The Current State of Addiction Treatment

Understanding characteristics & needs of the substance abuse treatment workforce in Washington.

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Agenda

- Background & context
- Description of the 2005-06 NFATTC Workforce Survey
- Review of survey results
- Discussion of major issues and strategies for change

Learning Objectives

- Better understand characteristics of the substance abuse treatment workforce
- Identify the major needs of the substance abuse treatment workforce
- Discuss data-driven strategies to initiate change

The National Treatment Plan

- Published in 2000 by the Center for Substance Abuse Treatment (CSAT)
- Identifies workforce development as one of five major issues to be addressed in order to improve the current state of treatment for substance use disorders.
- The NTP clearly identifies addressing the needs of the substance abuse treatment workforce as a crucial underlying strategy to improving client care, but cites a dearth of quantitative data examining those needs.

Growing Sources of Data

- Since 2000, multiple studies have been published describing characteristics and needs of the substance abuse treatment workforce:
  - Knudsen, Johnson & Roman 2003
  - Lewin Group 2004
  - McGovern et al., 2004
  - McLellan, Carise & Kleber 2003
  - Mulvey, Hubbarb & Hayashi 2003
  - NAADAC, 2003
  - Ogborne, Braun & Schmidt 2001
- In addition, Addiction Technology Transfer Center (ATTC)-sponsored workforce needs assessment surveys have been conducted in over 30 states (surveys are mandated in the new ATTC cycle)

The ATTC Network

- Since 1993, the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) has provided funding to support Regional Centers within an overall Addiction Technology Transfer Center (ATTC) Network.
- The purpose of the Regional Centers and the Network as a whole is to enhance clinical practice and improve the provision of addictions treatment.
- This purpose is achieved by providing state-of-the-art **training** and **technical assistance** on evidence-based, culturally appropriate treatment interventions and **facilitating systems change** to **support the adoption and implementation** of these interventions.
- The ultimate vision of the Network is to unify science, education, and services to transform the lives of individuals and families affected by alcohol and drug addiction (National ATTC, 2006).

NFATTC

- Serves 5 states:
  - Alaska
  - Hawai'i
  - Idaho
  - Oregon
  - Washington
- Mission is to help addictions counselors, program administrators, educators and others stay connected to the latest research and information on what works in addiction treatment, and to help facilitate systems change and improvement.

NFATTC Workforce Development Plan

- Since 1998, the NFATTC has invested heavily in workforce development, with recurrent needs assessment at the forefront of this investment.
- Consistent with the NTP, the primary reason for the NFATTC's investment is to assess the characteristics and practices of the substance abuse treatment workforce in the Pacific Northwest in order to further three objectives:
  - (1) to improve the preparation and recruitment of new treatment professionals
  - (2) to increase the retention of existing, qualified staff in treatment settings
  - (3) to identify agency and workforce development needs
- Needs assessment data are used to develop state specific workforce development plans and region-wide projects to address identified needs.
- Needs assessment is then repeated every 2 to 3 years to examine the impact of workforce development plans and initiatives, to track the changing needs and characteristics of the workforce, and to continue to build upon current knowledge concerning the workforce.

History of the NFATTC Workforce Survey

- Initial administration of the NFATTC Workforce Survey occurred in 2000, providing the first empirical estimates of workforce issues in the Pacific Northwest
- In 2002 revisions were made to the original survey instrument and it was re-administered to treatment agencies in the region
- In 2004 the NFATTC Workforce Survey served as a template for the development of a National Workforce Survey, endorsed by all ATTC Regional Centers
- Survey was administered again in 2005, with increased participation across all 5 states

Purpose of Workforce Surveys

- Needs assessment data can lead to a better more complete understanding of issues affecting the field, and can advance the current state of addiction treatment by:
  - Representing a major move from anecdotal reports to empirical evidence. This is important because empirical evidence not only confirms accurate perceptions, but it also disconfirms inaccurate perceptions.
  - Making issues and concerns more compelling to stakeholders and policymakers. Issues backed by evidence are more likely to be given attention than those seen as anecdotal.
  - Providing a guideline for action. By identifying workforce characteristics and variables that consistently relate to important issues, a more effective plan of action can be constructed.

