



NEATTC
Results of the New Jersey Workforce Survey

Final Report

October, 2004

Prepared for:
New Jersey Department of Health and Human Services

By:
Institute for Research, Education and Training in Addictions
Evaluation Conducted by the University of Pittsburgh School of Pharmacy

Authors:
Janice Pringle, Ph.D.
Cynthia Holland, B.A.

Table of Contents

A. Executive Summary.....	3
B. Introduction.....	6
C. Sampling Plan.....	7
D. Survey Distribution.....	7
E. Ensuring Targeted Response Rate Procedures	7
F. Analyses	9
F.1 Demographic Results.....	10
F.2 Academic & Professional Background Results.....	12
F.3 Annual Salary & Benefits.....	17
F.4 Agency Directors Questions.....	21
F.5 Primary Settings & Geographic Areas of Agencies.....	22
F.6 Agency Staffing & Turnover.....	22
F.7 Impact of Worker Mobility.....	23
F.8 Program Training & Skill Development.....	28
F.9 Regional Reciprocity.....	29
F.10 Job Satisfaction and Dissatisfaction.....	31
F.11 Addiction Counseling Competencies.....	32
F.12 Proficiencies, Trainings and Technology.....	35
G. Discussion and Conclusions.....	38
H. Comparison of NFATTC and NEATTC Workforce Results.....	39
I. Acknowledgements.....	43
J. References.....	44

Appendix 1: NEATTC Survey Instruments

Appendix 2: Programs Selected via Random Sampling

Appendix 3: Open-Ended Responses to Recruitment & Retention

A. Executive Summary

The Northeast Addiction Technology Transfer Center (NEATTC) surveyed the New Jersey addiction workforce between October 2003 and September 2004. The NEATTC utilized a survey that was developed by the Northwest Addiction Technology Transfer Center (NWATTC), and was used in similar surveys of over five (5) other state addiction treatment workforces. A stratified random sample of sixty-six (66) programs was selected for the project, and a 70% response rate was realized for all possible respondents (564/758) as well as for all possible programs (47/66). Results of the survey were compared with results of the NWATTC's workforce survey and with data available through the United States Bureau of Labor Statistics.

The following is the executive summary of the survey results followed by an extensive report on the survey findings.

A.1 Respondent Demographics

- ◆ The mean age of the agency directors who responded was 47 (SD = 11.21) and the mean age for staff respondents was 43 (SD = 12.74). A majority of the respondents for both agency directors and staff were female (69.0%). Most of the agency directors had a bachelor's degree or higher (76.6%) while most of the staff respondents had some college studies or higher education (i.e., Bachelors and Masters degrees) (85.4%). A large percentage (72.1%) of the agency directors identified themselves as white. A smaller proportion of staff reported that they were white (56.8%). The second most frequently reported ethnicity was African American for both agency directors and staff (20.8% and 31.7% respectively).

Suggested Action: Recruit more males, younger individuals and more individuals of ethnic minorities (especially agency directors). This action would ensure that the New Jersey addiction treatment workforce better matches that of its patient population.

A.2 Certification Status

- ◆ Certification status was higher for agency directors than for staff (39.5% and 27.2% respectively). The percentage of New Jersey staff with certifications was significantly lower than what was found by the NWATTC when they completed a similar workforce survey across five states. The NWATTC findings stated that 62.0% of staff respondents were currently certified.

Suggested Action: Develop an aggressive, goal directed plan for increasing the certification of both agency directors and staff, and include a way of measuring progress.

A.3 Income

- ◆ Sixty-one percent (61%) of staff reported making between \$15,000-\$34,999, while 71.9% of agency directors reported making between \$40,000-\$75,000 and over. The agency directors' data indicated that males, older respondents or those with higher academic status were all more likely to report greater salary ranges. Results from the staff responses also showed that those with a higher degree status reported earning higher salaries.
- ◆ The salary ranges compare with the Northwest Frontier ATTC's workforce survey results. The majority of treatment staff surveyed (61%) reported making between \$15,000-\$34,999, while the majority of agency directors (68%) reported making between \$40,000-\$75,000 and over.

Suggested Action: Though it is difficult to find appropriate workforce comparisons since the national SUD treatment workforce may be under compensated, some addiction treatment policymakers have suggested that this workforce be compared with teachers and/or nurses. The U.S. Department of Labor, Bureau of Labor Statistics website reports that NJ secondary school teachers earn mean salaries of \$57,800 annually, while NJ registered nurses earn \$57,820 per year. This comparison indicates that addiction treatment counselors are not compensated at the levels comparable with these professions. Thus, New Jersey policymakers and stakeholders might consider salary and benefit enhancement plans for SUD counselors and agency directors in an effort to make compensation levels more competitive with, and comparable to, other healthcare and service fields.

A.4 Funding

- ◆ Agency directors were asked if they receive funds from the State Alcohol and Drug Authority. Thirty-three percent (33.7%) of the agency directors answered that their program did receive funds from this source and 6.3% responded their programs did not. A large portion of the directors (60.2%) did not answer this particular question as they may have not understood what the State Alcohol and Drug Authority entity was.
- ◆ Twenty-two percent (22.7%) of agency directors reported that they did not know if funds came from public sources. This is important information that agency directors should have access to and knowledge of in order to effectively guide their programs and services.

Suggested Action: Provide technical assistance and training to agency director's regarding the possible sources of funding, and how the revenues from these sources can be optimized.

A.5 Staff Recruitment and Turnover

- ◆ About 2.6 or 13.7% out of the 19 staff per program (average) were terminated, quit/resigned or laid off compared to 23% identified by the NWATTC survey results.
- ◆ Programs spent little time and resources on the recruitment of new staff.
- ◆ Agency directors reported that their program had trouble filling positions, and felt this was due to a lack of interest in salary, insufficient funding for open positions, and an insufficient number of applicants that met the minimum requirements. Overall, the staff tended to agree with these reasons. The primary method of programs to attract new staff members was newspapers and personal/informal contacts.
- ◆ Agency directors felt the top two reasons applicants did not meet requirements was because of insufficient or inadequate education or training, and/or little or no experience in substance abuse treatment and lack of appropriate certification.
- ◆ Agency directors and staff agreed that low/poor salary and competition from other fields (in terms of compensation) were barriers to entering the addiction treatment field. This finding may warrant further investigation as to whether and what fields are competing for addiction treatment staff. Public awareness strategies may also be warranted to correct the perception that salaries for New Jersey addiction staff are inordinately low when compared to comparable positions in other industries.
- ◆ Both agency directors and staff reported the three top perceptions of how addiction professionals were stigmatized. They were as follows: (1) they were stigmatized by their association with persons having substance use disorders, (2) they had less formal education and training, and (3) they more often have a history of substance abuse problems themselves.
- ◆ Both agency directors and staff felt that salary increases; recognition/ appreciation and training will facilitate staff retention. This finding is supported by job satisfaction and dissatisfaction results where lower satisfaction was reported for career growth and salary and benefits.

