

Turnover Impact & Retention

Understanding Costs & Building Lasting Retention Strategies

Intensives Library · Team Culture & Retention

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Part 1 · Overview

Turnover Impact & Retention

The SUD field faces a chronic turnover crisis — with rates often exceeding 50% annually in some settings. Every departure carries a cascading cost: disrupted client care, demoralized teams, lost institutional knowledge, and recruitment burden. This intensive analyzes the true impact of turnover and builds the evidence-based retention practices that keep skilled clinicians engaged.

Learning Slides

Turnover cost analysis, root cause identification, and evidence-based retention strategies.

Mind Map

Visual mapping of turnover drivers, impact chains, and retention intervention points.

Self-Assessment

Evaluate your organization's turnover risk factors and retention practice effectiveness.

Worksheet

Structured exercises for developing and implementing targeted retention strategies.

Retention Strategy Areas

Meaningful work and purpose alignment

Supervision quality and support

Career development opportunities

Compensation and recognition equity

Workload sustainability practices

Cultural belonging and team connection

Part 2 · Slides

Impact of High Turnover

Staff Morale and Quality of Care

Introduction

Impact of High Turnover

Staff Morale and Quality of Care

High turnover rates in SUD treatment settings have far-reaching consequences beyond immediate staffing issues. This module explores how turnover affects staff morale and the quality of care provided to clients.

Decreased morale among remaining staff

Increased workload and burnout risk

Loss of team cohesion and trust

Potential decline in quality of care

Client safety concerns

Reduced innovation and program development

Staff Morale Impact

Increased Workload

When Colleagues Leave, Work Doesn't

High turnover results in remaining staff shouldering additional responsibilities, often outside their primary roles. This sustained increased workload creates significant stress and burnout risk.

Task redistribution to cover gaps from departing colleagues

Heightened stress during hiring and onboarding periods

Increased caseloads and extended work hours

Emotional exhaustion and depersonalization

Work-life balance disruption

Reduced sense of personal accomplishment

Staff Morale Impact

Job Insecurity

When Turnover Creates Uncertainty

Frequent turnover creates an atmosphere of uncertainty. Employees question their own position stability, leading to increased anxiety, reduced organizational commitment, and preemptive job-seeking behavior.

Stability concerns about own position

Career planning challenges within the organization

Increased active job-seeking as preemptive measure

Reduced organizational commitment and loyalty

Anxiety about institutional future

Decreased investment in long-term goals

Staff Morale Impact

Loss of Team Cohesion

Breaking Bonds That Take Time to Build

Constant changes in team composition disrupt established relationships and communication patterns. Integration fatigue sets in as staff continuously onboard new members, making deep trust difficult.

Departure breaks established working relationships

Integration fatigue from continuous onboarding

Difficulty building deep, trusting relationships

Potential for cliques between long-term and new staff

Knowledge sharing reluctance with expected departures

'Us vs. them' mentality development

Staff Morale Impact

Reduced Job Satisfaction

The Fatigue of Constant Change

The constant state of flux decreases satisfaction among remaining staff through training fatigue, stagnation, mission disconnect, and decreased recognition of long-term employees.

Training fatigue from repeatedly onboarding colleagues

Sense of stagnation—struggling beyond basic functioning

Cynicism and mission disengagement

Decreased recognition of long-term staff efforts

Career development stagnation

Less time and resources for professional growth

Quality of Care Impact

Inconsistent Treatment Application

When Care Becomes Unpredictable

High turnover leads to variations in treatment delivery as new staff interpret protocols differently, causing drift from evidence-based practices and inconsistent client interventions.

Protocol interpretation differences among staff

Unintended deviations from evidence-based practices

Treatment model fidelity challenges

Inconsistent interventions as clients transition providers

Varying implementation of treatment approaches

Difficulty maintaining standardized care

Quality of Care Impact

Reduced Complex Case Capacity

When Experience Walks Out the Door

Loss of experienced staff impacts the ability to handle challenging situations. Less experienced teams may overlook subtle issues, struggle with high-risk clients, and have diminished crisis response capability.

