



**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



## Findings from the **2012 ATTC Network National Workforce Study**





## Agenda

### I. Background

### II. Methodology

- A. Research Questions
- B. Study Components
- C. Survey of Clinical Directors
- D. Key Informant Interviews
- E. Network Coordination
- F. Analysis
- G. Data Limitations

### III. Findings

- A. Workforce Characteristics
- B. Strategies to Prepare, Maintain & Retain the Workforce
- C. Workforce Development Needs
  - Projected growth, retraction & composition of the workforce
  - Projected megatrends that will impact the workforce

### IV. Conclusions & Recommendations



## Vital Signs Report

# VITAL SIGNS

taking the **PULSE** of the Addiction Treatment Profession



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## VITAL SIGNS:

Taking the Pulse of the Addiction Treatment Profession  
A NATIONAL REPORT – VERSION 1



> PREPARED FOR:  
Substance Abuse and Mental Health Services Administration  
Completion Date: September 28, 2012

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## Background

### ATTC Workforce Study Background

- Workforce development- Cross cutting principle in all eight of SAMHSA's Strategic Initiatives
- CSAT's 2003 Environmental Scan & SAMHSA's 2007 Strengthening Professional Identities report
  - Lack of quantitative data on the behavioral health workforce
- 2007 ATTC Program RFA
- ATTC Network experience in conducting workforce surveys



## Methodology

## Research Questions

1. What are the basic demographics of the workforce?
2. What are the common strategies and methodologies to prepare, retain, and maintain the workforce?
3. What are the anticipated workforce development needs for the next 5 years?

# Study Components

## **SURVEY: Clinical Directors**

*What are the basic demographics of the workforce?*



## **TELEPHONE INTERVIEWS: Clinical Directors**

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



## **TELEPHONE INTERVIEWS: Thought Leaders**

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



## **SECONDARY DATA ANALYSIS**

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

## Methodology

### Survey of Clinical Directors

- **Clinical Director Definition:** The person whose role it is to oversee direct clinical service delivery for this facility
- **Instrument**
  - 57 questions
  - Demographics and Professional Background
  - Your Work
  - Clinical Supervision
  - Direct Care Staff
  - Your Treatment Facility
  - Recruitment, Retention, and Staff Development
  - Technology
  - Staff Competency Related to Diversity
- National response rate = 88%





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## Methodology

### Survey Sampling Plan



Random Sample  
of the 13,057  
SUD tx facilities  
listed in the I-  
SATS (minus  
single providers)

487 facilities in  
the national  
sample

170 additional  
facilities to make  
up the regional  
sample

657 facilities  
sampled in total

## Methodology

### Survey Sampling Plan Benefits



## Methodology

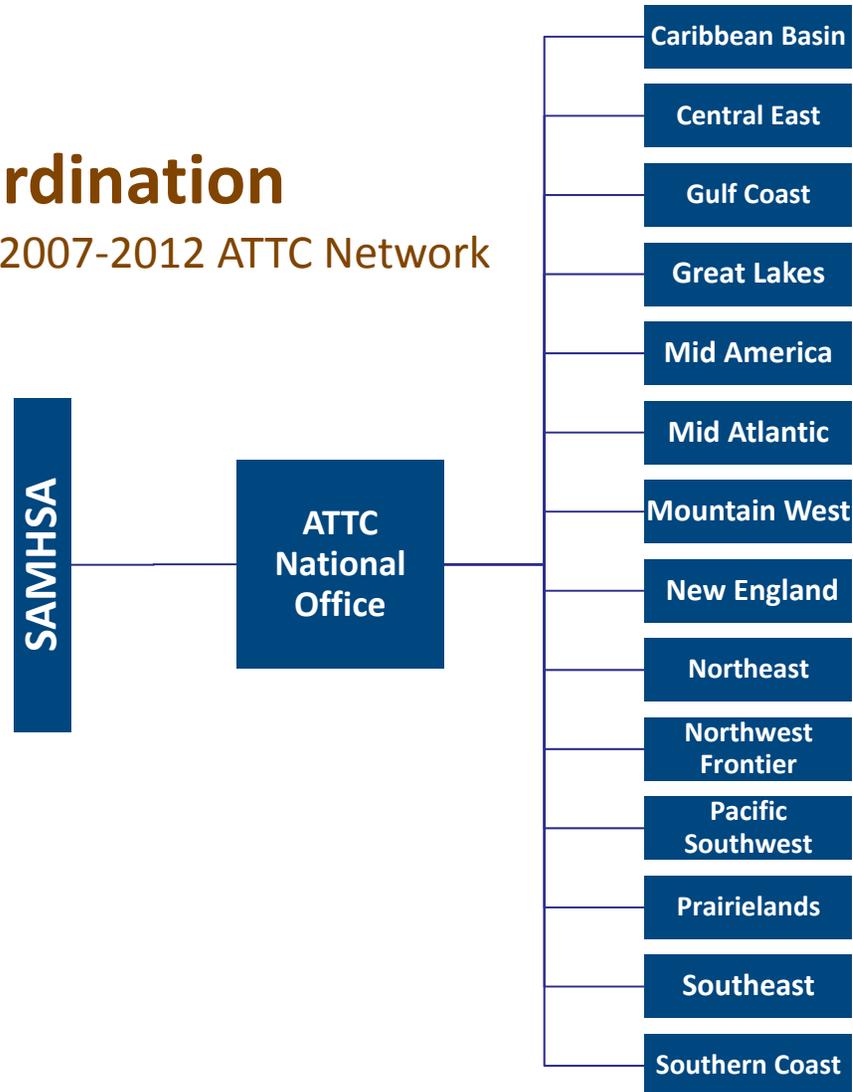
### Key Informant Interviews

- **Clinical Directors**
  - Extreme case sampling plan
  - 81 participants selected/ 25 interviews conducted
- **Thought Leaders**
  - Identified by CSAT & ATTC RC's
  - List of 80 individuals / 25 interviews
  - Purposive sampling strategy

