choice, quality, performance, and cost. XYZ Inc. will also continue to be known for doing what is right with and for its consumers and their support system.

Organizational Background and Context

XYZ Inc. provides a wide array of behavioral health services to children, adolescents, and adults diagnosed with various behavioral health issues. XYZ Inc. is a miniscule BHO in the counties in which it operates compared to its competitors. Unfortunately, this organization lost 20 employees between 2020 and 2021. High turnover and poor retention of clinicians, specifically therapists and case managers, have been ongoing problems for XYZ Inc., and according to the chief human resources officer, these issues impact the outcomes not only for XYZ Inc.'s consumers, but also for XYZ Inc. overall. Herschell et al. (2020) found that turnover within publicly funded mental

health settings can cause instability within the organization, threaten the continuity of care, cause the quality of services to decline, and negatively impact efforts to implement evidence-based practices. This study was necessary to understand the factors contributing to high turnover and poor retention of CMH therapists and case managers at XYZ Inc. and to develop strategies and tactics that organizational leaders, specifically clinical supervisors, can use to overcome high turnover and poor retention.

Institutional Context

XYZ Inc. has been providing mental health services and training to its consumers since 1987. This organization provides clinic and community-based services to support adults with behavioral health disorders and co-occurring disorders. Additionally, XYZ Inc. provides services to children with autism disorders, developmental disabilities, and emotional impairments. XYZ Inc. also delivers a wide range of specialty mental health services to its consumers, including applied behavior analysis, clubhouse, and employment services.

XYZ Inc. has an excellent reputation with its consumers, and with the CMH authority it provides services to. XYZ Inc. has many experienced clinicians who elevate within the organization and provide valuable services to the community they serve. For example, the chief human resources officer started her tenure at XYZ Inc. as the human resources recruiter while working on her master's degree in counseling. The chief human resources officer completed the internship requirement at XYZ Inc. with the assertive community treatment team. and upon earning her master's degree in counseling, she left human resources and began working full time for XYZ Inc. in the same department

where she interned and remained in this position for 18 months until the director of human resources position became available, and she has been in this position since; of note, the name of this position was changed to chief human resources officer. XYZ Inc. has many employees who volunteer in their communities and go above and beyond their position, which is an advantage for XYZ Inc. This community presence outside of the clinical setting sets XYZ Inc.'s staff apart from other CMH-contracted agencies in the areas where they are located and gives the agency increased visibility.

XYZ Inc.'s performance improvement system is twofold. The first involves XYZ Inc.'s employees, who are evaluated and receive a performance review at 60, 90, and 120 days of hire. A performance evaluation is performed after 1 year of service and then annually after that. The performance evaluation contains a general summary of duties, performance assessment, and action plan for continued growth and professional development developed collaboratively by the employee and their supervisor. The second component of XYZ Inc.'s performance improvement system involves XYZ Inc.'s consumers. XYZ Inc.'s continuous quality improvement department sends out client satisfaction surveys annually. The results of these surveys are published in XYZ Inc.'s annual report to its board of directors.

Compliance and Finance

XYZ Inc. is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). XYZ received a 3-year accreditation in April 2023. XYZ Inc. has been CARF accredited since 1999. According to CARF International (2021), "CARF accreditation signals a service provider's commitment to continually improving services,

encouraging feedback, and serving the community." This accreditation directly reflects XYZ Inc.'s commitment to improvement to ensure that it provides clients with the best services. XYZ Inc. also holds an accreditation from the Behavioral Center of Excellence (BHCOE). The BHCOE accreditation recognized XYZ Inc. with a 2-year accreditation through 2025. This accreditation acknowledges XYZ Inc. as a behavioral health service provider dedicated to continuous improvement in applied behavioral analysis, and XYZ Inc. has held this accreditation since 2019 (Behavioral Center of Excellence, 2023). In addition, XYZ Inc.'s two clubhouses hold accreditations by Clubhouse International, which acknowledges programs that substantially adhere to the categories and standards set forth by Clubhouse International. XYZ Inc. has a corporate compliance program. The corporate compliance program promotes the prevention, detection, and resolution of any conduct that does not comply with federal, state, or local law. An example of state law is the mental health code of the state where XYZ Inc. is located. The mental health code is a collection of regulations and statutes that outlines the guidelines and provision of mental health services in this state (Community Mental Health Association, 2023). It encompasses a comprehensive set of laws that govern various aspects or mental health care delivery within the state (Community Mental Health Association, 2023). XYZ Inc.'s deputy director also serves as the corporate compliance officer (CCO) for the BHO.

XYZ Inc.'s annual budget for the last fiscal year was $18M. Funding for XYZ Inc.'s services primarily comes from local CMH agencies and authorities under contract with the department of community health of the state where XYZ Inc. operates. The U.S. Department of Housing and Urban Development and state housing development authority

also fund XYZ Inc. The BHO typically uses its funding for its most severely disabled, Medicaid-eligible consumers. XYZ Inc. across all locations is budgeted for 75 case managers, 26 therapists, and two split position case manager therapists. XYZ Inc. currently has 67 case managers, 18 therapists, and one split position case manager therapist. The qualifications, knowledge, skills, abilities, and responsibilities of these roles within XYZ Inc. are noted in Figures 1 and 2.

Figure 1

Outpatient Therapist/Clinician Job Description

XYZ INC.
JOB DESCRIPTION
OUTPATIENT THERAPIST/CLINICAN

Providing services and support that promote the health, safety, and well-being of individuals we serve, and coworkers is our primary concern. All employees are expected to facilitate the successful functioning of all aspects of work life, contribute their skills and assistance, and lend support to the daily operation of all programs and work units. All employees are expected to demonstrate respect for self and others, treat all persons with kindness, recognize, respond positively to the diversity of culture and needs, and abide by the confidentiality governing personnel issues. Professionalism and cooperation are, therefore, required of all employees.

General Summary
The XYZ Inc. Outpatient Therapy Program focuses on enhancing and/or maintaining client's level of functioning and alleviating symptoms which significantly interfere with functioning. Outpatient therapy is provided to adults and generally addresses crisis resolution, therapeutic stabilization, and improvement in life functioning. Appointments are generally scheduled on-site at times and dates convenient to the client. The outpatient therapist is required to know and effectively use a range of therapeutic methods currently endorsed by standards of best practice and provide crisis intervention as needed. The therapist will complete appropriate documentation related to the specific program client is registered in, which may include admission, discharge, assessments, treatment plans and reviews. Therapist will monitor charts for internal review requirements. Therapists will foster an environment of acceptance, empathy, and hopefulness. A therapist's caseload will be determined by therapist and supervisor of Outpatient Therapy Program. Therapist will attend team meetings and supervision as scheduled.

I. Qualifications

a. Education: master's degree in social work, psychology, counseling from an accredited college or university
b. Licensure: Licensed social worker, limited license psychologist, licensed professional counselor in the State of Michigan; must have full licensure and maintain a valid and unexpired professional license
c. Minimum one-year post-graduate supervised clinical experience with knowledge of a broad range of emotional and mental disorders, and current treatment techniques, including psychotropic medication.

II. Knowledge, Skills, and Abilities

a. Demonstrates skills in subjective and objective reasoning, problem solving, clinical reasoning, allocation, fiscal responsibility, reflective practice, and ongoing learning.
b. Ability to engage clients in a welcoming, hopeful, empathic manner.
c. Knowledge of Michigan diagnostic criteria for mental illness/substance abuse disorders or dependence
d. Ability to screen for co-occurring disorders.
e. Ability to effectively integrate treatment modalities for both MI and SA as primary diagnosis.
f. Ability to utilize motivational interviewing skills and engagement strategies.
g. Ability to accurately identify stages of change, and appropriate intervention.
h. Ability to complete and accurately document psychosocial assessments and interpretive summaries in a timely manner.
i. Ability to achieve productivity standards.
j. Knowledgeable regarding available resources for integrated treatment
k. Computer Skills: Requires basic computer skills and working knowledge of MS Word and Excel. Ability to input information accurately and efficiently into electronic records and create correspondence. Must have strong written communication skills.
l. Able and willing to physically lift and handle equipment and supplies related to the position and general agency needs, e.g., reams of paper, office supplies.

III. Essential Function /Responsibility

a. Maintains a primary caseload and assists in duties consistent with the needs of individuals we serve and program needs.
b. Provides individual, group, family therapy to adults, children, and adolescents on an outpatient basis in accordance with person-centered goals and contract compliance.
c. Performs psychosocial assessments, person-centered plans, treatment plans, discharge planning, and coordination of services.

d. Able to complete an average productivity standard of five encounters per day.

e. Advocates on behalf of the individuals we serve when requested and/or needed.
f. May function as part of a broader PCP team when appropriate and/or at the request of the client
g. Maintains accurate, complete, and timely written or typed records, assures chart organization.
h. Assures compliance with program outcomes, contract requirements, applicable laws, regulations, accreditation standards, and the standards, mission, and philosophy of XYZ Inc by:
    i. Monitoring the direct delivery of services, supports, and coordination of care for effectiveness, efficiency, fiscal responsibility, and satisfaction of individual's we serve in achieving person-centered, the individual's-stated goals, promoting health and safety, empowerment, quality of life, community integration, reduced hospitalization and/or incarceration, and the use of natural supports.
    ii. Performing internal program chart review, participating in Utilization Review chart audits, responding to CQI committee reviews, and reporting summaries to the program manager
i. Participates in team meetings.
j. Conducts groups and in-services with staff/individual's we serve, supplying related outcome documentation.
k. Participates in 24-7 after-hours, evening, weekend, and holiday on-call coverage.
l. Assures protection of rights for individual's we serve, and confidentiality as described in Chapter 7 of the Michigan Mental Health Code

IV. Other Duties and Responsibilities

a. Attends required building and staff meetings.
b. Participates in community networking and resource development with administrative approval.
c. Ensures compliance with all required initial and ongoing training as set by XYZ Inc.
d. Completes annual training as required by licensure or XYZ Inc. credentialing policy.
e. Keeps all required personnel documents up to date (TB test, auto insurance/registration, driver's license, training hours, professional licenses/certifications, etc.)
f. Actively promotes continuous quality improvement, participating in CQI activities as requested.
g. Performs those tasks necessary to promote a healthy, safe, and clean work environment.
h. Complies with all federal, state, and local laws relative to agency business, Medicaid Provider manual and adheres to NASW core values of service and XYZ Inc. Code of Ethics, Standards of Conduct, and all other professional standards and policies set by XYZ Inc.
i. Completes all assigned and non-assigned tasks that are appropriate and necessary to promote services/supports of individual's we serve, the purpose of the program, the philosophy, and standards of XYZ Inc., compliance with program-specific contract requirements, and applicable regulations and standards.
j. Maintains a valid Michigan driver's license, acceptable driving record, and proof of personal auto insurance in accordance with XYZ Inc. auto insurance liability requirements.
k. Availability of a dependable, personal vehicle to be used for work-related travel when needed.
l. Able and willing to travel and work extended hours as required by need of individual's we serve or program need.

