



ATTC

Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

VITAL SIGNS:

Taking the Pulse of the Addiction Treatment Profession

A NATIONAL REPORT – EXECUTIVE SUMMARY



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EXECUTIVE SUMMARY



Since 2007, national reports sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) have repeatedly identified a lack of nationally representative data describing the specialty workforce that serves individuals with substance use disorders (SUDs) (Strengthening Professional Identities, 2006; Annapolis Coalition, 2007). These reports suggest that the dearth of nationally representative data negatively impacts the ability of SAMHSA and other federal agencies to institute meaningful workforce development programs for SUD professionals. In response, SAMHSA instructed the Addiction Technology Transfer Center (ATTC) Network to carry out a national workforce study. The purpose of the study is to inform the development of strategies to successfully prepare, recruit and retain a sufficient number of professionals able to effectively care for individuals with SUDs. This report presents the findings of the ATTC Network's national study, *Vital Signs: Taking the Pulse of the Addiction Treatment Profession*. Although SAMHSA is the primary audience for the study's findings, the ATTC Network expects that comprehensive, nationally representative data about the specialty SUD treatment workforce will be useful to Single State Agencies, provider and professional organizations, training and education entities, individuals in the workforce, and other stakeholders.

| BACKGROUND |

For nearly 20 years SAMHSA has funded the ATTC Network to develop the SUD treatment workforce and to promote the adoption and implementation of evidence-based clinical practices for the treatment of SUDs. As part of the 2007-2012 ATTC cooperative agreements, SAMHSA charged the ATTC National Office with leading the ATTC Regional Centers in the development and implementation of a nationwide workforce study. SAMHSA instructed the ATTC Regional Centers to collect and report regional data from the study. Through an agency-wide workforce development workgroup, SAMHSA provided guidelines to the ATTC Network for conducting the study, including the primary questions to be answered:

- What are the basic demographics of the workforce?
- What are the common strategies and methodologies to prepare, retain, and maintain the workforce?
- What are the anticipated workforce development needs in the next five years?

| SUMMARY OF METHODOLOGY |

The ATTC Network designed a mixed-methods approach to answering the primary questions. The approach included the following components: survey of clinical directors;¹ telephone interviews with clinical directors; telephone interviews with thought leaders;² and a review of existing literature and data sets. The sample for the survey, a 57-item instrument distributed by ATTC Regional Centers either online or in hard copy, was drawn from the Inventory of Substance Abuse Treatment Services (I-SATS) using a dual sampling method to ensure that data would be both nationally and regionally representative. Once data collection ended, the responses were cleaned and then analyzed using the reporting functions available in the survey software as well as Microsoft Excel functions. A response rate of 88%

¹For the purposes of this study, clinical director was defined as the person whose role it is to oversee direct clinical service delivery for a particular facility.

²For the purposes of this study, a thought leader was defined as a futurist, meaning a person in the field of SUD and recovery services who is recognized for innovative ideas in the field, and demonstrates the confidence to promote or share those ideas as actionable, distilled insights.

was achieved for the survey. In addition, 27 telephone interviews were conducted with clinical directors whose survey responses indicated that they were highly satisfied with their facilities' efforts to prepare, maintain and retain employees. Using a semi-structured protocol, the interviews gathered information on successful workforce development strategies. Moreover, another 25 telephone interviews were conducted with national thought leaders identified by the ATTC Network and SAMHSA. Using a semi-structured protocol, the thought leader interviews elicited the mega-trends that respondents thought would likely affect the SUD treatment workforce in the next five years. In separate processes, both sets of interviews were transcribed and then analyzed using Nvivo software. Two researchers developed codes and identified emerging themes and patterns from the transcripts. Finally, existing data sets were reviewed to model the growth and retraction, as well as to inform the workforce development needs, of the SUD treatment workforce over the next five years.

| SUMMARY OF THE NATIONAL FINDINGS |

What are the basic demographics of the workforce?