Sample Issues That Survey Data Can Help Address

- *What does the workforce look like in terms of clinician demographics and background?*
- *How are clinicians spending their time? What services are being provided?*
- *How much do clinicians earn and what drives salary in the field?*
- *How bad is turnover in the field? What is driving turnover rates?*

Survey Content by Version

Key Content Areas	Survey Version	
	Agency Director	Clinician
Agency setting/ characteristics	X	
Demographics	X	X
Academic and professional background	X	X
Work detail	X	X
Salary and benefits	X	X
Staff size and turnover	X	
Recruitment and retention issues	X	X
Job satisfaction and job stress	X	X
Proficiency and training interests	X	X
Technology access and use	X	X

Response Rate

State	Number and Percent of Directors Returning their Survey	Number of Staff Returning a Survey	Number and Percent of Facilities Returning a Director and/or a Staff Survey
Alaska	41/63 (65%)	137	41/64 (64%)
Hawai'i	21/30 (70%)	92	22/31 (71%)
Idaho	33/56 (59%)	92	34/88 (39%)
Oregon	101/148 (68%)	452	143/250 (57%)
Washington	*263/377 (70%)*	*791*	*302/503 (60%)*
TOTAL	**459/674* (68%)**	**1,564**	**542/936* (58%)**

*Total number of directors and facilities has been adjusted to reflect closures.

Representativeness Across DASA Region

Region	Distribution of Agencies (population)	Director Reponses ('05 sample; n= 263)	Clinician Responses ('05 sample; n= 791)
1	14%	15%	15%
2	10%	11%	11%
3	13%	13%	13%
4	30%	30%	29%
5	15%	14%	12%
6	18%	16%	20%
Total	**100%**	**100%**	**100%**

Agency Geography

Rural Urban Commuting Area of Agencies

RUCA Code	Agencies[a]	
Urban Core		(%)
Rural Urban Fringe		(%)
Large Town		(%)
Small Town/Isolated Rural		(%)

[a]*n* = 263.

Agency Size

Agency Size

Number of Direct Treatment staff	Agencies[a]	
2 or fewer staff	108	(24%)
3 to 5 staff	115	(26%)
6 to 11 staff	99	(22%)
12 or more staff	128	(28%)

[a]*n* = 259 (4 directors did not provide staffing numbers).

Gender of Workforce

Gender (%)	Directors			Clinicians	
	2005[a] (n = 263)	2002[b] (n = 51)		2005[c] (n = 791)	2002[d] (n = 120)
Female	50	53		60	60
Male	50	47		40	40

Note: 95% confidence intervals around these estimates are: [a] ± 6; [b] ± 14; [c] ± 3; [d] ± 9

Ethnicity of Workforce

	Directors			Clinicians	
Ethnic Group (%)	**2005[a] (n = 263)**	**2002[b] (n = 51)**		**2005[c] (n = 791)**	**2002[d] (n = 120)**
American Indian	4	6		4	5
Alaskan Native	<1	0		2	-
Asian American	2	0		2	4
Native Hawaiian/Other Pacific Islander	1	0		2	3
Black/African American	4	0		5	4
White or Caucasian	79	83		76	73
Multi-Ethnic*	-	8		-	6
Other	11	2		10	6
Hispanic	5	4		6	6

Note: 95% confidence intervals around these estimates are: [a] ± 6; [b] ± 12; [c] ± 3; [d] ± 8

Age of Workforce

	Directors			Clinicians	
Age Category (%)	**2005[a] (n = 258)**	**2002[b] (n = 51)**		**2005[c] (n = 782)**	**2002[d] (n = 120)**
20–29 years old	<1	12		8	13
30–39 years old	6	10		17	16
40–49 years old	24	26		23	29
50–59 years old	42	41		37	30
60 + years old	27	12		15	13

Note: 95% confidence intervals around these estimates are: [a] ± 6; [b] ± 12; [c] ± 3; [d] ± 8

