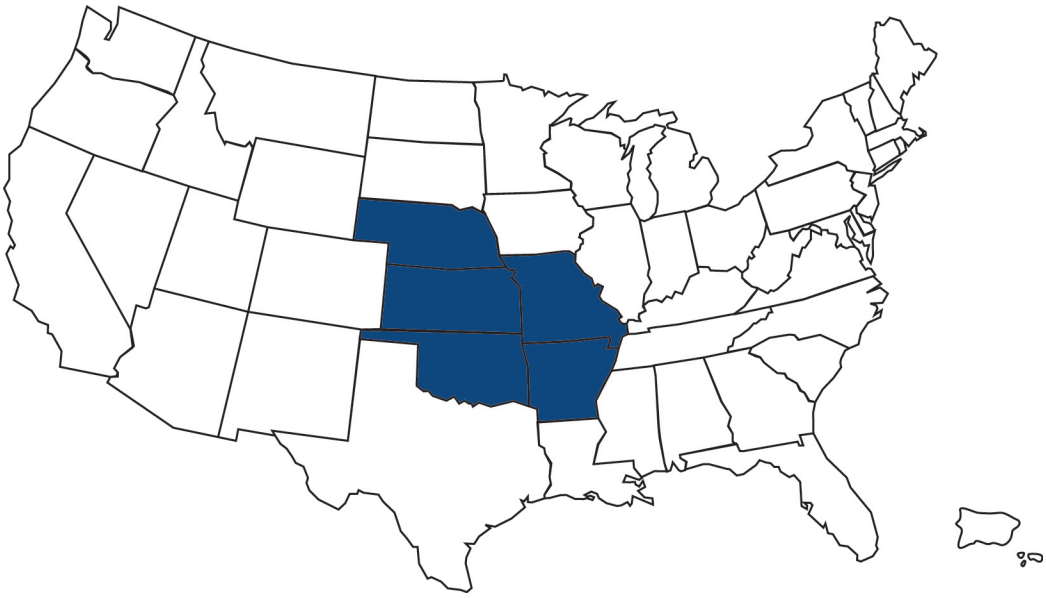
Mid-America
ATTC

Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Mid-America ATTC
2012 Regional Workforce Report



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At the time of this publication, Pamela Hyde, J.D., served as SAMSHA Administrator. Peter Delany, Ph.D., LCSW-CH, served as CSAT Director; Andrea Kopstein, Ph.D., M.P.H., served as Director of CSAT's Division of Services Improvement; and Donna Doolin, LSCSW, served as the CSAT Project Officer for the ATTC Network.

VITAL SIGNS:

Taking the Pulse of the Addiction Treatment Profession

SECTION I

> INTRODUCTION

The Mid-America Addiction Technology Transfer Center (Mid-America) at the University of Missouri-Kansas City (UMKC) serves Arkansas (AR), Kansas (KS), Missouri (MO), Nebraska (NE) and Oklahoma (OK) by developing and conducting training and technology transfer activities to meet the identified needs of a workforce that provides substance use disorder (SUD) treatment services. Per U.S. 2010 Census, the total population of this five state region is 17,335,655 (49% male, 51% female). The region is characterized by non-metro rural and frontier counties, metropolitan areas (Little Rock, AR; Oklahoma City, OK; Omaha, NE; Wichita, KS) as well as bi-state metropolitan areas (St. Louis & Kansas City). A 2004 workforce survey conducted by Mid-America found the SUD workforce was primarily Caucasian and female in KS, MO, and NE (Wendler, Hunt and Murdock 2005), which is similar to national statistics (ATTC National Office, 2009). Workforce salary ranges differed significantly across AR, MO, and OK although these states are geographically close. In both AR and OK, a higher percentage of staff earned less than $25K in 2004 compared to MO staff. Data suggests that salary and lower educational attainments are strongly related. As the SUD treatment field confronts major changes due to healthcare reform, integration of SUD treatment with mental health as well as primary care, and widespread use of electronic medical records, the current workforce survey was needed to more fully capture basic information about the treatment workforce and its training needs.

> STUDY METHODOLOGY

INTRODUCTION AND OVERVIEW OF DATA COLLECTION INSTRUMENT

This report provides regionally specific information related to the survey component of the national study, *Vital Signs: Taking the Pulse of the Addiction Treatment Profession.* The purpose of the Vital Signs study was to inform the development of strategies to successfully prepare, recruit and retain a sufficient number of professionals able to effectively care for individuals with substance use disorders. 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.

As part of the 2007-2012 ATTC cooperative agreements, SAMHSA charged the ATTC Network with the development and implementation of a nation-wide 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?

Utilizing the SAMHSA guidelines and building on other workforce surveys, the ATTC Network designed a mixed-methods approach to answering the primary questions. The approach included the following components:

- survey of a nationally and regionally representative sample of clinical directors;
- national telephone interviews with clinical directors;
- national telephone interviews with thought leaders; and
- review of existing literature and data sets.

This regional report provides regionally specific information related to the clinical director survey. The specific objectives of this survey are to understand the demographics and professional background of the current workforce in each of the 14 ATTC regions of the 2007-2012 grant cycle, in addition to exploring issues related to clinical supervision, workforce development, workloads, staff training, recruitment and retention, technology, and staff competency related to diversity.

CLINICAL DIRECTOR SURVEY

The Clinical Director Survey (Attachment 1) asked 57 questions of the clinical director or a designated direct care supervisor (direct care refers to staff members who spend a majority of their time providing clinical care for clients with substance use disorders as their primary diagnosis). For the purpose of this survey, clinical director is defined as the person whose role it is to oversee direct clinical service delivery for this facility. Clinical directors were selected due to the availability of a sampling frame for this population and the limited resources available for creating a sampling frame for direct care staff. Respondents were required to have administrative knowledge of personnel issues (related to demographics and recruitment and retention), but also some practical knowledge of everyday clinical activities (such as caseloads).

The core survey had eight sections: **Demographics and Professional Background,** which included questions on demographics, education/training, areas of licensure, and years of experience; **Your Work,** which included questions on hours worked, roles, setting, practice area, and salary; **Clinical Supervision,** which included questions on methods and time spent on different activities; **Direct Care Staff,** which included questions related to the demographics of direct care staff, education/training, areas of licensure, and years of experience; **Your Treatment Facility,** which included questions about staff roles and caseloads; **Recruitment, Retention, and Staff Development,** which included questions related to approaches toward retaining, recruiting, and developing and enhancing staff skills; **Technology,** which included questions related to access to technology and electronic healthcare records; and **Staff Competency Related to Diversity,** which included questions about gender and culturally responsive training and practice.

> SURVEY DESIGN

A team of researchers and workforce experts from the ATTC Network designed the survey building on questions included in other workforce questionnaires, including past ATTC regional workforce studies. The survey instrument was uploaded into a web-based software (Qualtrics) and was available in an on-line and paper format to all facilities. A small group of 9 potential respondents was chosen to consult and pre-test the survey instrument. These individuals provided feedback on the survey response burden, the quality of the questions, the quality of the response choices, and general thoughts about the information being gathered by the survey. Once the survey and questionnaire instruments were developed online, another small group of 9 individuals piloted the instrument to ensure there were no technical issues.

> SAMPLING UNIVERSE

As instructed by SAMHSA, the survey sampled facilities used in the Inventory of Substance Abuse Treatment Services (I-SATS) for the National Survey of Substance Abuse Treatment Services (N-SSATS). N-SSATS collects data from each physical location where treatment services are provided. Accordingly, a “facility” is defined as the point of delivery of substance abuse treatment services (i.e., physical location). Treatment facilities that are licensed, certified, or otherwise approved by the State substance abuse agency to provide substance abuse treatment make up the largest group of facilities. The survey also includes programs operated by Federal agencies—the Department of Veterans Affairs (VA), the Department of Defense,

and the Indian Health Service. Together, these facilities represent about 80 percent of the total. The remaining facilities included in N-SSATS are those that are not licensed or certified through the State substance abuse agencies or Federal agencies. These facilities are usually hospital-based or private-for-profit facilities. N-SSATS does not include treatment programs in facilities that have solo practitioners or in jails or prisons (p.89, National Survey of Substance Abuse Treatment Services (N-SSATS): 2008). Each year, new facilities are added to the I-SATS by State agencies or when they are identified by examination of databases such as the one maintained by the American Hospital Association (http://www.oas.samhsa.gov/2k3/NSSATS/NSSATS.pdf).

