

GOING, GOING, GONE: PROVIDER TURNOVER IN HAWAI‘I’S YOUTH PUBLIC
MENTAL HEALTH SYSTEM

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Abstract

Provider turnover in public mental health systems disrupts therapeutic relationships and compromises treatment continuity, particularly affecting vulnerable youth populations. This qualitative study examined factors influencing provider turnover and retention in Hawai'i's public youth mental health system through semi-structured interviews with both direct service providers (n=3) and supervisors/administrators (n=7) from Child and Adolescent Mental Health Division (CAMHD) contracted agencies. The interviews were transcribed and coded via inductive coding method. Analysis revealed nine key themes affecting turnover and retention: employee compensation (25.90% of themes), supervision and support (12.23%), autonomy and flexibility (11.51%), leadership and organizational culture (11.51%), work environment (10.79%), caseload (8.63%), provider job fit and individual factors (7.91%), training and professional development (7.19%), and administrative burdens (4.32%). The findings highlight the need for systemic changes needed to support workforce stability in Hawaii's youth mental health system. This study provides valuable insights for behavioral health organizations and policymakers to develop targeted retention strategies that maintain service quality and continuity for youth requiring mental health services.

Keywords: employee turnover, employee retention, behavioral health, youth mental health, public sector, Hawai'i, qualitative

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Table of Abbreviations

DOH.....Department of Health

CAMHD.....State of Hawai'i Child and Adolescent Mental Health Division

EBPEvidence Based Practice

SED.....Severe Emotional and Behavioral Disturbances

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Going, Going, Gone: Provider Turnover in Hawai‘i’s Youth Public Mental Health System

The demand for mental health services in the United States is at an all-time high and trending upward (Protecting the Nation's Mental Health, 2024), with increased reports of therapist referrals (American Psychological Association, 2021). The COVID-19 pandemic introduced new mental health challenges, with increased social isolation, disruption of life, and fear contributing to sharp rises in mental distress (Holingue et al., 2020; Czeisler et al., 2020). Although the pandemic emergency ended in May 2023 (Executive Office of the President, 2023), the mental health crisis persists, with those affected potentially experiencing long-term distress for years after (Bourmistrova et al., 2022). Additionally, natural disasters, which are increasing annually, also have long-lasting effects on mental health, especially for children (Smith, 2020; Save the Children, 2007; Lai & La Greca, 2020). Locally, the 2023 Lahaina wildfires saw increases in depression, anxiety, low self-esteem, and suicidal thoughts in survivors (UHERO, 2024), with children and adolescents experiencing PTSD, anxiety, depression, and other issues post-disaster (Adu et al., 2023; About children in disasters, 2024).

Despite the growing need, turnover rates for mental health professionals remain high at 25-60% annually (Fukui et al., 2019). Turnover is costly, strains remaining employees, and negatively impacts client relationships (Brabson et al., 2020). The pandemic exacerbated this issue, with 90% of providers in one study reporting employment changes like furloughs (Slone et al., 2021). Given the critical role of mental health providers in addressing the increasing demand for services, it is essential to understand the factors contributing to turnover. Employee turnover refers to the situation where an employee leaves an organization, whether that is voluntary or involuntary. (Lazzari et al., 2022). Retention, conversely, describes keeping or encouraging employees to remain in an organization for a maximum period of time (Das & Baruah, 2013).

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This study examines reasons for provider turnover and retention in Hawai'i's public youth and adolescent mental health system.

Research on turnover in mental health care is well established and has identified multiple factors influencing both provider turnover and retention. Several work environment issues have been identified as significant drivers of turnover. Studies have found that poor organizational climate and culture, workplace disorganization, and lack of organizational support contribute significantly to provider turnover (Beidas et al., 2016). High caseload sizes, limited growth potential, and resistance to implementing new therapy practices, particularly Evidence-Based Practices (EBPs), also increase turnover likelihood (Brabson et al., 2020). Personal and demographic characteristics also play a crucial role in turnover decisions. Research by Fukui et al. (2020) found that providers were more likely to leave if they were younger, had children under age 5, and had fewer years of field experience. Their study revealed that the average tenure before turnover was approximately 3.6 years. Additional personal factors included family obligations such as illness and childcare, as well as the desire to pursue licensure (Beidas et al., 2016). The availability of alternative opportunities significantly influences turnover decisions. In one study by Beidas et al. (2016), 55% of departing providers moved to another position within the public sector, while 29% transitioned to the private sector. The presence of alternative job options and the promise of better conditions elsewhere served as key motivators for departure.

Conversely, the literature has identified several key factors that lead to employee retention. Heavey et al. (2013) found that organizational investments in employees, including strong benefits, HR support, internal mobility opportunities, participatory work design, training opportunities, and effective dispute resolution processes, were negatively correlated with turnover. A higher proportion of full-time employees also contributed to increased retention.

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Workplace stability factors play a significant role in retention. Mature, established organizations and high-quality work sites demonstrated lower turnover rates (Heavey et al., 2013). Union presence and strong supervisory support were also protective factors, with Fukui et al. (2019) finding that supervisory support reduced emotional exhaustion, which in turn decreased turnover intention, which is defined by an employee's reported willingness to leave their organization within a given period of time (Lazzari et al., 2022). Burnout, a syndrome marked by emotional exhaustion and diminished sense of accomplishment due to ongoing workplace stress (Maslach et al., 2001), has been consistently linked to higher turnover intention and actual turnover among mental health professionals (Kim & Stoner, 2008). Employee characteristics associated with longer retention included increased organizational tenure and older age (Heavey et al., 2013). Higher job satisfaction and strong job embeddedness, reflecting a good fit between the employee and their organizational environment, also supported retention. Aarons and Sawitzky (2006) found that organizational climate mediates the relationship between organizational culture and work attitudes, with more positive work attitudes associated with decreased turnover. Their research suggests that both culture and climate should be considered in workplace improvement strategies aimed at reducing turnover.

The examples above show that there has been much research conducted on employee turnover and retention in the mental health field; however, much of the literature focuses on turnover intention and predictors of turnover but not actual turnover (Brabson et al., 2020), this is due in part that data on actual turnover is not as readily available as data on turnover intention (Ki & Choi-Kwon, 2022). In addition, research on mental health employee turnover in Hawai'i is needed to understand the unique factors that contribute to this problem locally. The need is particularly acute in youth mental health services, where provider shortages severely impact

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access to care. For instance, data from a 2020 study found that 11,000 of Hawai‘i's youth experienced at least one major depressive episode. Additionally, the study found that more than half of those youth did not receive mental health services (State of Hawaii, 2022). Untreated mental disorders in youth are related to adverse health, academic and social outcomes, higher levels of drug abuse, self-harm, and suicidal behavior that often persist into adulthood (Radez et al., 2020). Public mental health systems serve as a critical safety net for youth who may not have access to private providers due to financial or insurance barriers, making provider retention in these settings especially crucial. The purpose of this study was to expand on current research and explore factors influencing provider turnover and retention in Hawai‘i's public youth mental health system. To gain a comprehensive understanding, we conducted semi-structured interviews with both direct service providers and supervisors/administrators. This helped us understand why providers left their jobs and identify key factors driving employee retention across multiple perspectives. Due to the exploratory nature of this research and to reduce bias, the researcher chose not to generate hypotheses regarding the reasons providers leave or stay in their jobs.

Methods

Setting

The Hawai‘i Department of Health (DOH) Child and Adolescent Mental Health Department (CAMHD) is the major statewide public sector entity responsible for delivering a wide range of mental health services to Hawai‘i's children and adolescents ages three to twenty. CAMHD serves youth with severe emotional and behavioral disturbances (SED) and/or who need intensive mental health services and is the largest contractor of public youth mental health services in the State of Hawai‘i (Child and Adolescent Mental Health Division, 2022). CAMHD is the liaison between Medicaid and contracted provider agencies. Participants were recruited

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from all CAMHD-contracted agencies to ensure diverse perspectives from across the state's public youth mental health system.

