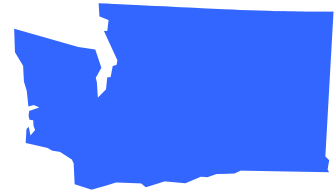

The Current State of Addiction Treatment



Results from the 2005 NFATTC Substance Abuse Treatment Workforce Survey

Executive Summary for Washington

The National Treatment Plan, published in 2000 by the Center for Substance Abuse Treatment, 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. Since 1998, the Northwest Frontier Addiction Technology Transfer Center (NFATTC) has invested heavily in workforce development, with recurrent needs assessment at the forefront of this investment. The current report discusses results from the 2005–2006 administration of the NFATTC Workforce Survey.

In the fall of 2005, workforce surveys were sent to a full census of agency directors in Alaska, Hawai'i, Idaho, Oregon, and Washington (674 agency directors representing 936 treatment facilities). Agency directors, in addition to completing a survey, were asked to distribute surveys to clinicians at each facility they managed. A 68% response rate was obtained across the region, with 459 agency director responses returned along with 1,564 clinician responses. In Washington, 263 agency directors and 791 clinicians completed the survey, resulting in a 70% response rate. Results provide rich detail regarding the demographic, academic, and professional background of the substance abuse treatment workforce in Washington, as well as critical information on important topics such as salary, staffing and turnover, training, and technology. Significant findings are highlighted for the following topics:

- Workforce Demographics
- Academic & Professional Background
- Work Detail
- Salary & Benefits
- Staffing & Turnover
- Recruitment & Retention
- Job Satisfaction & Stress
- Training
- Technology Access & Use

2006 HIGHLIGHTS:**Agency Size**

| | |
|------------------|-----|
| 2 or fewer staff | 28% |
| 3 to 5 staff | 28% |
| 6 to 11 staff | 19% |
| 12 or more staff | 24% |

Agency Setting

| | |
|---------------------|-----|
| Private, for-profit | 37% |
| Private, nonprofit | 39% |
| Public, nonprofit | 9% |
| Government | 10% |
| Tribal | 5% |

Mean Operating Budgets

| | |
|------------------|-------------|
| 2 or fewer | \$204,517 |
| 3 to 5 staff | \$475,471 |
| 6 to 11 staff | \$777,741 |
| 12 or more staff | \$3,039,495 |

Mean Clients Served

| | |
|------------------|-------|
| 2 or fewer staff | 181 |
| 3 to 5 staff | 239 |
| 6 to 11 staff | 477 |
| 12 or more staff | 1,590 |

Workforce Demographics

- Overall, 50% of agency directors and 60% of clinicians are female, and the majority of both agency directors (79%) and clinicians (78%) are white.
- The average age for those surveyed is 54 years old for agency directors and 48 years old for clinicians. Results indicate that 70% of directors and 52% of clinicians are 50 years old or older. Further, 27% of directors are 60 years old or older.
- The average age of entry in the field is 37 years old for directors and 39 years old for clinicians. These numbers parallel the finding that 43% of directors and 48% of clinicians report that substance abuse treatment is a second career.
- Results indicate that 44% of directors and 48% of clinicians are in recovery. These estimates could be low however, as 8% of directors and 13% of clinicians did not choose to disclose their recovery status.

Academic and Professional Background

- The most frequently cited reasons for entering the field for both directors and clinicians are a personal or family experience with addiction or recovery (53% and 67%, respectively) and a personal interest in substance abuse treatment (48% and 59%, respectively).
- Directors average 16 years in the field and 8 years in their current position, while clinicians average 9 years in the field and 5 years in their current position.
- Despite an average of 9 years experience in the field, over one third of clinicians (35%) have 0 to 4 years experience in the field. Further, as the average age of clinicians who have 0 to 4 years experience is also quite variable, this highlights that clinicians are entering the field at all ages. In fact, over half of clinicians recently entering the field (54%) are over 40 years old.
- Results indicate that 76% of directors and 60% of clinicians have a Bachelor's degree or above. Further, 49% of directors and 24% of clinicians have a Master's degree or above.
- A significantly smaller proportion of minority directors and clinicians have a Bachelor's degree or above. Also of interest, a significantly smaller proportion of recovering directors and clinicians have a Bachelors degree or above.
- Overall, 65% of directors and 61% of clinicians report current certification. In addition, 53% of directors and 54% clinicians report current licensure.
- Estimates indicate that approximately 40% of the workforce has both active/current certification and licensure. Conversely, estimates indicate that approximately 21% of directors and 7% of clinicians have neither active/current certification nor licensure.
- A significantly larger proportion of recovering directors and clinicians have current certification and current licensure.