> SAMPLING METHODS

A dual sampling method was used to ensure a dataset that is representative both nationally (Phase 1) and, based on the 14 ATTC divisions of the 2007-2012 grant cycle, regionally (Phase 2). The purpose of this workforce data collection is to collect original data related to understanding and guiding America's SUD treatment workforce development efforts. The intent of the survey data is that it will be useful at both a national and regional (ATTC center) level. While a national dataset could show how effective staff perceive specific recruitment and retention strategies to be, a regional and national database could show which strategies work for specific populations and what professional development needs are both across the United States (US), but also in specific areas. This would allow for more targeted training and recruitment approaches that meet the needs of the current workforce while at the same time enabling the ATTC Network to prepare for future workforce needs identified by regions. In addition, study developers believed that having data that is useful to the regions would make it more likely that facilities would be encouraged to respond at higher rates to the invitation to participate and that results would be more likely to be used (and not shelved).

Phase 1: National Sample

Brief overview

The Phase 1 sample was a simple random national sample of 487 SUD treatment facilities. The simple random sample ensured a representative sample of United States SUD treatment organizations so that data from the survey could be generalized and used to provide a snapshot of the current state of the workforce across the country. The power of the survey sample is its ability to estimate the distribution of different characteristics in the SUD treatment workforce population by obtaining information from relatively few organizations. Decisions on final sample size to acquire a nationally representative sample were based on level of precision, anticipated response rates, and estimates of costs at different levels of precision.

Phase 2: Regionally Representative Sample

Overview

The Phase 2 sample allowed for targeted sampling of facilities across the 14 ATTC regions of the 2007-2012 grant cycle to enable comparisons across regions on specific variables, such as workforce turnover rates, success in recruitment strategies, and direct care staff demographics.

Phase 1 of this data collection involved a simple random sample of 487 SUD treatment facilities for a nationally representative sample. In Phase 2, this sample was supplemented by a stratified random sample that was regionally representative to ensure a minimum of 41 facilities for each region.

Determining Sample Size

As the regional dataset supplemented the national sample, sample sizes needed for each of the ATTC regions varied based on the initial respondents to the national simple random sample. In contrast to the national random sample that allowed every SUD treatment organization equal weighting to create a nationally representative sample, the regional sample sought equal variance across regions to allow for comparisons to be made. Creating equal sample sizes allowed ATTC Regional Centers to conduct their own analyses without the need for highly skilled statistical consultants.

To determine sample size, a conservative analysis of covariance (ANCOVA) model with fixed effects, main effects, and interactions was utilized using G*Power 3.1 (Faul, Erdfelder, Lang, & Buchner, 2007). This model was selected above a basic ANOVA as it allows for a more conservative estimate of the sample size needed. As questions regarding interventions and other strategies may arise post data collection, it is prudent to allow for a conservative sample in order to have the statistical power to defend comparisons at the regional level (Cohen, 1988).

Decisions on final sample size to acquire a regionally representative sample were based on level of precision, anticipated response rates, and estimates of costs at different levels of precision. Based on this ANCOVA model and using the same variance (50/50), sampling error range (±5%) and 95% confidence level as in the national sample, a range of sample estimates to demonstrate the sample size needed to detect small to medium effect sizes (0.15 to 0.25) resulted in a conservative decision to select at least 41 facilities per region.

SAMPLING DESIGN

After removing single provider facilities and facilities not currently providing substance abuse services, all 12,151 facilities in I-SATS were given independent identifiers and included in a general sampling frame that also denoted region and state. A random sample of 487 facilities was selected from this database using the independent identifiers. Once these 487 facilities were drawn and noted, the Phase 2 sample stratified facilities by ATTC region and ensured each region had a minimum of 41 facilities to create a regional sample with approximately equal sample sizes that could allow for regional comparisons (without using complex statistical techniques). Facilities were selected at random from within each regional stratification. The sample was then analyzed for duplicate names, which were eliminated and replaced with other randomly selected names. Table 1 shows the breakdown for the phase 1 (national) and phase 2 (regional) sample.

TABLE 1: Breakdown of phase 1 (national) and phase 2 (regional) sample

REGION NAME	NATIONAL	REGIONAL	TOTAL
Mid-America (NE, MO, KS, OK, AR)	22	19	41

DATA COLLECTION PROTOCOLS

The ATTC National Office designed clear protocols for the data collection implementation process (Attachment 2). These involved a three-tier contact approach that allowed ATTC regional centers to reach out to the Executive Directors listed in their sample and gather contact information for the clinical director or supervisor related to each program or facility selected. The ATTC National Office provided randomly selected supplemental facilities when informed these facilities were no longer in operation by regional centers. As some of these facilities were no longer in operation and not all regions reached out to their full sample, the final sample was reduced slightly in number from 657 to 631. Clinical directors or designated direct care supervisors were then contacted and invited to participate in the on-line survey by the ATTC regional centers.

SURVEY RESPONSE RATES

Table 2 shows the final sample breakdown for the Mid-America ATTC region. The average response rate across all regions was 88%.

TABLE 2: Response rates by Mid-America ATTC Region based on final sample

REGION NAME	TOTAL NUMBER	NUMBER OF RESPONSES	RESPONSE %
Mid-America (NE, MO, KS, OK, AR)	39	39	100%

FINAL SURVEY DATASET EXCLUSION AND FILTERING

The initial data were cleaned for invalid responses, missing data, and incomplete survey responses. If respondents were missing more than 30% of the survey questions and/or essential information related to direct care staff, then responses were deemed invalid. 140 responses were removed from the original dataset to create a final dataset of 491 respondents. Table 3 shows the valid responses for the Mid-America ATTC region.

TABLE 3: Valid Responses by Mid-America ATTC Region

REGION NAME	VALID RESPONSE
Mid-America (NE, MO, KS, OK, AR)	35

SURVEY DATA ANALYSIS

Data were primarily analyzed using Qualtrics reporting and Excel functions. A number of variables were transformed (such as age measured by last two years of birth) to enable averages and percentages to be calculated in Excel. All variables were analyzed at the national and regional level. All variables were analyzed based on responses to the data except where the variable needed a proxy number, such as number of staff in recovery. In these instances, total responses to direct care staff numbers (full time/part-time/PRN) reported was the number used as a proxy. Each ATTC Regional Center received a copy of the appropriate cleaned regional dataset (devoid of any contact information beyond state and region) and a full set of descriptive data tables for each variable in the survey.

SECTION II

> DEMOGRAPHICS AND PROFESSIONAL BACKGROUND

Of the 35 clinical directors surveyed from the Mid-America region, participants' ages ranged from 29 to 78 years, and an average age of 51 (SD=10.29). 57% of participants were female, 97% reported their race as being White, and 74% reported having a Master's degree. Additionally, 9% of the participants reported being Veterans/Retired Military.

CHART 1: Gender Breakdown in Mid-America ATTC Region
N=35

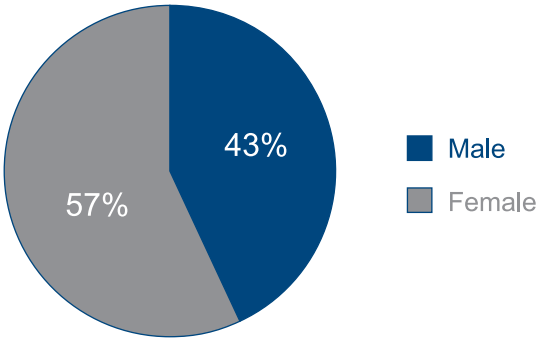


TABLE 4: Race of Respondents in the Mid-America ATTC Region
N=33

RACE	DISTRIBUTION
American Indian/ Alaska Native	6% (2)
Asian	0%
Black or African American	3% (1)
Hispanic/Latino	3% (1)
Native Hawaiian/ Other Pacific Islander	0%
White	97% (33)

Note: Totals do not equal 100% because participants could select more than one race.