Suggested Actions: Provide technical assistance and training regarding effective strategies for attracting and recruiting appropriate staff. Develop a public awareness campaign to attenuate perceived stigma associated with addiction professionals (increase certifications of staff concurrently). Provide agency director's with training on ways to improve staff recognition and appreciation, and expand staff development and training opportunities overall. Continue public awareness efforts to counter claims that staff are underpaid for comparable positions.

A.6 Training Considerations

- ◆ Regional reciprocity was highly supported by both agency directors and staff.
- ◆ Staff require more information on addiction counseling competencies. Programs need to encourage more use of the competencies (See Tables 29 and 30).
- ◆ Agency directors and staff both seek more proficiency in areas related to the treatment of special populations (i.e., co-occurring disorders, gender, LGBT, racial/ethnic specific, adolescent populations). They also seek more proficiency in special modalities (patient placement, marriage and family therapy, and detoxification) and content areas (drug pharmacology and pharmacotherapy). Agency directors seek more information on staff retention strategies.

Suggested Actions: The national ATTC network has made training in clinical supervision a priority, consult with the NEATTC for more information and assistance on this topic. Provide assistance to agencies on how they can implement CSAT-suggested core competencies. Use the list of training needs to plan future training efforts. Again, the NEATTC can assist with identifying curricula and trainers.

A.7 Technology Needs Assessment

- ◆ Overall, staff has little access to computers or access to the internet at work. Agency directors access drug and alcohol information via the internet mostly at home, while staff report that they do not use the internet at home for this information.

Suggested Action: Do not utilize computer or web-based modalities as the primary means of communication with the field, as there is no consistency in the usage of computers amongst the workforce.

B. Introduction

The Northeast Addiction Technology Transfer Center or NEATTC has completed an initiative that assessed the workforce issues within the state of New Jersey. The core questions used were from the Northwest Frontier ATTC workforce study. Additionally, questions were developed by the NEATTC/Pennsylvania Practice Improvement Collaboratives (PA PIC) to assess the technological needs of the New Jersey addictions workforce. Both staff and agency director versions of the survey were utilized. The content of the surveys was primarily identical. The agency director version contained three additional sections that were not included in the staff version of the survey. The table below depicts the content areas of the survey for both versions. The survey instruments are contained in Appendix I.

Table 1: Survey Domains

Agency Director Version	Staff Version
Demographics	Demographics
Academic & Professional Background	Academic & Professional Background
Agency Setting	--
Staff Size & Turnover	--
Recruitment & Retention Issues	Recruitment & Retention Issues
Impact of Worker Mobility	--
Job Satisfaction	Job Satisfaction
Proficiency & Training Interests	Proficiency & Training Interests
Technology	Technology

C. Sampling Plan

Due to the large number of providers in New Jersey, it was necessary to conduct the survey with a representative sample of providers across the state. A comprehensive listing of all current addictions programs was provided to the NEATTC from the Addictions Treatment Providers of New Jersey (ATPNJ) in September 2003. The list contained 192 programs. The sample was chosen based on several different variables; geographic location, primary funding streams, and level of care provided. The final stratified sample contained 66 randomly chosen providers in New Jersey (See Appendix 2 for a listing of the programs who were selected via the stratified random sample).

D. Survey Distribution

Phone calls were made to all of the selected programs to ascertain the current number of administrative staff and direct care/line staff as well as to establish a point of contact within each program. This information assisted the researchers' in determining the targeted rate of returned surveys. Once this information was collected, agency director and staff surveys were sent out along with postage paid return envelopes in October 2003. As an incentive, individuals who responded were included in a raffle drawing for a gift certificate to both a bookstore and local coffee house.

E. Ensuring Targeted Response Rate Procedures

The desired goal of the NEATTC was to achieve an overall 70% response rate to the workforce survey mailing. Each program was encouraged to have an internal response rate of 70% in addition to the desired overall response rate of 70%. To ensure a 70% response rate, the NEATTC utilized extensive follow-up procedures. All of the providers received phone calls from NEATTC staff. Staff members ensured the programs received all of the materials, double-checked the denominator data (total number of eligible staff and directors per site) collected previously, and encouraged the provider to participate. Follow-up faxes and emails were also sent to the contacts at each provider several times after the surveys were mailed. Due to a low response rate, a re-mailing of the surveys occurred in January 2004. The table below depicts the more

intensive follow-up procedures along with a timeline for the activities involved with the second mailing.

Table 2: Follow-up Procedures for Second Mailing

Type of Contact	Time Period Post Mailing	Frequency of Contact
Phone Call	One week	Weekly for three weeks
Email	One week	Bi-weekly for three weeks
Fax	One week	Bi-weekly for three weeks
Contact ATP or SSA at four weeks post survey to send out another letter to programs that have not responded at 70% level	Four weeks	Once

Both the ATPNJ and New Jersey Department of Health and Human Services were instrumental in achieving the 70% follow-up rate. They contacted programs and formal letters were drafted and sent to all the participating programs encouraging their responses and continued support of the workforce survey. At least one survey was received from 42 of the 66 programs (63.6%). Nineteen (19) programs (28.8%) reached the internal response rate of 70%. Additionally, 19 programs (28.8%) were non-responsive and did not return any completed surveys even following extensive contacting by both the NEATTC and the New Jersey Department of Health and Human Services (NJDHHS).

The targeted 70% response rate across programs was achieved. A total of 758 surveys were mailed and the final number received for analyses was 564 giving the NEATTC a response rate of 74.4%. Duplicate surveys were received (a discussion is included in the following section on duplicates). With the duplicate surveys removed from the denominator, there were 538 surveys included in the analyses. The response rate without the duplicated surveys included is 71.0%. The table below depicts the overall response rate by program.

Table 3: Response Rate by Program

	Total Surveys Distributed	Total Surveys Returned	Percentage (%)
1	26	7	26.9%
2	7	2	28.6%
3	30	10	33.3%
4	5	15	300.0%
5	8	0	0.0%
6	12	11	91.6%
7	6	1	16.7%
8	14	11	78.6%
9	25	25	100.0%
10	20	8	40.0%
11	18	16	88.9%
12	18	15	83.3%

	Total Surveys Distributed	Total Surveys Returned	Percentage (%)
13	20	12	60.0%
14	42	42	100%
15	7	6	85.7%
16	8	6	75.0%
17	40	13	32.5%
18	20	20	100.0%
19	4	0	0.0%
20	1 ¹	1	100%
21	5	0	0.0%
22	3	0	0.0%
23	15	11	73.3%
24	1 ¹	1	100.0%
25	10	9	90.0%
26	5	2	40.0%
27	19	15	78.9%
28	23	23	100%
29	19	11	57.9%
30	11	7	63.6%
31	30	13	43.3%
32	12	6	50.0%
33	30	22	40.0%
34	15	1	6.7%
35	22	4	10.3%
36	9	2	22.2%
37	30	4	13.3%
38	7	3	42.9%
39	14	7	50.0%
40	9	4	44.4%
41	19	19	100.0%
42	20	9	45.0%
43	20	9	45.0%
44	30	0	0.0%
45	15	1	6.7%
46	11	9	81.8%
47	3	3	100.0%

	Total Surveys Distributed	Total Surveys Returned	Percentage (%)
	758	538 ¹	71.0%

F. Analyses

Analyses were conducted on the survey domains areas (Contained in Table 1) with both the agency director and staff versions separate, as well as overall (both versions combined). The tables contained in this portion of the report reflect these various categories.