Gaps in managing high-risk or complex clients

Overlooked subtle clinical issues

Compromised specialized intervention delivery

Diminished crisis response capability

Loss of advanced clinical judgment

Reduced capacity for specialized care

Quality of Care Impact

Documentation Challenges

Gaps in the Clinical Record

Turnover creates inconsistencies and gaps in client documentation through varying documentation styles, missed information during transitions, and challenges maintaining comprehensive records.

Varying documentation styles across staff

Missed or misinterpreted client history details

Challenges maintaining comprehensive records

Affected data integrity for program evaluation

Information continuity problems during transitions

Record accuracy difficulties with frequent changes

Quality of Care Impact

Supervision Strain

Stretched Too Thin

High turnover strains clinical supervision capacity. More time training new staff means less time for in-depth supervision, case consultation, and advanced skill development of all team members.

Less time for in-depth clinical supervision

Fewer thorough case consultation opportunities

Potential oversight of clinical or ethical issues

Shift from advanced development to basic competency

Reduced collaborative problem-solving

Decreased focus on professional growth

Quality of Care Impact

Client Safety Concerns

When Inexperience Meets High Stakes

Frequent staff changes potentially impact client safety through increased medication error risk, missed relapse warning signs, protocol adherence challenges, and emergency response confusion.

Increased medication management error potential

Missed early warning signs of relapse

Challenges maintaining safety protocols

Potential confusion in emergency situations

Risk management procedure inconsistencies

Mental health deterioration detection gaps

Quality of Care Impact

Reduced Innovation

Survival Mode Over Growth Mode

High turnover hinders organizational growth and innovation. Resources shift to maintaining basic services rather than developing new interventions, research, or quality improvement initiatives.

Less time for developing new interventions

Difficulty sustaining quality improvement initiatives

Reduced capacity for research participation

Decreased ability to adapt to emerging trends

Challenges implementing continuous improvement

Focus on maintenance rather than innovation

The Feedback Loop

A Vicious Cycle

How Turnover Begets More Turnover

Decreased morale from turnover creates a negative feedback loop, leading to further turnover. Simultaneously, declining care quality poses risks to client outcomes and organizational effectiveness.

Morale decline leads to increased turnover

Quality decline affects client outcomes

Remaining staff become overwhelmed

Job dissatisfaction increases

Organization reputation suffers

Cycle perpetuates without intervention

Solutions

Breaking the Cycle

Comprehensive Retention Strategies

Addressing turnover requires focusing on staff retention, supportive work environments, efficient knowledge transfer, and robust quality assurance to create stable, effective care environments.

Implement comprehensive retention strategies

Create supportive work environments

Develop efficient knowledge transfer systems

Establish robust quality assurance mechanisms

Invest in staff development and recognition

Build organizational resilience against turnover

Part 3 · Mind Map

Turnover Impact Mind Map

Map Your Workforce Resilience Journey

Create a comprehensive map of your workforce stability patterns to identify specific development priorities for organizational resilience and quality maintenance.

Remember: Turnover impact management isn't about preventing all staff changes—it's about developing systems that maintain quality and morale despite inevitable personnel transitions.

Workload Management

Sustainable task distribution and stress management

Redistribution Recognition

How do you recognize when remaining staff are experiencing unsustainable task redistribution?
Examples: Overtime patterns; Stress indicators; Quality slips

Your specific patterns...

Sustainable Systems

What helps you build systems for sustainable task distribution that prevent burnout?
Examples: Workload monitoring; Resource allocation; Priority setting

Your specific patterns...

Stress Management

How do you develop stress management approaches that support staff during transition periods?
Examples: Support resources; Flexibility options; Wellness programs

Your specific patterns...

Team Cohesion Maintenance

Relationship continuity and integration support

Relationship Disruption

How do you recognize when established working relationships are being disrupted?

Examples: Communication gaps; Collaboration decline; Trust erosion

Your specific patterns...

Integration Support

What helps you support integration processes that maintain collaborative effectiveness?

Examples: Onboarding programs; Team building; Mentoring systems

Your specific patterns...

Trust Building

How do you build trust and relationship continuity during staff transitions?

