



WORKFORCE DEVELOPMENT

SUMMIT January 27, 2004



*Taking Action to
Build a Stronger
Addiction Workforce*



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H. Westley Clark, MD, JD, MPH, CAS, FASAM

Director, Center for Substance Abuse Treatment (CSAT)

Dr. Clark underscored many of the morning's workforce development issues by presenting national data from CSAT's archive of subcommittee findings and related documents. The mental and behavioral health occupations workforce is projected to increase 27% by 2010 and the question still remains: Will the addiction treatment system be ready for such change?

The substance use disorder treatment workforce is composed of about 135,000 full-time employees, 45,000 part-time employees, and 22,000 contract employees. While medical staff comprises nearly 17% of full-time staff and 31% of part-time staff, most programs do not have a full-time medical or other advanced degree level professional on staff. Just over three-fourths of facilities have employees with master degrees, while nearly 68% employ workers with a bachelor degree.

Although dependent upon the treatment modality and region, half of direct service workers have substance use disorder credentialing.

Estimates suggest that close to 5,000 new counselors are needed on an annual basis to compensate for net replacement and growth. With turnover rates ranging from 17-33% annually, and some estimates as high as 50%, recruitment remains a top issue. Most people enter the addiction treatment field in their mid 30s, and then often as a second career. New counselors report entering the field because the work is challenging, they have a desire to help others, they are concerned about substance use disorders, or because they or a family member had a substance use disorder. Annual salaries range between \$15,000 to \$34,000, with the average counselor earning in the low 30s. Higher salaries are associated with a higher degree status.

Managers should ensure ongoing clinical supervision, more job autonomy, better communication between management and staff, greater recognition and rewards for performance, enhanced assistance with paperwork and more and improved training opportunities.

— **H. Westley Clark, MD, JD, MPH**
Director, CSAT

The mental and behavioral health occupations workforce is projected to increase 27% by 2010 and the question still remains: Will the addiction treatment system be ready for such change?

**— H. Westley Clark, MD, JD, MPH
Director, CSAT**



Dr. Clark presented some proven practice management strategies that have been found to reduce turnover rates. He implored all supervisors to give serious consideration toward their implementation. Managers should ensure ongoing clinical supervision, more job autonomy, better communication between management and staff, greater recognition and rewards for performance, enhanced assistance with paperwork and more and improved training opportunities. While the vast majority of staff (some 90%) attend some training throughout the year, little is known about the efficacy of such in-service education.

To begin tackling the numerous workforce issues that surfaced throughout the morning Dr. Clark laid out several recommendations for the field. There is a grave need for a national study of both the public and private addiction workforce to gather statistics on workforce composition, recruitment and retention challenges, training advances and educational needs. Currently, a meta-analysis of available ATTC workforce surveys is being compiled and a national survey pilot is being conducted.

Dr. Clark also suggested developing career paths across all staff levels to encourage employees to view substance use disorder counseling as a profession. Additionally, he encouraged development of recruitment marketing strategies and an executive management curriculum to train the rising generation of leaders and managers. A comprehensive study of the costs associated with staff turnover, for both individual agencies and the addiction treatment system alike, might also highlight the true expense of such cyclical employment standards, thereby fostering the impetus for improvements.

Although no one solution can provide all the answers to the present workforce crisis, increasing general awareness and encouraging further involvement are beginning steps. As a field, we can gradually begin to implement these recommendations in the hopes of building a stronger addiction workforce for tomorrow.

TODAY IN AMERICA there are hundreds of thousands of fellow practitioners providing psychosocial treatment for drug and alcohol use disorders. There is about one clinician for every 15 clients currently enrolled in treatment. At a glance, this workforce is a medley of counselors from various professional, experiential and academic backgrounds.

A closer look at the field provides a more complex picture. There is rapid counselor turnover, the workforce is steadily aging and clinical staff retention is declining. There is a pressing need to upgrade our profession. To thrive to meet the ever-increasing expectations and strenuous work demands on our field, several initiatives are imperative: we must retain the workers we have, develop career paths for these workers, expand our workforce disciplines and bring new workers into the field.

Participants of the Workforce Development Summit: “Taking Action to Build a Stronger Addiction Workforce” analyzed current obstacles for counselor recruitment and retention in the drug and alcohol field, examined field research on worker motivations from both the addiction treatment discipline and the broader nonprofit sector and brainstormed practical, regionally-salient solutions for overcoming such challenges. These efforts lead to the day’s final outcome—the development of three statewide intervention strategies to combat the growing workforce crisis.



WELCOME AND OPENING REMARKS

Michael T. Flaherty, Ph.D., Executive Director, IRETA/NeATTC, opened the morning by recognizing the Summit sponsors: the Northeast Addiction Technology Transfer Center (NeATTC), the New York State Office of Alcoholism and Substance Abuse Services (OASAS), the Alcoholism and Substance Abuse Providers of New York State (ASAP), and the Institute for Professional Development in the Addictions (IPDA). Additional appreciation was extended to The New Jersey Department of Health and Senior Services, Division of Alcoholism, Drug Abuse and Addiction Services (DAS), the Pennsylvania Department of Health, Bureau of Alcohol Programs (BDAP) and the Center for Substance Abuse Treatment (CSAT), by acknowledging their vital role in the work to be accomplished today. The fact remains—no greater challenge exists for addiction prevention and treatment today than to sustain and build its workforce—a workforce capable of the sensitivity and the high acumen necessary to deliver the critical work of changing lives. Dr. Flaherty reminded all that we cannot deliver scientific and evidence-based practices without a qualified workforce.