TABLE 5: Highest Degree Attained by Mid-America ATTC Region Respondents
N=35

HIGHEST DEGREE STATUS	DISTRIBUTION
No high school diploma or equivalent	0%
High school diploma or equivalent	0%
Some college but no degree	3% (1)
Associate's degree	3% (1)
Bachelor's degree	9% (3)
Master's degree	74% (26)
Doctoral degree or equivalent	11% (4)
Doctor of Medicine	0%
Other	0%

ADDITIONAL CHARACTERISTICS of WORKFORCE in the Mid-America ATTC Region:

> 24% of respondents reported being persons who themselves are in SUD recovery
> The most common areas of practice for which respondents were licensed or certified were Substance Abuse Counseling (80%), General Counseling (51%) and Social Work/Clinical Social Work (23%).
> 71% of respondents reported having Clinical Supervisor certification available in their state with 68% being currently certified/licensed at a state level; 5% at a national level; and 27% having both state and national licensure/certification.
> Respondents' average number of years working in the SUD treatment field was 17.
> The average age of the respondents was 51 years.

TABLE 6: Substance Abuse as a Second Career in the Mid-America ATTC Region
N=35

SUBSTANCE ABUSE AS SECOND CAREER	PERCENT
Yes	14% *(n=5)*
No	86% *(n=30)*

TABLE 7: Likelihood of Mid-America Respondents Making Job Changes in the Next Year
N=35

TURNOVER	NOT AT ALL LIKELY	NOT LIKELY	NOT SURE	LIKELY	EXTREMELY LIKELY
Change jobs but stay at current agency	25	7	0	3	0
Change employer but stay in the field	27	4	1	2	1
Leave substance abuse treatment field	27	4	4	0	0
Continue working for current employer	3	0	3	4	25

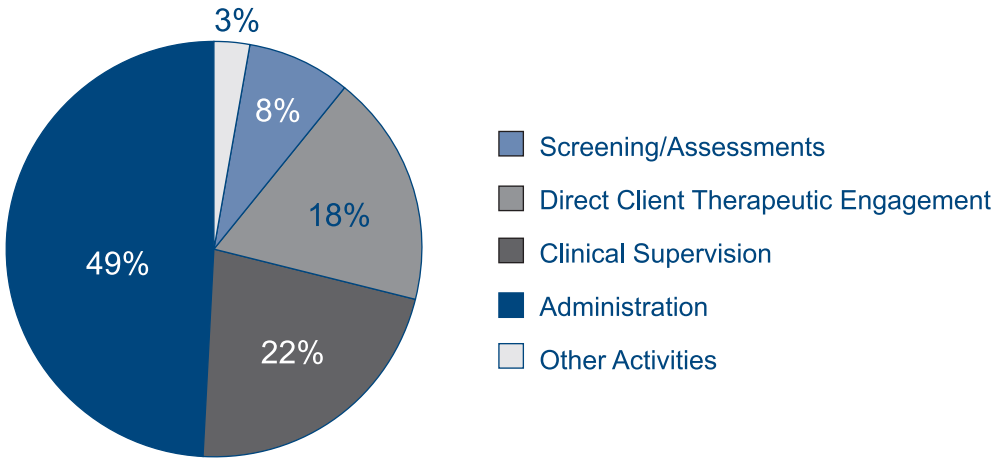
> THE WORK OF A CLINICAL SUPERVISOR

On average, respondents reported spending half of their time (49%) on administrative activities; 8% doing screening/assessments; 18% on direct therapeutic engagement; and 22% on clinical supervision.

TABLE 8: Salary Ranges for Clinical Supervisors in the Mid-America ATTC Region
N=35

SALARY	PERCENT
Less than $15,000 per year (less than $1,250 per month)	0%
$15,000 to $24,999 per year ($1,250 to $2,083 per month)	0%
$25,000 to $34,999 per year ($2,084 to $2,916 per month)	6% (2)
$35,000 to $44,999 per year ($2,917 to $3,479 per month)	14% (5)
$45,000 to $54,999 per year ($3,750 to $4,583 per month)	20% (7)
$55,000 to $64,999 per year ($4,584 to $5,415 per month)	9% (3)
$65,000 to $74,999 per year ($5,416 to $6,250 per month)	14% (5)
$75,000 per year or higher ($6,251 per month or higher)	23% (8)
Prefer not to disclose	14% (5)

CHART 2: Average Percentage of Time Spent on Specific Activities in a Typical Week by Clinical Supervisors in the Mid-America ATTC Region
N=35



ADDITIONAL CHARACTERISTICS of the WORK OF CLINICAL SUPERVISORS in this Region:

> 97% of respondents reported being employed full-time.
> 60% of respondents reported that their salaries were about what they expected, whereas 26% reported salaries less than expected, and 14% above what they expected.

> CLINICAL SUPERVISION

The top three activities in which clinical supervisors in the Mid-America region reported spending most of their time during a typical supervision session were: 1) discussing counselors' problems/challenges, 2) case presentations, and 3) reviewing treatment/discharge plans (see Chart 3). The two most common methods of observation for conducting clinical supervision were chart review/review of progress notes and live observation (see Table 9).

CHART 3: Percentage of Time Spent on Activities during a Clinical Supervision Session in the Mid-America ATTC Region *N=34*

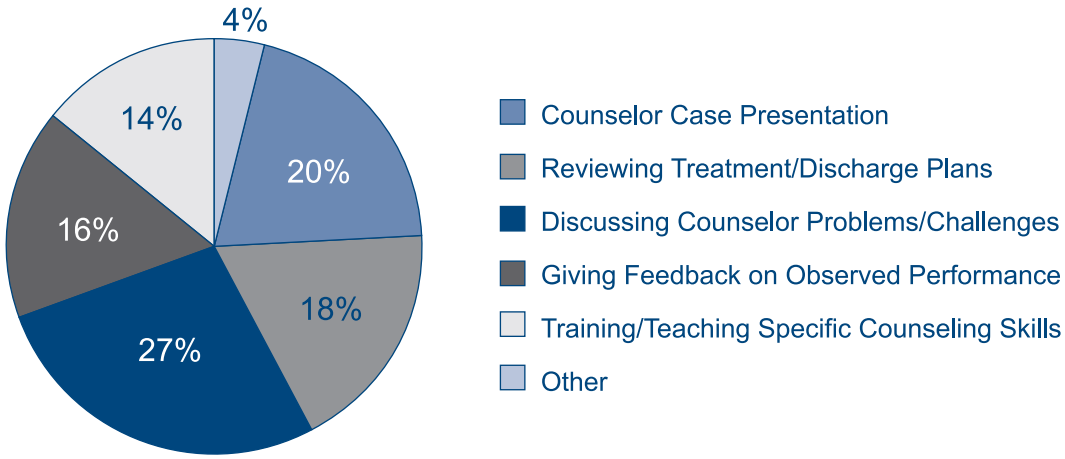


TABLE 9: Methods Used to Conduct Clinical Supervision in the Mid-America ATTC Region *N=34*

METHOD	PERCENT
Videotape review	0%
Audiotape review	0%
Live observation	74% (25)
Chart review/review of progress notes	94% (32)
Role play	21% (7)
Other	35% (12)

ADDITIONAL CHARACTERISTICS
of CLINICAL SUPERVISION in this Region:

> Most respondents (83%) reported providing clinical supervision weekly. Additionally, 6% reported providing supervision once a month, 3% twice a year, and 9% reported providing supervision only when there is a problem.
> Most respondents (68%) reported providing supervision in both individual and group supervision sessions, while 26% reported providing only individual supervision, and 6% reported providing only group supervision.