Work Detail

- On average, directors report spending 73% their time on administrative tasks, while clinicians report spending 69% their time on client-related tasks. Not surprisingly, how directors spend their time varies significantly based on the size of their agency, with directors at smaller agencies spending significantly more time on client-related tasks .
- Clinicians report spending 17% of their time performing individual counseling sessions and 18% of their time performing group counseling sessions. Clinicians report spending only 2% of their time providing family counseling. Also worth noting it that clinicians report spending just 13% of their time (approximately 1 hour per day) on paperwork/documentation.

Work Detail (continued)

- Multivariate analysis of variance results indicate that clinicians' time spent on client-related and administrative tasks does not vary in a practically meaningful way based on academic and professional background characteristics.
- The majority of clinicians (83%), report carrying a caseload with an average caseload size of 34 clients. Only 17% of clinicians report that their caseload is not manageable.
- Based on both director and clinician responses, relapse prevention, 12-step, cognitive-behavioral therapy, bio-psychosocial, motivational interviewing, and strengths-based treatment are the most frequently used treatment models playing a major role in Washington agencies.
- Overall, 72% of directors and 65% of clinicians reported that daily or weekly clinical supervision is occurring at their agency. Clinicians report spending an average of 3% of their time each week (approximately 1½ hours) receiving clinical supervision.

Salary and Benefits

- Directors' salaries are extremely variable in Washington with 66% of directors earning \$45,000 or more a year. Clinician salaries are less variable with 88% of clinicians earning less than \$45,000 a year. The difference in reported director and clinician salaries is statistically significant.
- Overall, 81% of directors and 88% of clinicians report receiving full or partial health insurance benefits, while 67% of directors and 70% of clinicians report receiving retirement benefits.
- Both sick leave and vacation/other paid leave are provided to the vast majority of the workforce, while a sizeable portion of the workforce is not provided with maternity leave or tuition assistance.
- Provision of benefits is also strongly linked to agency size, as a significantly larger proportion of directors and clinicians at smaller agencies do not receive benefits (in addition to earning lower salaries on average).
- Multiple factors appear to be significant predictors of salary. For directors, gender, degree status, years experience in the field, certification, provision of health insurance, and agency size are all related to earning a higher salary. For clinicians, gender, degree status, years experience in the field, provision of health insurance, retirement benefits, agency geography, agency setting, and agency size are all related to earning a higher salary.

Staffing and Turnover

- On average, agencies in Washington employ 10 clinical staff. Agency size ranges from 1 to 200 direct clinical staff.
- Data indicate that on average agencies employ 3 to 5 trainees for every 10 clinicians on staff.
- Data indicate that trainees and other clinicians vary on a few fundamental characteristics: trainees are average, are a bit younger; trainees are as, if not more, educated; fewer trainees are in recovery than the general population of clinicians in the state; and trainees on average report earning lower salaries. Trainees and clinicians are however very similar in terms of caseloads and time spent providing treatment.

Gender & Ethnicity

| | Directors |
|--------|-----------|
| Female | 50% |
| White | 79% |

| | Clinicians |
|--------|------------|
| Female | 60% |
| White | 78% |

Age Status

| | Directors |
|-----------------|-----------|
| 20–29 years old | <1% |
| 30–39 years old | 6% |
| 40–49 years old | 24% |
| 50–59 years old | 42% |
| 60 + years old | 27% |

| | Clinicians |
|-----------------|------------|
| 20–29 years old | 8% |
| 30–39 years old | 17% |
| 40–49 years old | 23% |
| 50–59 years old | 37% |
| 60 + years old | 15% |

Years Experience in Field

| | Directors |
|----------------|-----------|
| 0 to 4 years | 8% |
| 5 to 9 years | 16% |
| 10 to 14 years | 19% |
| 15 to 19 years | 22% |
| 20 + years | 36% |

Clinicians

| | |
|----------------|-----|
| 0 to 4 years | 35% |
| 5 to 9 years | 22% |
| 10 to 14 years | 19% |
| 15 to 19 years | 12% |
| 20 + years | 11% |

Degree Status

| | Directors |
|--------------|-----------|
| High school | 1% |
| Some college | 11% |
| Associate's | 13% |
| Bachelor's | 27% |
| Master's | 41% |
| Ph.D. | 8% |