V. Consultation/Team Participation/Interpersonal Skills

a. Demonstrates positive work ethics including reliability, dedication, motivation, enthusiasm, creativity.
b. Relied upon for punctuality, attendance, time management, and absence of personal distractions.
c. Maintains courteous and cooperative demeanor with co-workers, individuals we serve, and the public.
d. Appropriate dress and grooming
e. Organized and safe work areas, including agency vehicles.
f. Communicates effectively; gives, takes, and utilizes verbal and written instructions in a professional and timely manner.
g. Demonstrates the ability and flexibility to manage stress in the work environment.

XYZ, Inc. is an at-will, equal opportunity employer.

Figure 2

Case Manager Job Description

XYZ INC.
JOB DESCRIPTION
CASE MANAGER

Providing services and support that promote the health, safety, and well being of consumers and coworkers is our primary concern. All employees are expected to facilitate the successful functioning of all aspects of work life, contribute their skills and assistance, and lend support to the daily operation of all programs and work units. All employees are expected to demonstrate respect for self and others, treat all persons with kindness, recognize and respond positively to the diversity of culture and needs, and abide by the confidentiality governing personnel issues. Professionalism and cooperation are, therefore, required of all employees.

General Summary
The case manager promotes independence, community integration, and stabilization for persons with severe and persistent mental illness. The case manager fosters an environment of acceptance, empathy and hopefulness as well as helps promote the concept and realization of dual recovery, and quality of life. The ability to accommodate consumer choice is paramount to these services. Services are available 24 hours a day and provided primarily within the community at the consumer's choice of time and place. Responsible for coordinating person-centered services which assist individuals in gaining access to needed medical, social, educational, and other services. Assists consumers to identify and develop natural supports.

I. Qualifications

a. Education: master's degree preferred in social work, psychology, or counseling
b. Licensure: (Limited) Licensed Social Worker (LLMSW or LMSW), (Temporary) Limited License Psychologist (TLLP or LLP), (Limited) Licensed Professional Counselor (LLPC or LPC) in the State of Michigan; must have licensure and maintain a valid and unexpired professional license
c. Qualifications: Minimum one year experience in community mental health or related field

II. Knowledge, Skills, and Abilities

a. Ability to engage clients in a welcoming, hopeful, empathic manner.
b. Ability to screen for co-occurring disorders.
c. Ability to effectively integrate treatment modalities for both MI and SA as primary diagnosis.
d. Ability to utilize motivational interviewing skills and engagement strategies.
e. Ability to accurately identify stages of change, and appropriate intervention.
f. Knowledgeable regarding available resources for integrated treatment.
g. Ability to demonstrate sound clinical reasoning/judgment and problem-solving skills. Able to make decisions with general instruction or guidelines.
h. Ability to compose written documents following prescribed format in manner that is free of spelling, grammatical and punctuation errors except when using consumers own words.
i. Ability to communicate effectively Able to provide complex information in a clear and easily understood manner.
j. Time management skills: Ability to plan and carry out own work.
k. Computer Skills: Requires basic computer skills and working knowledge of MS Word and Excel. Ability to accurately and efficiently input information into electronic records and create correspondence.
l. Able to handle conflict and resolve it independently in most situations.
m. Knowledge of Michigan Mental Health Code as well as the diagnostic criteria for mental illness and substance abuse disorders/dependence

III. Essential Functions/Responsibilities

a. Maintains a primary caseload consistent with program needs as assigned by supervisor.
b. Maintains an average daily consumer contact as defined by treatment plan or contract.
c. Able to maintain an average productivity of 65 units per week (at or before one year of employment)
d. Completes initial and annual strength based psychosocial assessments.
e. In collaboration with consumer is able to develop strength-based person-centered plans that reflect consumer and stakeholder input and choice while addressing health and safety issues Facilitates, coordinates, monitors, assesses, and updates the plan at least annually or as indicated by stage of change, or level of need.
f. PCP contains obtainable goals, measurable interventions and strategies that include use of natural supports.
g. Services provided relate to the treatment plan by appropriately matching interventions and treatment strategy to consumer's level of motivation.
h. Link/coordinate: provide and/or arrange (to the degree needed or requested) internal and external coordination of services/supports such as mental health and ancillary services/ supports, physical health and safety services, MRS referrals, housing applications, and other services as needed.
i. Transport: transport consumer to needed services as required by the plan
j. Educate: provide education that is consumer/diagnosis appropriate promotes informed choice and self-advocacy
k. Facilitate participation in continuous integrated treatment as indicated by diagnosis.
l. Advocate: advocate for consumer rights within the agency, other agencies, and the community; promote consumer self-advocacy
m. Monitor: the effectiveness of services and adjusting the treatment plan in response to change in the stages of change, or level of consumer needs
n. Provides discharge planning, transfer summary, and crisis planning and intervention including protocol for mental health hospitalizations and guardianship that considers impact of, and effectively addresses, co-occurring disorders when present.
o. Document and chart appropriately for individuals with co-occuring disorders where two or more primary disorders may be present.
p. Maintains accurate, complete, and timely written or typed records as required by XYZ Inc., contracting CMH, DCH, and other funding and accrediting sources and assures chart is complete.
q. Completes reviews of all internal audits and responds in a timely and thorough manner.
r. Attends staff meetings as required.
s. Participates in 24-7 after-hours, evening, weekend, and holiday on-call coverage.
t. Assures protection of consumer rights and confidentiality as described in Chapter 7 of the Michigan Mental Health Code

IV. Other Duties and Responsibilities

a. Participates in community education with administrative approval.
b. Complies with all required initial and ongoing training as required by XYZ Inc.
c. Keeps all required personnel documents up to date (TB test, auto insurance/registration, training hours, professional licenses/certifications, etc.)
d. Completes additional training annually as required by licensure or XYZ Inc. credentialing process.

e. Actively promotes continuous quality improvement, participating in CQI activities as requested.
f. Complies with all federal, state, and local laws relative to agency business, Medicaid Provider manual as well as adheres to NASW core values of service and XYZ Inc. Code of Ethics, Standards of Conduct, HIPPA and all other laws, professional standards, and policies.
g. Completes all assigned and non-assigned tasks.
h. Maintains a valid Michigan driver's license, acceptable driving record, and proof of personal auto insurance in accordance with XYZ Inc. auto insurance liability requirements.
i. Availability of a dependable, personal vehicle to be used for work-related travel when needed.
j. Able and willing to travel and work extended hours as required by consumer or program need.

V. Consultation/Team Participation/ Interpersonal Skills

a. Demonstrates positive work ethics including reliability, dedication, motivation, enthusiasm, creativity.
b. Relied upon for punctuality, attendance, time management, and absence of personal distractions.
c. Maintains courteous and cooperative demeanor with co-workers, consumers, and the public.
d. Appropriate dress and grooming
e. Organized and safe work areas, including agency vehicles.
f. Communicates effectively; gives, takes, and utilizes verbal and written instructions in a professional and timely manner.
g. Demonstrates the ability and flexibility to manage stress in the work environment.

XYZ Inc. is an at-will, equal opportunity employer.

Summary and Transition

XYZ Inc. is dedicated to providing services to meet its consumer's needs while abiding by local, state, and federal laws and complying with its regulatory authority as noted by its chief human resources officer. The organizational profile and background of XYZ Inc. provided factors that reinforced the necessity of this study. Section 2 will give a review of the existing literature that is relevant to the practice problem. In addition, this section includes a description of the leadership strategy and assessment of the organization. Finally, this section will address the overall analytical strategy for the study.

Section 2: Background and Approach-Leadership, Strategy, and Clients

Introduction

The turnover of mental health therapists and case managers is concerning for community-based mental health organizations. Organizational costs associated with training and recruitment and the deterioration of the treatment team's effectiveness are just some of the adverse effects of turnover on an organization (Johnson-Kwochka et al., 2020). The purpose of this qualitative study was to thoroughly examine the factors that contribute to poor retention and high turnover among therapists and case managers of XYZ Inc. Additionally, I aimed to examine the impact that poor retention and high turnover of therapists and case managers have on XYZ Inc. overall and the clients whom this BHO serves. Furthermore, I aimed to develop leadership strategies that XYZ Inc. clinical supervisors can implement to quash the poor retention and high turnover of its therapists and case managers. This section includes a review of the academic literature relevant to the practice problem, an exploration of the sources of evidence utilized in this study, an assessment of the leadership strategy of this BHO, a review of the clients and population served by XYZ Inc., and an overview of the analytical strategy, including how the findings of this study were analyzed, a description of the nature of the archival and operational data, a justification of the relevance of the data to the practice problem under study, and details on the evidence generated for this study.