¹ 416 surveys were received that could be identified with participating programs. 122 surveys were received from programs that could not be identified. The total received was 538.

Due to multiple mailings, several duplicate surveys were received. We considered a survey to be a duplicate if the gender, birth date, and job description were identical in two files from the same agency. These duplicates were excluded from the analyses. A total of 564 surveys were collected: 398 staff surveys and 166 agency director surveys were completed and returned. Therefore, the totals included in the analyses were 376 staff and 162 agency director surveys for a grand total of 538 surveys (a total of 26 surveys were considered duplicates).

Some questions in the surveys required respondents to “*check all that apply*”. When those questions were left blank by respondents, it was impossible to determine if none of the categories were applicable or if the respondent skipped that particular question. Therefore, some questions may have larger percentages of missing data as it could not be determined if blank meant the data were truly missing.

Throughout the report, the analyses are displayed for agency directors, staff, and overall (agency directors and staff combined). Agency directors were defined as supervisors and administrators. Staff were defined as counselors, assessment, and intake workers. If the primary role question was left blank (i.e., not answered), the survey was entered based on which version of the survey the individual returned. If a staff version was completed, they were considered direct staff. If an agency director version was completed, the respondent was considered an agency director or manager. At times, the incorrect version of the survey was completed. This occurred primarily with agency directors completing the staff survey rather than the agency director completing the agency director version. On these particular surveys, the respondents indicated that they held a management or supervisory role/position. Given this information, these surveys were considered to be agency directors’ rather than staff since the respondents indicated their role involved supervisory activities. This accounts for the large percentage of missing data and smaller N’s reported for the subsections of questions that are contained in the agency directors’ version only (See Table 1).

Frequencies and chi-square statistics were utilized in the analyses and regression analyses were used when appropriate.

F. 1 Demographic Results

The following tables depict the results of the demographic questions of the survey. These analyses were conducted for both the agency directors and the staff versions of the survey.

Table 4: Demographic Data

Question	Agency Director Response	Staff Response
Gender	(N=158, Missing = 4) Male = 57 (36.1%) Female = 101 (63.9%)	(N = 371, Missing = 5) Male = 107 (28.8%) Female = 264 (71.2%)

Question	Agency Director Response	Staff Response
Age	(N=141, Missing = 21) Mean Age = 47.29 Std. Dev = 11.21 Range = 51 Min/Max = 23/74	(N=334, Missing = 42) Mean Age = 43.28 Std. Dev = 12.74 Range = 60 Min/Max = 17/77
Age (Group)	(N=141, Missing = 21) Under 20 = 0 (0.0%) 20-29 Years = 11(7.8%) 30-39 Years = 22 (15.6%) 40-49 Years = 40 (28.4%) 50-59 Years = 51 (36.2%) 60+ Years = 17 (12.1%)	(N=334, Missing = 42) Under 20 = 1 (0.3%) 20-29 Years = 70 (21.0%) 30-39 Years = 64 (19.2%) 40-49 Years = 82 (24.6%) 50-59 Years = 83 (24.9%) 60+ Years = 34 (10.2%)
Ethnicity	(N=154, Missing = 8) African Amer = 32 (20.8%) Asian = 1 (0.6%) White = 111 (72.1%) Multi-Ethnic = 2 (1.3%) Other = 8 (5.2%)	(N= 347, Missing = 29) African Amer = 110 (31.7%) Asian = 6 (1.7%) White = 197 (56.8%) Multi-Ethnic = 12 (3.5%) Amer Indian/Alaskan Native = 1 (0.3%) Other = 21 (6.1%)
Hispanic	(N=154, Missing = 8) Yes = 9 (5.8%) No = 145 (94.2%)	(N=355, Missing = 21) Yes = 39 (11.0%) No = 316 (89.0%)
Highest Education Level	(N=158, Missing = 4) No high school/equivalent = 0 (0.0%) HS diploma/equivalent = 5 (3.2%) Some college, no degree = 15 (9.5%) Associates degree = 11 (7.0%) Bachelors degree = 39 (24.7%) Masters degree = 74 (46.8%) Doctoral degree = 8 (5.1%) Other = 6 (3.8%)	(N=373, Missing =3) No high school/equivalent = 1 (0.3%) HS diploma/equivalent = 39 (10.5%) Some college, no degree = 80 (21.4%) Associates degree = 43 (11.5%) Bachelors degree = 93 (24.9%) Masters degree = 95 (25.5%) Doctoral degree = 8 (2.1%) Other = 14 (3.8%)

A larger proportion of the respondents were female for both agency directors and staff members, 63.9% and 71.2% respectively. The average age of the respondents was 47 years for agency directors and 43 years (43.28) for staff. The range in age was large for both populations 23-74 for agency directors and 17-77 for staff. A majority of the respondents were white (72.1% for directors and 56.8% for staff) followed by African Americans at 20.8% for directors and 31.7% for staff. Eleven percent (11.0%) of the staff respondents were Hispanic, while only 5.8% of the agency director respondents

were Hispanic. The highest degree completed for both groups was a Masters degree, 46.8% and 25.5% respectively for directors and staff.

F. 2 Academic & Professional Background Results

The tables on the following pages depict questions that asked about respondents courses of study and how much training and/or workshops they have attended in the past 2 years.

