

ACT Center of Indiana

Excellence in Training, Research and Technical Assistance

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Notes from the Directors

We certainly have a lot to celebrate here at the ACT Center--Dawn Shimp has won a prestigious award for her inspiring work (see below), two new fulltime staff have joined us (read about Kay Webb our new fellow on page 5; and Alan McGuire, former graduate student, is back as a clinical research scientist), our clinical partner agency Adult&Child was awarded a new SAMHSA grant to implement integrated mental health and physical health care for older adults (the ACT Center will do the evaluation), and we received an excellent score on a VA grant proposal to study how consumers can be more

active in recovery. We are also in the process of starting two new studies: one to examine the NAMI provider education program and another to test new methods of fidelity assessment. In this issue, we address issues related to integration of supported employment and ACT (page 7), as well as some tips for integrating other practices (page 5). We end with a report on a recent study of staff turnover on ACT teams from Indiana (see page 9). We hope you find some useful information in this issue!



Dawn Shimp Receives National Recognition

Jennifer Lydick, Administrative Research Assistant

Every day, we at the ACT Center of Indiana strive to make a difference in the lives of people with mental illness and the people who help support them. Whether it is working with clients face-to-face or working in the background of services, we work together as a team to help fulfill the needs of others in our community, each providing an important role in the mental health services. This year, one member of our team has been recognized for her good deeds in the community as well as her role at the ACT Center.

Since 1997, Eli Lilly has honored mental health professionals and individuals with severe mental illness for outstanding contributions and achievements in the mental health community by giving Eli Lilly Reintegration Awards. People



across the nation are invited to nominate individuals with bipolar disorder or schizophrenia who are a source of hope and inspiration to their peers or treatment programs offering care and support to people with severe mental illness. The award categories for individuals living with schizophrenia or bipolar disorder include achievement, artistic contribution, and mentorship. This year, Dawn Shimp, an Administrative Research Assistant for the ACT Center of Indiana, was nomi-

nated for the mentorship award in recognition of inspiring others by sharing her knowledge and experience with recovery. The ACT Center is delighted to announce that Dawn is the 1st place winner for 2008 Lilly Mentorship award!

Dawn has faced many challenges since being diagnosed with schizoaffective disorder and PTSD in 1998. In 1999, Dawn took a giant step towards recovery and

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became a client of Indiana’s first certified ACT team. She set personal recovery goals and worked hard to achieve them. For example, Dawn graduated off the ACT team and started working in 2003, and moved to a full-time position in 2005.

Dawn’s willingness to share the struggles she has been through with mental illness makes her particularly deserving of the mentorship award. Through Dawn’s work and volunteer activities, she facilitates a support group and participates in committees, conferences, and clinical trainings and a peer recovery training program that promotes recovery possibilities for those suffering from a mental illness. The gracious efforts that Dawn shows toward educating others about recovery shine through the work she accomplishes as a full-time employee at the ACT Center of Indiana as an Administrative Research Assistant as well as in her leisure time.

Dawn has been a member of the ACT Center’s Advisory Board since 2002 where she gives feedback to the advisory board from a consumer’s perspective on treatment policies for consumers and their families. As part of the ACT Center’s Family subcommittee, Dawn is collecting information for a new Psycho-Education pilot study that will teach clinicians how to involve consumers’ family members in treatment. She also serves on the Family Interventions subcommittee of the Advisory Board at Adult&Child Center of Indianapolis. Dawn is currently helping gather resources for consumers and their families that visit Adult&Child.

Dawn also participates in multiple conferences, speaking on behalf of the ACT Center of Indiana. For the past three years, Dawn has participated in the national Assertive Community Treatment Association (ACTA) conference that is held annually. She explains how ACT has helped her conquer the life experience of having a mental illness and achieve success. Other annual conferences that Dawn has participated in are the United States Psychiatric Rehabilitation Association (USPRA) conference in June 2008 and the SAMHSA Conference in August 2006. She has openly presented her personal struggles with mental illness, promoted the use of Illness Management and Recovery (IMR), and advocated how IMR is beneficial for consumers and their families.

Four times a year, the ACT Center provides IMR training to upcoming and current IMR clinicians in order to equip mental health providers with a better understanding of the IMR model as well as the skills necessary for implementation. For the past three years, Dawn has spoken as part of these trainings. She explains to the providers how to implement IMR to consumers with a recovery and goal setting focus, along with the different techniques that worked for her when she was receiving IMR services in the past.