Supporting Literature

The supporting literature for this study was obtained via an extensive search across several databases for peer-reviewed journal articles from 2010 to the present. The

following databases were utilized to acquire literature relevant to the study: Academic Search Complete, APA PsycInfo, Business Source Complete, CINAHL Plus, Education Source, MEDLINE, and Psychiatry Online. Key terms used for the literature review included *transformational leadership and behavioral health; clinical supervisor and behavioral health; clinical supervisor and leadership and behavioral health; behavioral health and leadership; leadership styles and behavioral health organization; turnover and behavioral health organization; mental health clinician and retention or attrition or turnover; retention or attrition or turnover and mental health providers or professionals; mental health and retention and turnover; community mental health and retention or turnover; community mental health and case manager or case management and retention or attrition or turnover; community mental health and social worker and retention or attrition or turnover*; and *community mental health and mental health providers or mental health professionals and retention or attrition or turnover mental health professionals or therapists or counselors or social workers and turnover or retention or intention to leave or intention to stay or quitting.*

Taking the practice problem into consideration, the literature most relevant to this study was related to the factors that contribute to decreased turnover, factors that contribute to poor retention and high turnover of employees within CMH BHOs, and the impact of stressors on employee turnover within CMH BHOs. Additionally, literature encompassing the predictors of turnover within CMH BHOs, the impact of leadership on poor retention and high turnover within CMH BHOs, and employee turnover and its impact on both client and organization outcomes within CMH BHOs are most applicable

to this study, as noted by Agyapong et al. (2015), Green et al. (2020), and Johnson-Kwochka et al. (2020).

Therapist turnover is when a therapist voluntarily or involuntarily concludes their tenure with an organization (Adams et al., 2019). Although the topic of high turnover and poor retention within BHOs has been investigated by Bukach et al. (2020), Fukui et al. (2020), Green et al. (2020), and Knudsen et al. (2020), there is very little organizational practice knowledge on strategies that clinical supervisors can utilize to mitigate poor retention and high turnover among therapists and case managers within CMH settings or the associated negative impact on the agency and client outcomes.

Predictors of Poor Retention and High Turnover

The relationship between an employee and their organization is often affected by a myriad of factors that can influence whether an employee plans to remain with or depart from an organization (Kim et al., 2018). In their study, Kim et al. (2018) aimed to identify the correlation of therapist emotional exhaustion while implementing multiple evidence-based practices within public children's mental health services. They found that increasing the evidence-based practices within the CMH setting can positively impact clinical outcomes due to clinicians experiencing a sense of mastery of the treatment modalities and self-efficacy of the treatment interventions (Kim et al., 2018). Turnover intention, a reflection of the desire of an employee to leave their job, was identified by Knapp et al. (2017) as one of the leading predictors of verified turnover. The authors of this study evaluated the effectiveness of two variables in predicting turnover intention among employees in nonprofit organizations (Knapp et al., 2017). Their findings

highlighted the importance of providing supportive management and designing job roles that allow for greater autonomy within the workplace (Knapp et al., 2017). Adams et al. (2019) examined the relationship between therapists' financial strain and turnover and identified the financial strain of therapists as a predictor of the increased likelihood of turnover. Fukui et al. (2020) examined the characteristics of providers and job stressors associated with both turnover intention and actual turnover among mental health providers within the setting of CMH (Fukui et al., 2020). The authors found a correlation between turnover intention and actual turnover. However, job stressors such as emotional exhaustion, work–life conflict, and reduced job satisfaction were found to be related to turnover intention (Fukui et al., 2020). In contrast, provider characteristics including being younger, earlier in their career stage, and having children under 5 were related to actual turnover (Fukui et al., 2020).

Additionally, the challenging demands of working in the CMH setting were identified by Herschell et al. (2020) as a theme related to turnover within this area of behavioral health. Herschell et al. examined characteristics including the challenging nature of the work; long, evening, and inconsistent hours; being on call; being in unsafe situations; driving all day; and having to deal with intense issues, of both the practitioner and the organization, as impacting high levels of staff turnover in the setting of community behavioral health. They found that additional research is necessary to understand turnover among this population better so that strategies to stabilize the behavioral health workforce can be developed (Herschell et al., 2020). Yanchus et al. (2015) conducted an exploratory study that compared job satisfaction and turnover

intention among different mental health professionals working in the Veterans Health Administration (VHA). The study focused on four predictors: civility, procedural justice, autonomy, and psychological safety (Yanchus et al., 2015). The authors found that these factors notably relate to turnover intention among mental health workers and that creating a work environment that promotes civility, procedural justice, and autonomy can lead to higher job satisfaction and lower turnover intention among VHA mental health workers (Yanchus et al., 2015). Hur and Abner (2023) identified six categories of predictors of turnover intention among employees of the public sector. These categories included individual-level demographic characteristics, work environment characteristics, job characteristics, human resource management practices, external factors, and employee work attitudes and work motivation (Hur & Abner, 2023). This study found that all categories were statistically significant in explaining turnover intention. The increased rates of therapist turnover threaten both the quality and consistency of mental health services and the implementation of evidence-based practices (Adams et al., 2019), which are essential to service delivery of quality mental health services.

Factors That Contribute to Decreased Turnover

While this study focused on the poor retention and high turnover of therapists and case managers within CMH, it is significant for this study to examine studies that examine contributory factors of decreased turnover within BHOs. Acker (2018) investigated how self-care strategies, role stress, job autonomy, and job satisfaction are related to turnover intention. The study found evidence in support of the main hypotheses, which suggested that self-care strategies are linked to both job satisfaction

and turnover intention specifically, as social workers who engage in self-care strategies have higher levels of job satisfaction and lower levels of turnover intention (Acker, 2018). Sullivan et al. (2015) examined both the positive and negative aspects of mental health case management. They found a delicate balance between compassion fatigue, sources of burnout, and the level of competence of mental health case managers that may be a crucial component in mental health clinicians remaining in their role long term; this balance is called *compassion satisfaction* (Sullivan et al., 2015). Zhu et al. (2017) explored the impact of team climate on turnover and individual factors that mediate the relationship between team climate and turnover. These authors found that the safety and quality climate among assertive community treatment teams is positively correlated with staff turnover and found that a team climate that emphasizes the goals of client/staff safety and service quality is associated with lower rates of turnover (Zhu et al., 2017). Fukui et al. (2019b) examined provider characteristics and job stressors related to turnover intention and actual turnover and found that the support of supervisors can alleviate turnover intention via a decrease in emotional exhaustion. This is a key component associated with employee burnout while also increasing job satisfaction. Additionally, this study found that supervisory support is one strategy to mitigate turnover intention by reducing work-related stress (Fukui et al., 2019a). Knudsen et al. (2008) examined the role that clinical supervision plays in protecting against counselor turnover. The authors found that clinical supervision was negatively correlated with both emotional exhaustion and turnover intention. The authors also found that both counselors and organizations could benefit from improving both the quality and extent of clinical

supervision. The significance of quality supervision is necessary for social work, health, and human services professions to maintain a healthy and effective workforce (Hoge et al., 2014). Hoge et al. (2014) emphasized the importance of supervision in social work, as well as other health and human services professions. Hoge et al. posed the argument that implementing supervisory structures within these organizations is necessary to ensure a productive and healthy workforce. These supervisory structures should be based on evidence-based teaching principles, which can be used to educate agency leaders, supervisors, and supervisees about best practices in supervision (Hoge et al., 2014). Additionally, the authors found that the development of organizational standards that will complement the education and training will create consistent expectations and support within the organization (Hoge et al., 2014). The combination of staff training and organizational standards can lead to the creation of a culture of effective supervision (Hoge et al., 2014).

Agyapong et al. (2015) found that giving CMH workers additional incentives reinforces potential motivation, which can subsequently escalate productivity. This study analyzed the perspectives of stakeholders regarding the factors that impact the career choices and retention of CMH workers in Ghana (Agyapong et al., 2015). This study also noted that obtaining advanced degrees forges career advancement within CMH (Agyapong et al., 2015). Recognizing and rewarding employees for obtaining an advanced degree encourages CMH workers to remain with their employer longer and increase their clinical knowledge (Agyapong et al., 2015). Compensation is another factor that contributes to decreased turnover. Bukach et al. (2017) examined the rates of

turnover among mental health workers in Ohio and determined that mental health agencies with lower turnover rates were smaller and offered higher maximum compensation to their employees.

Impact of Burnout and Stressors on Employee Turnover

Although burnout occurs within all professions, mental health therapists are at an increased risk of burnout due to the nature of the work (Kim et al., 2018). According to Green et al. (2014a), the percentage of mental health providers who experience high levels of burnout is between 21% and 67%. Burnout among therapists within CMH is associated with higher agency turnover (Kim et al., 2018). Within CMH settings, burnout is more pronounced due to larger caseloads, which are often complex, clinically severe, comorbid, and characterized by poverty (Kim et al., 2018). Additionally, therapists within CMH work longer hours and deliver treatment in the field, which requires more extended hours and travel time to the homes of their consumers or locations within the community; these factors contribute to burnout and the quality of services provided (Kim et al., 2018). Luther et al. (2017) explored how often employees work beyond their regular working hours and how it is linked to job features, work-related results, and the standard of care provided in CMH. The authors found an association between clinicians who work overtime with more significant burnout, conflicts between work life and the clinician's life outside of work, and decreases in clinician job satisfaction and the quality of care provided to clients (Luther et al., 2017).