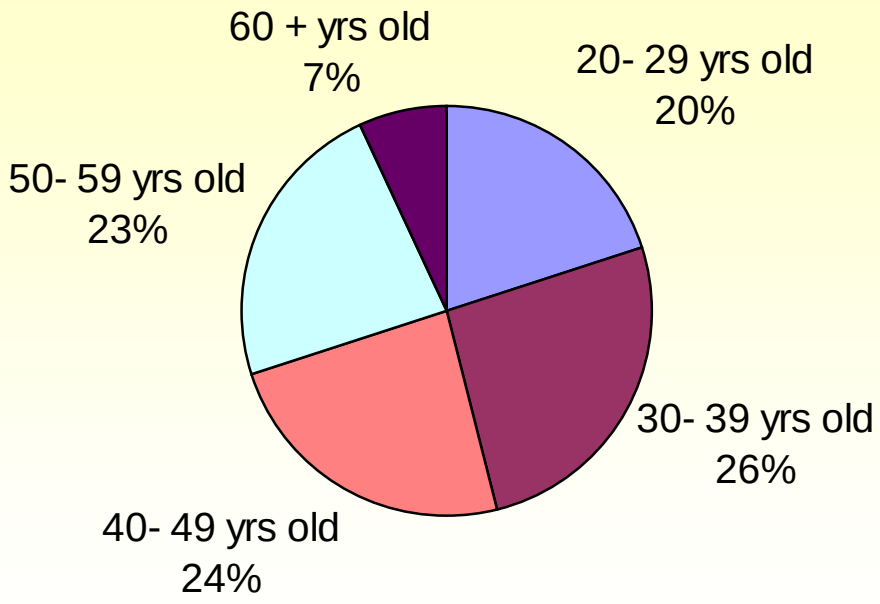
- Average age of entry into field: 37 yrs (directors); 39 yrs (clinicians)
- 40- 50% of workforce reports that substance abuse treatment is a second career

Years Experience

Years in Field (%)	Directors (n= 263)	Clinicians (791)
0- 4 yrs	8	35
5- 9 yrs	16	22
10- 14 yrs	19	19
15- 19 yrs	22	12
20 + yrs	36	11

- Director's average 16 yrs in the field, and 8 yrs in their current position
- Clinicians average 9 yrs in the field, and 5 yrs in their current position

Age of Clinicians w/ Less Than 4 yrs Experience



Recovery Status

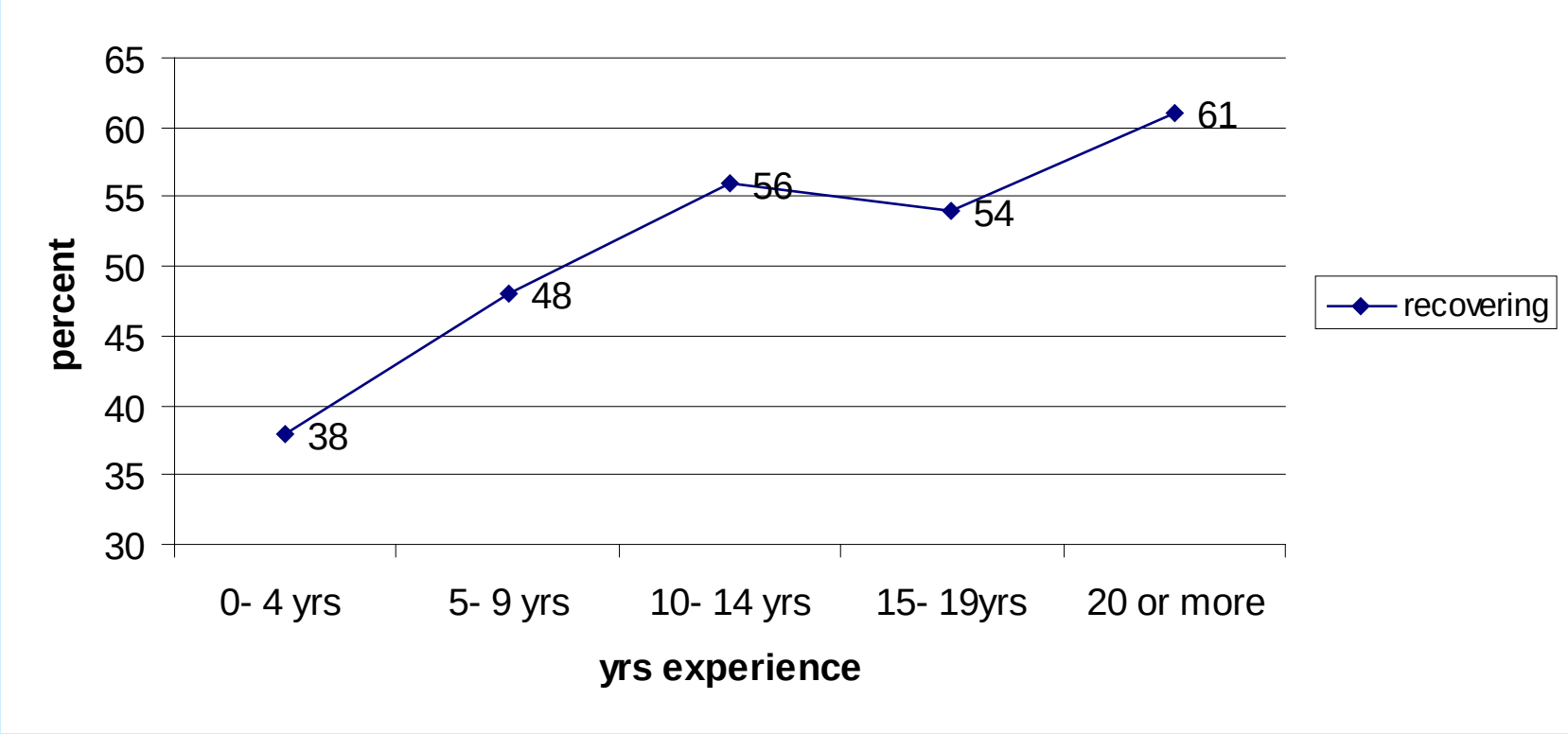
Recovery Status (%)	Directors (n = 263)	Clinicians (n = 791)
Recovering	44	48
Non-recovering	48	39
Prefer not disclose	8	13