Table 5: Academic & Professional Background

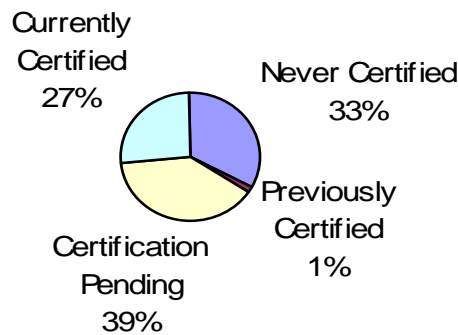
Question	Agency Director Response N(%)	Staff Response N(%)
SA Second Career	(N=156, Missing = 6) Yes = 54 (34.6) No = 102 (65.4)	(N=365, Missing = 11) Yes = 147 (40.3) No = 218 (59.7)
SA Coursework	(N=122, Missing = 40) None = 28 (23.0) 1-3 Courses/Cert. = 15 (12.3) 4-10 Courses/Cert. = 15 (12.3) Minor/Cert. = 49 (40.2) Degree = 15 (12.3)	(N=280, Missing = 96) None = 79 (28.2) 1-3 Courses/Cert. = 26 (9.3) 4-10 Courses/Cert. = 41 (14.6) Minor/Cert. = 113 (40.4) Degree = 21 (7.5)
Related Field Coursework	(N=87, Missing = 75) None = 25 (28.7) 1-3 Courses/Cert. = 8 (9.2) 4-10 Courses/Cert. = 6 (6.9) Minor/Cert. = 8 (9.2) Degree = 40 (46.0)	(N=200, Missing = 175) None = 67 (33.5) 1-3 Courses/Cert. = 13 (6.5) 4-10 Courses/Cert. = 22 (11.0) Minor/Cert. = 48 (24.0) Degree = 50 (25.0)
Unrelated Field Coursework	(N=59, Missing = 103) None = 30 (50.8) 1-3 Courses/Cert. = 2 (3.4) 4-10 Courses/Cert. = 5 (8.5) Minor/Cert. = 9 (15.3) Degree = 13 (22.0)	(N=142, Missing = 234) None = 71 (50.0) 1-3 Courses/Cert. = 4 (2.8) 4-10 Courses/Cert. = 17 (12.0) Minor/Cert. = 26 (18.3) Degree = 24 (16.9)
Other SA Workshops in Past Year	(N=154, Missing = 8) Yes = 123 (79.9) No = 31 (20.1)	(N=365, Missing = 11) Yes = 285 (78.1) No = 80 (21.9)
Other SA Workshops in Last 2 Years	(N=144, Missing = 18) Yes = 125 (86.8) No = 19 (13.2)	(N=349, Missing = 27) Yes = 291 (83.4) No = 58 (16.6)
Total Hours Completed	(N=134, Missing = 28) Mean = 57.45 Std. Dev = 67.11 Range = 290 Min/Max = 0/290	(N=308, Missing = 68) Mean = 69.36 Std. Dev = 90.97 Range = 500 Min/Max = 0/500

Approximately 40% of both agency directors and staff reported that they had a minor or certificate in the substance abuse treatment field while 12% and 8% respectively reported that they held degrees in the field. A larger percentage for both groups reported that they held degrees in related fields of study (46% and 25.0%). A

majority of the respondents (approximately 79% and 78%) had attended other training/workshop in the substance abuse treatment field within the past year. The average number of hours completed was 57 for agency directors and 69 hours for staff. According to chi-square analysis, males participated in additional addiction treatment coursework more often than females ($p < .01$).

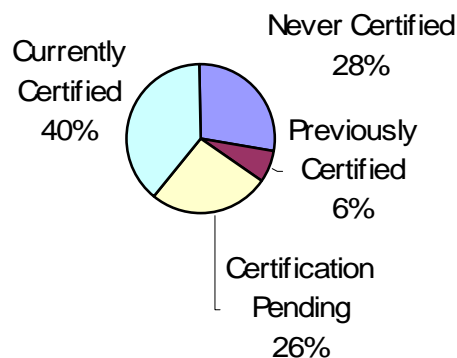
The following charts report the certification status of the respondents. More agency directors (39.5%) were currently certified than the staff members (27.2%). Additionally, 38.7% of staff members reported that their certification was pending in comparison to only 26% for agency directors. Chi-square analyses on certification and gender showed that males had higher levels of certification within the substance abuse treatment field than their female counterparts. The chi-square revealed this difference is statistically significant ($p < .01$).

Staff



■ Never Certified ■ Previously Certified □ Certification Pending □ Currently Certified

Agency Directors



■ Never Certified ■ Previously Certified □ Certification Pending □ Currently Certified

Respondents were asked for their current discipline/profession and the responses are noted in the table below. Please note that individuals may be in more than one discipline category as they were asked to check all that apply.

Table 6: Discipline/Professions

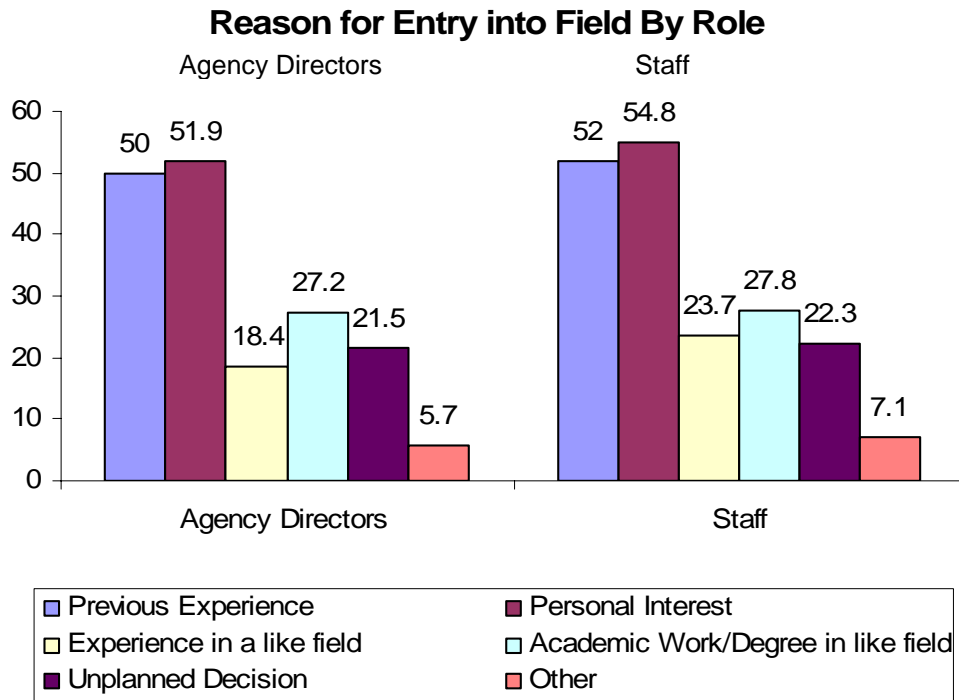
Discipline/Profession	Agency Director (N=162) N(%)	Staff (N=376) N(%)
Addictions counseling	91 (56.2)	262 (71.4)
Vocational rehabilitation	3 (1.9)	5 (1.4)
Social work/human services	47 (29.6)	82 (22.3)
Medicine (primary care)	2 (1.3)	4 (1.1)
Nursing	15 (9.4)	35 (9.5)
Psychology	16 (10.1)	26 (7.1)
Other counseling	16 (10.1)	47 (12.8)
Adolescent treatment	16 (10.1)	44 (12.0)
Education	8 (5.0)	21 (5.7)
Criminal justice	8 (5.0)	12 (3.3)
Other	35 (22.0)	59 (16.1)

The NEATTC workforce surveys measured experience within the field in three separate ways. Respondents were asked the number of years they had worked in the addictions treatment field, the number of years in their current role, and the number of years in their current position. Agency directors reported having more years experience in the field opposed to staff (14 years compared to approximately 7.8 years). The agency directors also had more years in their current position as well as total years experience in their current role. Table 7 reports the following data for the three measures of experience; mean number of years, standard deviation, range, and the minimum and maximum number of years reported for each category for both agency directors and staff.