Leadership, Retention, and Turnover

Positive leadership has been associated with a more outstanding commitment to an organization and increased job satisfaction, which impacts service quality (Green et al., 2004). Transformational leadership is a leadership style noted in the literature to positively impact employee retention within CMH. According to Meza et al. (2021), transformational leadership describes the way leaders stimulate and encourage employees to deliver exceptional results. Within the clinical setting, transformational leadership is an extension of the relationship between leadership and staff and has been shown to impact the quality of service and organizational climate (Green et al., 2013). Green et al. (2013) also found that a transformational leader within CMH and an investment in transformational leader development can buffer turnover intention and emotional exhaustion. Leaders with social work training have been associated with transformational leadership. This leadership style has a considerable evidence base that supports its impact on organizational effectiveness and success (Choy-Brown et al., 2020). Increased supervisory support, which includes emotional support, client goal alignment, and professional development support, has also been found to reduce turnover intention and actual turnover (Fukui et al., 2019a). A lack of training in supervision has also been identified as a contributory factor to turnover within BHOs (Hoge et al., 2014). Organizational leadership is responsible for ensuring that not only frontline staff, case managers, and therapists, but also frontline lower level supervisors, are properly trained. Lack of training is associated with decreased work satisfaction, poor accountability of

those supervised, and inconsistent and diminished quality of care for consumers and clients (Hoge et al., 2014).

Impact of Turnover on Clients Served and the Organization

High turnover and poor retention of case managers and therapists impact not only an organization's clients, but also the overall organization. Johnson-Kwochka et al. (2020) drew attention to the fact that turnover can make it challenging for BHOs to sustain appropriate staffing, increasing the probability of care disruption. Yanchus et al. (2015) noted the gaps within patient care due to turnover impacting continuity of care in mental health settings. Turnover has also been shown to impact client engagement. Babar et al. (2018) found that clients who experience therapist turnover are likelier to miss an appointment. In addition, Aaron set al. (2020) found that the turnover of clinicians in the setting of CMH has been linked with decreased client engagement, an increase in the anxiety of clients, and poorer mental health functioning for some consumers. Related to organizational impact, Brabson et al. (2020) found that turnover can create challenges for studies that investigate the implementation of behavioral health interventions. Aaron et al. (2015) also found an association between high clinician turnover and appropriate implementation of evidence-based practices. Sullivan et al. (2015) asserted that regardless of the factors contributing to turnover, this should concern behavioral health leadership due to the direct and indirect costs an agency incurs when turnover occurs. Turnover can result in unnecessary costs of over $100,000 in a large psychiatric rehabilitation organization (Sullivan et al., 2015). According to Willard-Grace et al. (2019), clinician turnover comes at the cost of interrupting the continuity of care and the

monetary expense of recruiting new clinicians. In addition, turnover harms the organization's clients when the bond is severed between the client and their clinician (Sullivan et al., 2015). Finally, new staff replacing the departed clinician may not have the same skills or clinical expertise, which can impact service delivery due to knowledge gaps (Sullivan et al., 2015).

Sources of Evidence

The sources of evidence utilized to support the research included:

- Semistructured interviews.
- XYZ Inc.'s company website.
- XYZ Inc.'s strategic plan.
- XYZ Inc.'s board meeting minutes.
- XYZ Inc.'s annual reports.
- XYZ Inc.'s organizational chart.

These sources of evidence were selected and utilized, given their relevance to the practice problem. XYZ Inc. employees holding leadership positions in the organization participated in the semistructured interviews: chief operating officer (COO), chief clinical officer, chief human resources officer, director of children and outpatient services, and program manager. These interviews allowed me to obtain first-hand knowledge from leadership about their knowledge and experiences related to the identified practice problem of high turnover and poor retention of therapists and case managers.

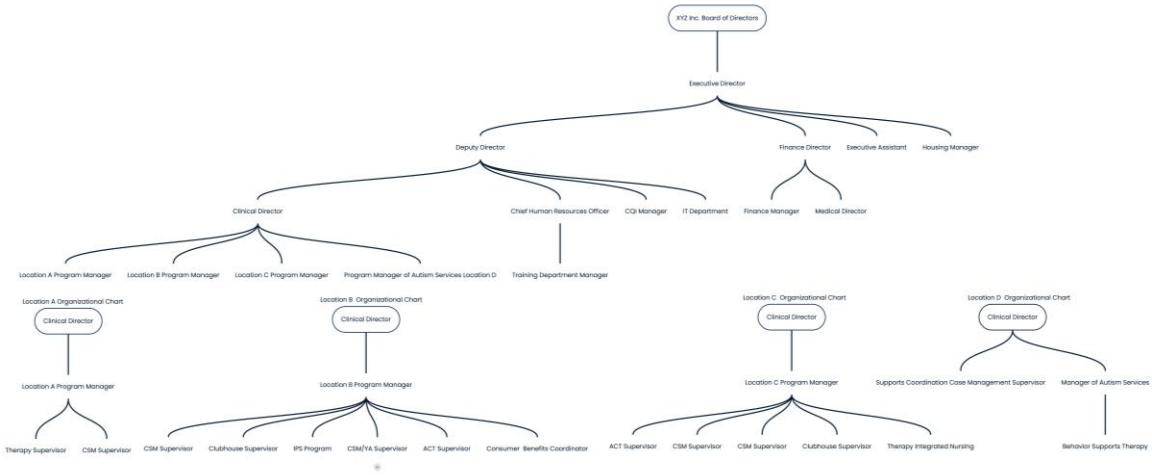
Leadership Strategy and Assessment

According to its website, XYZ Inc. is governed by its executive leadership,

which includes the board of directors, CEO, COO/CCO, chief human resources officer, and chief clinical officer. In addition to these leaders, XYZ Inc. also has program managers for all XYZ Inc.'s programs who report to the Chief Clinical Officer and clinical supervisors who report to their respective program managers; this is noted on XYZ Inc.'s Organizational Chart.

Figure 3

Agency Organizational Chart



Although XYZ Inc. has a hierarchical leadership structure, this organization's CEO takes pride in taking the time to gain an understanding of the needs of XYZ Inc's frontline staff on an individual basis and to nurture their staff to grow within their current roles within XYZ Inc. with hopes of them eventually becoming future leaders of the organization. All of the interviewed leaders exhibit some aspect of transformational leadership as their leadership style. Transformational leaders, as noted by McNeish and Tran (2020), are charismatic leaders who act as role models that motivate their

subordinates, while also taking into account their individual interests. By doing so, leaders can bring about positive changes in their staff and organization. Transformational leaders are able to understand the needs of their staff both professionally and personally and how this may impact their longevity within the organization (McNeish & Tran, 2020).

Challenges identified with strategy implementation are primarily monetary per the organization's COO/CCO. According to the COO/CCO, there can be financial constraints due to XYZ Inc. being a not-for-profit organization. To mitigate these challenges, XYZ Inc's leadership found creative and innovative ways to meet the needs of their employees in other ways. Many policies and initiatives implemented within XYZ Inc. have started with the needs of frontline staff, including therapists and case managers, according to the CEO. These include the option to work four 10-hour days versus five eight-hour days to give their employee's schedules more flexibility.

Another creative strategy that the CEO of XYZ Inc. discussed is its holiday schedule. The organization is only closed four days a year and gives its employees nine floating holidays to utilize in addition to a very generous paid time off package so that their employees are not forced to be from work on holidays that they may not celebrate or observe such as Christmas or Good Friday. Implementing these strategies does not cost the agency anything additional but has, according to the CEO of XYZ Inc., positively impacted the job satisfaction of the employees of XYZ Inc.

Clients/Population Served

XYZ Inc. serves individuals throughout the East North Central region of the United States in five counties. The estimated population of the state where XYZ Inc. is located in 2019 was 9,986, 857 with 81% being white, 15.3% is African American, 5.3% is Hispanic 4.1% is Asian/Pacific Islander, and 1.5% is Native American. (Name of state redacted.gov, 2021) 29% of this states residents 25 and older have a high school diploma or general equivalency diploma, 17.6% possess a bachelor's degree, and over 90% of this state's residents 25 and older are high school graduates or higher. (Name of state redacted.gov, 2021) Currently for a family size of one, the income poverty guideline is an annual income of $27,180 (Name of state barassociation.org, 2023) and the poverty rate in this state is 13%. (Name of state redacted.gov) Demographic information on the clients served by XYZ Inc. was not available. As noted on the organization's website, XYZ Inc's client population is comprised of individuals diagnosed with behavioral health issues, co-occurring disorders, emotional impairments, autism spectrum disorders, or developmental disabilities.

Client Engagement

Client engagement is a crucial component of effective mental health treatment. (Mallonne et al., 2022) Engagement in treatment is just one-way XYZ Inc, obtains information on its clients. According to Mallonne et al., "Engagement includes attending sessions, completing treatment, engaging in between-session tasks, actively contributing to therapeutic work, and exhibiting behaviors and efforts to create positive change in one's life both within and beyond the therapeutic setting" (p. 79). The establishment of

the therapeutic alliance is the hallmark of how clinicians engage with their clients, not only at XYZ Inc., but throughout the behavioral health field. Mallonne et al., conceptualizes the therapeutic alliance as "well-used tripartite conceptualization of therapeutic alliance: agreement on therapeutic goals, collaboration on completing tasks, and the affective bond developed between therapist and client" (p. 80). Client engagement by definition, places the burden of action on the client, there are characteristics of clinicians that motivate clients to engage including strong interpersonal skills, utilization of a strengths-based perspective, empathy, and using collaborative treatment approaches. (Mallone et al.) The leadership of XYZ Inc. recognized the importance of characteristics of clinicians that will support positive client engagement. The chief clinical officer of XYZ Inc noted that she will "hire for personality and train later" if a potential clinician has the personality traits and characteristics that are necessary for working with the CMH population, however, may lack other knowledge and skills. This practice supports client engagement and aids in positive outcomes for clients served by XYZ Inc.