William A. Gorman, Ph.D., Commissioner, NYS Office of Alcoholism and Substance Abuse Services (OASAS), welcomed the Single State Authority (SSA) directors from New Jersey and Pennsylvania to the summit. Dr. Gorman stressed that the strength and viability of the drug and alcohol workforce runs paramount. The field needs experienced frontline workers to stay committed and attract new colleagues. Dr. Gorman surmised that if someone took a poll along the streets of New York City, no one would know the acronym CASAC, although everyone could identify a MD, LPN, RN, and Ph.D. This highlights a major deficiency in our field. Our counselors and prevention practitioners are the unsung heroes of the healthcare field, and we must strive to offer recognition, show respect and create structures supportive of their work.

Paul C. Light, Ph.D., Paulette Goddard Professor of Public Service, NYU and Douglas Dillon Senior Fellow, Brookings Institution, launched the Summit by presenting key findings from his March 2003 Brookings Institution Center for Public Service’s report, *The Health of the Human Services Workforce*. He highlighted some of the recent service trends among workers serving low-income populations. The study surveyed over 1200 workers across five major public service fields—juvenile justice, youth services, child welfare, employment and training, and child-care—finding a workforce highly motivated by the desire to enhance the lives of their clients, but heavily burdened by the workload, grueling hours and high propensity for burnout.

Ninety-eight percent of workers report that helping people is a very or somewhat important consideration in taking their job, 93 percent agree in the importance of serving the community and 92 percent consider human services as an opportunity to do challenging work. Forty percent of public servants say they come to work each day because they like the kind of work they do. Only 8 percent say they come to work for the paycheck, benefits and/or job security.

Eighty-one percent of survey respondents strongly or somewhat agree that burnout in their work is easy, while 70 percent strongly or somewhat agree their workload is always too much. Seventy-five percent of workers describe their work as “frustrating” and 51 percent identify their work as “unappreciated.”

Although the bad news is that current working conditions for public servants in human service are less than desirable, the good news is that young Americans are willing to accept such challenges if you offer them the hope of changing lives for the better.

One of the greatest findings of the study is that young people desperately want to make a difference in their line of work. Despite all the retention challenges—a grueling work environment with few tangible benefits—there are non-monetary ways to attract young employees into the human services field. A career in human services is a way that employees can make a difference everyday. When recruiting to the field, public servants in nonprofits should keep discussions of stress and burnout to a minimum by instead highlighting the ability to impact people. Often public service workers can be the biggest detriment to their own field by constantly complaining about the working conditions. The number one piece of advice to impart upon human service employers for improving the workforce crisis: DON’T complain to your volunteers (someday they will be your greatest asset)!

Importance/Impact of Current Human Services Workforce

Ninety-eight percent of workers report that helping people is a very or somewhat important consideration in taking their job, 93 percent agree in the importance of serving the community and 92 percent consider human services as an opportunity to do challenging work.

**—Paul C. Light, Ph.D.,
Professor, NYU; Senior Fellow,
Brookings Institution**

*NJ, NY and PA:
State Challenges
and Opportunities
to Enhance
the Addiction
Workforce*

This workforce crisis is not something that can be solved locally—we need providers, state officials and the federal government at the table.

— Gene R. Boyle
Director, BDAP

GENE R. BOYLE, DIRECTOR, Pennsylvania Bureau of Drug and Alcohol Programs (BDAP), focused his attention on identifying and addressing major challenges to the field. It is undeniable that New Jersey, New York, and Pennsylvania all face severe workforce challenges, that without serious consideration and collaboration, resolution is impossible. Mr. Boyle remarked how fortuitous it was that all three states could come together to discuss and learn from one another's accomplishments. Often the public health system is seen as a disaggregated field of silos—with numerous individual disciplines overlapping the drug and alcohol field—thus preventing a unified, coordinated direction for the field. Pennsylvania, in specific, had a particularly challenging past year with nearly 50 percent of the state funding for drug and alcohol services cut. Faced with a severely reduced budget, questions of workforce development suddenly became mute in the midst of rising program closures.

There is a lot to accomplish, and it can be done—but it must be a collaborative effort. This workforce crisis is not something that can be solved locally—we need providers, state officials, and the federal government at the table. There needs to be a compensation recommendation—we need to know what other than salary can be used as a motivating factor for job selection? The drug and alcohol field needs to think about marketing the direction in which it is heading, so it can then determine the resources necessary to get them there. Mr. Boyle also felt a crucial question still needing to be answered is the identification of regulations in need of change. Once the field reaches a consensus on the goals for workforce development—the strategies for success and the regulations in need of revision—the answer for moving forward will be clear.

CAROLANN KANE-CAVAIOLA, M.A., Assistant Commissioner, New Jersey Department of Health, underscored the need for cooperative partnerships between the three states in order to promote effective change. Even though New Jersey is a smaller state in this region, the same workforce issues remain. The hope is to succeed and proceed together. Ms. Kane-Cavaiola pledged to thrive alongside government, not despite of it. She outlined the main challenges to such accomplishments as recruitment, retention and professional development.