Table 7: Experience within the Field

Question	Agency Director	Staff
Years Worked in Substance Abuse Field	(N=158, Missing = 4) Mean = 14.00 Std. Dev = 12.50 Range = 37 Min/Max = 0/37	(N=362, Missing = 14) Mean = 7.77 Std. Dev = 7.06 Range = 38 Min/Max = 0/38
Years In Current Position	(N=161, Missing = 1) Mean = 6.43 Std. Dev = 6.85 Range = 30.5 Min/Max = 0/30.5	(N=360, Missing = 16) Mean = 3.76 Std. Dev = 4.43 Range = 35 Min/Max = 0/35
Total Years Experience in Role	(N=152, Missing = 10) Mean = 13.15 Std. Dev = 11.68 Range = 37.7 Min/Max = 0.3/38.0	(N=349, Missing = 27) Mean = 8.63 Std. Dev = 7.76 Range = 35 Min/Max = 0/35

Respondents were asked why they entered the addiction treatment field/workforce². The chart below depicts the reasons and percentages reported. The percentages for the categories between agency directors and staff were quite similar. The highest rated reason for entry into the field for both groups was personal interest (51.9% and 54.8%) followed by previous experience (50.0% and 52.0%). Other reasons cited for entering the field included: friends in recovery or active addiction, the integration or connection between drug and alcohol problems and mental health issues, and some felt it was their calling.



Respondents were asked about their client related tasks, specifically whether they spent time screening clients, diagnosing and assessing clients, treating clients, and making referrals. These were yes/no dichotomous questions and respondents were asked to check all that apply so they may be in more than one category. The bar graph depicts the percentage of positive (yes) answers related to client related tasks.

There was not a significant difference, as depicted below, in the percentage of agency directors and staff members that spent time on client related tasks. Agency directors answered that they spent time on all four areas of client related tasks. Of the agency directors who answered these questions, slightly more than one-third (35.8%) reported that their program was not fully staffed at the time they completed the survey.

² Respondents may be in more than one category.

Client Related Tasks By Role

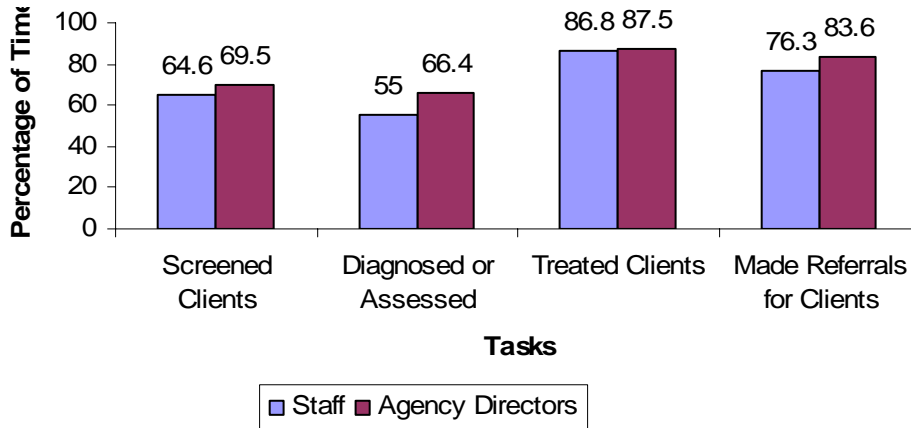


Table 8 further explains the time agency directors and staff members spent on certain work related activities. It would appear from the bar graph above that agency directors spent a good deal of their time on client related activities as opposed to clinical supervision activities. However, there was a wide range of time spent on client related activities as the tables and graph reflect. Staff members spent the greatest percentage of their time on individual and group counseling, whereas agency directors spent the greatest percentage of their time on administrative activities and paperwork.

The agency directors spent greater percentages (mean percentages) of their time on providing clinical supervision, other administrative activities and paperwork, while staff members spent a greater percentage of their time on individual counseling, group sessions and paperwork.