The organization is also obtains information on its clients via customer service satisfaction surveys and quality of life surveys. The results of these surveys are included within XYZ Inc.'s annual report. The results of these surveys can translate into organizational change as XYZ Inc., according to its director of children and outpatient services, with the changes focused on the quality of services to its clients.

XYZ not only engages with its clients, but also with the client's families. According to the agency's website, family psychoeducation "is an evidence-based

practice, gives consumers and families information about mental illnesses, helps them build social supports, and enhances problem-solving, communication, and coping skills". Participation in family psychoeducation can result in improved clinical outcomes for XYZ Inc.'s clients as noted on the agency's website.

Analytical Strategy

My role in the study of the BHO XYZ Inc is a doctoral behavioral health consultant utilizing a qualitative approach to understand the practice problem within this organization.

Research Design

Qualitative research utilizes a multifaceted multi-method process to understand the phenomena of study. As discussed by Ravitch and Carl (2016) and Danzin and Lincoln (2013), the process of qualitative research does not follow a linear model. It is interactive and cannot follow a step-by-step design as the components of qualitative research build off each other cyclically. Qualitative research recognizes and values the notion that people are the experts on their lived experiences, and this perspective is paramount in developing strategies that clinical supervisors can utilize to mitigate high turnover and poor retention of therapists and case managers in the CMH BHO. This qualitative study utilized a case study methodology. Case study research is a form of empirical investigation that explores a phenomenon within its real-life context. It employs multiple methods of data collection to thoroughly examine and understand the intricacies of the phenomenon being studied. This approach involves delving deep into the subject matter to gain comprehensive insights (Priya, 2021). The goal of this

qualitative case study was to obtain a deeper understanding of why poor retention and high turnover occur within CMH and identify strategies and tactics to mitigate its occurrence.

Archival and Operational Data

I requested internal reports from the organization relevant to the practice problem, including fiscal reports, client census reports, and reports on employee turnover. Finally, I searched the literature as a secondary data source for previously conducted studies related to the practice problem.

Evidence Generated for the Doctoral Study

IRB approval for this study was granted with approval #06-18-21-0989969. For my research design, I conducted interviews with behavioral health leaders (BHLs) of the organization. Upon completion of the interviews, the recordings were transcribed, and I identified themes within the interviews conducted to develop strategies and tactics to mitigate the practice problem. Prior to beginning the study, a partner organization agreement form was completed and signed by the director of human resources at XYZ Inc. This document gave consent for XYZ Inc.'s participation in the study, and also provided insight into how the results of the study will be utilized. Additionally, the partner organization agreement form detailed the ethical standards by which this study was conducted. The anonymity of the organization within the published study was also derailed within this document. Additionally, each leader within the organization who agreed to participate in the study gave consent to participate in the study via e-mail prior to the interviews occurring.

Participants

The BHLs that were selected to participate in this study were selected due to their relationship to the practice problem in addition to their role in implementing strategies to address the practice problem. The participants were also selected due to their longevity within the organization, and the valuable perspective that they could offer the study based on their experience elevating to a position of leadership within XYZ Inc. The five participants in the study include: COO/CCO, chief clinical officer, chief human resources officer, director of children and outpatient services, and program manager.

Procedures

Primary data collection occurred via semistructured interviews. I took notes during the interviews in addition to the interviews being audio-recorded for transcription. The interview timeline was established based on the availability of the selected BHLs and occurred in June 2022. Additionally, I transcribed the interviews and identified themes related to the practice problem. These themes were analyzed to create strategies and tactics to mitigate the practice problem.

Summary and Transition

In this section sources of evidence related to the practice problem were explored. This included an examination of supporting literature, an assessment of the leadership strategy of XYZ Inc., the clients and population served, and analytical strategy. Section 3 will cover workforce operations, measurement, analysis, and knowledge management components of the organization.

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

Introduction

This research study investigated the issue of high turnover and poor retention among therapists and case managers at XYZ Inc., a BHO contracted through CMH to provide various mental health services. The research question addressed what strategies and tactics clinical supervisors can utilize to improve retention and reduce turnover among therapists and case managers in the CMH setting.

Section 3 includes an analysis of XYZ Inc. and an assessment of how this BHO builds an effective and supportive workforce environment and also how this organization engages its workforce. Additionally, in this section I evaluate how the organization designs, manages, and improves its key services and work processes and how XYZ Inc. ensures effective management of operations.

Analysis of the Organization

XYZ Inc. has been providing mental health services and training for 35 years since its establishment in 1987, offering a full array of services to children and adults, and it has had a positive presence in the communities where it is located. Sources of evidence gathered for the purposes of this study include a review of the existing literature on poor retention and high turnover of case managers and therapists in the CMH setting, semistructured interviews with five members of the organization's leadership, and internal documentation including board meeting minutes, strategic plans, employee

census, job descriptions, performance review policy, and employee dress code policy shared with me by the CEO and chief human resources officer.

Workforce and Operations

Organizational Culture

The culture of XYZ Inc., as described by its chief human resources officer, is "leading by example and promoting from within." This culture supports the retention of employees by assessing the individual needs of each employee and providing them with accommodations and flexibility to meet their needs on the job, which supports a positive work–life balance and employee well-being. As discussed by Jiang and Men (2017), a balanced and healthy lifestyle that rejuvenates and uplifts employees is in their best interest as it can enhance their well-being and boost their motivation and enthusiasm towards work. When employee well-being is prioritized, it can have positive outcomes for an organization. This is because a better employee experience can result in improved organizational performance, decreased turnover, and less absenteeism (Ronda & Garcia, 2021). The leadership of this organization fosters a family-friendly, supportive organizational culture. Rasool et al. (2021) affirmed that when an organization provides support, it can enhance employees' engagement with their work and the organization. This confirms that when employees perceive support from the organization, it strengthens their sense of belonging (Rasool et al., 2021). "What can we do" is a question that the chief human resources officer often asks when recognizing the need to accommodate an employee based on their needs. Having an open-door policy is another strategy that this organization's leadership utilizes to ensure that staff know without a doubt that they are

able to approach leadership with any concerns, issues, or suggestions that they may have. The dialogue that occurs as a result of this open-door policy can lead to organizational changes in the future at XYZ Inc. There have been circumstances when case managers and therapists who worked for the organization and completed advanced degrees or obtained licensure have left the organization; the organizational culture aims to decrease or eliminate this occurrence for its employees.

Mentorship

XYZ Inc. leadership has a commitment to addressing the individual needs of employees. One method of pouring into their employees is through mentorship. According to Baranik et al. (2010), workers who have mentors tend to experience greater job satisfaction, commitment to the organization, and opportunities for compensation and career advancement. An example of the mentoring relationship at XYZ Inc., according to the organization's chief human resources officer, occurred when a clinician lost a consumer to suicide and this consumer was paired with another clinician who had previously had this experience with a consumer for support and guidance. This pairing prioritized the experience of the clinician to ensure that they received the necessary support.

Training

XYZ Inc. leaders recognize that their therapists and case managers may hold licensure that requires continuing education credits. In an effort to support the retention of licensure for employees, the organization offers training where these credits can be earned. In addition to training for external licensure, employees of this organization are

required to complete training through Relias Learning annually, attend three trainings on the topic of suicide annually, and participate in training required by the CMH authority where the agency is located. All of the agency-required trainings are funded by XYZ Inc. and can be completed as a part of the employee's working schedule. Furthermore, if an area of improvement is identified by a therapist or case manager of XYZ Inc., additional training is provided by their supervisor, or the employee is referred to an external training source based on the individualized needs of the employee.

XYZ Inc. also has a training department that serves a valuable clinical training resource and has been approved by the social work collaborative for continuing education in the state where the BHO is located. This department offers a wide range of trainings and workshops that are conducted by highly qualified instructors. These trainings are designed to cater to the diverse needs of the behavioral health and substance use treatment workforce as well as the community at large. The training department works in close collaboration with community partners to develop personalized training curricula that can meet the individual and staffing needs of the organizations.

Evaluation

Individual Evaluation

Evaluation of the organization occurs at an individual level for each employee as well as with the organization. XYZ Inc.'s performance evaluation for employees is based on the employee's job description and serves as the foundation for the evaluation of performance. Employees receive a performance evaluation at 60 days, 90 days, 120 days, 1 year of service, and annually after the employee's 1-year anniversary. The evaluation

contains a general summary of the employee's duties, a performance assessment, and an action plan for professional growth and development, which is a collaborative process between the employee and their supervisor. This action plan at XYZ Inc. is called an *Individual Development Plan*. The review of this plan at the 60-, 90-, and 120-day intervals is to ensure that the integration of the employee into their position is successful. When circumstances arise in which the employee is not meeting performance standards, the orientation period can be extended; however, there is a strict limit of 180 days total from an employee's date of hire for this extension. If an employee disagrees with their performance evaluation, an administrative review can be requested. This policy ensures that the staff of XYZ are competently carrying out the duties of their job description, which in turn can lead to excellent service delivery to the clients XYZ serves.

Organizational Evaluation

XYZ Inc. holds accreditation from CARF, BHCOE, and Clubhouse International. XYZ Inc. recently received a renewal of its CARF accreditation for 2023–2026, according to the chief human resources officer. These accreditations require evaluations of the appropriate departments and programs represented by the accrediting body. XYZ Inc.'s possession of these accreditations sets this organization apart from competing BHOs that may not hold these certifications. In addition to evaluations by these accrediting bodies, XYZ Inc. is audited and evaluated by the CMH authorities in the counties in which it is located to ensure compliance with policy. These evaluations are a crucially important aspect of the organization and how it functions to ensure optimal provision of service offerings to its consumers.