> DIRECT CARE STAFF

Clinical supervisor respondents were asked to provide information about "the direct care staff you supervise." The 35 clinical supervisor respondents in the Mid-America region provided information on approximately 325 direct care staff at their facilities. Most direct care staff members are female (see Chart 4), are employed full time (see Table 10) and are currently certified/ licensed. The race/ethnicity of most direct care staff members was White, followed by Black or African American (see Table 11).

TABLE 10: Full-time, Part-time, and On-Call Direct Care Staff in the Mid-America ATTC Region *N=325*

DIRECT CARE STAFF	PERCENT
Full time	75% (243)
Part time	18% (59)
On call (as needed)	7% (23)

TABLE 11: Race Distribution of Direct Care Staff in the Mid-America ATTC Region *N=330*

RACE	DISTRIBUTION
Hispanic or Latino/a American	3% (11)
American Indian/ Alaska Native	6% (21)
Asian	2% (7)
Native Hawaiian/ Other Pacific Islander	0%
Black or African American	12% (41)
White	75% (249)

CHART 4: Gender Breakdown of Direct Care Staff in the Mid-America ATTC Region *N=338*

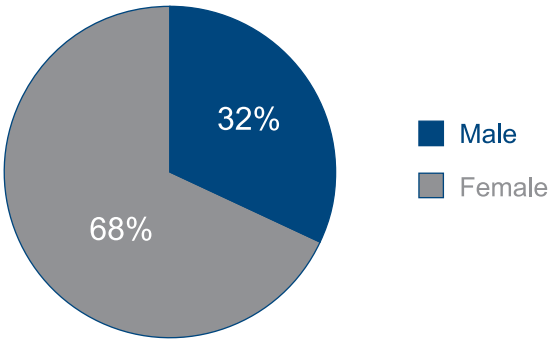


TABLE 12: Certification/Licensure Status of Direct Care Staff in the Mid-America ATTC Region *N=326*

STATUS	PERCENT
Never certified/licensed	10% (34)
Previously certified/licensed, but not currently	1% (2)
Pursuing certification/licensure	10% (32)
Certification/licensure pending	5% (15)
Currently certified/ licensed	67% (218)
Awaiting reciprocity	8% (25)
Unknown	0% (n=0)

ADDITIONAL CHARACTERISTICS of DIRECT CARE STAFF in this Region:

- The majority of direct care staff (55%) were over age 45, with others (44%) age 44 or younger.
- 47% of direct care staff had a Master's Degree; 24% had a Bachelor's Degree; 12% had some college; 13% had a high school diploma or less; and 4% had a doctoral or medical degree.
- Clinical supervisors reported that 28% of their direct care staff are persons who themselves are in SUD recovery.
- Clinical supervisors reported 46% of their direct care staff had been working at their facility for less than five years; 32% between five and ten years; and 21% 10 years or more.

> TREATMENT FACILITIES

Clinical supervisor respondents also were asked about agency direct care staff (not just the direct care staff that they supervise). Certified counselor and counselor aide/technician were the most predominant roles of staff within treatment facilities in the Mid-America region (see Chart 5). Certified/licensed counselors held the largest caseloads, followed by case managers and social workers.

CHART 5: Percentage of Staff by Role in the Mid-America ATTC Region *N=639*

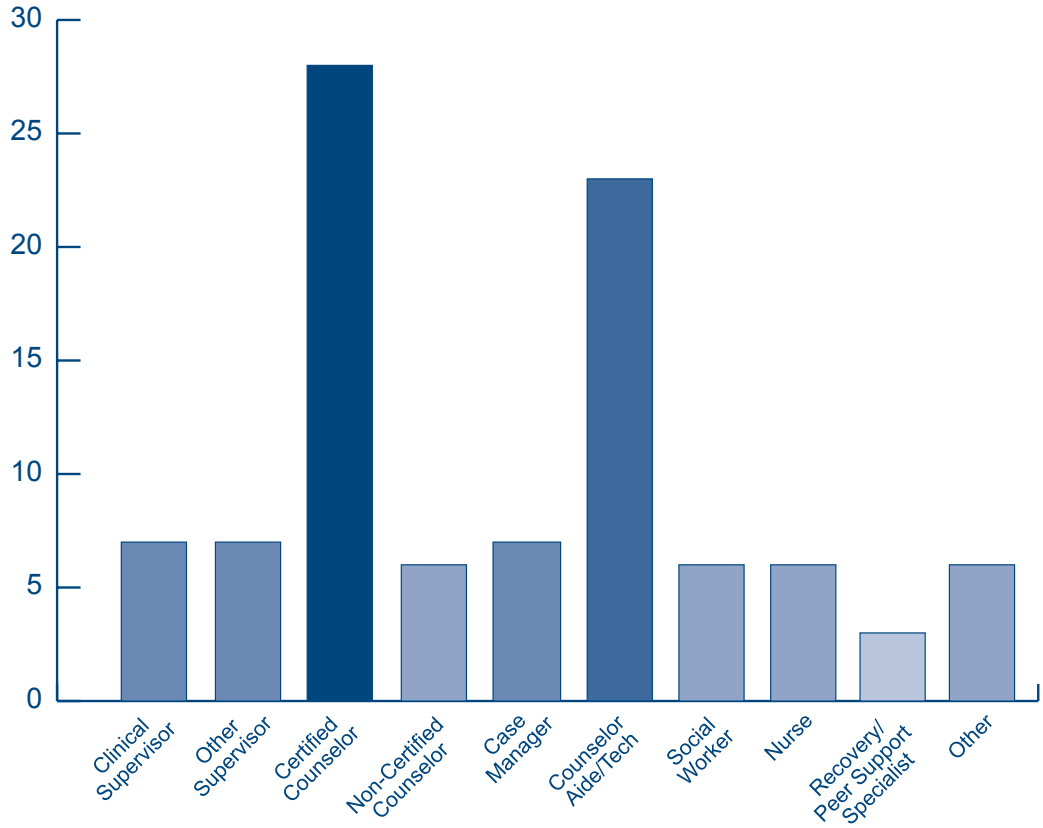


TABLE 13: Clinical Supervisor Opinions of Typical Direct Care Staff Caseload in the Mid-America ATTC Region *N=34*

RESPONSE	DISTRIBUTION
Too Small	3% (1)
About Right	76% (26)
Too Large	21% (7)

ADDITIONAL CHARACTERISTICS of TREATMENT FACILITIES in this Region:

> 69% of Clinical Supervisors reported they had no ability to bill for clinical supervision.

> RECRUITMENT, RETENTION AND STAFF DEVELOPMENT

At the time of survey completion, 59% of direct care staff members employed at treatment facilities had been hired during the previous 12 months (see Table 14). The majority of respondents reported difficulties in filling positions for direct care staff (71%). A turnover rate of 19% was reported.

TABLE 14: Staffing Needs at Treatment Facilities in the Mid-America ATTC Region
N=35

STAFFING NEEDS	NEED
Average number of direct care staff let go from treatment facilities in the Mid-America Region	2
Average number of direct care staff are currently employed at treatment facilities in the Mid-America Region at the time of survey completion	11

ADDITIONAL CHARACTERISTICS of RECRUITMENT, RETENTION AND STAFF DEVELOPMENT in this Region:

> 71% of respondents reported difficulties in filling positions for direct care staff.
> The most commonly reported reason for having difficulty in filling positions was insufficient number of applicants who met minimum qualifications (57%; n=20).
> The most commonly reported recruitment sources were web-based classifieds (e.g., Monster.com; Jobbing.doc, etc.) and agency-based internships or practica placements converted to employment positions (43%, n=15, each).
> The most commonly reported strategies for developing direct care staff skills (approximately 90%) were providing new staff orientation, direct supervision, and ongoing staff training (in-service and/or off site training).