Dawn dedicates her personal time to educating the community about mental illness as well. For four years, Dawn has been a facilitator for the National Alliance on Mental Illness (NAMI) CARE support group. By giving back to the community and educating consumers about mental illness, Dawn feels this is a way to help others improve their living situation and coping skills.

Dawn is also a trained mentor for NAMI’s Peer-to-Peer Program where she educates consumers about mental illness and coping techniques. To Dawn, mentoring is a way to help those with a mental illness achieve better ways of coping and recovering from mental illness. It is a way to inform consumers of how to become more independent in life and be an example of how recovery is possible. She not only reaches consumers directly, but is also influencing them through her training to mental health providers and her leadership to change practices within mental health agencies.

Dawn Shimp will be honored during the Eli Lilly 2008 Reintegration award ceremony in October. At the ceremony, she will receive her 1st place award of a \$5,000 monetary contribution that will be given to a designated program or agency. She has chosen to donate the contribution to the ACT Center of Indiana. Dawn will also receive a trophy, inscribed with her name and the title of the category that she won. Dawn has been invited to stay in the Omni Hotel in Indianapolis, Indiana for the Lilly Reintegration Awards Ceremony in October. All of the travel and hotel expenses for her and one guest are included.

Congratulations, Dawn! We are so happy that your endeavors are being nationally recognized. We truly appreciate your inspiration and work both for the ACT Center of Indiana as well as in the community.

Province of Quebec starts ACT Technical Assistance Center

Lia Hicks, MBA, QMHP, Lead ACT Consultant Trainer

In December of 2007, The ACT Center of Indiana had the opportunity to provide DACTS fidelity training as well as consultation around building the capacity for a technical assistance center to nine visitors from Quebec, who are early adopters of ACT in Canada. We had a great time meeting our “friends to the north” and learning about how mental health services, particularly ACT, are provided in this part of Canada. ACT Center Consultant/Trainers provided DACTS fidelity training, one day actually participating in fidelity visits, and another ½ day debriefing about the experience, scoring the DACTS, and talking about the practical processes of conducting fidelity reviews and using them for program improvement. We want to send a special “thank you” to Team Sear at Adult & Child Center and Team Impact at Midtown Mental Health Center for hosting our visitors during your fidelity reviews.

As you know, we at the ACT Center always stress the importance of accessing relevant information and

training, but then making sure you develop/have the capacity to take back the information and use it to improve and change practice. Well, the group from Quebec did just that! They have been keeping in touch with us over the months, and just informed us in September that they have officially started their own ACT Technical Assistance center in the Province of Quebec called “Centre National d’assistance en Sante’ Mentale”. The founding members and those providing the technical assistance are all persons who came to Indiana last year to train with us, and we are both flattered, and excited that the assistance we provided played a part in the development of their center. They are currently working with over 25 teams in the province, providing ACT training and ongoing coaching and support, with a plan to provide ongoing retreats to team leaders similar to our model here in Indiana. We look forward to collaborating with them in the future. Au Revoir!

Dear Lia,

Just a small note to keep you up to date with our work in Quebec. We have started our own technical assistance centre called (Centre National d’assistance en Santé Mentale). There are 3 consultants Deborah Thomson, Miriam Hayes, and Sylvie Bouchard (we were all in Indiana last December), and Daniel Gélinas from Research. Jacques Gagnon is our co-ordinator (he was also in Indiana with us). We have a dynamic team and have started our activities officially in July. We have prepared our training materiel and have started coaching, training and supporting ACT teams in the province. We also provide the same services to our SIV teams (case management teams). I will keep sending you updates on our activities; this is a great accomplishment to have the funding for setting up a technical assistance centre in Quebec. Our contact at the Ministry, Jacques Rhéaume worked very hard and put a lot of effort to convince the Ministry of the value of such an endeavour and get the proper supports in order to have the team running by the fall. We are pleased to be working together on this project. Thank you so much for your example, you have inspired us and we hope to continue to learn from you again.