Knowledge Management

XYZ Inc. measures, analyzes, and improves organizational performance through both formal and informal information gathering. The informal information gathering occurs via the "open door policy" that the leadership of this organization has adopted. This policy allows the employees of XYZ Inc. to speak with their leadership openly and honestly when concerns or issues arise. Employee organizational trust was found to have a positive correlation with both transformational leadership and transparent communication (Yue et al., 2019). XYZ Inc.'s leadership is well acquainted with its employees and demonstrates an interest in employees' aspirations and challenges while treating employees with dignity and respect.

An additional mechanism of improving organizational performance is the use of feedback gathered from the organization's consumers via customer satisfaction surveys. The responses are taken into consideration when evaluating the organization's performance and service delivery to its consumers.

Electronic Health Records

XYZ Inc. utilizes an electronic health record (EHR) to manage information and knowledge assets on the clients it serves. The EHR program is county specific to the locations where XYZ Inc. is located, and each county has a designated behavioral health leader who is responsible for EHR management. XYZ Inc. does not have a designated information technology staff person whose sole responsibility is EHR management. Strategic plans, board meeting minutes, and staff meeting minutes are stored on the company server in Microsoft Office documents. Safeguards that are in place to protect

XYZ Inc.'s information assets include two-factor authorization in addition to needing to be logged on XYZ's VPN to access this information.

Customer Satisfaction Surveys

The results of all the surveys are entered into a spreadsheet as they are received. Any input received in the comments section is distributed via email to the related site, supervisor, and staff periodically throughout the year. Any requests for help, staff follow-up, or comments of an urgent nature are immediately forwarded to the team supervisor. At the end of the fiscal year, the data entry spreadsheets are analyzed to create a year-end summary that includes graphs, charts, and a report on any trends or changes from year to year or between sites. These summaries are distributed to the administrative team and shared with auditors and the counties the organization serves as appropriate and/or required. Finally, copies of the survey distribution list files, the data entry spreadsheets, and the year-end summaries are all kept in the continuous quality improvement folder and organized by survey type and year.

Summary and Transition

Section 3 consisted of an analysis of XYZ Inc.'s workforce and the impact its leadership has on organizational performance. I also evaluated how XYZ Inc. designs, manages, and improves its key services and work processes and ensures effective management of operations. Additionally, this section evaluated how XYZ Inc. manages its knowledge assets, information, and information technology.

Section 4 will provide an analysis of the evidence collected in this research study, the results of the analysis, and implications for XYZ Inc. Additionally, the strengths and

limitations of this study will be addressed while seeking strategies and tactics to mitigate the practice problem of poor retention and high turnover of therapists and case managers in CMH.

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

Introduction

This qualitative research study examined the practice problem of high turnover and poor retention at XYZ Inc., a BHO located in the East North Central region of the United States. The participants of this study included the COO, chief clinical officer, chief human resources officer, director of children and outpatient services, and program manager. The strategies and tactics that are developed as a result of this study may play a significant role in mitigating the prevalence of poor retention and high turnover within this BHO.

XYZ Inc. has been providing mental health services to children and adults since 1987. The services that the organization provides are described as "quality" by the director of children and outpatient services, who has been with the organization since 2011, and there has always been an emphasis on how XYZ Inc. can make the services that they provide valuable to the consumers the organization serves. The presence of the practice problem within this organization could negatively impact the quality of services and will be addressed through the results of this study.

In Section 4, the evidence collected through this study will address the research question derived from the practice problem identified by XYZ Inc.'s chief human resources officer: What strategies and tactics can clinical supervisors in behavioral health organizations utilize to mitigate high turnover and poor retention of therapists and case managers in the community mental health setting?

The results and findings are derived from a variety of sources of evidence including scholarly literature, interviews with members of XYZ Inc.'s leadership, and internal reports relevant to the practice problem. Examining these results will establish the basis for the study's recommendations, which will be outlined in Section 5. Additionally, study strengths and limitations are discussed within this section.

Analysis, Results, and Implications

The transcribed interviews were uploaded into Delve (Delve, February 2022), which is software to analyze and code qualitative data such as interviews. The five transcripts were coded, and initially 18 thematic codes emerged to answer the research question: What strategies and tactics can clinical supervisors in behavioral health organizations utilize to mitigate high turnover and poor retention of therapists and case managers in the community mental health setting? These codes were analyzed and recoded into six themes as listed below:

- promoting from within and investing in employees
- open door policy and effective communication
- flexibility as a aspect of organizational culture and employee trait
- organizational morale and its impact on XYZ Inc.
- benefits and incentives and their relationship to employee retention
- inflexible financial barriers

Theme 1: Promoting From Within and Investing in Employees

All of the BHLs interviewed had been with the organization for over 10 years and had been elevated to their positions from various positions such as supports coordinator,

human resources recruiter, ACT intern, ACT case manager, clinical director, case manager intern, lead case manager, ACT supervisor, and case management supervisor. This promoting from within was a leading factor in their retention with the agency, as they were able to grow within the organization. XYZ Inc. also offers internships to its bachelor's-level employees who are pursuing master's degrees and has promoted employees once they have obtained master's-level degrees. As BHL 5 remarked,

> I actually got hired in as the HR recruiter here. So I started recruiting, doing some credentialing work, and just basic HR stuff. But I went to school, I was getting my master's degree in counseling. So then I did my internship as a case manager in our ACT team.

Many of the leaders of this BHO noted that their leadership's commitment to an interest and investment in their future within the organization was a contributing factor to their retention within the organization. BHL 1 explained,

> I often say when I'm working with the people that I work with or that I am their supervisor, the manager or their director, I try to understand what their interests and passions are and then try to make those alignments in the work that they're doing so that it's a good fit, so that they feel passionate about their work.

In relationship to the research question, this theme was prevalent among all of the interviewed BHLs who had been retained within this organization for over a decade or more while elevating to a position of leadership within XYZ Inc.

Theme 2: Open-Door Policy and Effective Communication

Effective communication was a theme that emerged throughout the interviews with the BHLs on XYZ Inc. communication, not only from staff to leadership, but also from leadership to staff, and the free flow of communicatiom that exists within this BHO.

The open lines of communication that existed between leadership and their employees were a leadership tool that the leaders of this organization both implemented and responded well to prior to elevating to a position of leadership. This was achieved via an open-door policy that allowed employees to speak freely to share ideas and concerns with their supervisors. BHL 3 stated,

> I've had staff that have told me, you know, a lot of the reason that they've stayed with XYZ Inc. is because of the supervision that's been very open and honest, you know, open and good, having a good supervisor.

Theme 3: Flexibility as an Aspect of Organizational Culture and Employee Trait

Flexibility within XYZ Inc. is twofold. Leadership of XYZ Inc. take into account the specific needs of their employees and allow flexibility within the workplace. Leadership noted the necessity of flexibility with scheduling due to the roles that they have outside of XYZ Inc. BHL 5 stated,

> What was big for me was again this was 3 years ago, was the flexibility I had with my schedule. I had two young children at the time and I didn't want, I really worked hard to have balance between work and home and I have two daughters and I wanted them to, I knew that I was the biggest role model so I guess it was very much at a personal level. I knew that I was their biggest role model and I

> wanted, and I again have two daughters and I wanted them to see, I wanted to show them. as I was figuring out myself how they could be a mom and a professional. So XYZ Inc. allowed me a very balanced work schedule, even before remote working was a thing.

Additionally, BHL 5 noted,

> We've probably put in more flexibility in our company in the last 2 years than we ever have. I'm able to work at home 3 days a week … and if I wanted to work at home 5 days a week, I'm sure they'd let me.

In addition to flexibility within scheduling, flexibility as a characteristic of case managers and therapists was noted as a necessary attribute for employees in these roles.

Theme 4: Organizational Morale and Its Impact on XYZ Inc.

A decrease in organizational morale due to poor retention and high turnover emerged several times throughout the interviews. Morale is impacted among employees due to the increase in workload for the employees who remain with the organization when turnover occurs, as BHL 3 noted. Additionally, morale decreases among the therapists when positions are not filled. BHL 2 explained,

> Like my therapist don't even ask anymore if I've had an interview because they know I haven't and if and if I do I don't even tell them because I don't want to dash their hopes um and so I feel like they just like they feel a little hopeless okay and that because we've had positions open for like a year or more sometimes and so that I think starts to you know decrease morale a little bit as well.

Not only is morale impacted among employees when an employee leaves the organization, but, as BHL 4 stated, “it affects even client morale if they have a therapist or case manager.” Due to these instances, leadership has made an effort to improve morale among employees via improving employees’ work–life balance (BHL 2).

Theme 5: Benefits and Incentives and Their Relationship to Employee Retention

XYZ Inc.’s benefits and incentives give the organization leverage to compete with other BHOs whose base salaries may be higher than this BHO. XYZ Inc. prides itself in offering a comprehensive health benefits package at a nominal cost to its employees in addition to a robust paid time off package. BHL 5 remarked, “Sometimes I can't even use all my days because there's just so many that we take off.” This BHO also makes its employees eligible for Public Service Loan Forgiveness, which is an income-driven repayment plan for federal loans. Many of the leaders of this organization recognized the financial hardship that loan repayment can cause, so by being an organization with the ability to essentially ensure that employees’ loans will be forgiven after 120 eligible payments factors into employees’ longevity within the organization. XYZ Inc. also offers incentive pay, which is an opportunity to earn additional money based on employees’ individual workloads and outcomes on a monthly basis (BHL 2). These benefits are comparable to those of larger BHO organizations and are often factored into employees’ decision to remain at the organization when turnover intention occurs.