Recruitment issues stem around compensation and marketing. Marketing concerns surround the lack of an identified career entry path into the drug and alcohol treatment field and the lack of uniform entry requirements. Retention challenges boil down to non-competitive compensation, excessive paperwork and staff burnout. Ms. Kane-Cavaiola suggested that the greatest issue with low compensation rates reflect a counselor's desire for salary stability versus a desire for high incomes. Other rising concerns for professional development reflect the aging workforce and the lack of adequate supervision and sufficient training opportunities for younger counselors. To solicit the adequate changes necessary for eliminating these barriers, we need a more team-oriented approach.

Ms. Kane-Cavaiola identified the major obstacles of the past few years as decreasing managed care dollars coupled with stagnate public resources. She admitted her biggest challenge is keeping and increasing treatment providers in the state. Success in New Jersey will rely on increased awareness, enhanced efforts to revamp the system and honing in on past successes. One example of this is the Certified Prevention Specialist (CPS) required by the state in order for community-based agencies to provide prevention services. This brings a minimum academic and addiction training which then demands a higher salary. Ms. Kane-Cavaiola also referenced the New Jersey college consortium as an example of a team of leaders who came together to address addiction issues and produced numerous positive outcomes. Such examples of success highlight the many tangible benefits to be found in expanding future partnerships.

JANICE PRINGLE, Ph.D., Director, Pennsylvania Practice Improvement Collaborative and Evaluator, NeATTC, provided an overview of the initial findings from the Northeast Addiction Technology Transfer Center (NeATTC) Workforce Survey of New Jersey Addiction Treatment Personnel. The NeATTC utilized the CSAT/Northwest Frontier Addiction Technology Transfer Center (NFATTC) version of the workforce survey, with both a staff and administrative questionnaire, and then added a few technology-based questions as well. The survey domains included demographic information, work and professional background, agency staffing issues of retention and recruitment, status of respondent's work and technology access at both work and home.

While the response rate was currently only at 20%, below the final goal, very preliminary survey results have proven telling, and are consistent with other states' observations. Agency directors, on average, have been both in the field and in their current role longer than their staff counterparts have. Staff spend the majority of their time on individual counseling (23%), paperwork (21%) and group sessions (13%). Agency directors, on the other hand, devote their energies to paperwork (30%), other administrative activities (26%) and clinical supervision (19%). The top two sources of satisfaction by agency directors were their ability to influence agency decisions (69%), and their opportunities for personal learning/growth (67%). For staff members one-to-one client interactions (85%) and commitment to treatment (60%) were the greatest cause of satisfaction.

In terms of access to technology, a category less highlighted in other surveys, Dr. Pringle found that agency directors were considerably more likely to have a personal computer, have access to e-mail and utilize the internet for drug and alcohol information at work than their staff. Directors and staff were likely to access the internet, send e-mails and locate drug information from home computers at similar rates.

Workforce Facts:*

- **The substance use disorder workforce is estimated at 200,000 people.**
- **The average counselor is a 45-year-old female, seeing about 29 clients in a 50-hour workweek.**
- **The workforce continues to "gray" as the majority of treatment providers are between the ages 40 & 55.**

** Please see insert page for source information and additional facts.*

The drug and alcohol field is competing against millions of dollars invested in the advertising campaigns of companies such as Miller, Anheuser-Busch, Guinness, and Philip Morris. Our little “Just Say No” posters are not going to do it alone. We need to build up the field from within through our workers.

— William A. Gorman, Ph.D.,
Commissioner, OASAS

Workforce Facts:

- **Half of substance use disorder treatment professionals are female (51%), whereas 68% of the clients they serve are male.**
- **The majority (85%) of treatment professionals are White, whereas only 56% of all clients are White.**
- **58% of professionals perceive substance use disorder counseling as having a lower status than other helping professions.**

WILLIAM A. GORMAN, Ph.D., Commissioner, New York State Office of Alcoholism and Substance Abuse Services (OASAS), expressed that the declining number of credentialed people entering the drug and alcohol field is a top priority of his agency. In response, New York simplified its credentialing process and in only a few years began reaping the benefits of increased certificates issued. The State also formed academic partnerships in their furthering efforts to expand CASAC and CPP/CPS development. Additionally, New York continues to re-examine the paperwork burden on addiction professionals.

A major challenge the field has to address is how to overcome stigma. The stigma surrounding addiction is pervasive and runs deep throughout our culture and society. Simply “talking” about addiction will not make the issue go away. Dr. Gorman believes we are still dealing with a public who thinks addiction is a choice. As a discipline, our response should not be the elimination of personal responsibility—but instead the follow-up question—what choices do 14- or 15-year-olds have? For those who experimented with cigarettes or cigars at age 14, and are still smoking 40 years later, the choice is long gone.

Within addiction, we need to think about our competition. The drug and alcohol field is competing against millions of dollars invested in the advertising campaigns of companies such as Miller, Anheuser-Busch, Guinness, and Philip Morris. Our little “Just Say No” posters are not going to do it alone. We need to build up the field from within through our workers. Counselors and prevention practitioners stay in this field because it is a vocation, a calling. Dr. Gorman encouraged these individuals to be proud of the fact that they are dedicated professionals in the addiction field. Hopefully with this determination, the field can draw the necessary young people—doctors and nurses—into the business. To prepare for this increased and enhanced workforce, the field must first identify and remove obstacles we have created for entry and retention.