## Methodology

### Study Coordination

Note: Based on 2007-2012 ATTC Network





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# VITAL SIGNS

taking the **PULSE** of the Addiction Treatment Profession



## Methodology

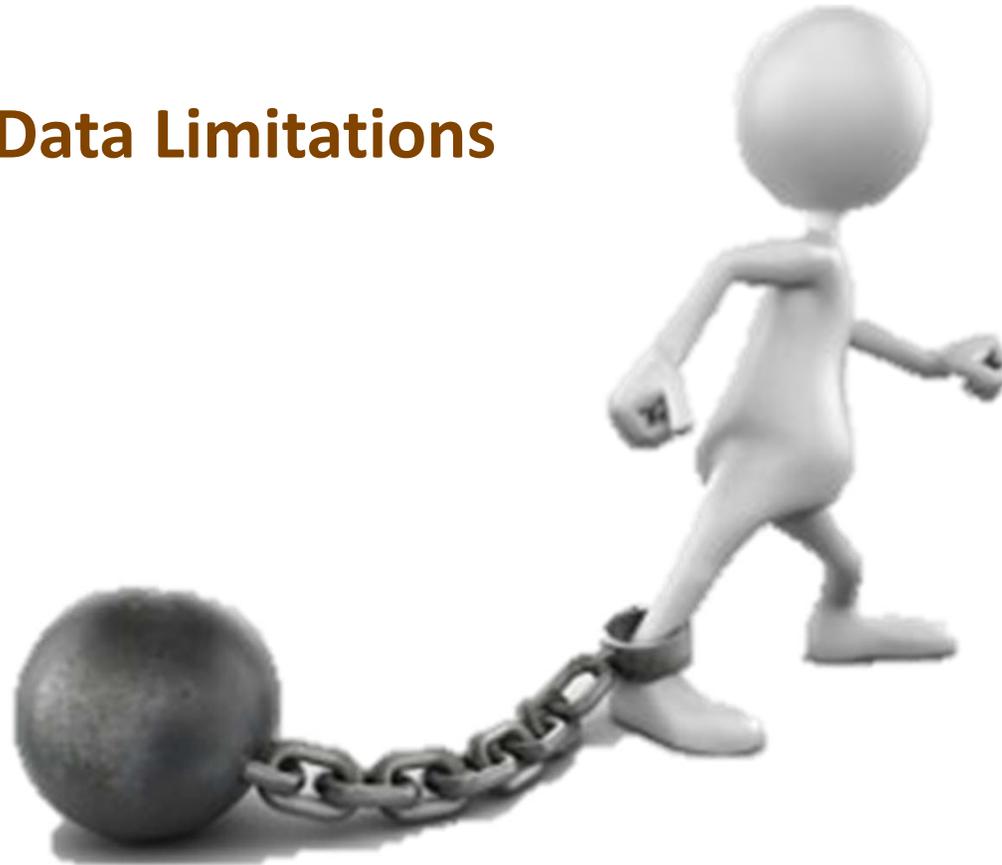
## Data Analysis





## Methodology

### Data Limitations



## Findings

1. What are the basic demographics of the workforce?



## Workforce Characteristics



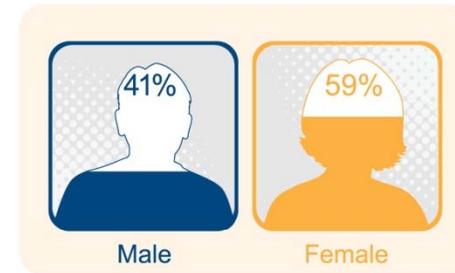
## Demographic Profile

AGE :  
CLINICAL DIRECTORS



Aged 50 or older  
Average age 52

GENDER:  
CLINICAL DIRECTORS

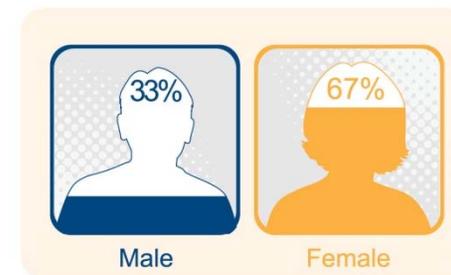


AGE :  
DIRECT CARE STAFF



Aged younger  