- Clinical directors in a nationally representative sample of facilities included in the I-SATS are predominantly white, middle-aged women with no military affiliation. These clinical directors are educated professionals who began their career in the SUD treatment field and have, on average, 17 years of experience in the field. About one third identify as being in recovery from a SUD.
- Direct care staff members supervised by the clinical director respondents are also mostly white women with no military affiliation. Direct care staff members tend to be younger, on average, than clinical directors and have less years of experience at their current places of employment. Direct care staff members are also educated professionals. The highest degree status of direct care staff that was most commonly reported was a Master's degree. Furthermore, the majority of direct care staff is currently licensed/certified or is seeking licensure/certification. Slightly less than one third of direct care staff are in recovery from SUDs as estimated by their clinical directors.
- Almost one third of clinical directors are only somewhat proficient in web-based technologies, and almost half of SUD facilities do not have an electronic health record system in place.

What are the common strategies and methodologies to prepare, retain, and maintain the workforce?

- SUD treatment facilities most commonly offer professional development for staff through new employee orientation, ongoing training, and direct supervision. When facilities do not provide for staff training and continuing education, the most commonly reported reason was a lack of funds. Nevertheless, the majority of survey respondents reported that staff at their facility had been trained in both culturally responsive and gender responsive SUD treatment. These findings were substantiated by interviews with clinical directors who reported that limited funding can often hinder a facility's ability to provide ongoing education.
- Recruitment continues to be a significant issue for many SUD treatment facilities. According to survey respondents, facilities primarily use web-based classified advertisements to recruit new staff and almost half of facilities have difficulty filling open positions, mostly due to an insufficient number of applicants who meet minimum qualifications. Through interviews, clinical directors emphasized the

positive effects that developing relationships with colleges and universities can have on recruiting qualified professionals.

- Retention also continues to be an ongoing challenge for SUD treatment facilities. According to survey respondents, the average staff turnover rate is 18.5%. Some of the most successful retention strategies employed by treatment facilities include the provision of healthcare benefits, implementation of a supportive culture, and access to ongoing training. Satisfaction with salary level, which is often cited as a factor in employee retention, varied among clinical directors. Half of respondents reported satisfaction with their income while half reported being unsatisfied.

What are the anticipated workforce development needs in the next five years?

- More SUD treatment professionals will be needed in the next five years. While there is limited data to track the projected growth, retraction, and composition of the SUD workforce over the next five years, it is anticipated that the implementation of the Affordable Care Act in 2014 will result in a significant increase in the need for professionals who are able to care for individuals with SUDs in a variety of managed healthcare settings.
- Applicants for open positions in SUD treatment facilities need to be better qualified. Clinical directors reported that their facilities face significant challenges in filling open positions due to a lack of qualified applicants.
- The workforce needs to be diversified. The current workforce is predominantly white, female, and over the age of 45. Younger professionals from diverse racial/ethnic backgrounds who are able to work in integrated settings will be needed.
- In addition, six mega-trends will affect the SUD treatment workforce in the next five years, as follows:
 1. Macro-level changes to healthcare and treatment delivery;
 2. A push for enhanced pre-service training, professional development, and uniform credentialing;
 3. Increased use of evidence-based and recovery-oriented methods of SUD treatment targeted for a changing client population and emerging drugs of abuse;
 4. Workforce recruitment and retention efforts;
 5. The recognition of substance use disorders as a valid health issue;
 6. Implementation and use of health information technology.

| SUMMARY OF RECOMMENDATIONS |

- SUD treatment facilities should consider recruiting professional or pre-professional individuals in their 20s and 30s from diverse backgrounds to the workforce. Federal and state policymakers and other stakeholder groups should support programs that promote the SUD treatment field as a career choice for young graduates. SUD treatment facilities should consider establishing relationships with colleges and universities in order to recruit new staff members. They should also continue to draw from the recovery community in their recruitment efforts.
- SUD treatment practitioners should continue to earn degrees in higher education as well as professional credentials.