Sincerely,
Deborah Thomson

ACT Center Semi-Annual Advisory Board Meeting

Nancy K. Allen, Administrative Coordinator



On September 18, 2008, The ACT Center of Indiana held its Semi-Annual Advisory Board meeting. The meeting was held in the Psychology Department conference room at Indiana University Purdue University Indianapolis. The mission of the ACT Center of Indiana Advisory Board is to help the ACT Center maximize evidence-based practices for adults with severe mental illness in Indiana. To do this, board members learn about evidence-based practices (EBPs) (including Assertive Community Treatment (ACT), Integrated Dual Disorders Treatment (IDDT), Illness Management and Recover (IMR) and others), apply personal perspectives and experiences to help the ACT Center improve mental health services, identify things that the ACT Center should be doing,

tap into personal networks or resources, brainstorm strategies for systemic barriers and/or individual programs that are struggling, and help plan activities accordingly. While this board mainly focuses on the ACT Center's current work around EBPs, many other issues are brought to the table and discussed on a regular basis such as discharge and transition issues, criminal justice issues, the state's system of care, funding for mental health services, program evaluation, and the goals and visions of the ACT Center itself. The ACT Center appreciates all the dedication and hard work of all of the Advisory Board members. The next Advisory Board meeting will be held March 12, 2009. If you would like more information about attending this meeting, please contact Nancy Allen at nanallen@iupui.edu.

Share Your Success Stories

We are looking for stories about recovery related to Assertive Community Treatment (ACT) or Illness Management and Recovery (IMR) and would like to hear directly from consumers about how ACT or IMR have helped.

We would appreciate your time and effort in encouraging any consumers you know that may want to share their stories. By gaining the knowledge of positive experiences from consumers, we hope to help other consumers, mental health advocates, and providers to improve recovery outcomes;

Any questions or concerns can be sent to dshimp@iupui.edu or call (317) 988-2074. Again, we appreciate any encouragement and support you can provide.

We look forward to hearing from you and will let you know if your story was selected for the website or newsletter!

Integrating IMR and IDDT Onto Your ACT Team

Jennifer Wright, LCSW

With everything that ACT teams have to do, how can a team find time to start something new that is not already “built in” to the program? It is not easy and it takes leadership, patience and persistence.

All of our ACT teams in Indiana have Supported Employment (SE) specialists on their teams which has made SE a “staple” on existing ACT teams in Indiana. However, there are other evidence-based practices (EBPs) that teams may or may not employ such as Illness Management and Recovery (IMR) and Integrated Dual Disorder Treatment (IDDT).

Similar to ACT, IMR and IDDT are model programs that are considered evidence-based by the Substance Abuse Mental Health Services Administration (SAMHSA) of the federal government. The toolkits for these EBPs can be found on our website or at: <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/community/>. These toolkits are free and have implementation information for program managers, clinical staff, consumers, and their supporters.

The ACT Center consultants and trainers are exten-

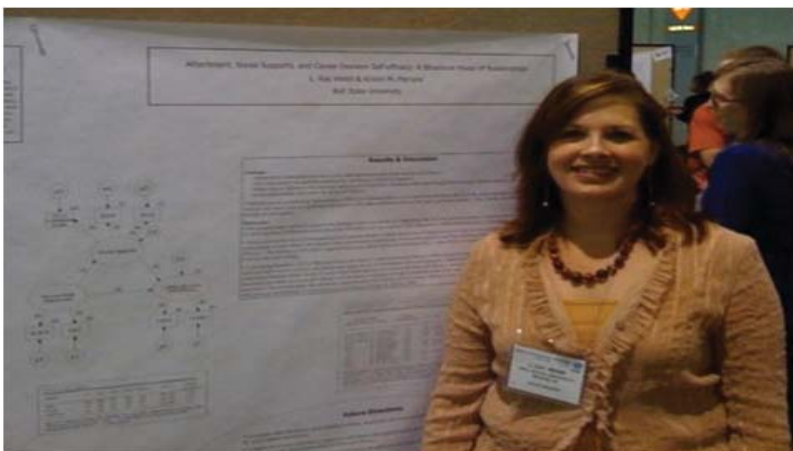
sively trained in these evidence-based practices and can help ACT teams integrate these practices fully on the teams. Tim Gearhart, our IMR consultant and trainer is our resident IMR expert and recently gave a training specifically on IMR in southern Indiana.

Some teams feel that by using some of the concepts from IMR and IDDT that they have integrated these evidence-based practices onto their teams. It is important to know the concepts and philosophies that can help your consumers achieve wellness, but it is not these concepts and philosophies alone that support full integration of EBPs. Full integration requires a level of implementation where dedicated staff are providing the interventions of IMR and IDDT and the team adheres closely to the model of the program.

If your team would like to integrate IMR or IDDT, or if your team is wondering if there are ways to improve providing these services on your team, contact your consultant. We are here to help you and can work with your team to create a plan of implementation or quality assurance around the EBP.

Up Close and Personal

Kay Webb, Ph.D.