than 54 years

GENDER:  
DIRECT CARE STAFF

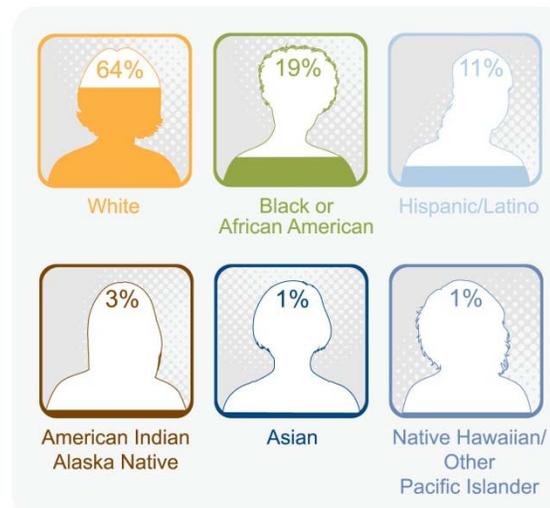


## Workforce Characteristics

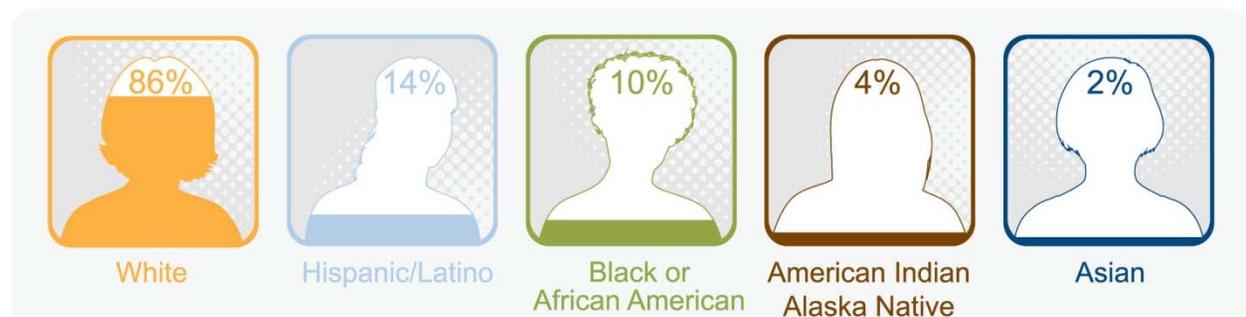


## Demographic Profile

ETHNICITY: DIRECT CARE STAFF



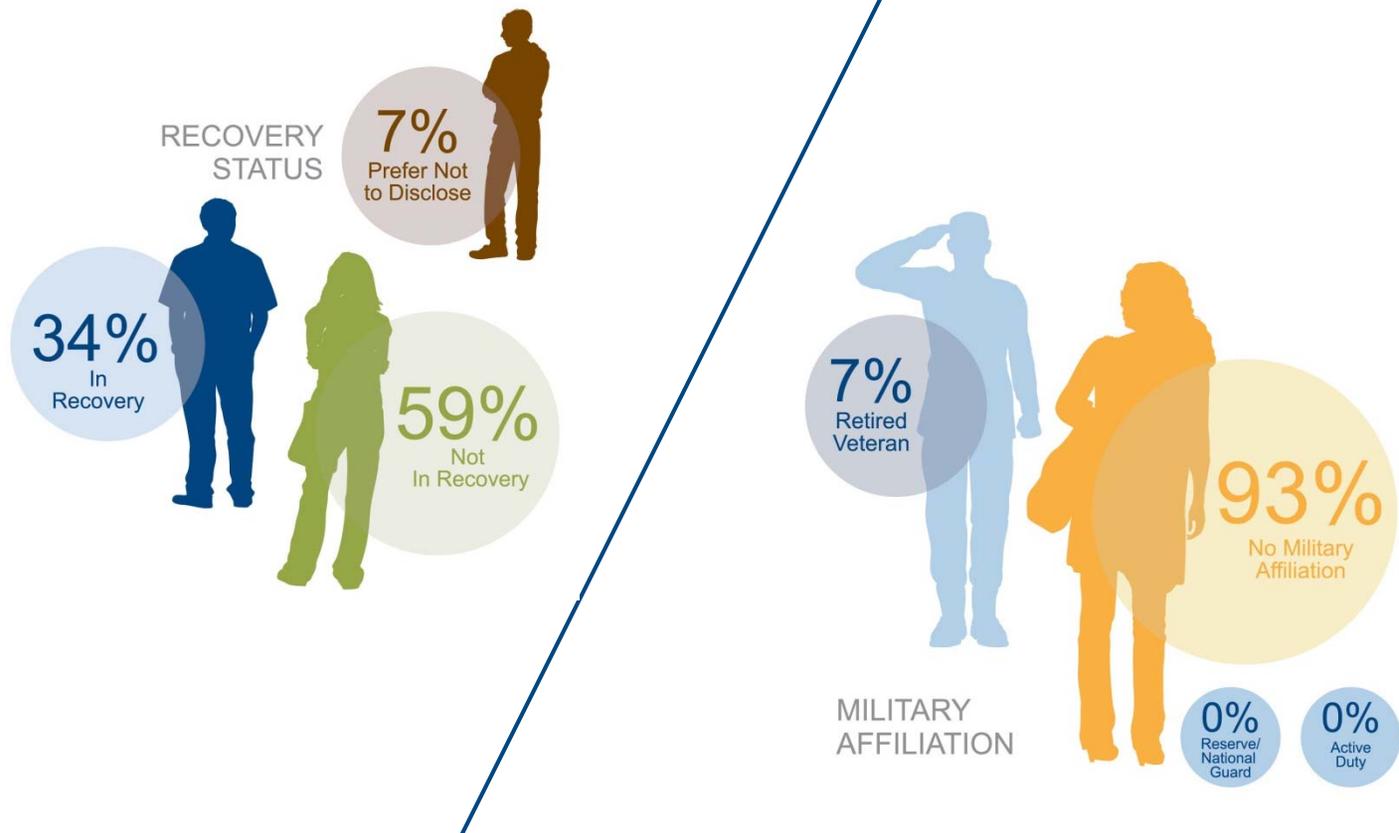
ETHNICITY: CLINICAL DIRECTORS



## Workforce Characteristics



## Demographic Profile



Workforce  
 Characteristics

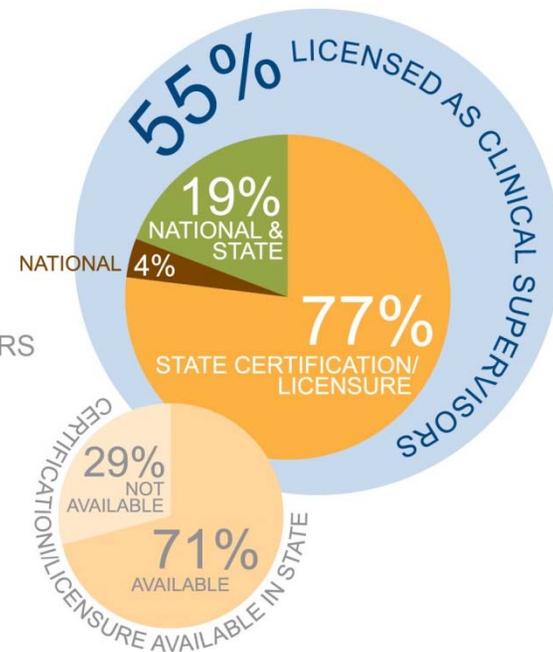


Professional Background

HIGHEST DEGREE: CLINICAL DIRECTORS



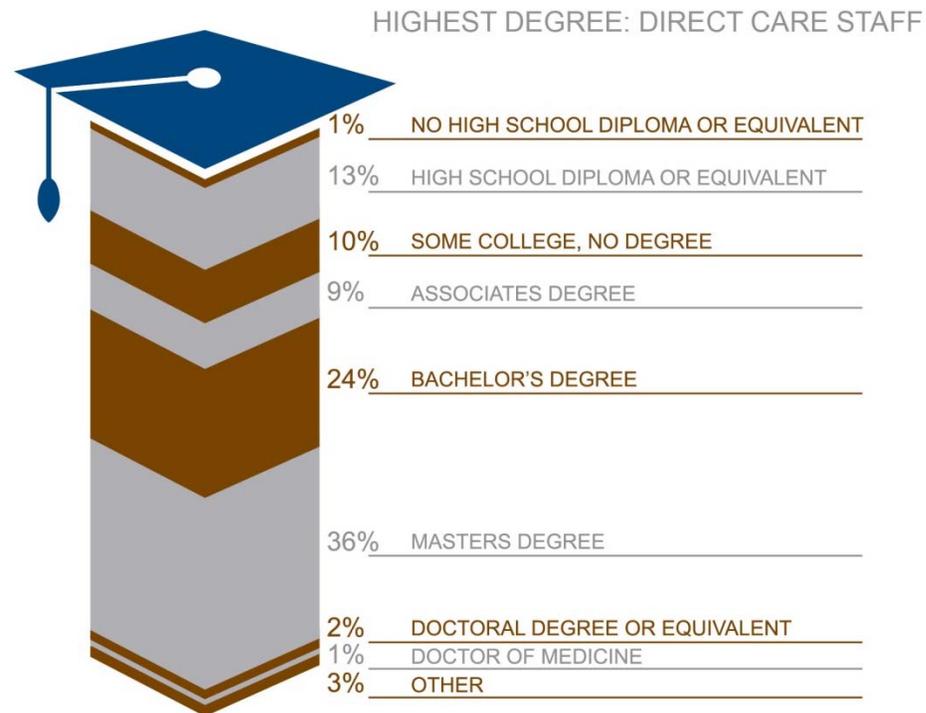
LICENSURE:  
 CLINICAL DIRECTORS



## Workforce Characteristics



## Professional Background

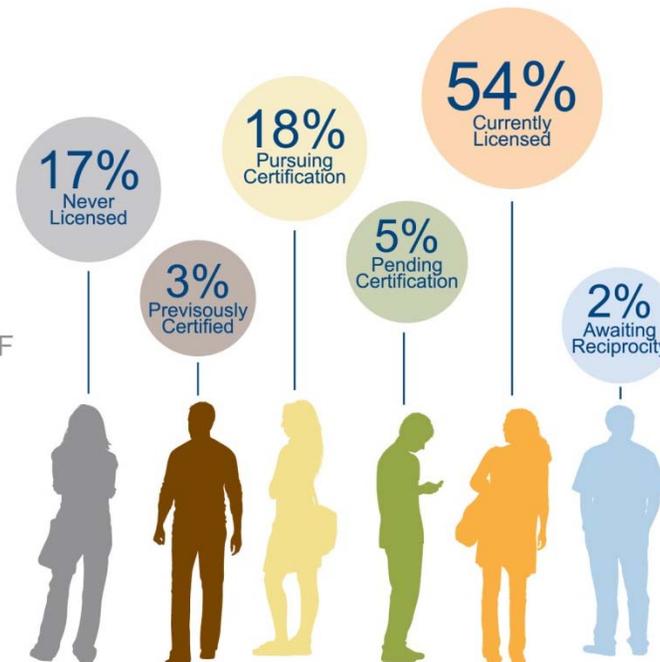