Clinicians

| | |
|--------------|-----|
| High school | 2% |
| Some college | 13% |
| Associate's | 24% |
| Bachelor's | 34% |
| Master's | 22% |
| Ph.D. | 2% |

Staffing and Turnover (continued)

- Based on agency director reports of staffing in the past year, agencies experience an average turnover rate of 26% of their staff. This rate is slightly elevated from the 22% turnover rate reported in 2002. Consistent with 2002 data is the fact that most turnover (over 60%) in agencies across the state is voluntary (quitting).
- Reported agency-level turnover in Division of Alcohol and Substance Abuse (DASA) Region 4 is lower than in other regions across the state. Turnover rates also vary by agency size, with smaller agencies reporting significantly higher turnover rates.
- Regression analysis results indicate that agency and agency director characteristics account for only 13% of the variability associated with turnover in Washington agencies.
- Staffing and turnover numbers indicate that many agencies are operating with a staff shortage. Overall, 40% of agency directors report that their agency is understaffed, with an average staff vacancy of 1.10 FTE. Across all agencies, this translates to an average staff vacancy of .53 FTE.
- Data indicate that while a large percentage of reported staff shortages are primarily budget-related (54%), the remaining 46% of directors reporting a staff shortage state that they would still be understaffed if all budgeted positions were filled.
- Across the workforce, 49% of directors indicate that they expect to hire staff, reporting an average of 1.92 FTE in planned hires. The number of planned hires per agency ranged from 1 to 10 FTE, with chemical dependency professionals accounting for 79% of all planned hires.
- Agencies reporting receipt of state dollars from DASA reported a decrease in the number of staff vacancies from 2002 through 2005, while agencies not receiving state dollars report an increase. Data also show that the number of planned hires is also higher for agencies receiving state dollars.
- Results indicate that 79% of directors and 66% of clinicians have worked for more than one agency, with 68% of directors and 59% of clinicians voluntarily changing agencies at least one time. Overall, data indicate that 64% of director movement and 61% of clinicians movement within the field is voluntary in nature.
- Results indicate that while a relatively small proportion of directors (12%) and clinicians (16%) report a high or definite likelihood of changing agencies or leaving the field (9% and 10%, respectively), another substantial segment of respondents indicate uncertainty regarding their future. This is especially true for clinicians, as 17% of clinicians report being not sure about their future with their agency, and 13% report being not sure about their future in the field.
- Both directors and clinicians cite better salary, better work opportunities (within the field), and burnout as significant factors in clinicians' voluntarily leaving (i.e., quitting). Interestingly, the burnout experienced by clinicians appears to be largely underestimated by directors as only 15% of directors compared to 38% of clinicians indicate that burnout is a factor in clinicians' decisions to quit.

Staffing and Turnover (continued)

- Logistic regression results indicate that certain factors are predictive of directors and clinicians planning on changing agencies (and those not), and between those planning on leaving the field (and those not). Overall, individual turnover seems to be strongly related to financial considerations (being the primary wage earner for your family), mobility considerations (degree status, previous experience in another field), past turnover behavior, and job satisfaction and stress. Interestingly, simply earning a higher salary does not appear to be a significant predictor of staying at an agency or staying in the field.

Recruitment and Retention

- In terms of staff recruitment, 57% of directors and 52% of clinicians indicate that their agency has difficulty filling open positions.
- A significantly larger proportion of directors at larger agencies report recruiting difficulties. Additionally, a significantly larger proportion of directors of agencies receiving single state agency funds from DASA report recruitment difficulties.
- Differences in agency setting are also evident, as a larger proportion of directors of private nonprofit, public nonprofit, state government and tribal agencies report recruiting difficulties.
- The most frequently cited reason for the reported difficulties filling open positions is an insufficient number of applicants meeting minimum qualifications. The most frequently cited reasons why applicants are failing to meet minimum qualifications are applicants having little or no experience, insufficient or inadequate training/ education, and a lack of appropriate certification/licensure.
- Salary is identified as the number one barrier to entering the substance abuse treatment field by both directors and clinicians. Other frequently cited barriers include paperwork, large caseloads, and the cost of education or training.
- Overall, 64% of directors and 68% of clinicians report that, from the perspective of other helping professionals, addiction professionals are thought to have lower status. Reasons for the perception of lower status are numerous, but lower salary is the most frequently cited by both directors and clinicians.
- Interestingly, little consistency exists between the perceptions of directors and clinicians as to what staff development activities are occurring in their agencies.
- In addition to more frequent salary increases, both directors and clinicians frequently cite more individual recognition and appreciation, assistance with paperwork (or lessening the amount of paperwork), and better health coverage and benefits as retention strategies.
- Interestingly, only 28% of directors compared to 43% of clinicians endorse taking formal steps to reduce emotional burnout as a strategy to retain staff.