- A significantly larger proportion of male directors and clinicians report being in recovery.
- Differences between the recovering and non-recovering segments of the workforce in Washington are quite prevalent.

Differences by Recovery Status

- Recovery status comparisons made within roles (directors and clinicians)
- A statistically significant larger proportion of:
  - non-recovering directors and clinicians have higher degree status
  - recovering clinicians are in older age categories
  - non-recovering directors and clinicians are in higher salary categories
  - recovering directors and clinicians have more yrs. experience in the field
  - recovering directors and clinicians are both certified & licensed
  - recovering clinicians report no plans of leaving the SA Tx field
  - non-recovering directors and clinicians use technology for AOD research

Workforce Demographics Are Shifting



- The newest clinical entries into the field are significantly less likely to be in recovery than their colleagues with more experience.

Degree Status

	Directors			Clinicians	
Degree (%)	**2005[a] (n = 262)**	**2002[b] (n = 51)**		**2005[c] (n = 786)**	**2002[d] (n = 120)**
Less than high school	0	0		<1	0
High school	1	0		2	2
Some college	11	16		13	17
Associate's degree	13	14		24	33
Bachelor's degree	27	22		34	23
Master's degree	41	45		22	19
PhD	8	2		2	3
MD*	<1	–		<1	–
Other professional degree*	<1	–		1	–
Other	0	0		1	3

Note: 95% confidence intervals around these estimates are: [a] ± 6; [b] ± 12; [c] ± 3; [d] ± 8

Certification/ Licensure Status

	Directors (n= 263)			Clinicians (n= 791)	
Status (%)	**Certification**	**Licensure**		**Certification**	**Licensure**
Current	65	53		61	54
Active (pending; awaiting; pursuing)	3	2		19	11
Inactive (never; previous)	29	43		17	32
Missing	3	3		3	3

Work Detail- Time Spent

% Time a Week Spent on Task:	Directors	Clinicians
Screening & Assessment	9	13
Diagnosing	1	4
Individual Counseling	6	17
Group Counseling	6	18
Family Counseling	1	2
Case Management	4	12
Referrals	<1	2
Participating in Training	<1	1
Providing Clinical Supervision	10	5
Receiving Clinical Supervision	1	3
Overseeing Personnel Issues	11	<1
Paperwork/ Documentation	14	13
Meetings	11	4
Other Admin. Activities	21	<1
Other Activities	5	5

Work Detail, cont.

- Directors average 27% time spent on client-related tasks, 73% time spent on administrative tasks
- Clinicians average 69% time spent on client-related tasks, 31% on administrative tasks
- Directors time varies dramatically by agency size (smaller agency = more client-related time)
- Clinicians time spent does not vary in any practically meaningful way by academic or professional background characteristics-certification status, degree status, or yrs experience (Knudsen, Gallon, & Gabriel 2006)

Caseloads

- 38% of directors report carrying a caseload, w/ average caseload size of 32 clients
- 83% of clinicians report carrying a caseload, w/ average caseload size of 34 clients
- 17% of clinicians report that their caseload is not manageable