Mean Percentage of Time on Activities

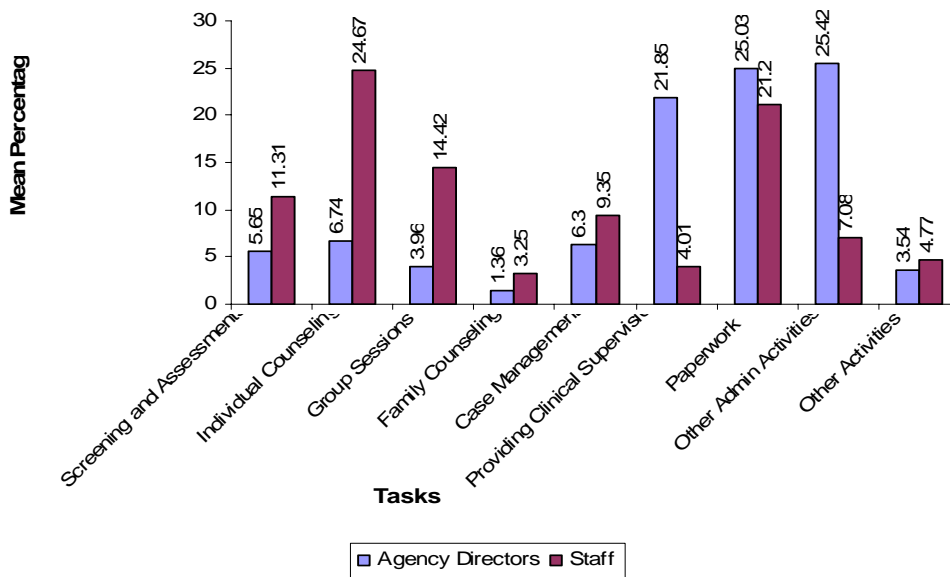


Table 8: Percentage of Time Spent on Client-Related Activities

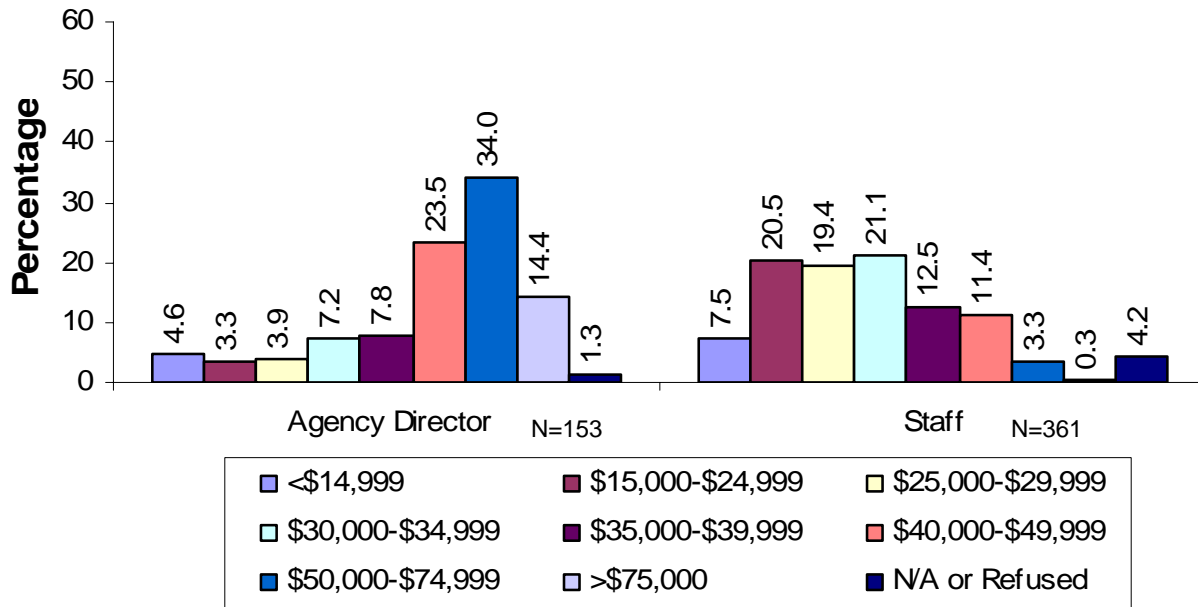
Task³	Agency Director (N=139)	Staff (N=307)
Screening & Assessments	Mean % = 5.65 Std. Dev = 10.86 Min/Max = 0%/70%	Mean % = 11.31 Std. Dev = 14.78 Min/Max = 0%/85%
Individual Counseling	Mean % = 6.74 Std. Dev = 10.74 Min/Max = 0%/50%	Mean % = 24.67 Std. Dev = 19.92 Min/Max = 0%/100%
Group Sessions	Mean % = 3.96 Std. Dev = 8.11 Min/Max = 0%/60%	Mean % = 14.42 Std. Dev = 14.77 Min/Max = 0%/80%
Family Counseling	Mean % = 1.36 Std. Dev = 2.79 Min/Max = 0%/15%	Mean % = 3.25 Std. Dev = 6.44 Min/Max = 0%/65%
Case Management	Mean % = 6.30 Std. Dev = 11.11 Min/Max = 0%/85%	Mean % = 9.35 Std. Dev = 12.79 Min/Max = 0%/80%
Clinical Supervision	Mean % = 21.85 Std. Dev = 21.27 Min/Max = 0%/100%	Mean % = 4.01 Std. Dev = 10.80 Min/Max = 0%/100%
Paperwork	Mean % = 25.03 Std. Dev = 20.81 Min/Max = 0%/100%	Mean % = 21.20 Std. Dev = 16.71 Min/Max = 0%/100%
Other Activities	Mean % = 25.42 Std. Dev = 24.52 Min/Max = 0%/100%	Mean % = 7.08 Std. Dev = 14.71 Min/Max = 0%/100%
Other Admin. Activities	Mean % = 3.54 Std. Dev = 12.09 Min/Max = 0%/100%	Mean % = 4.77 Std. Dev = 15.60 Min/Max = 0%/100%

F. 3 Annual Salary & Benefits

Each respondent was asked what their current annual salary was for their role. Agency directors reported having a higher annual income than the staff respondents. The figure below depicts the responses. Sixty-one percent (61%) of staff reported making between \$15,000 and \$34,999 while 71.9% of agency directors reported making between \$40,000 and \$75,000 and over. Salary ranges reported by New Jersey respondents were compared to salaries reported by the U.S. Department of Labor, Bureau of Labor Statistics (available online at www.bls.gov). Though it is difficult to find appropriate comparisons, some addiction treatment policy makers suggested this workforce be compared with teachers/and or nurses. The BLS website reported that secondary school teachers in New Jersey earn mean salaries of \$57,800 annually. Nurses employed in New Jersey earn mean salaries of \$57,820 annually. This comparison indicated that addiction treatment counselors are not compensated at the levels comparable with secondary school teachers and registered nurses.

³ Responses where time did not add up to 100% were excluded from this analyses.

Annual Salary By Role



Multiple linear regression analyses was utilized on salary ranges reported by both agency directors and staff. The following table depicts the variables utilized in the analyses as well as the results of the regression analyses of agency directors and salary range. Regression analyses were applied in what is termed a hierarchical linear model. This model permits blocks of independent variables (i.e., variables to test or control for) to be entered in a specific order that corresponds to the goals of the analysis. Table 9 depicts the blocks of explanatory variables used in the hierarchical model and the order in which they were entered⁴. The explanatory variables that were entered were chosen from the results of correlation tests conducted with each dependent variable. Explanatory variables that were significantly correlated with the dependent variables and not significantly correlated to one another were entered.

⁴ The order in which explanatory variables were entered was based on the objective of the analysis and on the results of analyses in similar studies (e.g., DATOS). Wrap around services received between baseline and the twelve-month follow-up were entered last in the model for several reasons. First, the receipt of services assessed in this time period included the receipt of wrap around services between baseline and the three-month follow-up. Second, it was important to control for the effects of receiving wrap around services in the temporal order in which they were received. Finally, when analyses were conducted with receipt of wrap around services between baseline and the twelve-month follow-up entered earlier in the model, the results indicated that the model was unstable.