Participants

The participants interviewed were employees of organizations contracted to provide mental health services by DOH CAMHD. Providers (n=3; 30%) who deliver direct mental health services to youth and supervisors and administrators (n=7; 70%) in contracted CAMHD agencies participated in the study (see Table 1). To participate, providers (mental health counselors) must have left their position within one year of the interview. All participating providers (n=3) identified as female. Among the providers who left their positions, one (n=1) transitioned into a case management role within the state of Hawai'i, another (n=1) ventured into private practice, and one (n=1) was unemployed at the time of the interview. On average, providers spent 1.47 years in their positions. Supervisors, administrators, directors, or organizational leadership in public mental health had served in their current roles for an average of 5.14 years and worked at their organization for an average of 7.20 years. Of the participating supervisors, one (n=1) identified as male, and six (n=6) identified as female.

Procedures

This study was approved by the University of Hawai'i Institutional Review Board. Participants were recruited through various methods, including word of mouth, emailing professional listservs, emailing multiple mental health agencies in both the public and private sectors to recruit participants who have recently left/started working for those agencies and organizational leadership.

Interviews were held between September 2023 - April 2024 and conducted in a one-on-one format via Zoom Teleconferencing platform. Each meeting took between 45 minutes and one

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hour to complete. At the beginning of the interview, each participant was given an overview of the study, and written informed consent (see Appendices A and B) was obtained. Consenting providers and supervisors completed the Therapist Background Questionnaire adapted from Weisz (1997) (see Appendix C), followed by the semi-structured interview (see Appendices D and E). As an appreciation for their time, participants received a Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC) treatment manual (Chorpita & Weisz, 2009; retail value: \$99), an evidence-based modular treatment manual that was originally tested in the Hawai‘i public mental health system.

Data Analytic Plan

Interviews were electronically transcribed and checked by the coding team for errors. Two members of the research team independently coded the transcriptions for content and organized the data through inductive coding. Inductive coding involves identifying important themes and patterns in the interviews as they emerge (Bingham, 2023). After the coding team independently classified the data and created an initial codebook, the codebook was refined through weekly consensus meetings until all codes were established. The coding team determined that saturation had been reached when no new themes emerged during interviews 9-10 (Saunders et al., 2017). An internal auditor reviewed the codebook during the final stages of coding. The role of the auditor was based on the Hill et al. (2005) recommendation as one of questioning and critiquing (i.e., “Does the organization of the thematic codes make logical and conceptual sense? Is there another way of organizing the categories that would better explicate the essence of the data.”) The audit process resulted in modifications to the coding framework. The auditor's recommendations led to both direct implementations and broader structural revisions, including theme consolidation and reorganization of sub-themes. To mitigate potential

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groupthink bias (Schmidt, 2025), the auditor maintained independence from coding meetings, participating only in an initial orientation meeting to understand the codebook's structural framework.

Results

Findings from the interviews are summarized in Table 2. Due to the overlap in themes identified by supervisors and providers, the coding team decided to present the final themes together, as supervisors and providers shared many of the same sentiments regarding turnover and attrition.

Theme 1: Employee Compensation

The most common theme (25.90% of all themes) that emerged was “employee compensation”, which is characterized by the forms of direct and indirect compensation received by providers, including salary structures, employment benefits, and reimbursements. Providers and supervisors generally identified this theme to be more closely associated with turnover rather than retention. However, benefits and benefits eligibility was identified as influencing both turnover and retention, while supplementary employment was found to be linked to improved retention.

The most frequent subtheme within this category was “lack of competitive and progressive compensation” (22.22% of parent theme), where salaries stagnate even after obtaining licensure, and organizations struggle to offer better wages due to budget constraints. Similarly, “inconsistent income” (19.44% of parent theme) was identified as a reason for turnover - despite attractive hourly rates of \$35- \$65, some providers noted that they only worked 15-20 hours weekly due to small caseloads and frequent cancellations, which providers and supervisors reported made it “impossible” to earn a reliable living wage with one participant sharing “If your client cancels, you don't get paid.”

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The compensation structure for “indirect work” (13.89% of parent theme), was also a factor identified as contributing to turnover with providers earning only minimum wage for administrative tasks compared to their full rate for client care. Providers face limitations like 15-minute pay increments for progress notes, regardless of the actual time needed to complete the task. “inadequate travel compensation” (11.11% of parent theme), further influences turnover as providers must drive long distances with little to no mileage reimbursement. “training compensation” (8.33% of parent theme), also contributes to turnover discouraging professional development through lower rates and out-of-pocket costs.

Additionally, “benefits and benefits eligibility” (19.44% of parent theme), was identified as a reason for both turnover and retention with many providers unable to accumulate Paid Time Off (PTO) or qualify for health coverage due to insufficient hours. One supervisor noted that many providers at their organization had to get a second job as they could not meet the 20-hour minimum requirement to earn health benefits. Additionally, providers reported seeking more stable, salaried positions with guaranteed hours instead of hourly compensation. However, on the other side of this issue, providers and supervisors reported that student loan forgiveness, paid holidays, and annual bonuses helped keep some providers in their positions when the organization was able to offer this benefit. Finally, supervisors reported that the “supplemental employment” (5.56% of parent theme), aspect of the job sometimes aids retention, as certain providers valued the part-time flexibility of the role, making additional income while allowing them to maintain additional employment elsewhere.

Theme 2: Supervision and Support

The next most common theme that emerged was “supervision and support”, accounting for 12.23% of all themes. “Supervision and support” is characterized by the professional

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guidance provided to providers through supervision and peer collaboration, which can vary in quality and effectiveness depending on supervisor availability and competence. Supervisors agreed that a lack of or poor supervision was a factor for turnover, while both providers and supervisors identified strong support from supervisors as well as “peer support” as key reasons for retention.

“Poor-quality supervision” (11.76% of main theme), emerged as a reason for employee turnover, with providers reporting a lack of support and poor communication from their supervisors as a reason they left their positions. Supervisors reported “poor-quality supervision” (11.76% of main theme), occurred because supervisors were "stretched thin" with too many responsibilities, limiting their ability to support their staff effectively. One participant noted: “And you've probably heard the phrase “people don't quit their jobs, they quit their supervisors”. So if their supervisors are poor communicators or they have a certain style that doesn't work then that creates that toxic work environment and toxic culture.”

“Strong supervisory support” (52.94% of main theme), was identified as a reason for retention, with participants reporting that provider retention was greater when supervisors were consistently available to them and had open-door policies. “collaborative peer support” (23.53% of main theme), also influenced retention, as team members would support each other and share their experiences with one another. Additionally, supervisors reported that when their organization had a “high supervisor-to-provider ratio” (11.76% of main theme), they tended to have more retention, as more supervisors mean greater availability and increased supervision opportunities for providers.

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Theme 3: Autonomy and Flexibility

“Autonomy and flexibility” accounted for 11.51% of all themes and describes the extent to which mental health professionals can exercise control over their work schedule and clinical practices, including the ability to make independent decisions about treatment approaches and work arrangements.

“Scheduling Preference” (50.00% of main theme) had a dual impact on both turnover and retention. The unpredictable, on-call nature of some positions, combined with limited after-school working windows, often led to turnover, particularly among providers with families. One provider recounted: “The on-call nature of the position was just impossible for me to keep up with because I was largely a single mother for most of that time, and so it, it just is not a position that's conducive to someone who's like a single parent.”

On the other hand, consistent schedules promoted retention by enabling better work-life balance. While most providers preferred positions offering structured hours with work-from-home options, some found extremely rigid schedules (such as standard state working hours of 7:45 a.m. - 4:30 pm) difficult as there was little flexibility during working hours to attend personal appointments.

“Autonomy in work” (25.00% of main theme) played a role in retention. Both providers and supervisors reported that providers valued being creative in the way they worked with clients as well as in program development. Participants agreed that the level of independence that the organization gave its employees was a big factor in keeping both providers and supervisors engaged and committed to their organizations. The provider’s “ability to make decisions regarding clients” (25.00% of main theme), directly contributed to improved retention by enhancing job satisfaction. Participants appreciated having control over treatment

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implementation and therapeutic strategies, even with preset treatment goals. The respect shown for their clinical judgment and input on cases, plus the freedom to manage their caseloads, created an environment that encouraged long-term commitment.

Theme 4: Leadership and Organizational Culture

“Organizational culture” accounted for 11.51% of all themes and is defined by shared values, behaviors, and practices that shape the work environment and employee experiences within an organization. This includes leadership style, employee well-being, team dynamics, and overall workplace atmosphere. Supervisors reported that “poor organizational culture” (18.75% of main theme) affected turnover when organizations prioritize productivity over employee well-being and engage in micromanagement. One participant shared: “And I think that's what ultimately led to me leaving was that I just couldn't keep hearing that people were numbers and income versus how are they doing? are they being successful?”