Greetings! My name is Kay Webb. I am a new Post Doctoral Fellow in the Department of Psychology and will work with the ACT Center research team. I recently graduated from Ball State University with a Ph.D. in Psychology. While my program of study at Ball State was in Counseling Psychology, my concentration was in Social Psychology. This combination of interests was expressed through my dissertation work, which focused on interpersonal relationship aspects (family & friends) that influence career decision self-efficacy. I

also recently completed my pre-doctoral internship at Western Michigan University in Kalamazoo, MI. There I worked in the University Counseling and Testing Center and counseled graduate and undergraduate students. During this experience I developed an interest in assisting family members of individuals with severe mental illnesses because it was apparent, through my work, that the struggles of these individuals extended to their children and grandchildren.

I am very interested in vocational psychology and how people choose careers, either early in life or in later life transitions. BUT, I am also interested in how those decisions (or a belief in the ability to make those decisions) are influenced by relationships with parents, peers, and significant others AND through cultural/societal supports and barriers. This interest extends to all persons in all kinds of life transitions and includes individuals whose “choices” may seem limited due to psychological, biological, or sociological challenges.

I began my academic career studying music and went on to earn a master’s degree in voice performance. Shortly thereafter, I did a major career shift because I was struggling to find meaning and purpose in my studies. After working in various jobs ranging from sales/marketing in a music company to recruitment and enrollment management at a university, I decided to survey my past careers (and there have been many) to determine what I found most fulfilling in each job. I quickly realized that helping others find solutions to their life problems and being an advocate for those struggling to have their voices heard was what was most meaningful to me. After seeking wise counsel from a trusted friend (and psychologist), I enrolled at a local university, as an undergraduate once again, and began taking psychology courses. I soon discovered that I had “come home” through learning about things that fascinated me and compelled me to be even more curious. I cautiously enrolled in a master’s program in counseling psychology because it was the only program offered in a location that allowed me to continue in my other life roles of wife, mother, and full-time employee. Within a month of beginning my studies, I knew that I would continue until earning my Ph.D. I am still challenged, stimulated, and humbled by this field that I have dedicated my life to...not only by the complexity of issues and diversity of thought, but mostly by the drive of the human spirit that seeks to know, learn, and grow.

I feel fortunate to have the occasion to invest my time in such a myriad of career-related experiences. Being a non-traditional student who worked full-time while earning my degree, I have had the opportunity to engage with the academy through multiple venues. I have worked as a clinician (in hospital, academic, and community settings), as a researcher (serving on two prior research teams), and as a supervisor (to counselors in schools, community mental health centers, and vocational rehabilitation centers); and I have spent nearly five years in the classroom, teaching graduate and undergraduate students, which I find most fulfilling.

On a more personal note, I have been married to my husband, Burt, for almost 23 years. We live in Anderson and have a dog, a cat, and two children. Our daughter, Kelsea, is a sophomore at Indiana Wesleyan University, where she studies opera and theatre. Our son, Mason, has just begun his senior year in high school and enjoys hiking/backpacking and cross country running. Thus, I spend most of my time at theatrical productions, operas, cross country meets and any number of outdoors sporting goods stores in the area. I also enjoy golfing, jogging, relaxing to quiet jazz, and reading “mind candy” spy novels. I have recently committed to breaking my addiction to reality TV shows, but can occasionally be found discussing the most recent relationships and “plots” on my favorites: Survivor and Amazing Race. If you are interested in joining me in these discussions, feel free to look me up! Thanks to all for the warm welcome!

Looking for a job? Looking for an employee?

The ACT Center of Indiana provides a section of our website for job announcements. If you are an employer and would like to advertise an open position, contact Nancy Allen at nanallen@iupui.edu. If you are looking for a job, just go to <http://www.psych.iupui.edu/ACT/HOME PAGE/Job Postings/Job Postings List.pdf> and look at the jobs being advertised.

Supporting Employment on an ACT Team: A TL's "retro" spective

Dave McClow, LCSW, LMFT

"It was Shake 'n Bake, and I 'hayelped'" says a young girl with a distinct Southern drawl in a TV commercial from quite a few years ago—I know some of you remember it, too! We remember commercials because advertisers drill them into our heads through repetition. As an ACT Team Leader, I struggled unsuccessfully to effectively supervise the Employment Specialist, and as a result we had very low employment outcomes. First, I knew nothing about Supportive Employment (SE) when I took the job. Then I learned about it but couldn't hold onto what I had learned in a useful way. Besides, there were many other fires to put out. (I'm sure none of you know what I am talking about!) So I didn't know what my employment specialist was supposed to be doing or what she was actually doing day to day to help the individuals we served to get jobs. Therefore in an effort to clarify duties, I developed SE monitoring forms that include a "commercial" for SE and supervision, with a time-tracking grid for the distinct activities of the Employment Specialist. You can find the forms at our website. Below is a summary of the critical role of an ACT Team leader in supporting employment outcomes.