Treatment Models

- Most Frequently Cited Tx Models Playing a Major Role in Treatment Approach:
  - Relapse Prevention
  - 12-Step
  - Cognitive-Behavioral Therapy
  - Bio-psychosocial
  - Motivational Interviewing
  - Strengths Based

Clinical Supervision

Frequency of Clinical Supervision	Percentage of Clinicians Receiving	Total Clinical Supervision Provided Each Week	Total Clinical Supervision Provided Each Month
Daily	22	2.5 hours	10 hours
Weekly	43	1 hour	4 hours
Biweekly	7	30 minutes	2 hours
Monthly	11	approx. 23 minutes	1.5 hours
N/A	17	-	-

Salary & Benefits

Salary (%)	Directors (n = 263)	Clinicians (n = 791)
Less than $15,000	5	9
$15,000–$24,999	4	19
$25,000–$34,999	12	39
$35,000–$44,999	14	21
$45,000–$54,999	20	7
$55,000–$64,999	18	2
$65,000–$74,999	14	1
$75,000 or higher	14	<1

- Approximately two-thirds of directors & clinicians report being the primary wage earner for their family

Salary & Benefits, cont.

- 19% of directors & 12% of clinicians report no health insurance benefits
- 34% of directors & 30% of clinicians report no retirement benefits
- Provision of health and retirement benefits is significantly related to agency size
  - Relationship is linear; the bigger the agency, the larger proportion receiving benefits

Predictors of Salary

- A regression model was run to examine factors predicting workforce salary for directors and for clinicians
- Variables: demographic; professional/ academic background characteristics; other compensation/ benefits; agency characteristics
- Significant predictors for directors (R^2= .423): gender, degree status, yrs experience, certification, provision of health insurance, and agency size
- Significant predictors for clinicians (R^2= .390): gender, degree status, yrs experience, provision of health insurance, retirement benefits, agency geography, agency setting, and agency size

Staffing

Staffing Numbers	Mean
Staff Size- total	10.29
Full Time	7.32
Part Time	1.67
On Call	0.40
Trainees	2.13

- Initial estimates indicate that on average, agencies employ 3 trainees for every 10 clinicians on staff

Description of Trainees

- Trainees and other clinicians vary on a few fundamental characteristics: (a) trainees, on average, are a bit younger; (b) trainees are as educated (if not more); (c) fewer trainees are in recovery than the general population of clinicians in the state; and (d) trainees on average report earning lower salaries.
- Trainees and clinicians are, however, very similar in terms of caseloads and time spent providing treatment.
- This data should alleviate concerns that trainees being utilized in agencies are on a whole undereducated. However, concerns regarding how trainees are being utilized may be warranted.

Agency Level Turnover

Mean Turnover Numbers	Directors (n= 251)
Laid Off	0.16
Terminated	0.50
Quit	1.16
Total Turnover	1.83
Turnover Rate	0.26 (26%)

- Most turnover is voluntary (quitting)
- Agency turnover rates vary from 0% to 300% across the state
- 40% of directors reported no turnover
- 24% of directors report turnover rates of 50% or higher

Agency Level Turnover, cont.

- Agency Size (2 or fewer staff): 29%
- Agency Size (3 to 5 staff): 30%
- Agency Size (6 to 11 staff): 23%
- Agency Size (12 or more staff): 15%

- Region 1: 28%
- Region 2: 26%
- Region 3: 27%
- Region 4: 19%
- Region 5: 21%
- Region 6: 25%

Predictors of Agency Level Turnover

- A common regression model was run for all 5 states in the NW region to examine factors predicting agency level turnover
- Variables: gender; minority status; age; recovery status; degree status; yrs experience; cert/ lic status; RUCA category (geography); agency setting; agency size; SADA funds; multiple locations; freq. of clinical supervision
- Model accounts for very little of the variability (13%) related to turnover in Washington agencies
- Despite overall poor performance of model, two factors appear as statistically significant predictors: yrs experience of director (more experience, less turnover) and clinical supervision (more frequent clinical supervision, more turnover)

What Drives Clinicians Decisions to Leave?

- Clinicians cite better salary, better work opportunities (within the field), and burnout as significant factors in clinicians' voluntarily leaving.
- Interestingly, the burnout experienced by clinicians appears to be largely underestimated by directors as only 16% of directors compared to 40% of clinicians indicated that burnout is a factor in clinicians' decisions to quit.

Is Turnover Predictable at the Individual Level?