NEIL C. GROGIN, Associate Commissioner, New York State Office of Alcoholism and Substance Abuse Services (OASAS), detailed the collaboration in New York between OASAS, ASAP and IPDA. These three organizations came together to document and address what was the state-wide crisis in the addiction workforce. The collaboration resulted in the issuance of a report, in June 2002, entitled *The Addiction Profession: A Workforce in Crisis, A Compilation of the Results of the 2001 Regional Workforce Development Focus Groups*. The Report included 19 recommendations for addressing workforce concerns of the addiction field. As a result, a Task Force on Workforce Development, including the NYS Conference of Local Mental Health Hygiene Directors (CLMHD), was established to identify action steps for addressing the 19 recommendations.

The most significant workforce development progress in New York State has been in the area of credentialing. OASAS' continued reengineering of its credentialing process, which was implemented in 2001, has been met with great success. The initial phase of reengineering focused on streamlining the credentialing process. A number of changes were made, most significantly, the establishment of a CASAC (Credentialed Alcoholism and Substance Abuse Counselor) Trainee certification. New regulatory language allows CASAC Trainee requirements to be counted toward satisfying the Qualified Health Professional staffing requirements in specific OASAS-certified Chemical Dependence programs. Prior to the implementation of the revised process, in a typical year, OASAS received approximately 700 requests for CASAC Applications. Since June 2001, over 12,000 CASAC Applications have been sent out, and more than 2,500 CASAC Trainee Certificates have been issued. (See Figure 1.)

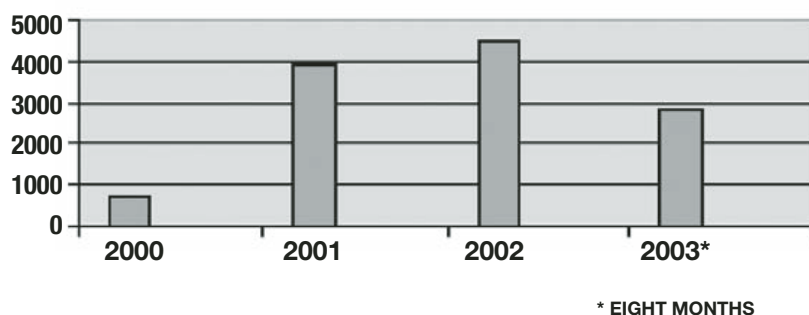
Significant strides have also been made in recognizing and promoting the vital work of the field's addiction professionals. In this regard, OASAS, ASAP and IPDA collaborated to celebrate National Alcohol and Drug Addiction Recovery Month this past September. September 8th was designated "Addictions Professionals Day" in New York State. In addition to provider open houses and other regional events, an awards reception and banquet highlighted the outstanding work performed by the State's treatment and prevention programs. As part of this event, for the first time, the

Successes and Lessons from New York State: Update on the NYS Addiction Workforce Initiative

Recognizing the hard work of frontline counselors and prevention practitioners by publicly acknowledging their accomplishments and offering financial rewards has helped to revitalize interest and commitment to the addiction field.

— Neil C. Grogin, Associate Commissioner, OASAS

Figure 1: Number of CASAC Applications Requested and Mailed



Workforce Facts:

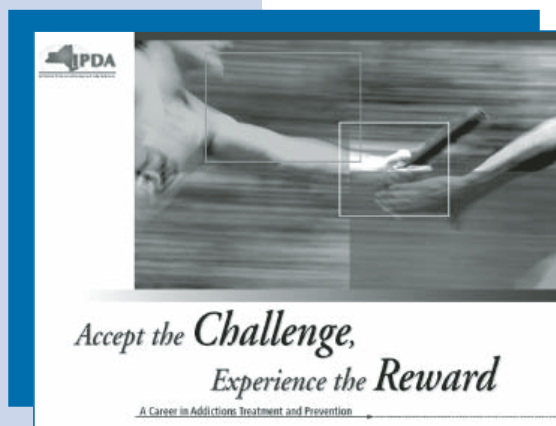
- **Three-fourths of providers describe their work as “frustrating.”**
- **30% of 18-to-35-year-olds who have been working in the human services field 5 years or less plan to leave within 2 years, and another 13% within 5 years.**

annual CASAC of the Year Award program was expanded to include each of the certification designations offered by OASAS—CASACs, CASAC Trainees and CPPs/CPSs (Credentialed Prevention Professionals/ Credentialed Prevention Specialists). Award winners received such financial rewards as \$1,000 and waived renewal fees over the lifetime of the credentials or waived examination fees.

Mr. Grogin concluded with a powerful summary of how successful New York State’s efforts have been to date. In 2002, there was a 16 percent increase in the number of newly credentialed counselors. In 2003, there was a six percent increase from the prior year, bringing the overall increase to 22 percent. In addition, at the close of 2003, there was a 110 percent increase in the number of new CASAC applications received. These, and many other successes, are documented in the report *Combating the Crisis—A One-Year Update*.