Supervision: "You've got chocolate in my peanut butter! Well you've got Two great tastes in one" First, the Supported Employment Consultation and Training (SECT) Center, in conjunction with the ACT Center of Indiana and the Division of Mental Health and Addiction (DMHA), developed the idea of a supervision matrix. The matrix provides guidelines for interfacing the ACT Team Leader Employment Supervisor. Then we wanted to know what were the critical ingredients to effectively implement SE on an ACT Team. We identified the ACT Team Leader's supervisory role as the critical component and that he or she would need to focus on four essential areas: Training, Team, Time, and Outcomes. So I included a "commercial" on the supervisor's form that briefly defines each of these essential elements.



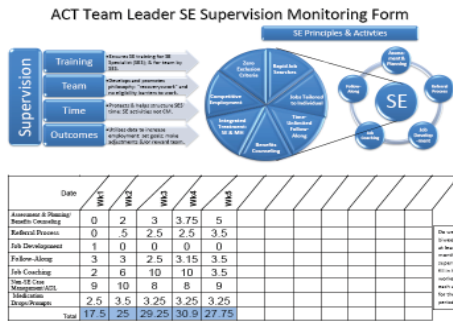
Training: "Just do it!" The seven principles and five activities of Supportive Employment should be "household" names on an ACT Team. Could you or your Team identify them? Your Employment Specialist needs to be trained in the SE model, the benefits structure and process, and the stages of change. He or she can then teach the Team. The Team Leader also needs a working understanding of SE.

Team: "Quality is Job 1." On an ACT Team, finding jobs for our folks is truly a "team sport." When the Team is talking about working with individuals, and noticing employers

that have job openings, employment happens! The Team Leader must promote the expectation that "recovery is work." This thinking, as I like to say, needs to "ooze out of everyone's pores." Monitoring the Team for placing barriers to employment—poor hygiene, job readiness group, lack of promptness, or substance abuse—is also critical. Extensive research shows these are not good predictors of successful employment outcomes.

Time: "It takes a licking and keeps on ticking." At times the Employment Specialist can be doing too much non-SE work (80% should be in SE activities), or avoiding particular SE activities that are difficult. So the Team Leader will have to help the Team understand the role of the Employment Specialist and assist in protecting his/her time. The next question is, "Is the Employment Specialist covering all aspects of the SE Model?" Often case managers who have no sales background find job development the most difficult part of the job and may be avoiding it because there is a lot of rejection. Using the SE Specialist Monitoring Form to track daily the billable & non-billable (uncharted) SE and non-SE activities will address these problems. You will also see the fluctuations in the Employment Specialist' time that occur based on the number of clients and where they are in the process: interested in working, finding a job, getting the job, and keeping it. In summary, the form clearly defines the essential elements of the job, so you have a framework to see what the Employment Specialist is supposed to be doing as well as what he or she is actually doing. (For further instructions on how to use the Forms see the power point Using the SE Supervisor Form on the website.)

Outcomes: “It’s the real thing....” What gets measured gets done. You need outcomes to know where you are and then to set goals from them. Rewarding all stakeholders’ progress is important.



“Time to make the doughnuts.” Commercials are powerful things; so is having the right structure (and in the right amount) to help accomplish your goals. Hopefully the monitoring forms embody these elements to help improve your effectiveness. Just “try it, you’ll like it.” When you get the employment outcomes, you can say, “It was Shake ‘n Bake, and I ‘hayelped.”

(Just in case you don’t know or remember the commercials: Shake ‘n Bake, Reese’s Peanut Butter Cups, Nike, Ford, Timex, Coke, Dunkin’ Doughnuts, and Alka-Seltzer.)

Note: To download the forms and see the helps, go to our website:

ACT Center of Indiana Fall Retreat

Recently, the staff of the ACT Center of Indiana gathered for our Fall Retreat at Greenwood Public Library in Greenwood, Indiana. We are a virtual center with staff members working in many different locations, and the retreat provided an opportunity to take a picture of most of our staff together. We know that many times you only know the voice on the phone. We hope this picture will help you put a face to the voice.