> TECHNOLOGY

Over 70% of participating treatment facilities in the Mid-America region reported using an electronic health records system (EHR) for intakes and assessments, clinical notes, and discharge summaries (see Table 15). One-quarter (24%, 8 of 33) of participating treatment facilities in the Mid-America region reported not having an EHR system.

TABLE 15: Electronic Health Records Systems at Facilities in the Mid-America ATTC Region *N=33*

TECHNOLOGY ACCESS	PERCENT
Facility does not have an EHR system	24% (8)
EHR is used for intake and assessment	70% (23)
EHR collects patient demographics	67% (22)
EHR used for clinical notes	76% (25)
EHR used for lab reports	30% (10)
EHR used for discharge summaries	73% (24)
EHR used for referrals	36% (12)

ADDITIONAL CHARACTERISTICS on TECHNOLOGY in this Region:

> The most commonly reported reason for not having an EHR system was the amount of capital needed to purchase and implement an EHR system (88%, n=7), followed by concerns about ongoing maintenance costs and lack of adequate IT staff (64%; n=5).

> 88% (n=30) of clinical supervisors reported that their direct care staff have access to individual email accounts at work.

> STAFF COMPETENCY RELATED TO DIVERSITY

71% of participating treatment facilities reported that, in the past 12 months, they provided training to staff on culturally responsive substance abuse treatment, and less than two-thirds (59%) reported that in the past 12 months their facility has provided training on gender responsive treatment.

> 53% (n=19) of facilities reported providing individual or group counseling in the languages of their service population, and 65% (n=22) reported providing program forms and documents in the languages of their service population.
> 85% (n=34) reported that they 'agreed' or 'strongly agreed' that their facility considers cultural and linguistic differences in developing treatment practices.

SECTION III

> CONCLUSION

A total of 35 clinical supervisors were surveyed across the five-state Mid-America region. The average age of respondents was 51 with a majority being female (57%) and “White” (97%). A majority reported being employed full-time and having worked in the SUD treatment field for an average of 17 years. One-quarter (24%) of the respondents also identified themselves as persons in recovery. Sixty-three percent were licensed or certified as clinical supervisors. The more commonly reported annual salary ranges for clinical supervisors were $45,000 to $54,999 (20%) and $75,000 or higher (23%). Most reported providing clinical supervision weekly (83%) and most provided both individual and group supervision sessions (68%). Three-quarters reported conducting live observation (74%) and none reported conducting video or audio review.

Clinical supervisors responded to questions related to approximately 325 direct care staff they directly supervised. Most direct care staff members were female (68%), White (75%), employed full-time (75%), and were currently licensed (67%). The majority were over age 45. At the time of survey completion, 59% of direct care staff members employed at treatment facilities were hired during the previous 12 months. Also, the majority of clinical supervisors reported difficulties in filling positions for direct care staff mostly due to insufficient number of qualified applicants. At the facility level, the 24% of the clinical supervisors surveyed reported their facility did not have an electronic health records system (EHR), with funding most commonly reported as the barrier to acquiring an EHR. Finally, 53% (n=19) of facilities reported providing individual or group counseling in the languages of their service population, and 65% (n=22) reported providing program forms and documents in the languages of their service population.

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Attachment 1: Survey Instrument

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

WORKFORCE SURVEY 2012

OMB Number: 0903-0328

Expiration date: 09-30-2014

CONTACT INFORMATION

We are going to ask you for the contact information for your facility so we have a record of participating facilities. The contact information of your facility will be kept separately from any data collected. All data will be aggregated at the regional level and/or state level (if a sufficient number of facilities in one state are collected to prevent any facility from being identified).

1.) Your Name _____

2.) Name of Program _____

3.) Facility_____

4.) Address_____

5.) Address 2 _____

6.) City _____

7.) State _____

8.) Zip Code _____

9.) Email Address_____

10.) Phone Number _____

Please indicate the region for your facility (states are written in parentheses):

____ New England (ME, NH , VT, MA, CT, RI)
____ Northeast (NY, PA)
____ Central East (DC, DE , MD, NJ)
____ Mid-Atlantic (VA, KY, TN, WV)
____ Southeast (GA, SC, NC)
____ Southern Coast (AL, FL, MS)
____ Gulf Coast (TX, LA, NM)
____ Caribbean/Hispanic (PR, VI)
____ Mid-America (NE, MO, KS, OK, AR)
____ Prairielands (IA, ND, SD, MN, WI)
____ Great Lakes (IL, OH, IN, MI)
____ Mountain West (NV, MT, WY, UT, CO, ID)
____ Northwest Frontier (AK, WA, OR, HI, Pac. Isl.)
____ Pacific Southwest (CA, AZ)

DEMOGRAPHICS & PROFESSIONAL BACKGROUND

1.) Gender: _____ Female _____ Male

2.) Year of your birth: 19_____

3.) Are you Hispanic or Latino? _____ Yes _____ No

4.) Race: *(Select one or more)*

____ American Indian/ Alaska Native
____ Asian
____ Native Hawaiian/Other Pacific Islander
____ Black or African American
____ White

5.) Military affiliation? *(Please check only one)*

____ No Affiliation
____ Reserve/National Guard
____ Active Duty
____ Veteran/Retired Military

6.) Highest degree status: *(Please check only one)*

____ No high school diploma or equivalent
____ High school diploma or equivalent
____ Some college, but no degree
____ Associate's degree
____ Bachelor's degree
____ Master's degree
____ Doctoral degree or equivalent
____ Doctor of medicine
____ Other *(Please specify)*_____

7.) Would you describe yourself as a person in recovery?

____ Yes

____ No

____ I prefer not to disclose this information

8.) Please indicate below the areas of practice for which you are licensed or certified within the state in which you work:

Yes	No	
____	____	Substance Abuse Counseling
____	____	Marriage & Family Therapy
____	____	Social Work/Clinical Social Work
____	____	School Psychology/Educational Psychology
____	____	General Counseling
____	____	Other (*Please specify)* _____

9.) Licensed or certified as a Clinical Supervisor?

____ No *(Please specify reason)* _____

(Please Go to question 10b)

____ Yes *(Please go to question 10)*

10.) Please indicate State and/or National Clinical Supervision certification/licensure

____ STATE certification/licensure

OR

____ NATIONAL certification/licensure

OR

____ NATIONAL and STATE certification/licensure

10b.) Please indicate whether Clinical Supervisor certification or licensure is available in your state.

____ Yes

____ No

11.) Currently registered in a formal program of study resulting in a certificate or academic degree:

____ Yes *(Please specify)* _____

____ No

12.) Years of experience: *(If less than one year, please record as one)*

Number of years

12a.) In the social services field, other than in substance abuse treatment? _____

12b.) In the substance abuse treatment field? _____

12c.) At your current employer/agency? _____

12d.) In your current position? _____

13.) What is your official job title? _____

14.) Is substance abuse treatment a second career for you? _____Yes _____ No

14a.) If yes, please specify your previous career: _____

15.) Is your current place of employment the only substance abuse treatment agency for which you have worked?