## Workforce Characteristics



## Professional Background

LICENSURE :  
DIRECT CARE STAFF



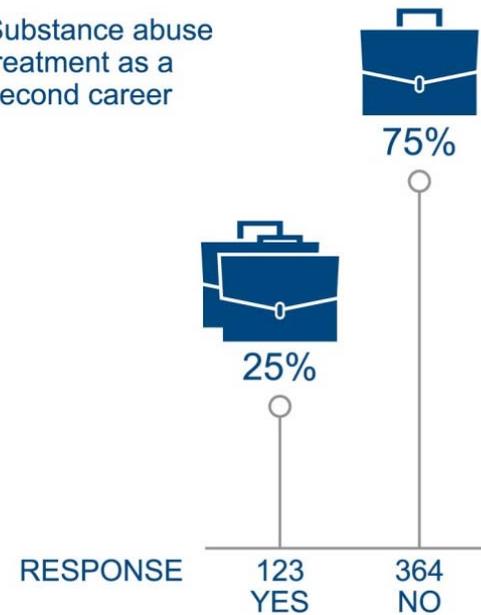
## Workforce Characteristics



## Professional Background

SECOND CAREER:  
CLINICAL DIRECTORS

Substance abuse  
treatment as a  
second career



## Workforce Characteristics



## Professional Background

### EXPERIENCE: CLINICAL DIRECTORS

AREA AND  
YEARS OF  
EXPERIENCE

AVG.  
VALUE

In the social services field, other than in substance abuse treatment?

9.89  
(max 40.00)

In the substance abuse treatment field?

16.85  
(max 40.00)

At your current employer/agency?

11.05  
(max 40.00)

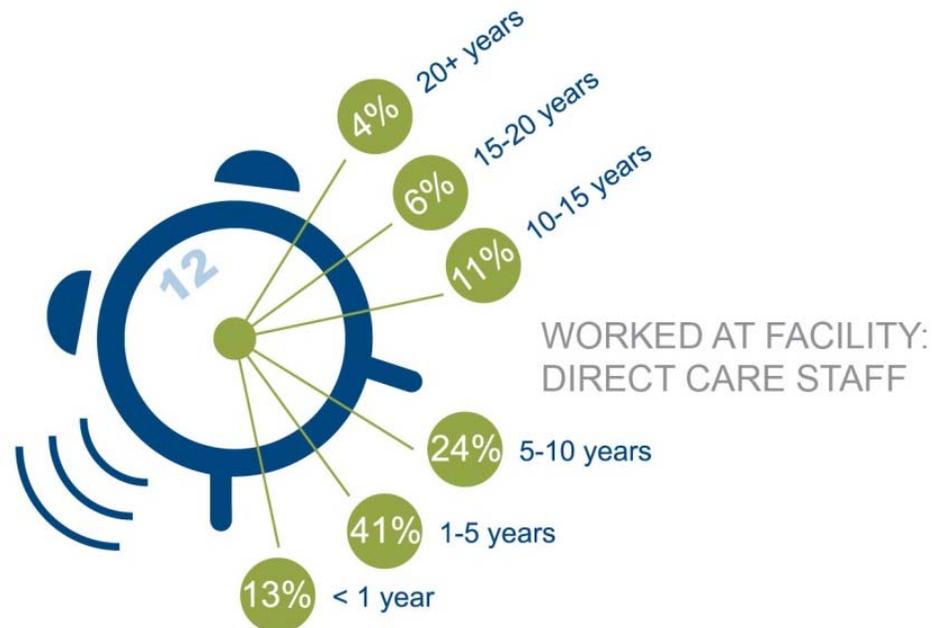
In your current position?