This is exacerbated by “poor quality leadership,” (12.50% of the main theme), where a lack of upper management support leads to supervisor departures, ultimately affecting provider retention. “Workplace negativity” (6.25% of main theme) also contributes to turnover when negative attitudes develop among staff and spread to other staff members. “Organizational strength and stability” (18.75% of main theme) had a dual impact on both turnover and retention. Organizations showing instability through numerous vacancies and unfilled positions can make employees feel neglected and more likely to leave. On the other hand, when an organization is viewed as a leader in the community and has a long tenure, this creates a sense of stability driving employee retention.

Several additional elements in organizational culture support retention. “Positive company culture” (12.50% of main theme) supported employee retention through

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acknowledgment of the challenging nature of the work and the maintenance of light-hearted team meetings. Providers and supervisors noted that “strong core values from the organization” (18.75% of main theme) kept staff feeling aligned with the organization's mission. “Strong organizational leadership” (12.50% of main theme) proves crucial for retention when directors and leadership teams actively support their providers and “have their back.”

Theme 5: Work Environment

“Work environment” accounted for 11.03% of themes and is characterized by the conditions and settings in which providers work may impact the providers' well-being and effectiveness. This includes client challenges, job fulfillment, environmental fit, autonomy, and work-life balance.

“Complex client needs” (26.67% of main theme) impacted turnover as providers often work with challenging cases that involve client trauma, child abuse, or high-risk clients (e.g., suicidal ideation). One provider described the work as “harrowing.” Supervisors and providers reported that community-based and in-home service delivery could be overwhelming. “Isolation” (20.00% of main theme) emerged as another turnover factor in community mental health work. Two supervisors reported that community mental health work offers limited opportunities to see peers and receive support, unlike office-based settings. They noted that while virtual meetings and in-person gatherings exist, many providers preferred the team atmosphere of a traditional workplace. Additionally, one supervisor reported that providers often feel isolated in specific workplace environments, such as school-based therapy, where institutional politics create additional challenges.

Two aspects of work environment were reported to help retain providers. Most notably, supervisors and providers agreed that the “job fulfillment” (20.00% of main theme) of

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community-based therapy contributed significantly to provider retention. Supervisors and providers noted that many providers loved working directly with families in their homes. One provider stated that, even though they faced early challenges with some families, they would push through and make progress together. Another supervisor reported that the specialized nature of the work and the variety of clients also appeal to many clinicians. All participants agreed they were passionate about making a difference in children's and families' lives. Additionally, some providers and supervisors noted that they enjoyed the “ability to work remotely” (13.33% of main theme) and that it offered flexibility for those who preferred that option.

Theme 6: Caseload

Caseload accounted for 8.63% of themes in the study and references the number of clients or supervisees assigned to a provider or supervisor and has a significant impact on workload, effectiveness, and well-being. The number of clients or supervisees assigned to a provider or supervisor was an important factor in influencing their effectiveness and well-being and their decisions to stay with or leave their organizations.

Supervisors identified “unmanageable caseload size” (33.33% of main theme) as an important factor in provider turnover, with organizations often setting unrealistic expectations for their employees with excessive caseloads. One supervisor highlighted a unique challenge: being the state's sole provider of a specific service led to extremely high caseloads and extensive travel requirements. “Caseload management challenges” (33.33% of main theme) also contributed to turnover, including difficulties in building and maintaining caseloads, insufficient referrals, and quotas that lead to burnout. “Manageable caseload size” (33.33% of main theme) was a primary reason for retention when organizations allowed providers to choose their caseload size. Additionally, one supervisor noted that placing a cap on the number of clients a provider could

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hold at one time decreased provider burnout. Supervisors and providers reported that this flexibility helped prevent burnout by allowing providers to choose a workload that matched their capacity.

Theme 7: Provider Job Fit and Individual Factors

The next theme, “provider job fit and individual factors”, accounted for 7.91% of the identified themes. This theme is described by the combination of provider's personal characteristics, professional skills, and the demands of their job, which can impact their well-being, effectiveness, and career choices. Key factors such as burnout, role-skill misalignment, career growth, and relocation influence turnover while work-life balance played a role in retention. Participants agreed that the emotional demands of the work lead to “Burnout and emotional toll,” (36.36% of main theme) especially when providers struggle with self-care and setting boundaries. “Job fit” (27.27% of main theme) causes turnover when the role or target population is misaligned with the providers skills and expectation. One supervisor noted two additional provider-driven reasons for turnover, including providers seeking further “career development” (9.09% of main theme) and experiences beyond their current position and relocation, whether for personal opportunities or following a partner's move, also contributes to turnover.

Finally, “work-life balance” (9.09% of main theme) stands out as a reason for retention among participants, with providers valuing when the nature of the job allows them the ability to maintain clear boundaries and leave work at work rather than bringing it home with them.

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Theme 8: Training and Professional Development

“Training and professional development” accounted for 7.19% of the themes and is characterized by equipping providers and staff with the necessary skills, knowledge, and experience to excel in their roles and meet professional requirements.

“Initial onboarding and continuous staff development” (70.00% of main theme) had mixed results among participants. When the training was not adequate, it contributed to turnover, with one provider reporting that the lack of effective training opportunities was a primary reason for leaving their organization. Additionally, middle managers felt unsupported in supervisory roles as they were given little to no training. However, training also supported retention when organizations invested in relevant and quality training opportunities.

Supervisors reported that “supervised licensure hours” (30.00% of main theme) influenced retention. One participant noted this, particularly for recent graduates who require organizational support to meet Hawai‘i’s strict state licensure requirements. This benefit keeps providers committed to organizations that can provide proper supervision and sign off on their hours.

Theme 9: Administrative Burdens

“Administrative burdens” accounted for 4.32% of the identified themes and is characterized by the excessive non-clinical tasks and responsibilities that providers and supervisors must manage, which prevents them from focusing on their primary role of providing quality care and support to clients.

“Burdensome and inefficient paperwork processes” (67.67% of main theme) was reported to influence turnover as providers struggle with time-consuming documentation requirements that keep them from providing meaningful work. One participant noted: “There’s

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the job and then all the other things that you need to do to do the job.” Additionally, a “lack of administrative support,” (33.33% of main theme) where outdated systems and poor infrastructure force providers to handle tasks outside their scope of work, placing undue burden on the provider and supervisor.

Discussion

This study examined the key factors influencing provider turnover and retention in Hawai‘i's child and adolescent mental health system. Interviews with mental health providers, as well as supervisors and administrators, revealed nine key themes—“employee compensation”, “supervision and support”, “autonomy and flexibility”, “organizational culture”, “work environment”, “caseload size”, “provider job fit and individual factors”, “training and professional development”, and “administrative burdens”—that influenced turnover and retention in mental health providers. These themes align with and expand upon prior research on this topic.

Employee compensation was identified by both supervisors and providers as the most prominent reason (25.90% of themes) for employee turnover. Other studies have similarly noted that a reason for turnover is the lack of competitive and progressive compensation. Sheidow et al. (2007) found that organizations that paid lower compensation had greater odds of clinician turnover than organizations that paid higher salaries. Additionally, Adam et al. (2019) noted that providers who have greater financial strain were likely to leave their organizations after one year.

Inconsistent income (5.04% of codes) and Indirect work (3.60% of codes) create a significant challenge, as providers at many agencies can only earn competitive rates during direct client sessions. Even full-time employees struggle to earn a living wage since they receive

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competitive pay only when clients attend sessions while earning minimum wage for essential administrative and preparatory work. The situation is further complicated by the need to work predominantly after school hours when clients are available, often requiring providers to maintain irregular schedules. Additionally, providers must travel extensively between locations to deliver intensive in-home care, incurring transportation costs and unpaid travel time. The financial strain is compounded by the lack of compensation for no-shows and last-minute cancellations, despite providers having reserved that time and prepared for the session. These findings align with Beidas et al. (2016), who similarly identified inadequate compensation as a primary driver of employee turnover. Additionally, this fee-for-service model is a problem related to administrative burdens (4.32% of themes), as providers reported significant time spent on documentation and paperwork that is compensated at a lower rate than direct client work. This aligns with a study by Rupert and Morgan (2005), who found that time spent in administrative/paperwork work hours related to greater emotional exhaustion and a lower sense of personal accomplishment across all settings. Additionally, a qualitative study by Hallet et al. (2024) examined factors influencing turnover and attrition in the public behavioral health system and found that document and reporting burdens significantly contributed to provider stress and turnover. These findings underscore the need for organizations and public policymakers to reevaluate their compensation structures and identify ways to provide more competitive and reliable wages and benefits. However, as Brabson et al. (2020) mentioned, paying employees more may not always be a realistic factor for organizations constrained by internal and external funding sources. Since this study is focused on a state-run system, further funding resources may need to come from a State legislative level, which can take years to secure. Increasing employee compensation might be more cost-effective for organizations in the long run. According to a

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Gallup article, "the cost of replacing an individual employee can range from one-half to two times the employee's annual salary" (McFeely & Wigert, 2019). Higher wages can help organizations retain employees with valuable institutional knowledge and training, potentially saving on substantial replacement costs (Brabson et al., 2020; Dishop et al., 2018).