____ Yes

____ No

16.) Within the next 12 months, how likely is it you will?
(Please mark one response for each of the following items)

	Not at All Likely	Not Likely	Not Sure	Likely	Extremely Likely
16a.) Change job but stay at current agency	1	2	3	4	5
16b.) Change employer but stay in field	1	2	3	4	5
16c.) Leave substance abuse treatment field	1	2	3	4	5
16d.) Continue working for current employer	1	2	3	4	5

YOUR WORK

17.) Employment status – Are you considered a:

____ Full-Time ____ Part-time or ____ Contract employee?

18.) What is the annual salary for your current position?
(Please check only one of the categories below)

____ Less than $15,000 per year (less than $1,250 per month)

____ $15,000 to $24,999 per year ($1,250 to $2,083 per month)

____ $25,000 to $34,999 per year ($2,084 to $2,916 per month)

____ $35,000 to $44,999 per year ($2,917 to $3,479 per month)

____ $45,000 to $54,999 per year ($3,750 to $4,583 per month)

____ $55,000 to $64,999 per year ($4,584 to $5,415 per month)

____ $65,000 to $74,999 per year ($5,416 to $6,250 per month)

____ $75,000 per year or higher ($6,251 per month or higher)

____ I prefer not to disclose this information.

19.) At this point in my career, I am making *(please fill in the blank)*:

____ much less than expected

____ less than expected

____ about what expected

____ more than expected

____ much more than expected

20.) What percentage of time do you spend in a typical week on the following activities? *(Numbers must add up to 100 percent)*

____ % Screening and assessments

____ % Direct client therapeutic engagement

____ % Clinical Supervision

____ % Administrative activities

____ % Other activities *(Please specify)* _____

100% Total

21.) How proficient are you in computers and web-based technologies for professional development?

Not at All Proficient	Not Proficient	Somewhat Proficient	Proficient	Extremely Proficient
1	2	3	4	5

CLINICAL SUPERVISION

22.) In what setting do you provide clinical supervision?

____ In individual clinical supervision sessions only

____ In group clinical supervision sessions only

____ In both individual and group clinical supervision sessions

23.) How frequently do you provide clinical supervision?

____ Only when there is a problem

____ Twice a year

____ Every two months

____ Once a month

_____ Twice a month

_____ Weekly

24.) What observation methods do you use for conducting clinical supervision? *(check all that apply)*

____ Videotape Review

____ Audiotape Review

____ Live Observation

____ Chart Review/Review of Progress Notes

____ Roll play

____ Other *(Please specify)* _____

25.) In a typical clinical supervision session, approximately what percentage of time do you spend on each of the following? *(Numbers must add up to 100%)*

____ % Counselor case presentation

____ % Reviewing treatment/discharge plans

____ % Discussing counselor problems/challenges

____ % Giving feedback on observed performance

____ % Training/teaching specific counseling skills

____ % Other _____

100% Total

DIRECT CARE STAFF

Questions in this section are about the direct care staff you supervise. For the purposes of this survey, "direct care staff" are those staff members who spend a majority of their time providing clinical care for clients with substance use disorders as their primary diagnosis.

26.) Number of direct care staff you supervise? _____

26.b) How many are:

____ Full-time staff

____ Part-time staff

____ On call or PRN (as needed) staff

27.) Number of direct care staff members who are:

____ Female ____ Male

28.) Number of direct care staff members who are of the following age ranges?

____ 18-24

____ 25-34

____ 35-44

____ 45-54

____ 55-64

____ 65+

____ Unknown

29.) Number of direct care staff who are of Hispanic or Latino/a background: _____

30.) Number of direct care staff who are of the following races/ethnicities:
(Please count all staff who represent each category. This may mean counting certain staff twice if they represent more than one ethnic group. If you are unsure of a certain person's race please tick "Missing")

____ American Indian

____ Alaska Native

____ Asian American

____ Native Hawaiian/Other Pacific Islander

____ Black or African American

____ White

____ Missing

31.) Number of direct care staff with one of the following military affiliations:
(Please only count each staff person once)

____ No Affiliation

____ Reserve/National Guard

____ Active Duty

____ Veteran/Retired Military

____ Do not know

32.) Number of direct care staff that you are aware are in recovery from a substance use disorder

____

33.) Number of direct care staff with the following certification and/or licensure status in the substance abuse treatment field:

____ Never certified/licensed

____ Previously certified/licensed, but not currently

____ Pursuing certification/licensure

____ Certification/licensure pending

____ Currently certified/licensed

____ Awaiting reciprocity

____ Unknown

34.) The choices in this question relate to the highest level of education achieved. Please indicate the number of direct care staff who fall into each category.
(Please count each staff member once)

____ No high school diploma or equivalent

____ High school diploma or equivalent

____ Some college, but no degree

____ Associate's degree

____ Bachelor's degree

____ Master's degree

____ Doctoral degree or equivalent

____ Doctor of medicine

____ Unknown

____ Other *(Please specify)* _____

35.) Number of direct care staff who have worked at your facility for each period of time.
(Please only count each staff person once)

	Number of staff
Less than 1 year	_____
1-5 years	_____
5-10 years	_____
10-15 years	_____
15-20 years	_____
20+ years	_____
Unknown	_____

YOUR TREATMENT FACILITY

Questions in this section should be completed only for the treatment facility or program at the location indicated on the front cover of this questionnaire.

For the purposes of this survey, "this facility" means the specific treatment facility or program whose name and location are printed on the front cover.

36.) Number of staff in your agency with the following roles:
(Please only count each staff person once based on their main function)

____ Clinical Supervisor

____ Other Supervisor

____ Certified Counselor

____ Non-certified Counselor

____ Case Manager

____ Counselor Aide/Technician

____ Social Worker

____ Nurse

____ Recovery/peer support specialist

____ Other (Please specify) _____

37.) Over the past six months, what is the average client caseload carried by individuals in each of the following staff categories? *(Please place a check mark in the appropriate column for each staff category)*

Staff Category	Average Caseload				
	0 CLIENTS	1-10 CLIENTS	10-20 CLIENTS	20-30 CLIENTS	30+ CLIENTS
Program Director					
Clinical Supervisor					
Certified/licensed counselor					
Non-Certified counselor					
Case manager					
Counselor Aide/technician					
Social worker					
Nurse					
Recovery/peer support specialist					

38.) Do you consider the caseload carried by direct care staff at your program to be:

_____ Too Small _____ About Right _____ Too Large _____ Don't know

39.) Total number of individuals in your facility who provide clinical supervision as part of their job function? _____

40.) Is your treatment facility able to bill for clinical supervision?

____ Yes

____ No

RECRUITMENT, RETENTION & STAFF DEVELOPMENT

For the purposes of this survey, "direct care staff" are those staff members who spend a majority of their time providing clinical care for clients with substance use disorders as their primary diagnosis.

41.) Please answer the following based on your facility's full time positions over the past 12 months:

How many direct care staff are needed in order to be fully staffed at this program or facility?

____

How many direct care staff were hired for this program or facility? ____

How many direct care staff left (terminated, resigned, laid-off) from this program or facility? ____

On the date that you are completing this survey, how many direct care staff are employed for this program or facility? ____

42.) Does your facility have any difficulties filling open positions for direct care staff?

____ Yes ____ No

If yes, why? *(Please check all that apply.)*

____ Insufficient number of applicants who meet minimum qualifications

____ Insufficient funding for open positions

____ Small applicant pool due to geographic area surrounding work setting

____ Lack of interest in position (nature of work, stigma)

____ Lack of interest in position (salary)

____ Lack of interest in location of facility

____ Reputation of the facility

____ Lack of opportunity for advancement

____ Don't know

____ Other *(Please specify)* _____

43.) If applicants do not meet the minimum qualifications, what are some of the reasons? *(Please check all that apply.)*

____ Little or no experience in substance abuse treatment

____ Insufficient or inadequate training and education

____ Lack of social or interpersonal skills

____ Lack of practical applied skills

____ Lack of appropriate certification

____ Don't know

____ Other *(Please specify)* _____

____ Not applicable, generally applicants are qualified

44.) Please indicate the degree to which you agree or disagree with the following statements about your facility's recruitment strategies:

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
My facility has formalized relationships with community colleges and/or universities which provide internship and/or practica placements for students at this facility.	1	2	3	4	5
My facility has made a concerted effort to recruit individuals from under-represented groups (including minorities, LGBTQ, etc.) in the past year.	1	2	3	4	5
My facility's efforts to recruit individuals from under-represented groups in the past year have been effective.	1	2	3	4	5
My facility has designated positions for peer-recovery specialists and/or other positions specifically for persons in recovery.	1	2	3	4	5
My facility has made a concerted effort to recruit individuals in recovery in the past year at this facility.	1	2	3	4	5
My facility's efforts to recruit persons in recovery in the past year have been effective.	1	2	3	4	5

45.) Of the new employees hired at this facility in the past 12 months, please identify the primary recruitment source(s): *(Please check all that apply)*

____ Newspaper advertisement

____ Web-based classifieds (e.g., Monster.com; Jobbing.doc,etc.)

____ Informal contacts

____ Professional placement agency/other external employment placement agency

____ Agency-based internships or practica placements converted to employment positions

____ Facility mailing list

____ Universities and colleges

____ Other *(Please specify):* _____

46.) Which of the following employee benefits are available in your facility? *(Please check all that apply)*

Benefits	Available for some, but not all permanent employees	Available all permanent employees	Not available at this facility
Paid vacation			
Paid sick time			
Flex time scheduling			
Group health insurance			
Life insurance			
Retirement/Annuity			
Paid educational assistance			

47.) In your opinion, how well does your facility do in implementing the following staff retention strategies?