Back Row: Jennifer Lydick, Brooke Swafford, Mike McKasson, Ann McCranie, Alan McGuire, Dave McClow and Tim Gearhart. Front Row: Nancy Allen, Kay Webb, Alicia Bowman, Hea-Won Kim, Dawn Shimp, Michelle Salyers and Angie Rollins. Not Pictured: George Allen, Gary Bond, Angela Donovan, Lia Hicks, Candice Lane, John McGrew, Crystal Spann, Laura Stull and Jane Williams.

Staff Turnover on Indiana ACT Teams: Data from the Field

Jennifer Lydick, BS

Introduction:

Many stakeholders in the mental health field are concerned about high rates of staff turnover. According to the limited number of reports in the literature, annual turnover rates hover around 50% for residential mental health staff (Ben-Dror 1994), children’s mental health programs (Glisson and James 2002), and substance abuse treatment facility directors and counselors (McLellan, Carise et al. 2003). However, published reports range from a low of 19% annual turnover (combined voluntary and involuntary) in a survey of psychosocial rehabilitation programs (Blankertz, 1997) to a high of 72% in residential staff when involuntary turnover is included (Ben-Dror 1994). To our knowledge, there are no published studies regarding staff turnover specifically on assertive community treatment (ACT) teams. Staff turnover may cause problems by increasing the responsibilities for the remaining staff, potentially disrupting continuity of care for consumers, as well as creating a financial burden for mental health administrators who have to spend time and resources, recruiting, selecting, and training new staff. For ACT programs, the stakes for maintaining staff continuity may be even higher in that staff turnover may impact model fidelity, and training can be more intensive or specific for an evidence-based practice. This report was created to describe annual rates of staff turnover on Indiana’s ACT teams, as well as examining fluctuations in staff turnover over the course of a team’s development.

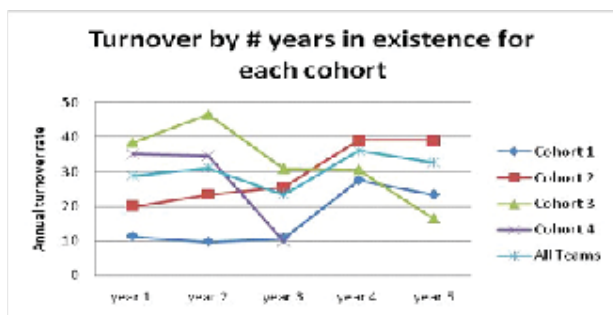
Methods:

Our study observed annual ACT fidelity data collected as part of a statewide implementation of ACT teams in Indiana. Data were collected from January 2002 to December 2007 on 33 different ACT teams. We examined staff turnover at each of 91 available annual assessment periods, starting with the 1-year follow-up after baseline (turnover is not rated at the baseline fidelity assessment in most cases because it requires that the team has been up and running). Annual staff turnover is the percentage of total staff positions that leave within a 12-month period. To examine staffing characteristics over time, turnover was graphed for each annual follow-up year.

Results:

Across all annual observations, mean staff turnover was 30% (SD=18.8%, n=91). If the benchmark of 50% from the published turnover rates is used, 83.5% (n=76), of the observations had a staff turnover of less than the literature rates.

Data for ACT staff turnover by follow-up year for cohorts 1-4 is presented in the figure below. This data helps get an idea of the historical differences in staff turnover. Older teams (starting in 2001 and 2002) tended to have an increase in turnover whereas newer teams had higher rates early on, but declined. We will be looking more closely at these interesting patterns.



Discussion:

Most ACT staff turnover rates were comparable or better than other turnover rates reported in mental health and substance abuse literature. The overall ACT staff turnover rate of 30% is slightly higher than turnover in psychosocial rehabilitation programs, but lower than turnover rates reported for residential staff, substance abuse treatment staff, and children’s

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Our mission is to integrate research and practice to promote implementation of and continued commitment to high-quality, recovery-focused, evidence-based practices for adults with severe mental illness.

To change your subscription to the ACT Center of Indiana semi-annual newsletter, contact Nancy Allen at nanallen@iupui.edu or (317) 988-4189. Newsletter created, designed, & edited by N. Allen.

“Staff Turnover” Continued from Page 9

mental health staff that has been reported. Future work at the ACT Center will focus on how staff turnover is related to ACT model fidelity and other staffing characteristics.

If you are an Indiana ACT team leader and would like to know exactly how your team compared to others, please visit the team leaders only section of our website. We hope this information is helpful to you and your agency in thinking about staff turnover.

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