Theme 6: Inflexible Financial Barriers

BHO leadership recognizes limitations financially related to the base salaries of therapists and case managers. Given their longevity in the field of behavioral health and

thieir knowledge of the market trends related to other roles in behavioral health outside of XYZ Inc., the BHLs of this organization understand the fiscal barriers within CMH. BHL 1 explained, “Early on I had many job offers paying significantly more money than what I was making here at a nonprofit in community mental health.” Additionally, the CMH authorities that XYZ Inc. contracted with had not kept up with XYZ Inc. in terms of their pay rates to “be able to put it on the backs of our staff” (BHL 5). Improvements that were mentioned throughout the interviews included the organization recently increasing the base pay for positions because of communication from staff to administration related to this concern as a retention issue in addition to a factor for potential employees accepting roles within XYZ Inc. (BHL 4).

Other Organizational Results

Client Programs and Services

XYZ Inc.’s program and services were evaluated by examining the XYZ website and conducting interviews with the organization’s COO, chief clinical officer, chief human resources officer, director of children and outpatient services, and program manager. XYZ Inc. is a private not-for-profit organization whose CEO reports to its board of directors. XYZ Inc. offers a range of services, including assertive community treatment, autism services, case management, clubhouse, family psychoeducation, housing assistance, individual placement and supports, individual therapy, medication and nursing services, peer support services, therapy and skills groups, and a young adult program. To monitor the quality of its services, the organization has a continuous quality improvement manager who reports to the organization’s deputy director. The

organization has eight locations; however, the organization itself is one of the smaller contracted agencies in the state where it is located. Its size does not stop XYZ Inc. from providing quality behavioral health services to the consumers it serves.

Client-Focused Results

XYZ Inc. offers a consumer satisfaction survey to its consumers annually. XYZ Inc. leaders believe that feedback from consumers regarding their satisfaction is an important tool utilized to evaluate the supports and services that XYZ provides. Of 2,463 consumer satisfaction surveys that were mailed, 315 or approximately 13% were returned for data entry and analysis. Results from the customer service satisfaction survey from Fiscal Year 2022 noted that the average overall satisfaction with XYZ Inc.'s services across all sites ranged from 3.9 to 4 on a scale of 1–5, with 1 being *strongly disagree* and 5 being *strongly agree*. Comments related to the practice problem made by consumers of this organization who completed the survey included the following:

- Based on my last case worker whom just left her position. Not able to access my new case manager because I have only spoken to her twice briefly since this month started. I would however, like to mention my last case worker being the only of out of 4 who has actually helped me somewhat. However, I admit that I afraid I will not receive that same level of care again. It took a year and some months to find compatibility with a case worker. I am not confident that my case manager alone can help me, and peer support is a failure for me. I am willing to try the same one again as long as I am at this location.

- I am very satisfied with my doctor. My case manager does not professionally address my requests and medical needs. My therapist (finally was assigned one) is
- I wish the providers stayed w/XYZ Inc. I have had a few over time.
- To be perfectly honest; since my case was transferred to a new case manager I think in spring, I've not seen or heard from her! I know the caseloads are overwhelming but there's been no meetings or contacts since my old case manager, so I can't rate her! I was very happy with my old case manager!

The summary of results from FY22 will be shared with the organization's board of directors, administrative team, and consumer advisory committee for feedback and comments. Additionally, the summary is distributed to XYZ Inc. staff and posted at all of XYZ Inc.'s sites for review by all stakeholders.

Workforce-Focused Results

XYZ Inc. has developed a workforce that is knowledgeable and equipped with the ability to provide quality mental health services to its consumers. The organization provides avenues for its staff to obtain training that keeps them at the forefront of behavioral healthcare in addition to cultivating a company culture that is rooted in open communication and support. Despite these, as of December 2023, the organization had 17 openings for both case managers and therapists across its eight locations. Additionally, it was mentioned that XYZ Inc. had experienced the loss of 20 employees. While specific reasons for these departures were not provided, it is important to note that employee turnover can have significant implications for an organization. High turnover rates can

disrupt workflow, impact team cohesion, and result in increased recruitment and training costs. The loss of 20 employees within a year suggests a relatively high turnover rate, which may warrant further investigation into the underlying causes. It could be beneficial for XYZ Inc. to assess factors such as employee satisfaction, work environment, compensation and benefits, career development opportunities, and organizational culture to identify areas for improvement and reduce turnover in the future. XYZ Inc. recognizes the impact that poor retention and high turnover of its employees are having on its organization. Leaders have prioritized staff development and retention as the first area to address within the organization's most recent strategic plan for FY22–23.

Leadership and Governance

XYZ Inc. is a small, private, not-for profit organization that has been providing services since 1987. This BHO has a hierarchical structure and, as stated on its website, XYZ Inc. operates under the governance of its executive leadership team. This team comprises various key positions, including the board of directors, CEO, COO or CCO, chief human resources officer, and chief clinical officer. These individuals hold important roles in overseeing and managing the organization's operations. In addition to the executive leadership team, XYZ Inc. also has program managers assigned to each of its programs. These program managers report directly to the CCO, who is responsible for the clinical aspects of the organization's services. The program managers play a vital role in overseeing the day-to-day operations and ensuring the smooth functioning of their respective programs. Furthermore, XYZ Inc. employs clinical supervisors who report to their respective program managers. These clinical supervisors provide guidance, support,

and supervision to the clinical staff working within the programs. They play a crucial role in maintaining the quality of services provided and ensuring adherence to clinical standards and best practices. Overall, XYZ Inc. has a hierarchical structure in place, with the executive leadership team at the top, followed by program managers and clinical supervisors who oversee the various programs and clinical staff within the organization. This structure helps ensure effective leadership, management, and coordination of operations throughout XYZ Inc.

Financial and Marketplace Results

Unfortunately, financial reports were not available for this study, therefore specific financial data about this BHO's fiscal performance and results are unknown. Turnover does however impact an organization financially. According to the chief human resources officer of XYZ Inc., when an employee leaves within the first year, it costs the agency approximately 60% of the employee's salary. This cost includes various factors such as recruitment expenses, onboarding and training costs, productivity loss during the transition period, and potential impacts on team dynamics and morale. Understanding the cost and impact of employee turnover is crucial for organizations to develop strategies that promote employee retention and create a positive work environment. By addressing the root causes of its employee turnover, XYZ Inc. can work towards reducing costs and maintaining a stable and engaged workforce.

Social Impact

The results of this study will create positive social change by providing strategies and tactics to reduce turnover and retention among CMH therapists and case managers.

This can lead to an improvement in service delivery of behavioral health services within CMH as well as client outcomes within this area of behavioral health as turnover is a hinderance to the implementation of evidence-based practices (Bukach et al., 2017). Additionally, this study will positively impact the future of BHOs that provide services in the CMH setting and the clients who receive services from this subset of behavioral health providers.

Strengths and Limitations of the Study

Four strengths were noted for this study. The first is its methodology. The study employed a qualitative design, allowing for in-depth exploration of the challenges within CMH related to turnover and retention of therapists and case managers. This design facilitated semistructured interviews that encouraged guided conversations and active listening.

The second strength is the relationship with the organization. There were several delays with the completion of this study beyond my control, and due to the relationship that was developed with the organization early on and their commitment to organizational improvement, this did not hinder the study despite as significant change in the timeline. This relationship helped establish trust and improve data accuracy and validity.

The third strength of this study is the use of the Baldridge Framework of Excellence. This framework allows for flexibility so the researcher can select topics and customize questions appropriate for the organization under study. This framework provided a structured approach to assessing organizational performance.

The final strength of this study is the use of recorded interviews and digital transcription of the recorded interviews. This practice allowed for an ease of review of the interviews and aided in understanding the themes that emerged among the five interviews with the leadership of XYZ Inc.

The study acknowledges the need for further research to expand the knowledge base on the topic of high turnover and poor retention among therapists and case managers within CMH. Conducting similar interviews with leaders from other CMH authorities and CMH contracted agencies would provide a broader perspective and enhance the understanding of this issue.

An additional limitation mentioned within the study was the lack of accessibility to some internal agency documents that would have aided in the understanding of the topic of study, specifically fiscal reports. It is important to note that this limitation may be specific to the organization under study and may not apply universally.

Overall, the study recognizes the need for further research to address the limitations and expand the understanding of the topic. By conducting additional interviews and considering a wider range of organizational documents, future studies can provide a more comprehensive and nuanced perspective on the challenges and dynamics within CMH related to turnover and retention of therapists and case managers.

Section 5: Recommendations and Conclusions

This study focused on analyzing and synthesizing data collected through semistructured interviews with 5 BHLs at XYZ Inc. The purpose of this analysis was to examine a professional practice problem that had been identified by the chief human resources officer. Specifically, the study aimed to understand the impact of high turnover and poor retention on both XYZ Inc. as an organization and the consumers it serves. Section 5, which is the final chapter of this research study, presents a series of recommended solutions that have the potential to address the challenges associated with high turnover and poor retention. The primary objective of this section is to provide practical and actionable recommendations that can be implemented to mitigate the negative effects of high turnover and poor retention. By presenting the recommendations in a clear and organized manner, I aim to facilitate effective communication and decision-making among the leadership of XYZ Inc. involved in addressing the identified professional practice problem.