	Not well at all	Somewhat well	Not Sure	Well	Very well
More frequent salary increases	1	2	3	4	5
Mentoring opportunities	1	2	3	4	5
Individual recognition and appreciation	1	2	3	4	5
Opportunities for program input	1	2	3	4	5
Varied work opportunities	1	2	3	4	5
Health coverage and other benefits	1	2	3	4	5
Reduce paperwork burden	1	2	3	4	5
Promote career growth	1	2	3	4	5
Promotion opportunities	1	2	3	4	5
Access to ongoing training	1	2	3	4	5
Better management and supervision	1	2	3	4	5
Supportive facility culture	1	2	3	4	5
Physical work environment	1	2	3	4	5
Smaller caseloads	1	2	3	4	5
Shorter hours/flextime/job sharing	1	2	3	4	5

48.) How does your facility develop skills and enhance the abilities of direct care substance abuse treatment staff? *(Please check all that apply)*

____ Provides new staff orientation

____ Ongoing staff training (in-service, off site)

____ Offers in-house mentoring program

____ Provides direct supervision

____ Pays cost of continuing education

____ Don't know

____ Other *(Please specify)* _____

____ Has no method/program to develop skills of staff

49.) Which of the following barriers have you encountered in an effort to offer training and continuing educational opportunities to your staff in the past 12 months? *(Please check all that apply)*

____ There is a lack of available training opportunities, workshops, conferences and/or in-services educational opportunities.

____ The budget at this facility does not allow most program staff to attend trainings.

____ Topics presented at recent training workshops and conferences have been too limited.

____ Training opportunities take too much time away from the delivery of program services.

____ Training is not a priority at my work setting.

____ There are too few rewards for trying to change treatment or other procedures in my work setting.

____ Training opportunities are not local.

____ Other barriers *(Please specify)* _____

____ None of the above

50.) Please indicate the degree to which you agree or disagree that your staff need training in the following common practice areas.

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
Assessing client needs	1	2	3	4	5
Using client assessments to guide clinical care and program decisions	1	2	3	4	5
Using client assessments to document client improvements	1	2	3	4	5
Matching client needs with services	1	2	3	4	5
Increasing program participation by clients	1	2	3	4	5
Improving rapport with clients	1	2	3	4	5
Improving client thinking and problem solving skills	1	2	3	4	5
Improving behavioral management of clients	1	2	3	4	5
Improving cognitive focus of clients during group counseling	1	2	3	4	5
Identifying and using evidence-based practices	1	2	3	4	5

51.) Please indicate the degree to which you agree or disagree with the following statements about your facility's staff development strategies:

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
This facility has formal policies that provide tuition reimbursement	1	2	3	4	5
This facility has a formalized policy regarding continuing education requirements for staff	1	2	3	4	5
This facility has budgetary targets (set-asides) for continuing education of staff	1	2	3	4	5
This facility has a formalized strategy for career progression of staff	1	2	3	4	5
This facility provides a salary differential for bilingual staff	1	2	3	4	5

TECHNOLOGY

52.) Does your facility have an electronic health records (EHR) system for encoding and tracking in the following areas. *(Please check all that apply)*:

____ My facility does not have an EHR system. *(Please proceed to question 53)*

____ Intake/ Assessment

____ Patient Demographics

____ Clinical notes

____ Lab Reports

____ Discharge Summaries

____ Referrals

53.) If your facility has NOT implemented an EHR system, please indicate which of the following are barriers to its implementation. *(Please check all that apply):*

____ The amount of capital needed to purchase and implement an EHR system

____ Uncertainty about the return on investment (ROI) from an EHR system

____ Concerns about the ongoing cost of maintaining an EHR system

____ Resistance to implementation from staff

____ Resistance to implementation from other providers

____ Lack of capacity to select, contract for, and implement an EHR system

____ Disruption in clinical care during implementation

____ Lack of adequate IT staff to implement and maintain an EHR system

____ Concerns about inappropriate disclosure of patient information

____ Concerns about illegal record tampering or "hacking"

____ Finding an EHR system that meets your organization's needs

____ Concerns about a lack of future support from vendors for upgrading and maintaining the EHR system

54.) Please check all that apply regarding technology access at your facility.

____ I have access to an individual email account at work.

____ I have access to a shared email account at work.

____ I use the Internet for web learning (webinars, information gathering, research, etc.).

____ Direct care staff have access to the Internet during work hours.

____ Direct care staff have access to individual email accounts at work.

____ Direct care staff have access to shared email accounts at work.

____ Direct care staff use the Internet for web learning (webinars, information gathering, research, etc.).

STAFF COMPETENCY RELATED TO DIVERSITY

55.) Over the past 12 months, has your facility provided training to staff on culturally responsive substance abuse treatment (e.g., values, principles, practices, and procedures)?

_____ Yes _____ No

56.) Over the past 12 months, has your facility provided training to staff on gender responsive substance abuse treatment (e.g., values, principles, practices, and procedures)?

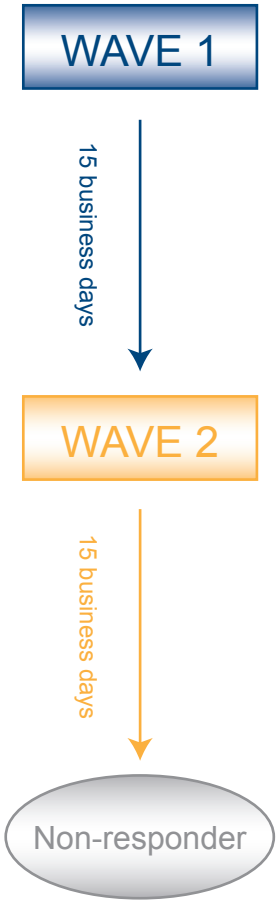
_____ Yes _____ No

57.) Please indicate the degree to which you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
My facility considers cultural and linguistic differences in developing treatment practices	1	2	3	4	5
My facility systematically reviews procedures to ensure delivery of culturally competent services	1	2	3	4	5
My facility uses culturally and linguistically appropriate resource materials (including communication technologies) to inform diverse groups about substance use disorders	1	2	3	4	5
My facility has program forms and documents available in the languages of our service population	1	2	3	4	5
My facility provides individual or group counseling in the languages of our service population	1	2	3	4	5