Table 9: Variables Used in Regression Analyses

Age
Certification Status
Ethnicity
Gender
Health Care Benefits Provided
Highest Academic Degree Status
Other Paid Leave Provided
Retirement Contributions
Sick Leave Provided
Substance Abuse as Second Career
Substance Abuse Treatment Coursework
Total Hours Completed in Last 2 Years
Total Years Experience in Role
Years Worked in Current Position
Years Worked on Substance Abuse Field

Table 10: Results of Regression Analyses

Agency Director's Salary Range (multiple linear regression)			
	β	t	P
Agency Directors			
$r^2 = .42, p < .001, n = 70, df = 6$			
Gender	-.267	-2.597	.012
Age	.222	2.133	.037
Highest Academic Degree Status	.299	2.813	.007
Sick Leave Provided	-.236	-2.343	.022
Staff's Salary Range (multiple linear regression)			
	β	t	P
Staff			
$r^2 = .41, p < .001, n = 139, df = 7$			
Highest Academic Degree Status	.322	4.558	.000
Certification Status	.239	3.302	.001
Total Years Experience in Role	.250	2.873	.005

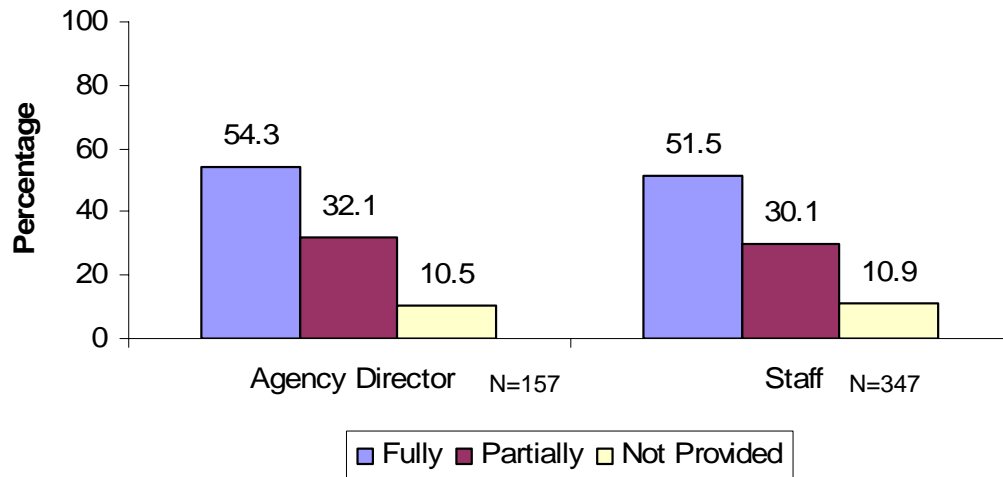
Results from the agency director regressions depicted that males, older respondents or those with higher academic status were all more likely to report greater salary ranges. Results from the staff regression showed that those with a higher degree status reported earning a higher salary range. Those who were certified and those with greater years of experience also reported higher salary ranges. Chi-square analyses examining gender and salary reveals again that males make higher salaries than females and this difference is statistically significant ($p < .01$).

Questions were also asked regarding health benefits, sick time and retirement. Both agency directors and staff reported approximately the same on whether health benefits were fully provided by their employer (54.3% for agency directors and 51.5% for staff). A little over 10% of agency directors and staff members reported that their program did not provide health insurance. It is possible that this 10% represents the part-time or non-full-time (37.5+ hours/week) employees. This theory is also supported

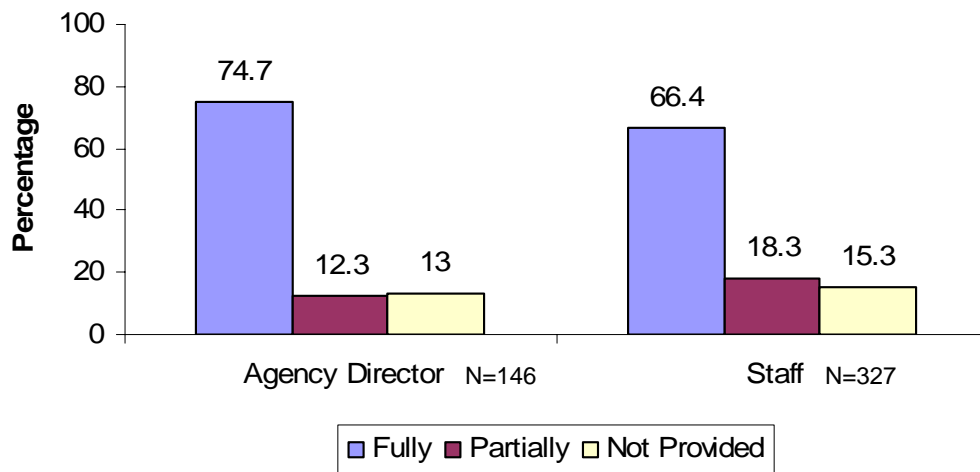
as 13-15% of respondents reported that they were not provided with sick time from their program.

There was more of a difference as to whether or not sick leave was fully provided or not, 74.7% of agency directors and 66.4% of staff reported that sick benefits were fully provided to them. A much smaller percentage of both agency directors (37.0%) and staff (26.1%) reported that they were provided fully retirement benefits from their employer. Other benefits reported as either fully or partially provided to employees included; 401K, education or tuition reimbursement, life insurance and dental insurance. The graphs below depict the percentages of employer provided health insurance, sick leave and retirement benefits.

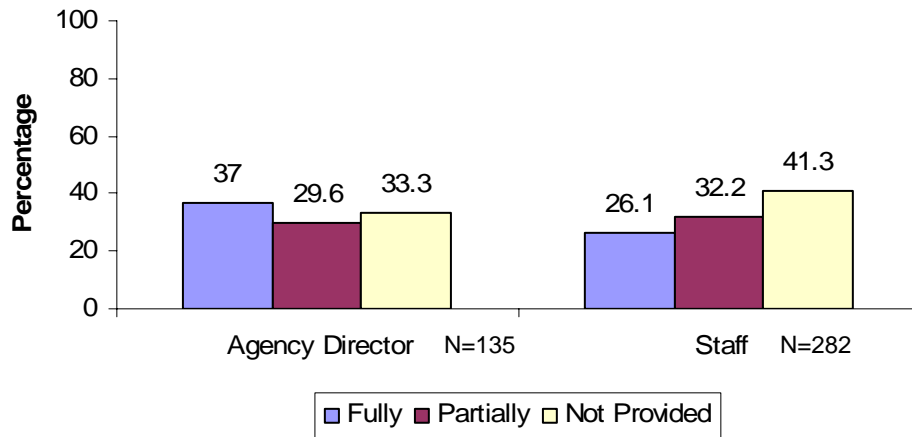
Health Insurance Provided By Role



Sick Leave Provided By Role



Retirement Benefits Provided By Role

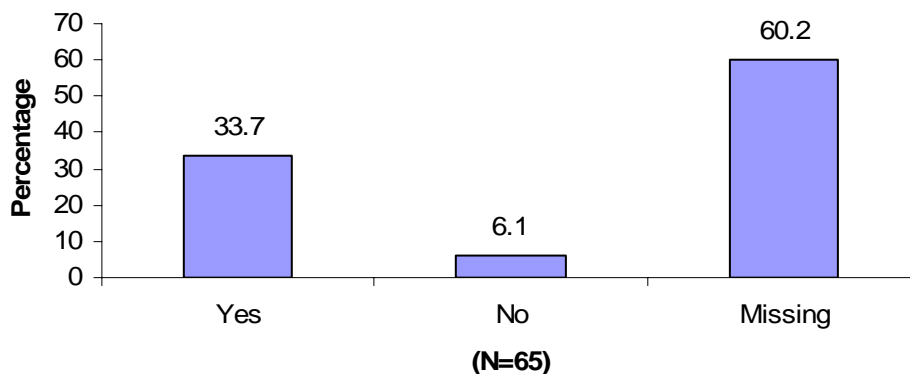


F. 4 Agency Directors Questions (In Agency Directors Version Only)

There is a subset of questions contained only in the agency directors' version of the survey. These questions concentrate on the agency's funding, agency setting, geographic location, and agency staffing or agency turnover. The following tables and graphs contain the data reported in this section of the agency directors' surveys. Many administrative personnel completed the staff version of the survey and therefore these questions were not answered. The number of missing responses for these questions is considerably higher than the number of directors for this reason.