Additionally, some participants noted that they enjoyed the part-time status of their role and found it to be a good way to earn a supplementary income, showing that making all positions full-time might not be the answer that all providers are looking for either. Some states are addressing the compensation issue; for example, in 2023, the Ohio Department of Mental Health and Addiction Services released a multi-year "roadmap" to strengthen and grow the employee workforce (Ohio Department of Mental Health and Addiction Services, 2023). One of its goals is to "Promote opportunities for pay equity with other parts of healthcare to reflect the value of the current workforce and attract the future workforce." Examples of initiatives the roadmap plans to adopt include creating internship and practicum grants, modernizing reimbursement and pay parity, adding more community representation, and modernizing career path templates. While this multi-year plan might take several years to show dividends, it represents a promising initiative that other states could adopt. These state-level initiatives may be particularly important because, despite mental health parity laws, many therapists and counselors are still not receiving sustainable reimbursement (Fleming, 2024). The gap between policy and implementation highlights why direct interventions like Ohio's roadmap may be critical to retaining qualified mental health professionals.

Supervision and support was identified as this study's second most prominent theme (12.23% of themes). The importance of supervisory support in promoting retention in this study aligns with prior research demonstrating the protective effects of supervisory support (Fukui et

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al., 2019). Their work found that increased supervisory support was related to reduced turnover intention and reduced exhaustion over time. Additionally, a study by Papa et al. (2025) surveyed 2063 healthcare professionals to identify ways to improve their own mental health care. The study found that the likelihood of meeting diagnostic criteria among the health care professional for a mental health problem (anxiety, depression, and mentally unhealthy days) decreased as social support from their supervisors increased. This suggests that increased supervisory support can help mitigate the negative impact of work stressors on employees' mental health, potentially reducing the likelihood of developing mental health issues like anxiety and depression.

Participants in the current study reported that strong supervisory and colleague relationships were meaningful for provider retention, which is also consistent with Yang & Hayes (2020), who noted that more support from colleagues and clinical supervisors led to less emotional exhaustion and more feelings of personal accomplishment. Additionally, poor supervision and a lack of support emerged as a reason for turnover in the current study. This is consistent with Beidas et al. (2016), who found that providers leave their organizations due to a lack of supervision and consultation. One study by Nyman et al., 2010 found that multi-tiered supervision models may be a practical approach to providing support while addressing resource constraints. Their research found that in this hierarchical supervision model, staff with varying experience levels (from licensed professionals to practicum students) supervised one another, allowing senior staff to maintain more direct client hours while ensuring quality supervision for all trainees. They found that clients showed significant improvement regardless of whether they were seen by licensed professionals or supervised trainees. This suggests that well-supervised trainees can be as effective as experienced counselors when properly supported. This approach might be a particularly cost-effective and a viable retention strategy for organizations, as

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participants in the current study identified peer support as a crucial factor in their decision to remain in their positions, while simultaneously reducing strain on senior supervisors.

Additionally, the theme of training and professional development (7.19% of themes) is closely related to supervision and support. As noted in the current study, many new providers are unlicensed and seeking these jobs to receive supervised hours toward licensure. Due to their lack of experience, they require high-quality supervision. This study found that providers and supervisors valued training opportunities, and managers reported being more effective when properly onboarded. Since providers and supervisors identified high-quality supervision as a key driver of employee retention, organizations would benefit from training their managers and supervisors as a first step in maintaining provider retention. This suggests that agencies must invest not only in training for providers but also for supervisors on how to supervise effectively, as most master-level programs do not require courses in supervision, leaving supervisors to "learn on the job." However, it is worth keeping in mind that implementing changes such as increased pay, benefits, and further training opportunities can come at a significant cost to organizations, even if they wish to implement these changes. As stated above, many organizations may not have the funds to outsource trainers or pay their employees to attend external training.

Leadership and Organizational Culture emerged as another critical factor, accounting for 11.51% of themes. The results from the current study are consistent with research highlighting the mediating role of organizational climate between culture and work attitudes (Aarons & Sawitzky, 2006). The current study found that poor organizational culture (2.16% of themes) and poor quality leadership (1.44% of themes) were associated with turnover, while strong organizational leadership (1.44% of themes) and strong core values from organization (2.16% of

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themes) were associated with retention. These findings align with the study conducted by Beidas et al. (2016), which reported on the impact of organizational-level factors on turnover. Their study noted that organizational expectations, disorganization, and lack of organizational support were all reasons for turnover, while positive leadership was a reason for participant retention.

Beyond organizational culture, participants revealed that provider autonomy and flexibility in scheduling and clinical decision-making were also identified as key reasons for employee retention, accounting for 11.51% of themes. This echoes research linking job autonomy to improved work attitudes and reduced turnover (Aarons & Sawitzky, 2006). Additionally, this finding relates to a study conducted by Yang and Hayes (2020), reviewing 44 articles focusing on risk factors and effects of burnout among psychotherapists. Their review found that perceived job control had an inverse relationship with emotional exhaustion, suggesting that having a sense of control may help reduce burnout. This aligns with the current study's findings that providers valued the ability to control their schedules and treatment approaches while extremely rigid or unpredictable schedules contributed to turnover.

The work environment, particularly the complexity of client needs and the isolating nature of community-based services, contributed to turnover, aligning with previous findings on the emotional demands of mental health work (Beidas et al., 2016; Sheidow et. al., 2007). However, participants also noted that the exciting and meaningful nature of the work could be a powerful retention driver when providers are well-matched to their roles and settings. Caseload size and management also played a significant role, with unmanageable caseloads and quotas leading to burnout and turnover, while maintaining a manageable caseload size promoted retention. Additionally, individual factors such as career development as a driver for turnover was reported by Beidas et al. (2016), who found participants left their positions for more

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desirable positions and lacked growth opportunities. Notably, work-life balance emerged as a key retention factor, highlighting the need for organizations to support providers in maintaining healthy boundaries and self-care practices.

Limitations:

This study had several limitations. While Guest et al. (2006) established that saturation can be reached within 9-17 interviews, and our data showed thematic saturation after seven interviews, the small sample size (N=10) consisted exclusively of child and adolescent providers from Hawai'i, potentially limiting the generalizability of our findings. Second, most of the study respondents were female (N=9), with one participant identifying as male (N=1). However, this ratio closely mirrors the actual gender breakdown in the health care and social assistance industry in the United States, where women make up 77.6% of the workforce (U.S. Bureau of Labor Statistics, 2022). Another limitation was the disproportionate number of supervisors and administrators (N=7) compared to direct providers (N=3) among our interviewees. This skew likely stemmed from our strict inclusion criteria, which required providers to have left their position within the past year and to have worked with children or adolescents in Hawai'i's public mental health system. These parameters may have made prospective participants reluctant to take part in the study, and we found that agencies were reluctant to assist with recruiting employees who had left their organization to participate in this research. Despite multiple attempts, we were unable to recruit a larger number of providers for the study. Finally, participants were recruited exclusively in the State of Hawaii. Although the study included representation from four of the most populated Hawaiian Islands including rural, urban and suburban areas, the findings may not be generalizable to populations in other geographic areas, including the continental United States or international contexts.

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Implications for Behavioral Health

While many studies have been conducted on turnover across the United States, research is still limited in Hawai'i. To our knowledge, this study is the first to examine turnover in Hawai'i's public youth mental health sector. The findings from this study have significant implications for behavioral health service delivery and outcomes. Provider turnover in behavioral health settings creates disruptions in therapeutic relationships, compromises treatment continuity, and potentially impacts client outcomes. Understanding the factors driving turnover in Hawai'i's unique context is crucial for developing targeted retention strategies.