Recommendations

The leadership of XYZ Inc. noted several factors that aided in their retention within the organization, such as flexibility, open communication, and leadership's interest in their future. The following recommendations formalize and build upon the informal practices that leadership has employed with their team but have also benefitted from as employees. I recommend the following:

1. *Conducting stay interviews.* Stay interviews are a strategy utilized to improve retention and foster transparency and trust between employees and leadership by implementing intentional exchanges (Freel et al., 2023).
2. *Reimplementing staff surveys*. According to the chief human resources officer, staff surveys were once utilized to obtain feedback from staff regarding their satisfaction. Given the changes that the agency has faced, both positive and negative, since the COVID-19 pandemic, obtaining information from staff via this mechanism would be beneficial to understanding the perspective of employees, specifically therapists and case managers, and what their clinical supervisors can realistically do to address any concerns or suggestions they may have. While organizational leadership does foster a culture of open communication, there may be employees who are uncomfortable making their grievances known without the help of anonymity. This strategy allows employees to communicate their concerns without fear of retialiation.
3. *Establishment of a career profile of therapists and case managers at hire and establish a career profile of current therapists and case managers to understand the employees' long term career goals and how XYZ Inc. can support their goals within the organization*. This career profile should be reassessed at least annually. This career profile reemphasizes the transformational leadership style of the organization. Samuel and Engelbrecht (2021) emphasized how transformational leaders are aware of the importance of guiding and supporting their followers while also creating avenues for the

growth and development of their employees. This investment in the long-term career goals of their employees can play a role in not only retaining their employees, but also elevating them within the organization.

4. *Development of a peer-to-peer mentoring program among therapists and case managers.* In today's work environment, the significance of mentoring relationships is becoming more widely acknowledged. These relationships are seen as crucial not only for the overall success of the organization, but also for aiding employees in cultivating a sense of competence, identity, and effectiveness as they navigate their way through their new professional roles (Firzly et al., 2022).
5. "Lunch and learns" at regular intervals to support professional development as well as team building and engagement among therapists and case managers. Fukui et al. (2019b) found the presence of opportunities for professional development was linked to a reduction in turnover intention.

As previously noted, the leadership interviewed from this organization had been retained for over 10 years each and had been promoted from frontline positions within the organization, proving that it is possible for longevity to occur within this organization. If clinical supervisors implement the above recommendations, they will address the practice problem. I would recommend that agency leadership implement the recommendations over the span of 1 year.

Implementation and Evaluation Strategies

- Phase 1: Preparation

Timeframe—Month 1

- Objective: Lay the groundwork for successful implementation.
  - Activities:
    - Form a cross-functional implementation team consisting of representatives from HR, leadership, and relevant departments.
    - Assign roles and responsibilities to team members.
    - Develop a detailed implementation plan, including timelines and milestones.
    - Secure necessary resources and budget for the implementation.

- Phase 2: Communication and Awareness

Timeframe—Months 2–3

- Objective: Ensure all stakeholders are aware of the recommendations and understand their roles in the implementation process.
  - Activities:
    - Conduct a kickoff meeting to communicate the purpose, goals, and expected outcomes of the implementation.
    - Develop a comprehensive communication plan to inform employees, leadership, and the board of directors about the recommendations and their importance.

- Utilize various communication channels such as email updates, intranet announcements, and team meetings to disseminate information.
- Provide training sessions or workshops to educate leaders and employees on the importance of transparency, trust, and their impact on retention.

- Phase 3: Implementation

Timeframe—Months 5–12

- Objective: Put the recommendations into action.
  - Activities:
    - Establish regular channels for employee feedback, such as suggestion boxes, surveys, or digital platforms.
    - Encourage clinical supervisors to schedule regular one-on-one meetings with their team members to foster open communication and address any concerns.
    - Implement transparent decision-making processes, ensuring that employees understand the rationale behind key decisions.
    - Provide resources and support for leaders to enhance their active listening skills and create an environment of trust.
    - Recognize and reward employees for their contributions and achievements, reinforcing a positive work culture.

- Phase 4: Monitoring and Evaluation

Timeframe—Month 13

  - Objective: Assess the effectiveness of the implemented recommendations and make necessary adjustments.
    - Activities:
      - Collect feedback from employees through surveys, focus groups, or anonymous feedback mechanisms.
      - Analyze the collected data to evaluate the impact of the implemented recommendations on retention, transparency, and trust.
      - Identify areas of improvement and make necessary adjustments to the implementation plan.
      - Regularly review progress with the implementation team, leadership, and the board of directors to ensure accountability and address any challenges.

- Phase 5: Continuous Improvement

Timeframe—Ongoing

  - Objective: Sustain and enhance the implemented strategies for long-term success.
    - Activities:
      - Incorporate successful strategies into the organization's policies and procedures.

- Provide ongoing training and development opportunities for clinical supervisors to strengthen their communication and interpersonal skills.
- Regularly review and update the communication channels and feedback mechanisms to ensure they remain effective.
- Monitor retention rates and employee satisfaction over time to track the impact of the implemented strategies.
- Continuously seek feedback from employees and stakeholders to identify new areas for improvement.

By following this proposed plan, XYZ Inc. can efficiently and effectively implement the recommendations outlined in this section of this research study. The plan takes into account the organization's high volume of work and the urgent need to improve retention practices. It provides a logical and stepwise approach that can be accomplished within a relatively short timeframe, ensuring that the organization can make meaningful progress in enhancing transparency, trust, and retention. The involvement of the board of directors, leadership, and other stakeholders will help facilitate successful implementation and evaluation of the recommendations.

Recommendations for Future Studies

High turnover and poor retention are problems that can be found in any field; however, this problem among the CMH arena of behavioral health impacts not only the organization, but also the vulnerable population that is served by the organization. The field of mental health has indeed seen extensive research on turnover and retention, but

there has been a notable gap in research specifically focused on CMH providers. While turnover and retention have been studied in various healthcare settings, including hospitals and private practices, the unique challenges and dynamics of CMH providers have not received as much attention.

CMH providers face distinct challenges that can contribute to turnover and retention issues. These challenges may include high caseloads, limited resources, complex client needs, and exposure to secondary trauma. Additionally, CMH providers often work with underserved populations, which can further compound the challenges they face (Bukach et al., 2017).

The gap in research on turnover and retention in CMH providers has led to a lack of evidence-based strategies and interventions tailored specifically to this context (Herschell et al. 2020). As a result, organizations and policymakers have had limited guidance on how to effectively address turnover and improve retention rates among CMH providers.

However, given the importance of this issue, further studies are necessary to understand the factors contributing to turnover and to identify effective strategies for improving retention in CMH settings. Future studies on this topic should also examine factors such as workload, organizational culture, supervision and support, professional development opportunities, and the impact of burnout and job satisfaction on retention. By addressing this research gap, organizations and policymakers can gain valuable insights into the unique challenges faced by CMH providers and develop targeted interventions to improve retention rates. This research can inform the development of

supportive work environments, enhanced training and supervision, and strategies to promote self-care and prevent burnout among CMH providers. Ultimately, a better understanding of turnover and retention in this context can lead to improved quality of care for individuals accessing mental health services in the community.

Dissemination Plan

My dissemination plan for this study is to create a presentation and executive summary that synthesizes this study via summarizing the research, emerging themes from interviews, and the recommendations and implementation plan made to the leadership of XYZ Inc. I will address questions and concerns related to the disseminated information at the close of the presentation.

Summary

The purpose of this qualitative study was to investigate the factors that contribute to high turnover and poor retention among therapists and case managers at XYZ Inc. I aimed to understand the impact of turnover and poor retention on both the agency and the clients it serves. Furthermore, the study developed strategies and tactics that XYZ Inc.'s leaders, particularly clinical supervisors, can implement to address this problem effectively. To achieve these objectives, the study employed qualitative research methods, These methods allowed me to gather rich and in-depth data from organizational leadership. By conducting interviews, I explored the experiences, perspectives, and insights of individuals directly involved in the workforce and management of XYZ Inc.

The study investigated various factors that contribute to high turnover and poor retention. By examining these factors, the study identified strategies and tactics that

clinical supervisors can implement to overcome the challenges that contribute to high turnover and poor retention rates.

Finally, the study explored the consequences of high turnover and poor retention on XYZ Inc. as an organization and the clients it serves. An understanding of these consequences provided a comprehensive picture of the significance of addressing turnover and retention issues within XYZ Inc. Based on the findings of the study, strategies and tactics that XYZ Inc.'s leaders, particularly clinical supervisors, can implement were developed to overcome the problem of high turnover and poor retention.

Overall, this qualitative study provides valuable insights into the factors contributing to high turnover and poor retention at XYZ Inc., their impact on the organization and clients, and practical strategies for clinical supervisors to address these challenges. By understanding and addressing these issues, XYZ Inc.'s leaders can work towards creating a supportive and engaging work environment that promotes long-term retention and ultimately enhances the quality of care provided to clients.

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Appendix: Interview Questions

1. What is your current role within the organization?
2. Many of the leaders of this organization have elevated to their current role after starting as a therapist or case manager. If this applies to you, what factors contributed to your retention as an employee of this behavioral health organization?
3. What role do you believe leadership plays in high turnover among therapists and case managers within this organization and community mental health?
4. What is your leadership style?
5. Can you give me an example of how high turnover and poor retention impacted your department in this organization?
6. What disparities have you observed within community mental health compared to other mental health agencies, and how has this impacted client outcomes within this agency?
7. What characteristics do you believe are essential for therapists and case managers when working with the community mental health population?
8. As a behavioral health leader in this organization, what strategies have you utilized to promote retention among your employees?
9. What reasons have clinicians identified as factors in their decision to leave this organization, and what has leadership done to address these identified factors?

10. How does this organization measure the impact of high turnover on the clients it serves and the organization overall?
11. How has employee turnover impacted the clients served by this organization, and what has this organization done to address the impact?
12. What incentives, if any, are offered to therapists and case managers to retain them as long-term employees?
13. How is this organization governed? What is the process of addressing issues and concerns that impact not only the clients but the organization overall?