6.74  
(max 34.00)

## Workforce Characteristics



## Professional Background



## Workforce Characteristics



## Technological Competency

PROFICIENCY IN TECHNOLOGIES  
(COMPUTERS & WEB-BASED):  
CLINICAL DIRECTORS

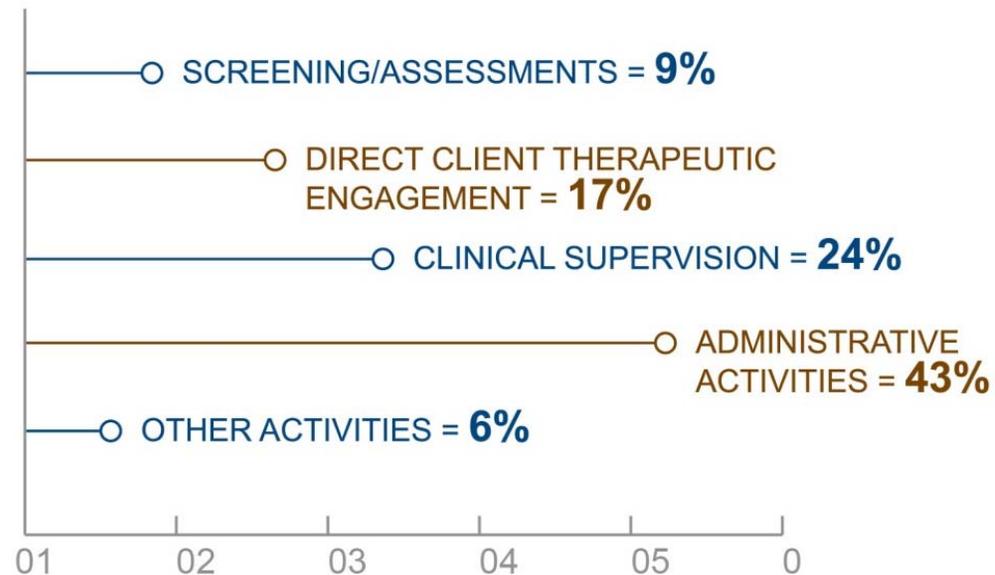


## Workforce Characteristics



## Functional Role

TIME SPENT ON ACTIVITIES:  
CLINICAL DIRECTORS

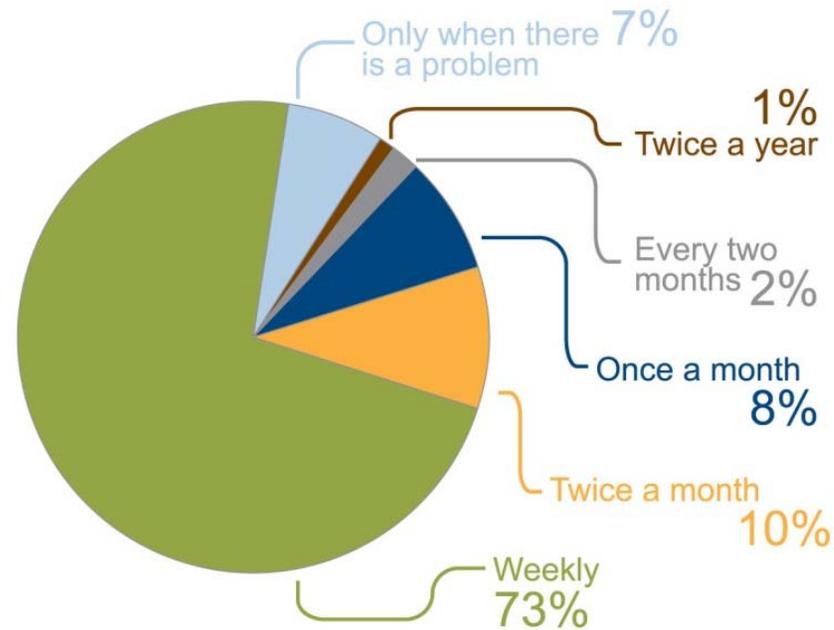


## Workforce Characteristics



## Functional Role

FREQUENCY OF  
CLINICAL SUPERVISION



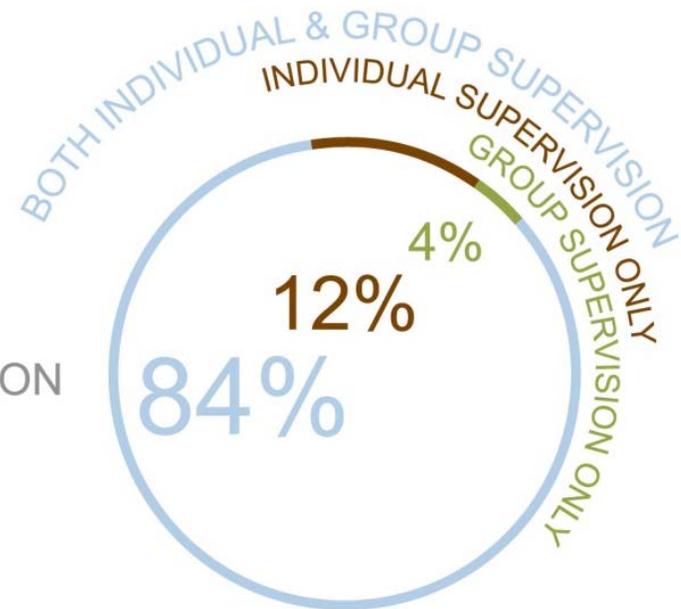


## Workforce Characteristics



## Functional Role

SETTING FOR  
CLINICAL SUPERVISION

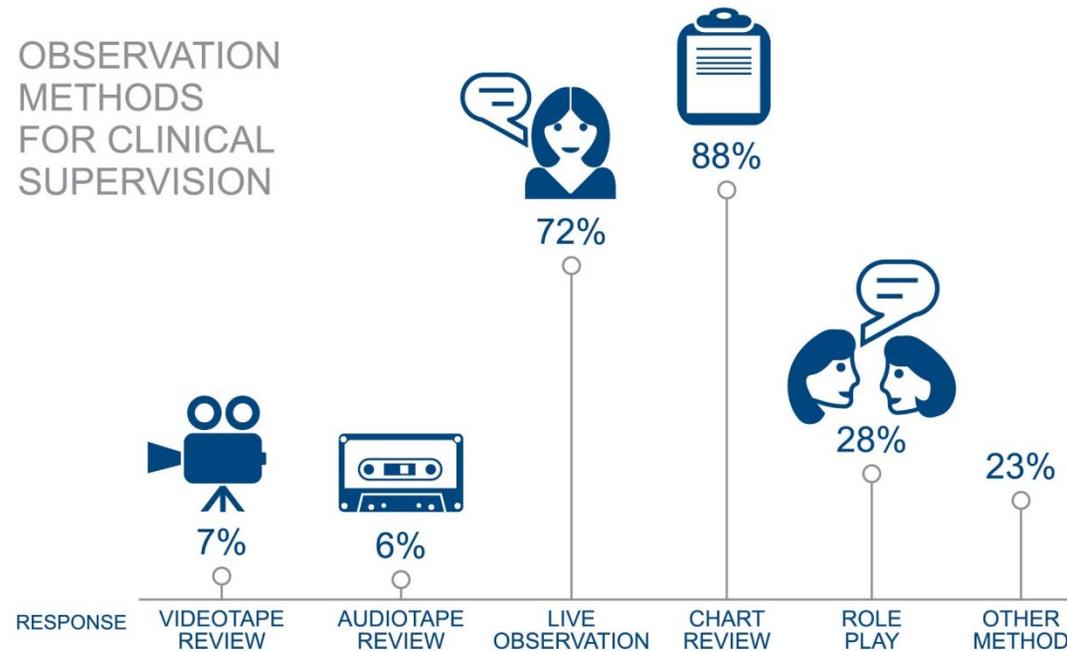


## Workforce Characteristics



## Functional Role

OBSERVATION METHODS FOR CLINICAL SUPERVISION

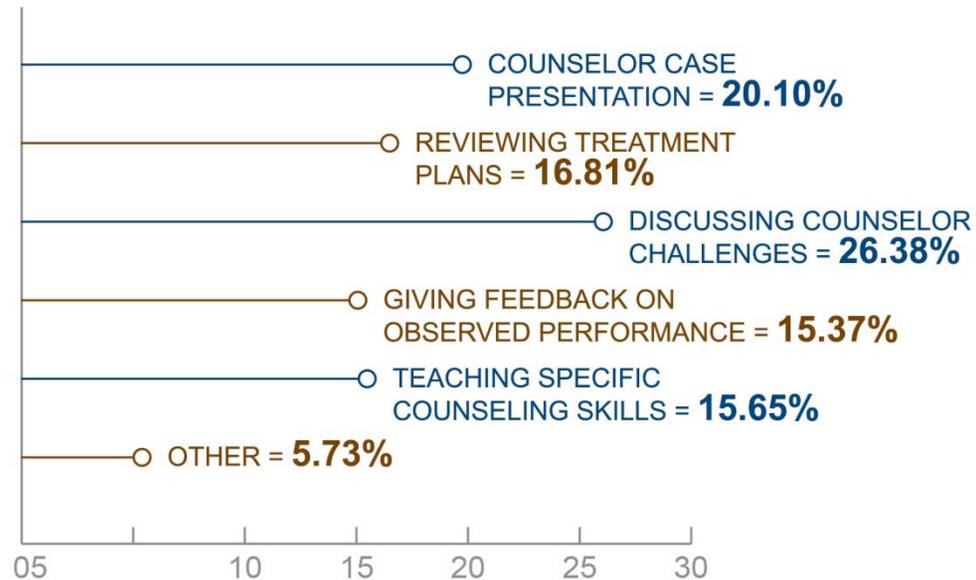


## Workforce Characteristics



## Functional Role

TIME SPENT ON ACTIVITIES:  
CLINICAL DIRECTORS



## Workforce Characteristics



## Functional Role

OPINION OF  
STAFF CASELOADS  
BY CLINICAL DIRECTOR



6%  
TOO  
SMALL



72%  
ABOUT  
RIGHT



21%  
TOO  
LARGE



2%  
DONT  
KNOW

## Findings

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





## Strategies to Prepare, Retain and Maintain the Workforce



## Workforce Recruitment Challenges

DIFFICULTIES  
FILLING  
OPEN  
POSITIONS

51%  
NO

49%  
YES

“A big contributor [to difficulties in recruitment]...is how substance abuse treatment and substance abuse clinicians are viewed by the public and especially by others in the healthcare field. I frequently describe it as we are the ‘red-headed step child’ when it comes to mental health. So when clinicians are approached and asked if they want to go into SUD treatment, they have a preconceived notion of what it is, the failure rate and the population, they just tend to steer away from it.”