These findings suggest that behavioral health organizations must adopt holistic approaches to provider retention. By addressing key organizational factors - from compensation and supervision to workplace culture and administrative support - agencies can create environments that support both provider retention and quality care delivery. This comprehensive approach is essential for maintaining a stable, experienced workforce capable of delivering consistent, high-quality behavioral health services to youth and families.

Several bodies of research report that while there is substantial literature regarding mental health employee turnover, very few initiatives have been implemented to address the problem (Beidas et al., 2016; Hallet et al., 2024; Yang & Hayes, 2020; Aarons & Sawitzky, 2006). Future research directions should focus on implementing and evaluating retention initiatives. Developing measurable metrics, similar to Ohio's "roadmap," could help organizations track progress and adjust strategies as needed. Understanding provider movement patterns within Hawai'i's public mental health system could reveal systemic factors affecting workforce stability and inform system-level interventions to improve behavioral health service delivery. Additionally, Exit interviews and staff surveys could provide valuable insights into the

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relationship between organizational factors and service quality. This data could help identify best practices for creating sustainable behavioral health workplaces that support both provider retention and optimal client outcomes.

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Table 1*Participant Characteristics*

	N	%	
Gender			
Male	1	10	
Female	9	90	
Ethnicity			
White or Caucasian	5	50	
Asian / Asian American	3	30	
Hispanic or Latino	1	10	
Mixed	1	10	
Position			
Provider	3	30	
Supervisor/Administrator	7	70	
Island			
Oahu	5	50	
Maui	1	10	
Hawai'i Island	2	20	
Kauai	1	10	
Did not report	1	10	
Highest Degree Obtained			
Master's degree	8	80	
Doctorate degree	2	20	
Professional Specialty			
Counseling (Psychology)	4	40	
Social Work	2	20	
Clinical Psychology	1	10	
Marriage & Family Therapy	1	10	
Substance Abuse Counseling	1	10	
Other (specify) - Behavioral Health	1	10	
	Mean	SD	Range
Age (all participants)	41.5	11.87	27-64
Provider years in their previous position	1.47	1.01	.5 - 2.51
Supervisor/administrator years in their current position	5.14	7.01	.17 - 20.0
Supervisor/Administrator years at their current organization	7.2	8.58	.50 - 26.0

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Table 2*Key Themes, Subthemes, and Representative Quotations from Interviewees.*

Theme	Subtheme	Definition	Example Quote
Employee compensation		The forms of direct and indirect compensation received by providers which includes salaried and hourly pay, employment benefits, and reimbursements.	
	Inconsistent income	Providers make unpredictable earnings in a fee-for-service model, where pay depends on client appointments.	“On paper, \$35 an hour looks amazing. But when you're getting cancellations, it's never guaranteed, right? That's what you can hope for, but it's not guaranteed that you're going to get every client every week for 3 to 4 hours so that's also tricky to play with. So some weeks, the paycheck would be like, oh great, like I got it, and then the next week, I'm like, okay, I need to strap down for the week or something.”
	Indirect work	Indirect work (progress notes, talking to collaterals, etc.) is compensated at a lower rate or not compensated at all.	“Minimum wage is what they pay you for documentation work, and they only pay you in 15-minute increments. So, although our notes would take us way longer than 15 minutes to do, they would only pay 15-minute increments at a low rate. So we weren't making our therapist rate of \$36 an hour unless we were doing direct work with clients.”
	Inadequate travel compensation	Insufficient or lack of reimbursement for the costs associated with traveling for work, including driving time, vehicle maintenance, and fuel expenses.	“The other problem was in this position, they had therapists drive to the client's homes, and they didn't get reimbursed for mileage or anything like that, which was a huge problem that we were trying to advocate for. If clients didn't show or they canceled, therapists just didn't get paid. So if they drove from town to North Shore to go visit the client and the

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Theme	Subtheme	Definition	Example Quote
			client didn't want to meet with them, There was no pay. They couldn't even cover that time with another client.”
	Benefits and benefits eligibility	Providers do not receive benefits such as health insurance coverage, paid time off (PTO), or other employee benefits because they work part-time hours and do not meet the minimum requirements for receiving these benefits.	“I never got to the point where I was able to get PTO. At the time when I was at [Org. Name], you had to shoot for at least 20 hours a week for four consecutive weeks to be able to acquire [PTO], and that was so hard to hit. I think at a time, I had maybe like six or seven cases at the most, maybe eight. Even with that, it would be so hard to hit because I would have cancellations and I tried not to work on the weekends, but It's kind of inevitable sometimes and I would have to make sacrifices.”
	Youth treatment after school hours	The provider is unable to work full time as therapy sessions were provided to school-aged children and adolescents during the limited time window between the end of the school day and the youth’s dinner/bedtime	“Our clients were students and typically they were younger-aged youth. So the only time they [providers] could work with them was after school and then before they went to bed. So there was only this really short window that they could work. So, it was difficult to get lots of hours, and it was hard to work full-time, so to speak.”

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Theme	Subtheme	Definition	Example Quote
Supervision and support	Lack of competitive and progressive compensation	The organization is unable to offer salaries and benefits that are competitive with other employers and fails to provide adequate financial growth opportunities for employees as they gain experience, skills, and qualifications over time.	“I think one real challenge for the psychologists and one person who did leave primarily because of salary. The main way that we can recruit is through unlicensed folks. So, they can work and get their hours towards their license. But once they're in, that's the salary they're given so you don't automatically get an increase in pay [once they are licensed]. They used to bump you up to a different step, but now it's a huge challenge to get any pay increase. So, if we do recruit someone who's unlicensed, there's very little incentive for them to stay. I think that it would be possible, but we don't really have administrative support. If we did ask for an increase, I don't think it would be granted.”
	Training compensation	Employees are paid a lower rate for professional development than when providing direct services to clients.	“And it [training] was all paid at the minimum wage rate. So it was like, Hey, I can either spend four hours with my client making \$36 an hour or I can go to four hours of training and make pennies.”
	Supplementary employment	The provider position is a part-time role, which offers the benefits of flexibility and supplemental income. This is a benefit to many employees for various reasons, such as the ability to maintain work-life balance and earn additional compensation.	“I think one of the main features that interests providers and keeps them is the flexibility. It is a part-time position. We hire all of our MHPs as part-time, and I think that a lot of the providers who stay with us, this isn't their full time job. It's something that they do on the side...I think one of the main attraction factors is the flexibility in part-time.”
		The professional guidance provided to providers through supervision as well as peer collaboration, which can vary in quality and effectiveness depending on supervisor availability and competence.	

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Theme	Subtheme	Definition	Example Quote
	Supervisory support	Supervisors maintain an open-door policy, ensuring they are consistently accessible to providers. They offer comprehensive support through regular training, supervision, and constructive feedback. They proactively address professional challenges and implement strategies to prevent burnout.	“Our supervisor looked out for us very intensively. She had experience in the field of the therapist work we were doing, and so she knew about all of what it was like. So she really had our best interest at heart. She was constantly advocating for us in department head meetings and agency meetings and all that stuff.”
	Collaborative peer support	The work setting is supportive, and co-workers collaborate, encourage, and help each other, creating a strong sense of teamwork and enabling professional growth.	“You'd have maybe have a few sessions back to back that are just not hitting and I feel like I'm failing or I'm losing sight of like the dream, right? Then you go into those peer reviews and the drive is there and the passion and you're like “oh my god yes that's what I needed” and then you're refilled for like the next week. It definitely would have been a big reason why I would have stayed even if there were things I was struggling with like the overarching fee for service frustration, that piece of the community would have kept me for probably a long time.”
	High supervisor-to-provider ratio	Having a large number of supervisors in relation to the number of providers they oversee allows for more frequent and higher-quality supervision.	“When your team is a lot bigger you just don't have as much time to provide good quality supervision and support to be available. Having that extra person to do the supervision weekly. That's what I think is very helpful with helping with retention too.”
	Poor quality supervision	Supervisors, stretched thin with many work tasks or a large number of supervisees, might struggle to provide quality support and guidance. This can result in poor communication, ineffective leadership, and inadequate supervision for each employee.	“And you've probably heard the phrase “people don't quit their jobs, they quit their supervisors.” So if their supervisors are poor communicators or have a certain style that doesn't work, then that creates a toxic work environment and toxic culture. So yeah, I mean, in the past, we have had, that problem. I would say the last year and a half or so that's been my main goal to change that.”