KATHLEEN RIDDLE and DONALD SPITZ, Co-chairs, Workforce Development Committee, Alcoholism and Substance Abuse Providers of NYS (ASAP) presented ASAP’s Top 10 Drug and Alcohol Workforce Issues:

1. **Development of a salary and benefit enhancement plan**
2. **Annualize “Cost of Living Adjustments” (COLA)**
3. **Funding to support unfunded mandates**
4. **Funding to support entry level training for CASACs**
5. **Establish a career ladder for addiction treatment and prevention professionals**
6. **Redefine how “Units of Service” are measured**
7. **Development of a “Case Manager” position in publicly funded drug and alcohol programs**
8. **Development of a unified reporting system**
9. **Continue streamlining the OASAS credentialing process**
10. **Development of management training and expansion of clinical supervision training for drug and alcohol programs**



ANGELA K. WARNER, Executive Director, Institute for Professional Development in the Addictions (IPDA) drew attention to the *Accept the Challenge: Experience the Reward* booklet IPDA created as a marketing tool to promote the advancement of careers in addiction. Along with disseminating the *Accept* brochure, IPDA has been working to enhance marketing efforts in New York to attract and retain workers to the drug and alcohol treatment and prevention fields. Ms. Warner also highlighted

the successes of “Addictions Professional Day” last year and remarked on New York State’s dedication to the addiction workforce as a central focus for National Recovery Month in September 2003.

One of the initiatives that IPDA has been involved with is the Health Care Worker Training Demonstration Project (HCWT) that seeks to expand intensive education, promote in-house coaching and provide agencies with incentives for participation. Some of the lessons learned from individual participants in HCWT were that coursework, internship opportunities, paid time-off and other financial supports serve as valuable components for supporting a workforce. From an agency perspective, providers observed increases in knowledge levels and counseling skills, and noted a higher level of confidence and job satisfaction among student participants. Among the greatest HCWT outcomes were that participants continued their enrollment to obtain a degree, they gained incremental promotions/salaries and they changed their values to reflect the importance of formal education.

BARRY GRAY, Director of the Workforce Development Unit, New York State Department of Health presented background information on the various health workforce programs available through the NYS DOH. Six major programs train health care workers and address health workforce shortages, with combined annual budgets of over \$2.5 billion. Mr. Gray cautioned that although much of the funding has already been awarded to hospitals, nursing homes, educational institutions and unions, there were still substantial amounts yet to be awarded under the Health Care Reform Act (HCRA) funded Health Workforce Retraining Initiative.

The HCRA Initiative trains health care workers to meet the needs of a changing health care environment. Mr. Gray indicated that drug and alcohol prevention and treatment agencies were eligible to apply for such funds. In fact, there has been a marked increase in the awarding of funds for health care workers in the addiction field. Seven of nine sponsors that applied for support for training addiction workers received a total of \$3 million in 2002. Such funding paid for testing and assessment, tuition and instruction, staff replacement costs, and other educational costs for a contract period of two or more years.

Mr. Gray urged the field to become more aware of various grant programs that have money available for training of health care workers. Providers should review basic eligibility requirements and fill out applications for new monies available this year. Addiction treatment agencies should have no trouble documenting the need for training in their field and should pursue whatever regional funding is available.

Workforce Facts:

- **The average annual counselor salary is around \$34,000.**
- **81% of human service providers strongly or somewhat agree that it is easy to burn out in the work they do and 70% always have too much work to do.**

*Lessons Learned:
Trends Supporting
the Development
of a Well-Trained
Addiction
Workforce*

A majority of executive directors of smaller organizations fear that employees will eventually leave them, and therefore question devoting resources toward training. This bias, combined with the directors' underestimation their staff's desire for skill enhancement, leaves the rising workforce unprepared.

— **David Birdsell, Ph.D.,
Executive Director,
Academic Programs,
School of Public Service**

JEFF KNUDSEN, RMC Research Corporation, offered a qualitative look at workforce survey themes from across six ATTC regions to paint a more accurate picture of the drug and alcohol field. Although this regional research is beneficial, Mr. Knudsen pressed the need for a more comprehensive national survey. A national survey could withstand a higher level of scrutiny because it would be conducted with a common methodology and sampling strategy, allowing data to be collapsed across states and regions. A national survey effort would also alleviate some of the response biases created by insufficient follow-up procedures. From this more solid footing, national and regional level action plans could be implemented.

Current ATTC survey findings suggest that the addiction workforce has slightly more females, is majoritively white and that there are some regional gender differences in position status. The median age of counselors is around 40 years old, and studies find the average age among workers continues to rise. An important caveat to the age issue is that a number of workers enter the field “more aged” due to the high percentage of mid-career counselors. Two regions also reported on turnover rates. The Northwest Frontier Addiction Technology Transfer Center (NFATTC) found an average annual agency level turnover rate of 23%, while the Central East Addiction Technology Transfer Center (CEATTC) calculated their turnover rate at 17%. A majority of agencies reported numerous challenges in recruiting qualified staff, with an insufficient number of qualified applicants cited as the largest difficulty.

Mr. Knudsen detailed the most common treatment modalities being utilized across the ATTC network. Providers indicated that about 6-7 treatment models play a major role in their agency's approach and those ranged from Relapse Prevention, Cognitive Behavioral Treatment (CBT) and 12-Step to integrated substance abuse and mental health services. Surveys also identified the training needs of counselors for Basic Addiction Counseling Competencies such as Lesbian, Gay, Bisexual, Transgender (LGBT) treatment, adolescent treatment, offender treatment and staff recruitment. Mr. Knudsen closed with an appeal to continued sharing of workforce findings, both in and outside of the ATTC network, and called for implementation of lessons learned from the regional surveys. All these elements are crucial for continued success of future survey efforts, including a national survey.