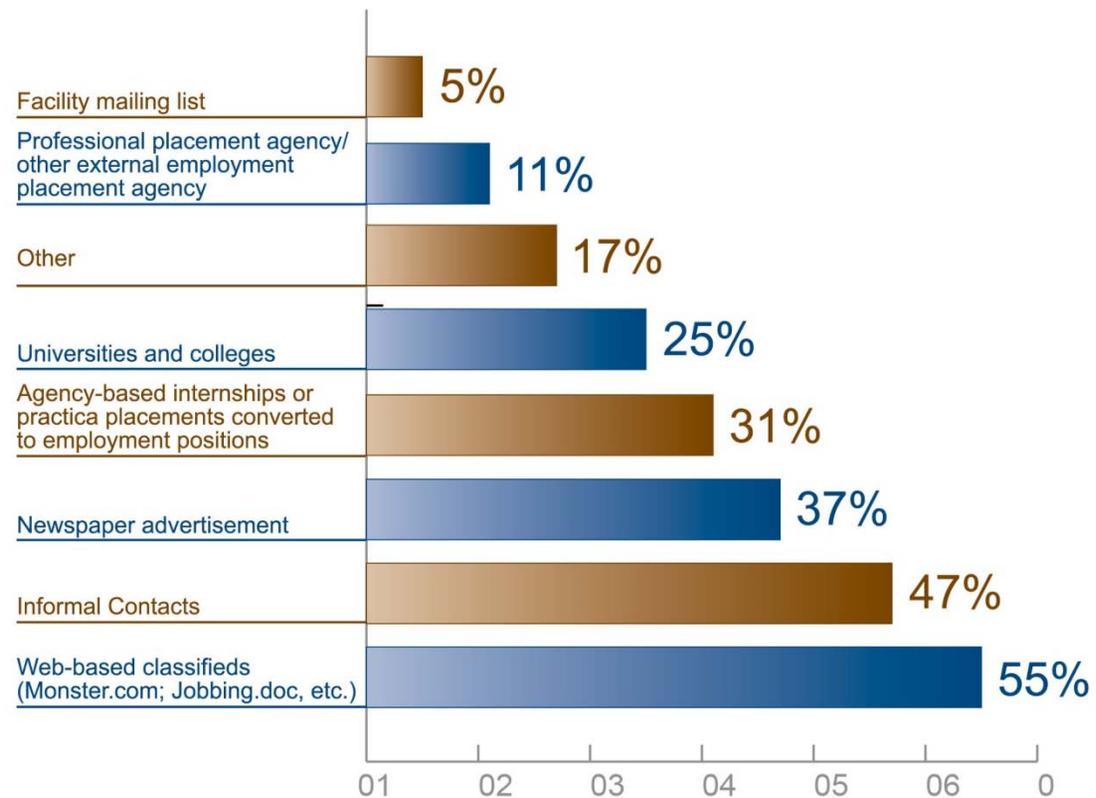


## Strategies to Prepare, Retain and Maintain the Workforce



## Workforce Recruitment Strategies

PRIMARY RECRUITMENT SOURCE





## Strategies to Prepare, Retain and Maintain the Workforce



## Workforce Recruitment Strategies

“When people get out of treatment and are successful in their recovery, sometimes they will come back and maybe put in an application for part-time work. If they work out in the part-time position, then when we have a vacancy on the night shift, or weekend shift, or whatever, a lot of times, if they are interested, then they will get the first shot at that position.”

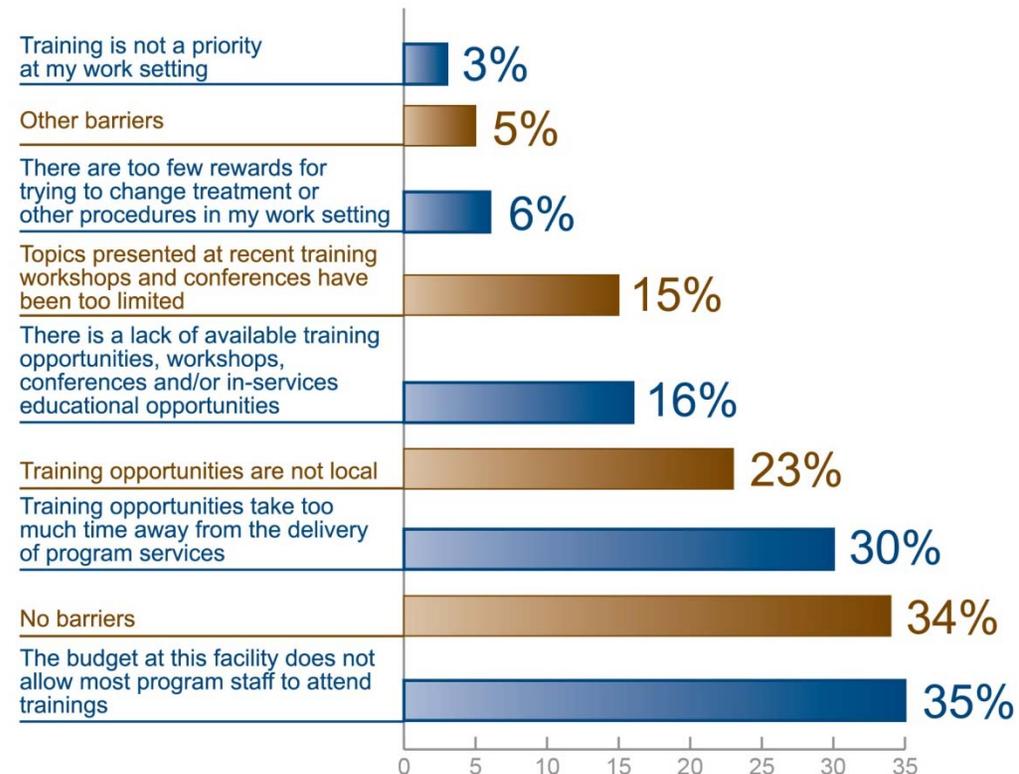


## Strategies to Prepare, Retain and Maintain the Workforce



## Training and development challenges

### BARRIERS TO STAFF TRAINING AND CONTINUING EDUCATIONAL OPPORTUNITIES





## Strategies to Prepare, Retain and Maintain the Workforce



## Training and development strategies

“We do pay for the education of our staff if they want to be certified counselors, or go on to become licensed. We will pay for their education if they agree to stay on once they get through with their education. Then we also pay for their certification and so that’s a lot of incentive to retain them and it tends to get them more loyalty to the program and more consistency in their professional roles.”