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Theme	Subtheme	Definition	Example Quote
Autonomy and flexibility		The extent to which mental health professionals can exercise control over their work schedule and clinical practices, including the ability to make independent decisions about treatment approaches and work arrangements within organizational guidelines.	
	Autonomy in work	The provider has control over their work hours and the manner in which they carry out their job responsibilities.	“I stayed because they've allowed me to be creative in the types of counseling that we can do...So, I get to be creative and I like that. And flexibility. I need flexibility.”
	Ability to make decisions regarding clients	Providers have the autonomy to determine treatment strategies, select client populations, and shape organizational processes within their agency's framework. This includes the authority to tailor interventions and treatment plans, with supervisory support, to best serve their clients' needs.	“So we did have a lot of say in how the treatment happened. The basic goals were kind of decided for us, but we got to decide how the treatment went, what was implemented and what strategies we used, and where we took the clients and all of that stuff was all our decision.”
	Scheduling preference	The desired degree of control and predictability an individual seeks over their work schedule, ranging from valuing autonomy to preferring set hours. For providers, constant availability for client crises can conflict with personal responsibilities and disrupt work-life balance.	“And our clients were students and typically younger aged youth. So, the only time they could work with them was after school. And then before, you know, they went to bed. So there was only this really short window that they could work.—“And then being on call, therefore you're supposed to be available any hour of the day to take a call from a, you know, a parent who's freaking out because their child is, you know, cutting themselves or their child has run away again and they don't know what to do, and their child is, you know, destroying the house, and you have to be available to do an emergency meeting, at those times, in order to help de-escalate

EMPLOYEE TURNOVER

Theme	Subtheme	Definition	Example Quote
			the situation. So the on-call nature of it made it kind of inescapable.”
Leadership and organizational culture		The shared values, behaviors, and practices that shape the work environment and employee experiences within an organization. This includes leadership style, employee well-being, team dynamics, and overall workplace atmosphere.	
	Positive company culture	A work environment that values employee well-being, teamwork, and shared goals. It offers support, work-life balance, and opportunities for growth, creating a place where people enjoy working together and feel respected and appreciated.	“They're like coveted positions and when one opens up we have several, if not a lot of applicants, and I think one of the reasons is, well, [Org. Name] as a whole is a good company to work for with good benefits, particularly our program, the counseling center; we believe in good supervision, training, and support for our therapists, so we do our best to accommodate the healthiness of therapists. We acknowledge the difficulty of our work, which is centered around trauma, so we are careful about who we hire, and we are also careful to care for our employees as best as possible.”

EMPLOYEE TURNOVER

Theme	Subtheme	Definition	Example Quote
	Poor quality leadership	Leadership places low value on employee well-being. This leads to micromanagement, criticism of work methods, and undervaluing of staff.	“Historically, [org name] has had some poor leadership, and when there's poor leadership, there are bad expectations, there's not good support, and then the other leadership or supervisors leave. And that you know that takes a toll on the staff.”
	Strong core values from the organization	The organization has strong core values and the employees recognize and feel aligned with those values.	“The whole organization is based on four core values: the commitment to excellence, social justice, dignity for people, and compassion as well. And we, most of us, you know, and as a whole, we operate that way with our clients. We also operate like that with each other. We keep that commitment to excellence. We keep trying to get better at it. So I think that's the culture that has been permeated throughout the company for quite a few years now.”
	Organizational strength & stability	The organization maintains adequate staffing levels which fosters employee retention as well as providing a sense of longevity and reliability.	“So anyway, to answer your question, I do suspect that there's a sense of stability for employees based on the number of employees that an agency has. There must be a good feeling about it like, yes, you're stable, we've been around for 30 years, so that also probably has something to do with it. I think people seek that. Not all, but a lot of people do.”
	Strong organizational leadership	Organizational leaders show employee care and have a supportive management style to create a positive work environment and foster loyalty among staff.	“I received recent feedback from providers about kind of that same, you know, atmosphere theme and that being a reason that they stay. They feel very supported that the leadership team has their back.”

EMPLOYEE TURNOVER

Theme	Subtheme	Definition	Example Quote
Work environment	Poor organizational culture	A workplace that prioritizes productivity over employee well-being, characterized by micromanagement, unrealistic expectations, and lack of trust in employees.	[In response to the question: how big of a problem is burnout among your employees, your current employees]: “I mean, I think it's huge. I think burnout is a really huge factor in why the folks that have left and did end up leaving and I would say that our organization actually kind of exacerbates that rather than combats it. I think that the impression I get is that their attitude is that we need to work harder and more efficiently. Which then makes you feel defeated. I could work 24 hours a day and not accomplish what the task ahead of us is. So. I think it has the opposite effect, where people just then kind of just give up.”
	Workplace negativity	A harmful dynamic in the work environment which involves frequent negative discussions among colleagues, leading to the spread of pessimistic attitudes within the team. This can include co-rumination, where employees excessively discuss and analyze problems, reinforcing negative feelings. The negativity can escalate into turnover contagion, where employees start leaving their jobs primarily because their coworkers are leaving.	“Somebody came that really brought in energy and brought other people into it. Especially when you get like two of those folks together. Then they really can create a lot of negativity on the team and that affects other people. You'll have some people who are really good about intentionally disconnecting, but it takes a lot to intentionally disconnect. It's much easier to get pulled into that negative bonding. Especially when it gets kind of cliquey.”
		The conditions and settings in which providers work may impact the providers' well-being and effectiveness. This includes client challenges, job fulfillment, environmental fit, autonomy, and work-life balance.	

EMPLOYEE TURNOVER

Theme	Subtheme	Definition	Example Quote
	Complex client needs	Providers may work with clients who have challenging and multifaceted needs, often stemming from significant trauma. Working with this population can be emotionally and mentally taxing for providers.	“The work is so harrowing with these clients, and the satisfaction level was very low for me because I was being exposed to so much of the trauma they were going through, and the trauma that they could not process because they weren't old enough to know how to process it.”
	Job fulfillment	Provider finds working closely with clients and families fulfilling. Despite the challenges involved in providing in-home services, providers find the work to be enjoyable and rewarding.	“The work I was doing, It's hard, I mean, again, I was really blessed with clients that were in it to win it. Even my more difficult cases, we pushed and they worked so hard and I was really lucky to have families that even if they were difficult would still welcome me into their homes and we tried again and again whatever we're working on even though they would get beyond frustrated with either their youth or me. We still went week to week back to back and kept going and I think that I was really satisfied about just the willingness of these families when the odds were completely against them from the start.”
	Ability to work remotely	Employees have a flexible work arrangement where they are able to perform their job duties remotely from their own home.	“The freedom to work from home or just kind of work in my own timeframe basically, whatever capacity I want to work at. Most of it is telehealth at home, but I can also, you know, be flexible to meet clients in the community.”

EMPLOYEE TURNOVER

Theme	Subtheme	Definition	Example Quote
Caseload	Isolation	The feeling of disconnection from colleagues and lack of support that arises when the nature of a job, such as remote or community-based work, does not align with the traditional office environment.	<p>“But for some, because we are on the Big Island, Oahu and Maui, it's hard because we always meet like this [referencing Zoom] for the most part. For some they feel isolated because there's not a whole lot of in-person stuff happening. So, in that way, I feel that that might be a contributing factor to why some staff leave because they do need to be in an office, with their leadership or with other therapists to really feel that sense of community and team morale and whatnot. So that could also be a possible factor of why people leave [Org. Name]”</p> <p>—</p> <p>“Like our school-based staff, it's a pretty tough environment so you as when you're a guest on campus you're not part of the DOE. It can be hard, you know, you don't always get treated well. And so, it can be a little stressful.”</p>
		The number of clients or supervisees assigned to a provider or supervisor can have a significant impact on workload, effectiveness, and well-being.	
	Unmanageable caseload size	Providers or supervisors are responsible for managing an excessive number of clients or supervisees, leading to an overwhelming workload and potential burnout.	“So for us right now, there's two psychologists. We have about 70 kids waiting for an eval. And these are pretty intensive evals because sometimes you have to fly over. They're very young, so it may take one or two observations and it's like that feeling of just constantly walking uphill.”
	Manageable caseload size	The number of clients a mental health professional can effectively serve without feeling overwhelmed based on individual capacity and case complexity.	“We got to choose our caseload no matter what. If we couldn't handle more than three clients at a time, then we just couldn't handle that and no one could push that on us.”