- In examining why some clinicians are considering leaving their current job, or the field entirely, 4 major factors surface:
  - financial considerations (i.e.- being the primary wage earner for your family)
  - mobility considerations (i.e.- having higher degree status, and/or previous experience in another field)
  - past turnover behavior
  - job satisfaction and stress

Workforce Shortages & Planned Hires

- 40% of agency directors report that their agency is understaffed
  - 46% of these directors report that they would still be understaffed if all budgeted positions were filled
- The average staff vacancy for understaffed agencies is 1.10 FTE (.53 FTE per agency across the entire workforce)
- Agency directors report from 0- 10 planned hires (mean = 1.92)
  - 49% of directors indicate that they expect to hire staff

Workforce Shortages & Planned Hires

Position	Planned Hires[a]	
Chemical dependency professionals (CDP), counselors, clinicians	185	(79%)
CDP trainees, interns	19	(8%)
Clinical supervisors	3	(1%)
Assessment/intake/case management	12	(5%)
Licensed practical nurses	7	(3%)
Specialists (prevention/intervention, social workers, etc.)	5	(2%)
Instructors	1	(<1%)
Support staff	3	(1%)
Total	**235**	**(100%)**

[a]*n* = 129 directors (49%) who indicate planned hires.

Recruitment & Retention

- 57% of directors and 52% of clinicians report that their agency has difficulty filling open positions
- Of those reporting difficulties, 83% of directors indicated that an insufficient number of applicants meeting minimum qualifications was a reason

Recruitment & Retention, cont.

- Most frequently cited barriers:
  - salary, competition from other fields (compensation),
  - paperwork,
  - large caseloads

Clinicians Consistently Endorse 4 Retention Strategies

- In both 2002 and 2005, clinicians consistently endorse 4 retention strategies:
  - More frequent salary increases,
  - More recognition & appreciation,
  - Assistance w/ paperwork,
  - Formal steps to reduce burnout

Job Satisfaction

Job Satisfaction (%)	Directors (n= 263)	Clinicians (n= 791)
Very Low	<1	1
2	1	6
Average	12	24
4	39	44
Very High	46	26

Job Stress

Job Stress (%)	Directors (n= 263)	Clinicians (n= 791)
Very Low	2	4
2	7	8
Average	27	37
4	31	36
Very High	33	16

Addiction Counseling Competencies (ACC's)

- Also known as the Technical Assistance Publications (TAP) 21, published by CSAT
- Example competency areas: adolescent treatment, co-occurring disorders, referral skills, documentation
- Directors and clinicians provided self-report proficiency and training interest for all 28 Addiction Counseling Competency areas.