Examples: Transparency; Team rituals; Connection activities

Your specific patterns...

Job Satisfaction Enhancement

Recognition and professional development

Training Fatigue

How do you recognize when training fatigue is affecting staff morale?

Examples: Engagement decline; Resistance patterns; Burnout signs

Your specific patterns...

Recognition Systems

What helps you create meaningful recognition that maintains engagement?

Examples: Appreciation practices; Achievement celebration; Contribution acknowledgment

Your specific patterns...

Mission Connection

How do you maintain staff connection to treatment mission despite organizational flux?

Examples: Purpose reminders; Impact stories; Value alignment

Your specific patterns...

Treatment Consistency

Protocol standardization and quality maintenance

Protocol Interpretation

How do you recognize when protocol interpretation is varying among staff?

Examples: Practice variations; Outcome inconsistencies; Fidelity gaps

Your specific patterns...

Standardization Systems

What helps you build systems for protocol standardization and evidence-based practice?

Examples: Treatment manuals; Quality checks; Supervision protocols

Your specific patterns...

Practice Fidelity

How do you maintain model fidelity and intervention consistency across transitions?

Examples: Training programs; Monitoring systems; Feedback loops

Your specific patterns...

Complex Case Capacity

Specialized skill preservation and intervention delivery

Specialized Skills

How do you recognize when high-risk client management capacity is being lost?

Examples: Case assignment changes; Consultation increases; Safety concerns

Your specific patterns...

Skill Preservation

What helps you preserve specialized intervention delivery and crisis response?

Examples: Expert identification; Knowledge transfer; Skill documentation

Your specific patterns...

Crisis Capability

How do you maintain advanced treatment capability for complex cases?

Examples: Team competency; Resource availability; Support systems

Your specific patterns...

Documentation Quality

Record-keeping consistency and information continuity

Style Variations

How do you recognize when documentation style variations are affecting continuity?

Examples: Inconsistent formats; Information gaps; Comprehension issues

Your specific patterns...

Consistent Systems

What helps you build systems for consistent record-keeping and data quality?

Examples: Templates; Training; Quality review

Your specific patterns...

Information Flow

How do you maintain information continuity and client care coordination?

Examples: Handoff protocols; Communication systems; Record access

Your specific patterns...

Supervision & Support

Clinical oversight and professional development

Time Allocation

How do you recognize when supervision time allocation is becoming problematic?

Examples: Reduced availability; Rushed sessions; Priority shifts

Your specific patterns...

Oversight Systems

What helps you maintain effective clinical oversight despite increased demands?

Examples: Supervision structures; Peer consultation; Group formats

Your specific patterns...

Development Focus

How do you balance immediate needs with ongoing professional development?

Examples: Priority setting; Resource allocation; Growth planning

Your specific patterns...

Innovation Preservation

Program development and continuous improvement

Development Resources

How do you recognize when resource allocation for program development is being compromised?

Examples: Initiative delays; Project abandonment; Innovation decline

Your specific patterns...

Initiative Sustainability

What helps you maintain initiative sustainability and research participation?

Examples: Protected time; Team support; Leadership commitment

Your specific patterns...

Adaptability

How do you preserve organizational adaptability and growth capacity?

Examples: Learning culture; Flexibility systems; Change readiness

Your specific patterns...

Action Planning for Workforce Stability Development

Capacity 1: Define the specific workforce stability capacity you want to develop

First priority capacity...

Capacity 2: Define your second turnover impact management priority

Second priority capacity...

Capacity 3: Define your third turnover impact management priority

Third priority capacity...

How do these goals support each other and enhance overall organizational resilience and quality?

Integration strategy...