- SUD treatment practitioners should also increase their technological competency. Educational opportunities related to building the computer and web-based technology skills of SUD treatment practitioners should be made available to facilities at low or no cost. Also, pre-service educational programs for SUD treatment practitioners should include training on computer and web-based technology skills, including the use of EHR systems.
- SUD treatment practitioners should become familiar with online learning, including how to navigate e-learning software and how to get the most out of web-based courses.
- SUD treatment facilities should adopt a collaborative learning culture and support staff members in their ongoing education, providing financial support if possible.
- Federal and state policy makers should continue to support programs, such as the ATTC Network, that provide low or no cost training opportunities, including online training.
- To save on training costs, SUD treatment facilities should consider sending qualified staff to “training of trainers” events, such as those often offered through the ATTC Network, so that they can develop internal capacity to provide training.
- SUD treatment facilities should consider increasing efforts to retain direct care staff.
- Leadership training, including how to develop and lead positive teams, should be made available to executive and clinical directors of SUD treatment facilities.
- Management training, including how to provide constructive feedback and how to establish a positive work environment, should be made available for administrators and managers of SUD treatment facilities.
- SUD treatment facility directors should investigate strategies that have been shown to help employees achieve a healthy work/life balance and should consider implementing such benefits as appropriate in their organizations.
- SUD treatment facilities should provide regular, ongoing support for clinical supervision.
- Since 60% of clinical directors are over age 50, focused efforts to develop individuals who can replace existing clinical directors in their leadership positions should be a priority for the SUD treatment field.
- Clinical directors should consider integrating observation methods such as role play and tape review into their work.
- Policymakers and other stakeholders should continue to work to educate SUD treatment facilities about the impact HCR will have on the way they do business. These activities should include efforts to build relationships between specialty SUD treatment facilities and primary care organizations. Also, SUD treatment providers should consider gaining an understanding of the culture of primary care and how best to work in integrated healthcare environments.
- As healthcare reform changes the reimbursement structure for SUD treatment services, advocates for

the field should consider mounting a concerted effort to ensure that SUD treatment practitioners are reimbursed on an equal level with other healthcare professionals.

- SUD treatment facilities need to better understand EBP implementation models. Training alone is never enough. Facilities need to support the breadth and depth of changes that need to occur to ensure successful EBP implementation efforts.
- The SUD treatment field should continue to develop a shared understanding of the components of a recovery-oriented system of care. Localities should consider identifying facilitators that can help guide them to move their systems toward a recovery orientation. Stakeholders at all levels need to maintain an unwavering commitment to recovery-oriented care.
- Members of the SUD treatment workforce should become strong advocates for the recognition of SUDs as a valid healthcare issue. The health of the nation will depend on a greater understanding of the ways in which SUDs complicate, if not cause, other health issues such as heart disease. The roll out of the ACA offers a unique opportunity for screening and treatment for SUDs to become a regular part of healthcare.
- SUD treatment facilities must adopt and implement EHR systems in order to survive. Current and future SUD treatment practitioners need to have the skills to operate EHR systems in order to continue working in healthcare. Federal and state policymakers should consider supporting programs that assist SUD treatment facilities utilize HIT.

Vital Signs: Taking the Pulse of the Addiction Treatment Profession was a collaborative effort of the 2007-2012 ATTC Network to provide an overview of the characteristics and workforce development needs of the SUD treatment field. In the full national report, the ATTC Network provides a unique picture of the state the SUD treatment field in a variety of topics across the country. Moreover, the ATTC Network taps into the considerable experience and expertise of clinical directors and thought leaders to illustrate the challenges that lay ahead for the field and the ways the workforce will change to overcome those difficulties and remain viable in the future. Finally, the ATTC Network contextualizes the *Vital Signs* data and recommends action steps to move the workforce forward so that quality care of SUDs can be assured for all Americans.