Attachment 2: Data Collection Protocols

Executive Director Contact Protocol Waves

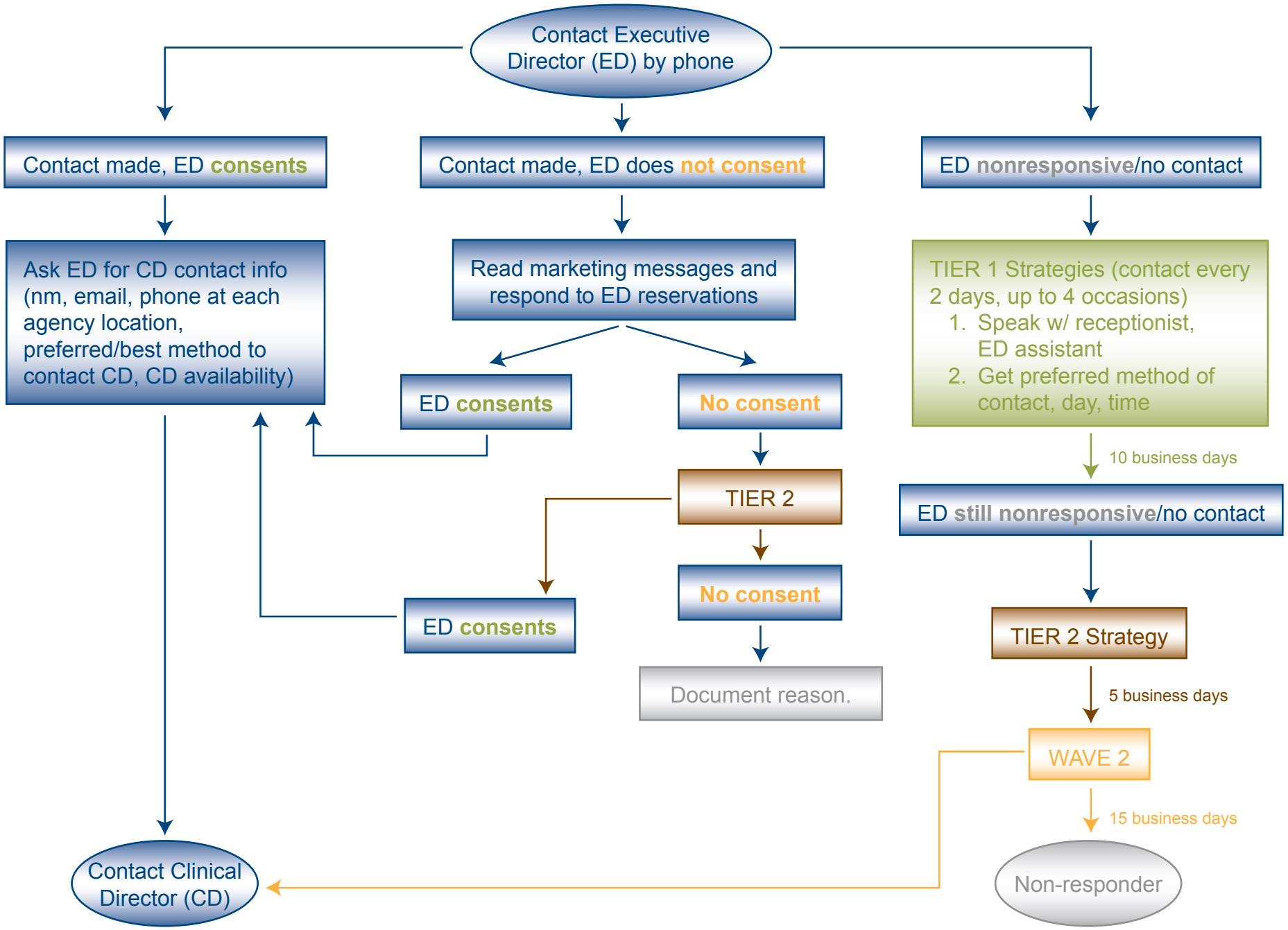


TIER 1
Contact every 2nd day, up to 4 occasions

TIER 2
Authority Contact — SSA or ATTC Director
(use phone & email)

Repeat TIER 1 & TIER 2

Executive Director Contact Protocol Details



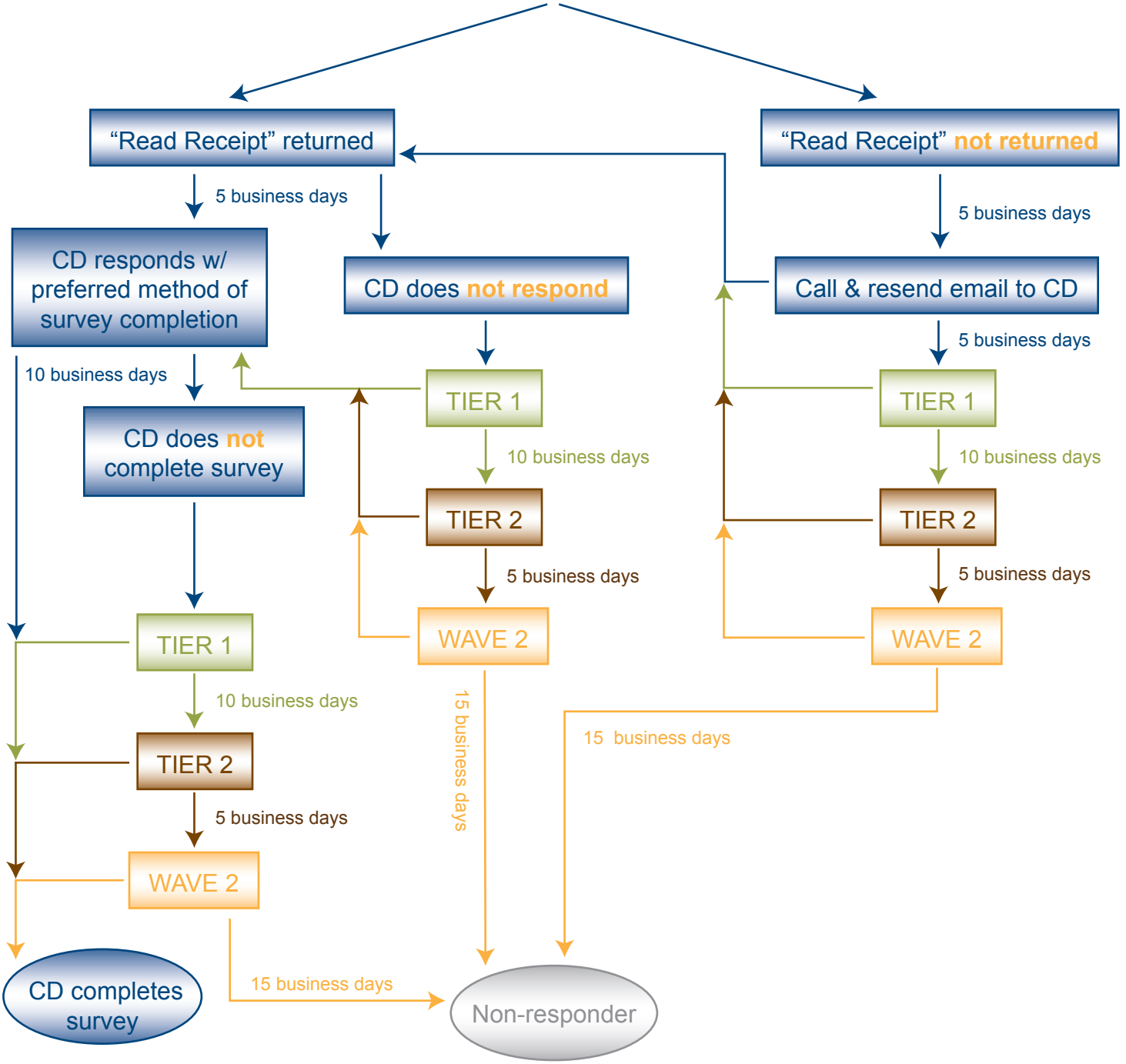
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Clinical Director Contact Protocol

METHOD 1: Email with Clinical Director

> send email (use HTML without graphic) with "Read Receipt" message with 3 options:

1. Link to online survey (preferred).
2. Mail paper survey to CD with stamped, addressed return envelope.



ATTC Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Clinical Director Contact Protocol

METHOD 2: Phone Call with Clinical Director

> phone call script will indicate the options available to complete survey

1. Send link to online survey (preferred).
2. Mail paper survey to CD with stamped/addressed return envelope to return to RC. RC will send all received surveys to ATTC National Office.