Part 4 · Assessment

Turnover Impact Assessment

Staff Morale and Quality of Care

Part 1: Staff Morale - Workload ImpactPart 1 of 10

Workload Distribution

1. Remaining staff regularly take on duties outside their primary roles due to turnover

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

2. Staff experience heightened stress during hiring and onboarding periods

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

3. Extended work hours or increased caseloads are common when positions are vacant

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

4. Staff show signs of emotional exhaustion or depersonalization

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

5. Work-life balance is disrupted for remaining staff during turnover periods

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

Part 2: Staff Morale - Job SecurityPart 2 of 10

Stability and Commitment

6. Staff express concerns about the stability of their own positions

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

7. Employees find it difficult to plan their career progression within the organization

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

8. Staff actively seek alternative employment opportunities

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

9. There is decreased loyalty and commitment to organizational goals

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

10. Anxiety about the organization's future is common among staff

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

Part 3: Staff Morale - Team CohesionPart 3 of 10

Relationships and Trust

11. Established working relationships are frequently disrupted by departures

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

12. Staff find it emotionally taxing to continuously integrate new team members

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

13. Building deep, trusting relationships among team members is difficult

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

14. Cliques form between long-term staff and new hires

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

15. Staff are hesitant to invest time sharing knowledge with new colleagues

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

Part 4: Staff Morale - Job SatisfactionPart 4 of 10

Satisfaction and Engagement

16. Staff express frustration about repeatedly training new colleagues

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

17. There is a sense of stagnation as teams struggle beyond basic functioning

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

18. Staff show cynicism or disengagement from the organizational mission

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

19. Recognition of long-term staff efforts has decreased

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

20. Professional development opportunities for existing staff have declined

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

Part 5: Quality of Care - Treatment ConsistencyPart 5 of 10

Treatment Application

21. New staff interpret and implement treatment protocols differently than predecessors

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

22. There are unintended deviations from evidence-based practices

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

23. Maintaining fidelity to specific treatment models is challenging

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

24. Clients receive inconsistent interventions as they transition between providers

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

25. Treatment approach varies significantly among staff members

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

Part 6: Quality of Care - Complex Case ManagementPart 6 of 10

Clinical Capacity

26. Managing high-risk or complex clients is more challenging with current staffing

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

27. Subtle clinical issues are sometimes overlooked

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

28. Ability to provide specialized interventions has been compromised

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

29. Crisis response capability has diminished

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

30. Staff struggle with cases that require advanced clinical judgment

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

Part 7: Quality of Care - DocumentationPart 7 of 10

Record-Keeping Quality

31. Documentation styles vary significantly among staff members

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

32. Important details about client history are missed during staff transitions

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

33. Maintaining comprehensive and accurate client records is challenging

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

34. Data integrity for program evaluation has been affected

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

35. Information continuity suffers during staff changes

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

Part 8: Quality of Care - SupervisionPart 8 of 10

Clinical Oversight

36. Less time is available for in-depth clinical supervision

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

37. Opportunities for thorough case consultations have decreased

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

38. Clinical or ethical issues may be overlooked due to increased demands

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

39. Focus has shifted from advanced skill development to basic competency

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

40. Collaborative problem-solving opportunities have declined

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

Part 9: Quality of Care - Client SafetyPart 9 of 10

Safety and Risk Management

41. Medication management errors have increased or are a concern

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

42. Early warning signs of relapse are sometimes missed

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

43. Maintaining consistent safety protocols is challenging

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

44. Confusion or delays occur in emergency situations

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

45. Risk management procedures are inconsistently applied

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

Part 10: Quality of Care - InnovationPart 10 of 10

Program Development

46. Less time is available for developing new interventions or programs

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

47. Quality improvement initiatives are difficult to sustain

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

48. Capacity for research participation has declined

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

49. Adapting programs to emerging trends or client needs is challenging

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

50. Continuous improvement processes are difficult to maintain

☐

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

Scoring guide

Low Impact - Healthy Environment

Score: below 40

Turnover is well-managed with minimal negative effects on morale and quality. Continue current practices.

Moderate Impact - Attention Needed

Score: below 60

Some concerning effects are evident. Implement targeted retention and support strategies.

High Impact - Significant Concern

Score: below 80

Turnover is significantly affecting morale and care quality. Comprehensive intervention needed.

Critical Impact - Urgent Action Required

Score: below the band above

Severe negative effects threaten organizational effectiveness and client safety. Immediate action required.