EMPLOYEE TURNOVER

Theme	Subtheme	Definition	Example Quote
Provider job fit and individual factors	Caseload management challenges	Providers experience stress and burnout due to quotas and expectations to build and maintain their own client base.	“I mean we had a quota that we had to meet every month. After about a year and a half of trying to hustle it, I was so burnt out. I just feel like I'm doing a disservice to this company because I feel like I'm not meeting the quota.”
	Burnout and emotional toll	The combination of provider's personal characteristics, professional skills, and the demands of their job which can impact their well-being, effectiveness, and career choices.	
		The impact of professional stress on providers leads to emotional exhaustion and reduced efficacy. It can result from failing to recognize personal issues affecting practice, lacking healthy boundaries, or neglecting self-care outside work.	“That was the main reason I switched to private practice. I realized that I was not one of those people who could get intense satisfaction out of being someone who was able to be kind of a light in these kids' lives. For me, it, got deep under my skin, and it affected me too deeply.”
	Work-life balance	Maintaining a balance between work obligations and pursuing personal interests, relationships, and activities.	“Making your own schedule though it is flexible. It's a double-edged sword. So what ended up happening was I felt like I was always on...I'm working all kinds of hours...and I think in theory when I was first jumping on board and I planned everything out in my little planner, it looked good. But in practice, it was like, “oh, you actually need to sleep...” The schedule was not what I expected, and at the end of it all I just felt really burnt out. I felt like there was no place to really set boundaries and be able to meet the expectations at the same time. I was In survival mode, and it felt like I couldn't get it together.

EMPLOYEE TURNOVER

Theme	Subtheme	Definition	Example Quote
Training and professional development	Job fit	The alignment between an employee's skills, preferences, and expectations with their position's actual requirements and characteristics. It encompasses the match between the provider's professional expertise, desired work type, and scheduling preferences.	“But yeah, at the time, I had asked them, “Hey, is there any way that I could do like a part-time position?” and that was to help me keep up with demands on like a personal level, you know, like I love the job that we did despite how stressful it was.”
		Equipping providers and staff with the necessary skills, knowledge, and experience to excel in their roles and meet professional requirements.	
	Supervised licensure hours	The required hours of clinical practice under licensed supervision that providers must complete for professional licensure. This process involves earning specified client contact hours while receiving supervised guidance, allowing providers to gain experience and meet state requirements for independent practice.	“About 99% of providers in our mental health programs are non-licensed, so they're right out of college. They just received their master's degree, and they're trying to gain experience because our CAMHD program allows us to hire non-licensed individuals, and they're trying to get their hours for their licensure. They're trying to gain experience. And I think that's the main driver for them to stay.”
	Initial onboarding and continuous staff development	The process of integrating new employees and continuously developing staff skills through new and relevant learning opportunities. This includes initial orientation for new hires, ongoing professional development, and specialized training.	“Having your agency. Train you and onboard you well, I think is important. We didn't get any onboarding at all. We were just thrown in the fire, which a lot of people are because they're filling positions that have been empty for a long time. And so you have to hit the ground running. But when we don't feel supported, it'll eventually trickle down and everyone will see it eventually. You burn out. You don't feel like you're seen or, you know, worth anything to the company if they're not putting time and effort into you.”

EMPLOYEE TURNOVER

Theme	Subtheme	Definition	Example Quote
Administrative burdens		The excessive non-clinical tasks and responsibilities that providers and supervisors must manage, which prevents them from focusing on their primary role of providing quality care and support to clients.	
	Burdensome and inefficient paperwork processes	Providers and supervisors are overburdened with administrative tasks and paperwork, this significantly impedes their ability to focus on their primary duties	“We also use paper charts, which I think adds to the burnout because the charts are not located in our office. When we write our notes, we have to print, then fax, then mail it. So, there's just so many obstacles to just getting done what needs to get done.”
	Lack of administrative support	Providers and supervisors are not provided with adequate resources (lack of administrative personnel), tools (outdated data systems), or support to manage their administrative tasks effectively. As a result, providers and supervisors may feel overwhelmed, frustrated, and unsupported in their roles.	“It comes down to whether or not the organization values what you do enough to pay for the resources. I mean not having access to even just the most current... We don't even have a data system. Everything is a fight, you know?”

EMPLOYEE TURNOVER

Appendix A**Informed Consent - Providers**

Dear Mental Health Service Provider,

Thank you for your consideration in participating in this research! The purpose of this study is to help us better understand why mental health providers leave or change jobs in the Hawai'i youth public mental health system.

Eligibility:

You are eligible for this survey if you provide mental health services to youth and you have left your position in the Hawai'i public mental health field in the last year.

Procedures:

You will be asked to complete a one-time one-hour meeting over Zoom. You will also be asked to complete a survey regarding your demographic information followed by questions regarding your professional training history. Following the survey, you will be asked interview questions inquiring about your departure from your previous place of employment as well as questions about your current place of employment. This interview will be recorded via Zoom so that we have an accurate record of your thoughts.

Risks and Benefits:

It is possible that you might experience slight discomfort during the interview as you will be asked to recall information regarding departure from your previous employment. If you are uncomfortable, you may end the interview at any time, and this will not result in any penalties or loss of benefits to you. Participation will provide no direct benefit to you personally; however, we expect that the results of this survey will contribute to a greater understanding of turnover in Hawai'i's youth public mental health system.

EMPLOYEE TURNOVER

In addition, you are free not to participate, and that decision will not result in any penalty to you or loss of any benefits to which you are otherwise entitled.

Compensation:

To thank you for your participation, you will receive a copy of the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH-ADTC), a paperback therapy book that includes worksheets and handouts you can use with your youth clients and their caregivers (valued at \$99). At the end of the interview, you will be asked for a mailing address where you want the MATCH-ADTC book sent. Once the MATCH-ADTC book has been sent, your address will be immediately deleted from our files.

Confidentiality:

Please be assured that the recorded file and transcript will be kept confidential. Only the research team will have access to your responses. The recording will be destroyed as soon as the transcript is verified and analyzed by research staff. If, at any time during the interview, you feel that the questions are too sensitive, you may skip any question. It is optional to have your camera on during the interview.

All information collected in this research study will be stored in a secure database, and only authorized personnel will have access. All information will be kept confidential and will only be disclosed with your permission, as required by law, or with agencies with research oversight such as the UH Committee on Human Studies. As stated above, all data collected will be destroyed immediately following the completion of the study. Findings may be publicly presented in a de-identified form and as group level statistics.

Questions or Concerns:

EMPLOYEE TURNOVER

You are free to ask questions that you may have about this study and your rights as a research participant at any time. If you have questions about this study, you can contact the primary investigator Dr. Charmaine Higa-McMillan (higac@Hawaii.edu) or Victoria Trevino (Victoria.trevino@hawaii.edu). If you cannot obtain satisfactory answers to your questions or would rather speak to someone else besides Dr. Higa-McMillan, or if you have comments or complaints about your treatment in this study, you may contact the Human Studies Program, University of Hawai‘i at Mānoa, 2425 Campus Road, Sinclair 10, Honolulu, Hawai‘i 96822. Email: uhirb@hawaii.edu.

Once you have clicked the next arrow in the bottom right corner, you are consenting to participate in the study and agreeing to the terms of eligibility.

Appendix B

Informed Consent - Supervisor, Administrator, Organizational Leadership

Dear Participant,

Thank you for your consideration in participating in this research! The purpose of this study is to help us better understand why mental health providers leave or change jobs in the Hawai'i youth public mental health system.

Eligibility:

You are eligible for this survey if you are a supervisor, administrator, or director in the Hawai'i public mental health field.

Procedure:

You will be asked to complete a one-time one-hour meeting over Zoom. You will be asked to complete a survey regarding your demographic information followed by questions regarding professional training history. Following the survey, you will be asked interview questions inquiring about your opinion and observation of burnout and turnover at your organization. This interview will be recorded via Zoom so that we have an accurate record of your thoughts.