Job Satisfaction and Stress

- Fewer than 2% of directors and 7% of clinicians report their job satisfaction as below average. However, a significantly larger proportion of directors (85%) than clinicians (70%) report above average job satisfaction.

Certification

| | Directors |
|--------------------------------------|------------|
| Current | 65% |
| Active (pending, awaiting, pursuing) | 3% |
| Inactive (never, previous) | 29% |
| | Clinicians |
| Current | 54% |
| Active (pending, awaiting, pursuing) | 11% |
| Inactive (never, previous) | 32% |

Salary

| | Directors |
|--------------------|------------|
| Less than \$15,000 | 5% |
| \$15,000–\$24,999 | 4% |
| \$25,000–\$34,999 | 12% |
| \$35,000–\$44,999 | 14% |
| \$45,000–\$54,999 | 20% |
| \$55,000–\$64,999 | 18% |
| \$65,000–\$74,999 | 14% |
| \$75,000 or higher | 14% |
| | Clinicians |
| Less than \$15,000 | 9% |
| \$15,000–\$24,999 | 19% |
| \$25,000–\$34,999 | 39% |
| \$35,000–\$44,999 | 21% |
| \$45,000–\$54,999 | 7% |
| \$55,000–\$64,999 | 2% |
| \$65,000–\$74,999 | 1% |
| \$75,000 or higher | <1% |

Turnover Rates

| | |
|------------------|-----|
| Overall | 26% |
| Region 1 | 32% |
| Region 2 | 27% |
| Region 3 | 28% |
| Region 4 | 20% |
| Region 5 | 27% |
| Region 6 | 26% |
| 2 or fewer staff | 31% |
| 3 to 5 staff | 31% |
| 6 to 11 staff | 24% |
| 12 or more staff | 16% |

Job Satisfaction and Stress (continued)

- Overall, directors and clinicians cite qualities in their work as more frequently contributing to their satisfaction than their dissatisfaction. Some expected differences exist between factors that contribute to directors and clinicians satisfaction, as directors more frequently cite qualities such as decision making and leadership, while clinicians more frequently cite work with clients and colleagues.
- Job stress is rated as relatively high across the workforce. However, a significantly larger proportion of directors than clinicians rate their job stress as very high.

Training

- Results indicate that 93% of directors and 91% of clinicians have participated in workshops or training in substance abuse in the past two years. On average, directors report having attended 8 workshops/trainings in the past two years, while clinicians report having attended 6 workshops/trainings in the past two years.
- Directors and clinicians self-rated both their proficiency and training interest in 28 Addiction Counseling Competency areas. Results indicate that self-rated proficiencies and training interest are both significantly different between directors and clinicians.
- The proficiencies and training interests of agency directors and clinical staff do not vary by DASA region, but rather are common across the state.
- 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.
- For directors, two areas are identified as training priorities: drug pharmacology and racial/ethnic-specific treatment. For clinicians, four areas are identified as training priorities: co-occurring disorders, drug pharmacology, gender-specific treatment, and racial/ethnic-specific treatment.

Technology Access and Use

- Overall, 99% of directors and 95% of clinicians report having computer access in the workplace. In addition, 93% of directors and 81% of clinicians report having internet access in the workplace.
- The vast majority of both directors (88%) and clinicians (86%) report feeling proficient using technology to obtain information about substance abuse. However, a significantly larger proportion of directors than clinicians report that their agency encourages the use of computers and web-based technology.
- Results indicate some opportunities for web-based training modalities. While only 33% have used web-based technology for training, 64% of clinicians agree or strongly agree to the statement, "I am interested in web-based professional education."

Contact Information

A full copy of *The Current State of Addiction Treatment: Results from the 2005 NFATTC Substance Abuse Treatment Workforce Survey—Washington* can be downloaded from the NFATTC website: www.nfattc.org, or requested from the NFATTC office. Questions about how this data is being used can be directed to Dr. Steve Gallon: gallons@ohsu.edu. Questions concerning methodology, data collection, and data analysis can be directed to Jeffrey R.W. Knudsen: jknudsen@rmccorp.com.