DAVID BIRDSELL, Ph.D. and DOUGLAS MUZZIO, Ph.D., School of Public Service, Baruch College, offered advice on succession management, as gleaned from their research of New York's nonprofit community. Although the data is not specific to the drug and alcohol field—collected responses reflect the larger pool of nonprofit workers—from where many addiction treatment providers draw their applicants. In looking at the issue of leadership, there is a high propensity among nonprofit leaders for retirement within the next five years.

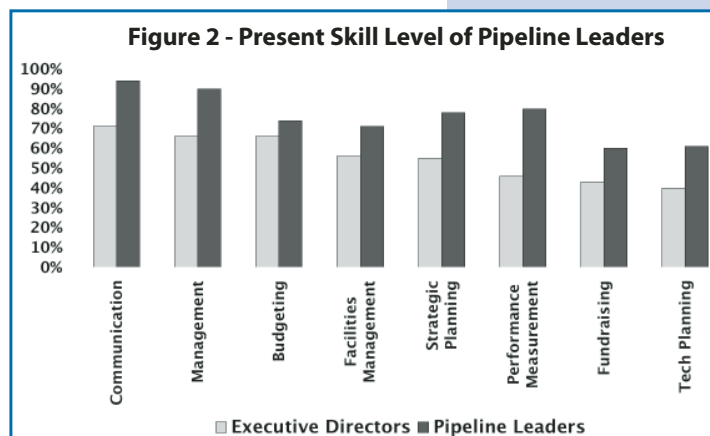
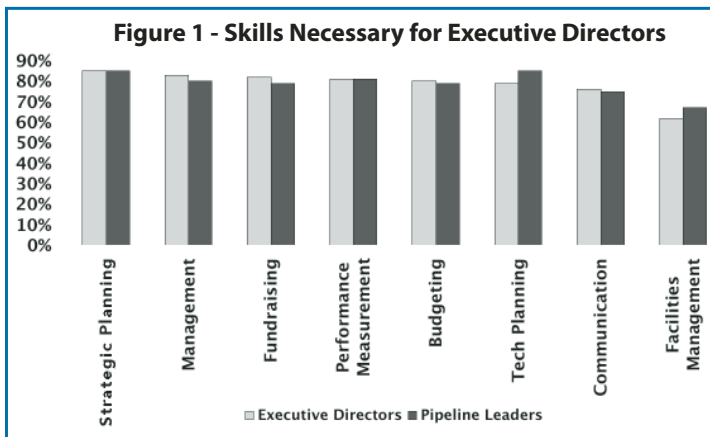
In conducting focus groups, Drs. Birdsell and Muzzio found consensus surrounding unmet training needs of the nonprofit sector. There were very few leadership development programs identified, and of those cited, most focused on service training versus management skills acquisition.

Nonprofit managers need to be more concerned about their pipeline leaders—those employees who will rise to executive director status when current leadership retires—since so many organizations will experience a leadership change during this decade. It is imperative that these rising leaders have adequate access to training, and that they receive the freedom necessary to develop such learnings into upward momentum.

Among some nonprofit leaders, Drs. Birdsell and Muzzio uncovered an active, visible prejudice against training. A majority of executive directors of smaller organizations fear that employees will eventually leave them, and therefore question devoting resources toward training. This bias, combined with the directors' underestimation their staff's desire for skill enhancement, leaves the rising workforce unprepared. (See Figures 1 and 2.) Executive directors should consider appealing to outside sources for additional funding that could be offered in exchange for sector commitment. Long-term commitment from employees could also be fostered through performance incentives. For directors invested in the sustainability of their organizations, increasing the skills of their pipeline leaders ensures the greatest level of future success.

Workforce Facts:

- **31% of providers report only sometimes or rarely do they have access to equipment and supplies.**
- **23% of workers find training opportunities are only sometimes or rarely provided.**
- **Many admission intake procedures are reported to take two to four hours.**



Workforce

Facts:

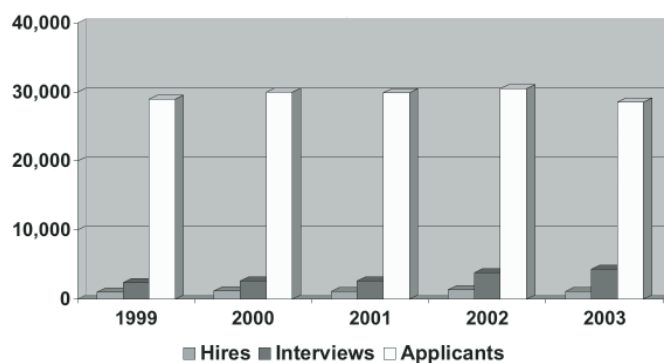
- **28% of fellow employees find their best-qualified co-workers leave within a couple years or less.**
- **54% of treatment program directors have been on the job less than one year.**

MARY ANN DONOHUE, Ph.D., RN, APN, C, Administrative Director of Nursing, Hackensack University Medical Center, shared an overview of the successes Hackensack has found in addressing employee recruitment and retention. Hackensack's "Our Employees Are Our Best Asset" program forces the Medical Center to scrutinize their annual employee satisfaction survey, theme by theme, and item by item, to ascertain a better understanding of their workforce. Among their over 7,000 non-union employees, they consistently maintain a high applicant pool, low turnover, high employee satisfaction ratings and offer competitive compensation packages year after year. (See Figure 1.)