- Address workload distribution concerns

Address workload distribution concerns

- Invest in team building and cohesion activities

Invest in team building and cohesion activities

Return to Psychological Safety

Part 5 · Worksheet

Turnover Impact Worksheet

Workforce Resilience & Treatment Excellence

This worksheet helps you explore turnover impact patterns, develop workforce stability strategies, and build sustainable quality assurance systems.

Recognizing Your Workforce Stability Journey

Which aspect of turnover impact management (decreased morale, loss of team cohesion, reduced job satisfaction, decline in quality of care, reduced complex case capacity, documentation issues, supervision challenges, client safety concerns, reduced innovation) resonates most strongly with your experience, and why?

How has your understanding of 'high turnover impact' evolved from viewing staff departures as individual events to recognizing them as complex organizational disruptions?

In what ways do you notice periods when your organization feels stable and cohesive versus when you experience concerning patterns of morale decline and quality inconsistency?

How does your experience with workforce stability versus significant turnover disruption influence your ability to maintain team cohesion and treatment quality?

What makes certain organizational periods feel more conducive to staff retention versus others that trigger morale decline or care inconsistency?

The Psychology of Turnover Impact

How does understanding turnover impact as multifaceted disruption affecting both staff morale and care quality affect your approach to workforce development?

What helps you distinguish between normal organizational adjustment and concerning turnover impact patterns requiring comprehensive intervention?

How has your perspective on 'individual resilience versus organizational stability' evolved in relation to building systems that maintain quality despite staff transitions?

What aspects of balancing immediate operational needs with long-term sustainability have been most challenging during transition periods?

How might viewing turnover impact management as essential organizational health practice influence your approach to staff retention and quality assurance?

Developing Your Workforce Stability Capacities

What specific practices help you address increased workload and job insecurity while building systems for sustainable task distribution?

How do you approach maintaining team cohesion and relationship continuity while developing capacity for supporting integration processes?

What strategies help you prevent job satisfaction decline and training fatigue while building systems for recognition and professional development?

How do you maintain treatment approach consistency and complex case capacity while building systems for protocol implementation?

What helps you address documentation and supervision challenges while building capacity for maintaining record accuracy and clinical oversight?

Building Sustainable Workforce Systems

What workforce stability and quality assurance capacities have you already developed that you might be overlooking or undervaluing?

How might your experience with significant turnover disruption eventually benefit your ability to create more robust retention systems?

What aspects of managing turnover impact and maintaining quality standards still feel most challenging?

How do you imagine your approach to workforce development evolving over your career in SUD treatment settings?

What would healthy integration of staff retention focus and innovation development look like in your ongoing practice?

Workforce Stability Development Map

Track your journey toward organizational resilience

Workload-Increased to Management-Sustainable

"I experienced unsustainable task redistribution rather than implementing sustainable management"

Where I was

Past patterns...

Where I am now

Current state...

Where I'm heading

Future goals...

Insecurity-Job-Created to Stability-Career-Built

"I experienced stability concerns rather than building career stability and transparency"

Where I was

Past patterns...

Where I am now

Current state...

Where I'm heading

Future goals...

Cohesion-Team-Lost to Building-Relationship-Sustained

"I experienced relationship disruption rather than building sustained team cohesion systems"

Where I was

Past patterns...

Where I am now

Current state...

Where I'm heading

Future goals...

Satisfaction-Job-Declined to Enhancement-Recognition-Meaningful

"I experienced training fatigue rather than creating meaningful recognition and development"

Where I was

Past patterns...

Where I am now

Current state...

Where I'm heading

Future goals...

Approaches-Treatment-Inconsistent to Standardization-Evidence-Based

"I experienced protocol variations rather than building standardization of treatment approaches"

Where I was

Past patterns...

Where I am now

Current state...

Where I'm heading

Future goals...

Capacity-Complex-Reduced to Preservation-Specialized

"I lost high-risk management capacity rather than building preservation systems"

Where I was

Past patterns...

Where I am now

Current state...

Where I'm heading

Future goals...

Documentation-Inconsistent to Improvement-Systematic

"I experienced documentation variations rather than building systematic improvement"

Where I was

Past patterns...

Where I am now

Current state...

Where I'm heading

Future goals...