Risks and Benefits:

It is possible that you might experience slight discomfort during the interview as you will be asked to provide information regarding your experience of retention, burnout, and turnover of employees. If you are uncomfortable, you may end the interview at any time, and this will not result in any penalties or loss of benefits to you. Participation will provide no direct benefit to you personally; however, we expect that the results of this survey will contribute to a greater understanding of turnover in Hawai'i's youth public mental health system.

EMPLOYEE TURNOVER

In addition, you are free not to participate, and that decision will not result in any penalty to you or loss of any benefits to which you are otherwise entitled.

Compensation:

To thank you for your participation, you will receive a copy of the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH-ADTC), a paperback therapy book that includes worksheets and handouts you can use with your youth clients and their caregivers (valued at \$99). At the end of the interview, you will be asked for a mailing address where you want the MATCH-ADTC book sent. Once the MATCH-ADTC book has been sent, your address will be immediately deleted from our files.

Confidentiality:

Please be assured that the recorded file and transcript will be kept confidential. Only the research team will have access to your responses. The recording will be destroyed as soon as the transcript is verified and analyzed by research staff. If, at any time during the interview, you feel that the questions are too sensitive, you may skip any question. It is optional to have your camera on during the interview.

All information collected in this research study will be stored in a secure database, and only authorized personnel will have access. All information will be kept confidential and will only be disclosed with your permission, as required by law, or with agencies with research oversight such as the UH Committee on Human Studies. As stated above, all data collected will be destroyed immediately following the completion of the study. Findings may be publicly presented in a de-identified form and as group level statistics.

Questions or Concerns:

EMPLOYEE TURNOVER

You are free to ask questions that you may have about this study and your rights as a research participant at any time. If you have questions about this study, you can contact the primary investigator Dr. Charmaine Higa-McMillan (higac@hawaii.edu) or Victoria Trevino (Victoria.trevino@hawaii.edu). If you cannot obtain satisfactory answers to your questions or would rather speak to someone else besides Dr. Higa-McMillan, or if you have comments or complaints about your treatment in this study, you may contact: Human Studies Program, University of Hawai‘i at Mānoa, 2425 Campus Road, Sinclair 10, Honolulu, Hawai‘i 96822. Email: uhirb@hawaii.edu.

Once you have clicked the next arrow in the bottom right corner, you are consenting to participate in the study as well as agreeing to the terms of eligibility.

EMPLOYEE TURNOVER

Appendix C

Therapist Background Questionnaire

Name:	NPI Number:
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1. Today's Date: / /	2. Age:	3. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary/Fluid <input type="checkbox"/> Prefer not to answer Gender not listed: _____	4. Agency/Organization/Place of Work? 4a. What is your current role/position?	5. Work Zip Code:
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6. Ethnicity (Check ALL that apply): <input type="checkbox"/> Alaska Native or American Indian <input type="checkbox"/> Asian / Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Race Unknown <input type="checkbox"/> Other: _____	7. Highest Degree Earned (Check ONLY one): <input type="checkbox"/> HS Diploma or GED <input type="checkbox"/> A.A./Voc./Non-Degree Cert. (e.g., CSAC) <input type="checkbox"/> B.A./B.S. <input type="checkbox"/> M.Ed. <input type="checkbox"/> MSW, LCSW, etc. <input type="checkbox"/> M.A./M.S. Counseling <input type="checkbox"/> M.A./M.S. Other (specify: _____) <input type="checkbox"/> R.N., L.P.N., etc. <input type="checkbox"/> Doctoral Student/Intern <input type="checkbox"/> M.D. <input type="checkbox"/> Psy.D./Ph.D./ Ed.D. <input type="checkbox"/> Other (specify: _____)	8. Date of most advanced degree: (Mo/Yr) ____/____
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EMPLOYEE TURNOVER

<p>9. Are you Licensed in the State of Hawai'i?</p> <p style="padding-left: 40px;">Yes No</p> <p>10a. Type of Licensure: _____</p> <p>11. License date: _____</p>	<p>11. Professional Specialty: (Check ONLY one - if you have multiple, check the one you identify with most)</p> <p>_____ Clinical Psychology</p> <p>_____ Counseling (Education)</p> <p>_____ Counseling (Psychology)</p> <p>_____ Education/Special Education</p> <p>_____ Marriage & Family Therapy</p> <p>_____ Psychiatry</p> <p>_____ School Psychology</p> <p>_____ Social Work</p> <p>_____ Substance Abuse Counseling</p> <p>_____ Other (specify: _____)</p>
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12. What is your current level of professional burnout? (Circle one)

(None) 0 1 2 3 4 5 6 7 8 9 10 (Very High)

13. Years of **FORMAL clinical training** (beyond undergraduate degree, does NOT include workshops or CEUs; e.g., 2 years for a MFT) _____

14. About how many active therapy cases do you typically carry at one time? _____

15. About how many hours of supervision **do you receive** each month? _____

16. About how many hours of supervision/consultation **do you provide** each month (if applicable)? _____

Appendix D

Interview Questions - Provider

Thank you for participating in this study. We would like to remind you that all of your answers are confidential. To ensure that we capture all information from this interview, this meeting will be recorded. You can choose to have your camera on or off for this interview. All data will be stored in a secure database and will be accessible only by the research team. All recordings will be destroyed upon completion of the study

We would like to learn more about why you left your position at ORGANIZATION NAME

Can you tell me:

- When did you start at [ORG. NAME]
- When did you leave the organization?
- What were the reasons you decided to leave [ORG. NAME]
 - Did caseload size affect your decision to leave?
 - Did pay affect your decision to leave? If so, how
 - What was the organizational pay structure? E.g., fee for service, salaried.
 - Thinking back to right before you left your prior position, how would you rate your level of burnout?
 - "Some people have shared that the atmosphere or culture/climate of their agency led to their decision to leave the organization"
 - How well did you feel you fit within your organization?
 - Would you say that the culture or climate of your agency contributed to your decision to leave or stay?"

EMPLOYEE TURNOVER

- Did you feel supported by your supervisor or organizational leadership?
- Can you tell me about the training opportunities or personal development offered at your previous organization?
- Are there any factors that would have influenced you to stay at your previous organization?
- Did you feel a sense of satisfaction at your previous organization?
- Did you find your previous role to be stressful?
- Did you feel like you were involved in the decision making process when it came to your clients?
- Did the number of employees at your organization affect your decision to leave? Or stay?
- Did your level of job autonomy, or the level of control you had over how you got your work done, affect your decision to leave? Or to stay?
- Is there anything else you would like to tell me about leaving your position that you were otherwise not able to during the interview?

Current Organization:

- Where are you currently working?
- Is your new organization in the public or private sector?
- What influences you to stay at your current organization?
- Is there anything else you would like to tell me about your current position?

Appendix E

Interview Questions - Director, Administration, Organizational Leadership

Thank you for participating in this study. We would like to remind you that all of your answers are confidential. To ensure that we capture all information from this interview, this meeting will be recorded. You can choose to have your camera on or off for this interview. All data will be stored in a secure database and will only be accessible to the research team. All recordings will be destroyed upon completion of the study.

We would like to learn more about provider burnout, turnover, and retention at your organization.

Can you tell me:

- When did you start at [ORG. NAME]
- What is your current position?
- How long have you been in your current position?
- How long have you been at [ORG. NAME]
- Provider turnover is a concern in the mental health field, and is of concern to government agencies with oversight such as CAMHD, what are your thoughts on provider turnover and retention at your agency?
- Why do you think providers stay at your organization?
- Is there a reason why you stay at your organization?
- What are the reasons that you feel providers turnover at your organization?
- Do you believe that pay is a reason that providers stay or leave?
- Do you believe that caseload size affects providers' decisions to stay or leave?

EMPLOYEE TURNOVER

- In your opinion, how big of a problem is burnout among your employees? Are there ways that your organization combats burnout?
- "Some people have shared that the atmosphere or culture/climate of their agency led to their decision to leave or stay at an organization. Would you say that the providers at your organization have shared the same thing?
 - Would you say that the culture or climate of your agency contributes to the decision for providers to leave or stay at your organization?
- Do you feel you are able to provide enough training opportunities for your providers? Do you feel like the presence or lack of training opportunities contributes to employee retention or turnover?
- Do you think the number of employees at your organization affects employee's decision to leave or stay?
- Is there anything else you would like to tell me about your organization or your thoughts on provider turnover, burnout, or retention?