One of Hackensack University Medical Center's major foci has been on the nursing staff workforce, therefore they formalized their approach via the Magnet Recognition Program. These workforce efforts have drawn national attention—the Medical Center has been the recipient of the Magnet Nursing Recognition Award since 1995—and they have mentored numerous domestic and international organizations in their journey toward excellence.

With such a heightened emphasis on taking care of their employees, Hackensack applicants often tell recruiters that the Medical Center's environment enjoys a reputation that it is conducive and receptive to career growth, and/or that a satisfied employee referred them. One of the greatest accomplishments for Hackensack University Medical Center is that their annual level of employee turnover is less than half the national average. While national turnover among RNs was 20.7% in 2003, the RN turnover rate at Hackensack was 9.2%. Such employee satisfaction is manifested in salary and retirement package benefits and in high levels of communication between administration and staff (communication being the most highly correlated variable to employee satisfaction). Mandatory supervisory training has been modified to develop such skills as problem solving, dispute resolution and supportive managerial styles. The Medical Center is also striving to improve employees' relationships with their immediate supervisors. Dr. Donohue suggested that these efforts to train and support staff, both clinical workers and supervisors, combined with an undeniable attention to employee satisfaction, have given Hackensack University Medical Center their edge.

Figure 1 - Applicant Selection at Hackensack Medical University Center



Pre-Summit Meetings:

Beginning in June 2001, OASAS, ASAP and IPDA began a collaborative effort to survey the drug and alcohol service delivery system across New York to fully understand the scope of the addiction workforce crisis. By conducting focus groups with over 100 individuals representing the concerns of their provider organizations, these sessions provided the needed synthesis for classifying major state barriers into five larger categories: Compensation, Administrative Relief, Marketing, Credentialing/Licensure and Organizational Culture/Best Practices. Recommendations for addressing such concerns were summarized in *The Addictions Profession: A Workforce in Crisis Report* issued in June 2002. Subsequent to the report's release, OASAS convened a statewide Task Force on Workforce Development to address the 19 recommendations contained in the *Workforce in Crisis Report*. The Task Force has since divided itself into smaller Work Groups to specifically tackle each of five aforementioned challenges. The leadership on the Task Force includes OASAS, ASAP, IPDA and the New York State Conference of Local Mental Hygiene Directors (CLMHD) representatives.

Having completed two years of work devoted to easing the state's workforce development crisis, the New York State drug and alcohol prevention and treatment labor force has benefited from numerous improvements, although it still encounters continuing barriers. Tremendous strides have been made to streamline the credentialing process and to reward and recognize the work of frontline counselors and prevention practitioners. Some of the greatest challenges still lie in ensuring new funds for numerous recommendations, securing revisions in Mental Hygiene Laws or state regulations and negotiating improvements with external organizations and authorities. Task Force progress is captured in a second report entitled *Combating the Crisis—A One-Year Update*.

The willingness of New York to share such recent experiences in workforce development with New Jersey and Pennsylvania has spurred the two states to create statewide initiatives of their own. With New York's creation of a strategic plan, and its success in implementing it to date, they provide a source of inspiration, leadership and motivation to New Jersey and Pennsylvania in moving forward.

NEW YORK



Workforce Facts:

- **One-fifth of treatment programs have no information services, e-mail, or even voice-mail for their phone system.**
- **Just over 40% of providers say talent and achievement are not rewarded in their workplace.**

NEW JERSEY



The range of issues raised by the New Jersey Focus Group participants surrounded three main themes: recruitment, retention and professional development. Specific to staff recruitment the greatest concerns were in compensation, marketing and career path definition. Many participants stressed the need to promote the addiction field as a career option by enhancing marketing strategies. Colleges and universities would be the main target for increasing the presence of addiction courses within undergraduate and graduate coursework. Increasing internship opportunities was also mentioned as a strategy for defining a career entry point from which people could be introduced to the addiction field.

The major barriers to retention identified were noncompetitive salaries, staff burnout and excessive paperwork. New Jersey in particular faces the challenge of offering salaries that compete with NYC-based organizations. Numerous retention strategies were suggested by focus group members including: job rotations to introduce staff to different ‘jobs’ within the organization; enhanced regular communication between all employees to solicit ideas, needs, etc. to increase job satisfaction; reductions in administrative paperwork; and creation of programs and policies that place a high value on the employee’s work and contributions.

There was a general sense that statewide education, training and clinical supervision was insufficient. As potential solutions for strengthening and increasing professional development opportunities, members suggested an examination of the preceptorship model widely used in other disciplines (e.g., nursing and the military), training supervisors to qualify as field placement supervisors for colleges and universities, mandated supervised internships, re-examination of the regulations for CADA, CPS and LEADC and offering perks to encourage participation in training, such as scholarships and adjusted time.

PENNSYLVANIA

The Pennsylvania Focus Group discussed the most salient challenges to recruiting and retaining qualified workers in the state. They felt salaries were too low and potential recruits had minimal knowledge of how to advance in the drug and alcohol treatment field. Colleges do not recognize and/or promote the addiction field through internships or mentoring programs and high school guidance counselors are not educated on how to create awareness about this career track. Roadblocks also exist (educational requirements/regulations) that prevent recovering persons from entering the field. Suggestions for improvement included loan forgiveness, enhancements in the clinical supervisory process and a greater emphasis on an interdisciplinary workforce (e.g., RN's, psychologists, etc.).