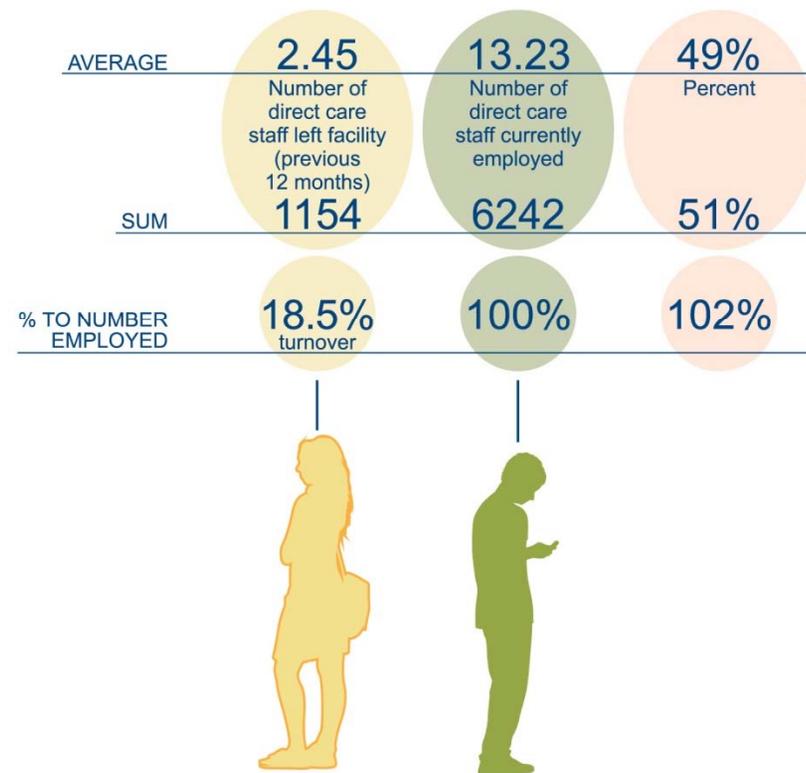


## Strategies to Prepare, Retain and Maintain the Workforce



## Retention Challenges

### TURNOVER





## Strategies to Prepare, Retain and Maintain the Workforce



## Retention Challenges

“....you look at the people who came into the field more than... ten years ago....it was really considered just normal to go in and yell at your staff [and] your client and be really confrontational and [then] when we were really looking at motivational interviewing, which has a very different approach and, a client-centered approach, people were like, ‘Ah! Well, they’re addicts, they’re gonna lie to you and you can’t treat ‘em like that. They’re just gonna get one over on you.”



## Strategies to Prepare, Retain and Maintain the Workforce



## Retention Strategies

“When we are talking about implementation we don’t just sit in a room and make all the decisions for everybody. When it comes to something like treatment, we get all of the therapists and say, ‘here’s a treatment program, here’s a website, see what it is that you think that you would like the most and then we will look at it and make a decision that’s best for us’

## Findings

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





**Workforce  
Development  
Needs**



**Component # 1**

What is the projected growth, retraction and composition of the substance use disorder workforce in the next five years?





## Workforce Development Needs



### Growth of the SUD workforce

- Influx of 30,000 more counselors by 2020
- Affordable Care ACT- 6 to 10 million Americans with previously untreated mental illness of SUDs
- SUD professionals working in generalist healthcare settings

### Retraction of the SUD workforce

- SUD workforce will need to increase significantly
- Vital Signs data shows that 49% of facilities have problems filling open positions
- The current workforce is aging, 60% of Clinical Directors over 50



## Workforce Development Needs



## Composition of the SUD workforce

- Currently no comprehensive data tracking workforce composition
- Workforce is predominantly white, female & older
- Strong need to recruit younger, more diverse professionals
- Licensed & credentialed SUD professionals come from social work
- Complemented by those in nursing, general and specially medicine, psychiatry and clinical psychology



**Workforce  
Development  
Needs**



**Component # 2**

What are the projected megatrends that will impact the workforce in the next five years?





## Workforce Development Needs



## Megatrends

1. **Macro level changes to healthcare and treatment delivery**
2. **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. **Recognition of substance use disorders as a valid healthcare issue**
6. **Implementation and use of Health Information Technology**



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## Conclusions & Recommendations



## Conclusions & Recommendations



### What are the basic demographics of the workforce?

The SUD treatment workforce is older, white and predominantly female

- *Recruit professional or pre-professional individuals in their 20s and 30s from diverse backgrounds to the workforce.*

There is significant variation in the reported education levels of the workforce.

- *SUD treatment practitioners should continue to earn degrees in higher education, especially graduate degrees.*

Studies have shown that SUD treatment professionals have limited experience in their current work settings

- *Facilities should consider efforts to retain direct care staff & should focus efforts to develop individuals to fill empty leadership positions*

## Conclusions & Recommendations



### What are the basic demographics of the workforce?

Little is known as to how clinical supervision is carried out a national level and if treatment facilities are using the competencies of TAP 21A

- *Clinical Directors should consider integrating methods such as role play and tape review into their work*

Access to and proficiency with web based technologies varies

- *Enhance basic technological competency of the workforce*
- *SUD treatment facilities need to implement EHR systems*
- *Pre-service educational programs for SUD treatment practitioners should include training on computer and web based technology skills, including the use of EHR systems*



## Conclusions & Recommendations



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

Facilities continue to struggle to recruit qualified professionals due to financial barriers and a lack of qualified applicants. However, *Vital Signs* revealed that certain recruitment strategies are effective, including web based classifieds and job boards in addition to strong ties with universities and colleges

- *SUD treatment facilities should consider establishing relationships with colleges and universities*
- *Policymakers and other stakeholder groups should support programs that promote the SUD treatment field as a career choice for young graduates*
- *Efforts should be made to ensure that SUD treatment practitioners are reimbursed on an equal level with other healthcare professionals*
- *SUD treatment facilities should continue to draw from the recovery community in their recruitment efforts*

## Conclusions & Recommendations



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

While the field does appear to support ongoing education and training, a lack of resources means that the workforce is often inadequately trained.

- *Policy makers should continue to promote programs that provide low or no cost training opportunities*
- *SUD treatment facilities should send qualified staff to “training of trainers” events*
- *SUD treatment practitioners should become familiar with online learning*
- *SUD treatment facilities should provide regular, ongoing support for clinical supervision.*
- *SUD treatment facilities should adopt a collaborative learning culture.*



## Conclusions & Recommendations



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

Turnover levels in SUD treatment facilities vary and *Vital Signs* found the turnover rate to be 18.5%, high compared to 11% on average in other healthcare professions.

- *Leadership training should be made available to executive and clinical directors of SUD treatment facilities.*
- *Management training 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*



## What are the workforce needs in the next 5 years?

A significant increase in the number of qualified SUD professionals is needed. SUD services will integrate with the rest of healthcare, changing the payment structure to a managed care model. There will be a push for more uniform credentialing, and EBPs and recovery oriented methods of treatment will be emphasized. SUDs need to be emphasized as valid healthcare issues, which will hopefully enhance recruitment. Additionally major gaps and barriers exist related to cost and technology expertise.

- *Policymakers should work to educate SUD treatment facilities in HCR*
- *SUD treatment facilities need to better understand EBP implementation models*
- *SUD treatment field should continue to develop a shared understanding of the components of recovery-oriented systems of care*
- *Members of the SUD workforce should become advocates for the recognition of SUDs as a valid healthcare issue*
- *SUD treatment facilities must adopt EHR systems*



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Questions?