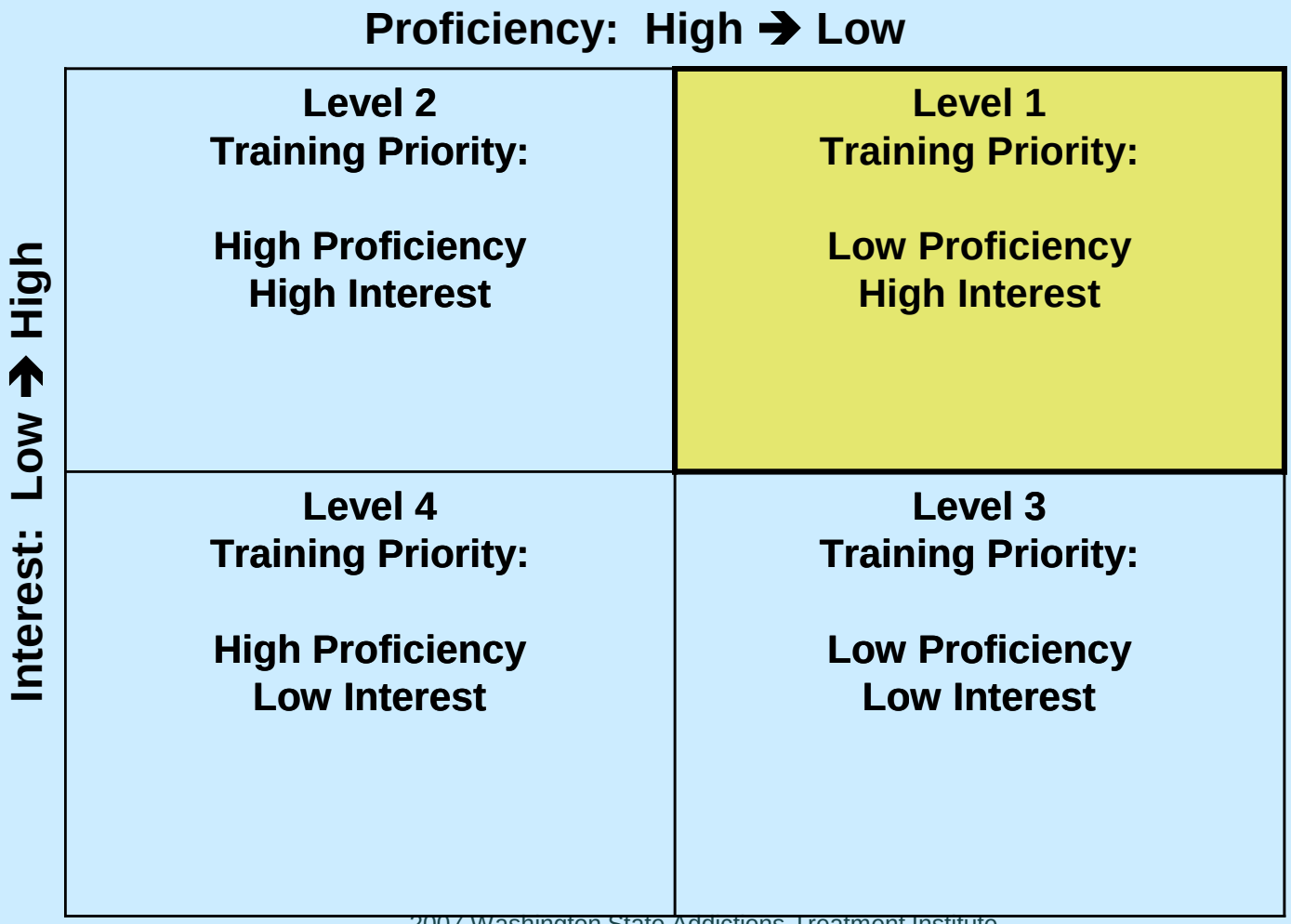
Reported Proficiencies and Interests

- Comparison of 2002 and 2005 data shows some interesting trends in proficiencies and training interests.
- Directors report a significant increase in proficiency in marriage and family therapy since 2002.
- Clinicians report a significant increase in proficiency in administration/management and client, family, and community education since 2002.
- Other competency areas such as co-occurring disorders and offender treatment also show upward trends, while some areas such as patient placement criteria are trending downward for both groups.

ACC's, cont.

- Multiple differences in proficiency and interest between directors and clinicians
- Few differences across DASA region (example- proficiency concerning patient placement criteria varies by region)
- Across virtually all ACC's, proficiency increases linearly with cert/licensure status

ACC's: Matrix of Training Priorities



Level 1 Priorities

- Directors:
  - drug pharmacology
  - racial/ethnic specific
- Clinicians:
  - COD
  - drug pharmacology
  - gender specific
  - racial/ ethnic specific

Technology Access & Use

- 99% of directors & 95% of clinicians report having computer access at work
- 93% of directors & 81% of clinicians report having internet access at work
- 92% of directors & 87% of clinicians report having computer access at home
- 88% of directors & 82% of clinicians report having internet access at home

Technology Access & Use, cont.

- 88% of directors & 86% of clinicians report feeling comfortable using technology to obtain info about substance abuse
- 65% of directors & 57% of clinicians use available tech for client info/ clinical issues
- 76% of directors & 60% of clinicians use available tech for AOD research
- 52% of directors & 33% of clinicians use tech for web-based professional development
  - 51% of dir. & 64% of clinicians responded strongly agree/ agree to “I am interested in web-based professional education”

Discussion Point #1

Does workforce survey data support anecdotal beliefs you or your colleagues have concerning the field?

Discussion Point #2

What areas of strength does workforce survey data point out?

How can the field capitalize on these strengths?

Discussion Point #3

What areas of concern (or issues) does workforce survey data point out?

What action steps can be taken to address these concerns/issues?

Where to get more info

- The full Washington report is available for download: www.nfattc.org
- Questions about how this data is being used by the NFATTC can be directed to Dr. Steve Gallon: gallons@ohsu.edu
- Questions concerning methodology, data collection, data analysis can be directed to: jknudsen@rmcccorp.com

Thanks!


attc
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