Major impediments to increasing the retention level of counselors for the state also surfaced. The ripple effects of the recent state budget crisis left the stability of the field in question and counselors report a lack of leadership. In addition, behavioral health opportunities are found to pay better. Also, the issues that surface with a workforce near retirement age are imminent given the field cannot attract and keep younger employees. Programs are insufficiently staffed to mentor new hires about career tracks, or to support that career path if a staff person moves to another agency. Retention efforts could succeed through improvements in access to and quality of available training, increased distance training opportunities, creation of a credentialing process for those in recovery, reductions in paperwork and greater flexibility.



Workforce Facts:

- **The majority of professionals report spending less than 50% of their time counseling; including individual, group, and family counseling.**
- **48.5% of providers report spending 21-60% of their time on paperwork.**

PROCESS:

Each of the states—New York, New Jersey, and Pennsylvania—were asked to invite 15-25 substance use disorder experts from their individual states to come and participate in strategic development planning for their state's addiction workforce. Supported by NeATTC scholarships, individual participants were charged with supporting ongoing efforts to identify, assess and implement solutions. Each workgroup met from 1:45 to 4:00 pm. The afternoon deliverable was a Strategic Workplan, with assigned action steps for the following year that would address critically identified areas of need and produce feasible short-term gains.

A state designee(s) facilitated each workgroup, and each SSA was an active participant in their state's breakout. From the pre-summit meetings five thematic challenges were classified: Compensation, Administrative Relief, Marketing, Credentialing/Licensure and Organizational Culture/Best Practices. Groups selected two or three of these barrier issues to further focus their afternoon discussion.

RECOMMENDATIONS:

Some key points of discussion among the groups were:

1. Enhancing the ethnic composition/diversity of the workforce with market campaigns targeting diverse groups (including special needs/disabilities and sexual orientation/gender identity populations). It is particularly important that non-English speaking populations have increased access to such information.
2. Closing the gap between science-based prevention information and application.
3. Reducing administrative burden/paperwork. Obtain objective information regarding the level of paperwork, site visits, clinical requirements and accreditation requirements that providers face to highlight which workloads are unnecessary and/or redundant (based upon scientific evidence and administrative need).
4. Establishing distance-learning opportunities for on-line training of drug and alcohol counselors to increase training access. Alleviate some of numerous problems created when trying to access training in rural areas (traveling commitments can extend the time spent on training up to a quarter of total work hours).
5. Enhancing the use of data. Increase the use of performance measurement systems by convincing counselors that good data is imperative for improvement by demonstrating to counselors that treatment is effective.

6. Accessing federal funds for workforce development by qualifying addiction counselors as an “at risk” career field to receive financial supports for training assistance. The greater the number of training opportunities and educational benefits accessible to paraprofessionals on-site the more highly skilled the addiction staff will be.
7. Marketing the collective successes of the addiction field by developing a statewide awards event that provides scholarships and awards to honored employees donated by private industry. These efforts make the field more enticing to potential recruits who are looking to do something rewarding with their careers. High profile individuals could be used to increase the visibility of successes.
8. Enhancing the job entry and mentoring process. Establish a step system where those first entering the field, whether at entry-level or otherwise, are guided along a progressive career development path, including available mentorship opportunities, to ease the transition into work and to promote greater retention rates.
9. Increasing access to the field by creating an accelerated entry path for people entering drug and alcohol services as a career change.
10. Implementing healthy workplace strategies. Obtain input from actual counselors regarding workplace strategies that they would likely use, such as, exercise, stress reduction lectures, yoga, on-site childcare, etc. to lower staff stress levels.





Online Resources

Northeast Addiction Technology Transfer Center (2004). Workforce Development Resources.

www.ireta.org/atcc/projects_work_force2.htm

Addiction Technology Transfer Center of New England. (1998). Cultural Competency in Substance Abuse Treatment, Policy Planning and Program Development: A Compendium of Training Materials.

www.atcc-ne.org/resources/pplist.html

American Public Human Services Association. (March 2003). Workforce Data Collection Field Guide for Human Service Agencies: Practical Recommendations for Conducting Staff Exit Interviews, Staff Focus Groups and Employees Surveys.

www.aphsa.org/publications/reports.asp

Child Welfare League of America (2002). Finding Better Ways: Conference on the Workforce Crisis.

www.cwla.org/programs/trieschman/2002fbwrecap.htm

Institute for Professional Development in the Addictions (2003). Solutions to the New York State Addictions Workforce Crisis: IPDA's Response.

www.idpany.org/pdfs/WhitePaperontheAddictionsWorkforceRevised.pdf

Society for Human Resources Management.

www.shrm.org

Society for Industrial and Organizational Psychology. (April 2001). Exit Interviews Can Shed Light on Why Employees Leave. SIOP News Tip, Collection Field Guide, 21.

www.siop.org/Media/News/Exit.htm

The Annapolis Coalition on Behavioral Health Workforce Education: Best Practices in Behavioral Health Workforce Education & Training.

www.annapoliscoalition.org/best_practices.php

CareerOneStop. Workforce Tools of Trade: Helping Workforce Professionals to Excel.

www.workforcetools.org/default.asp



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