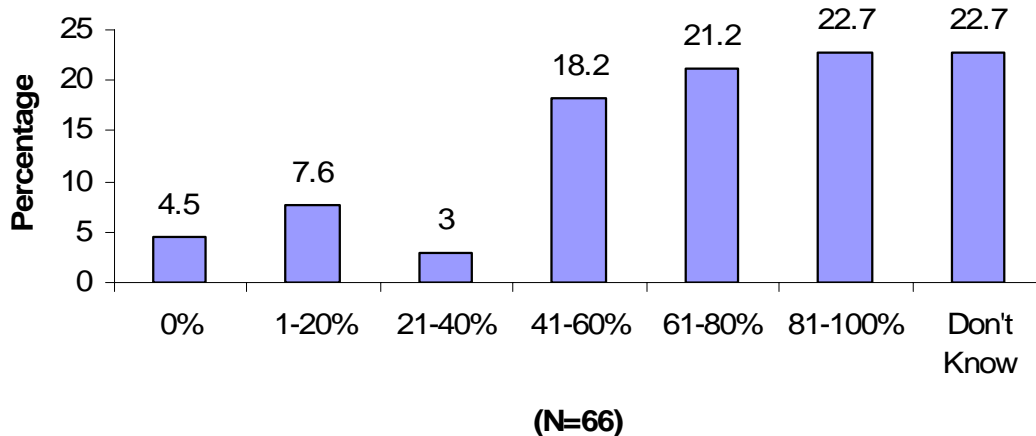
Agency directors were asked if they receive funds from the State Alcohol and Drug Authority. The graph below depicts the responses. Thirty-three percent (33.7%) of the agency directors answered that their program did receive funds from this source and 6.3% responded their programs did not. A large portion of the directors (60.2%) did not answer this particular question.

Does your Program Receive Funds from the State Alcohol & Drug Authority



Agency directors were asked to report the amount of their program's funding that came from public funding sources or monies (i.e., Medicaid, state general funds, federal block grants, or state agency grants). Twenty-three percent (23.4%) of agency directors did not know the percentage while 21.9% reported either 61-80% or 81-100% of the funding came from public monies.

Percentage of Program Funding From Public Monies



F.5 Primary Setting and Geographic Area of Agencies

A majority of the programs, 86.4%, were identified by agency directors as private, non-profit programs. Seven percent (7.6%) were identified as governmental setting (County/Community) and 4.5% were private, for profit. There was one program identified as "Other" and specified as a therapeutic community oriented program. Geographically, an almost even number of programs were located in large towns (22 programs or 34.9%) and surrounding communities (population range = 5,100-50,000) and small cities (20 programs or 31.7%) (population range = 51,000-500,000). Twenty percent (20.6% or 13 programs) were located in small communities or towns (population < 5,000) and 12.7% (8 programs) were located in large cities (population greater than 1,000,000).

F.6 Agency Staffing: Turnover

Agency directors were asked several questions about staff at their programs. Questions included the current number of staff members at their program, the number of staff who had been laid off, terminated, or quit in the last 12 months. The mean number of staff employed at the programs and in the above mentioned categories reported by the directors is presented below. The missing data in Tables 11, 12 and 13 is attributed to the issue discussed previously of agency directors completed the incorrect version of the survey.

Table 11: Mean Number of Staff

	Mean Number of Direct Service Staff	Mean Number of Direct Service Staff Laid off in Last 12 Months	Mean Number of Direct Service Staff Terminated in Last 12 Months	Mean Number of Direct Service Staff who Quit in Last 12 Months	Mean Number of Direct Service Staff to Meet Full Staffing Level
N	60	55	57	58	54
Missing	103	108	106	105	109
Mean	19.59	.09	.82	1.68	14.13
Std. Dev.	20.08	.348	1.23	2.08	16.67
Range	102	2	5	10	100
Min/Max	2/104	0/2	0/5	0/10	0/100

F.7 Impact of Worker Mobility

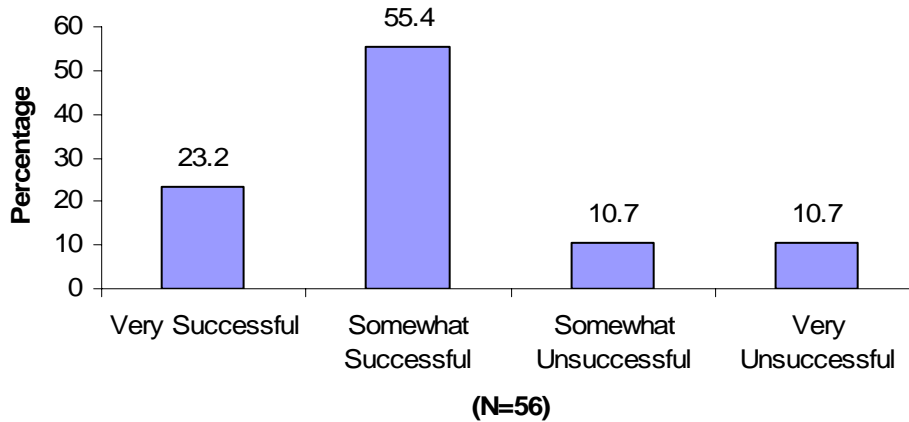
Another subset of questions contained only in the agency director’s version concerns staff recruitment at the programs. NEATTC staff wanted to look at how much time directors spent on recruitment and retention of staff and how much money is spent on these activities. Directors were also asked about the success of their recruitment and retention efforts.

Table 12: Mean Percentage of Time on Recruitment & Retention

	Mean Percentage of Time Spent on Recruitment	Mean Percentage of Time Spent on Retention
N	56	54
Missing	107	109
Mean	8.93	27.47
Std. Dev.	11.81	32.83
Range	50	100
Min/Max	0%/50%	0%/100%

A total of 78.6% felt that their commitment to recruitment resources had been either somewhat or very successful whereas only 21.4% felt that their efforts were somewhat unsuccessful or very unsuccessful.

Resource Commitment to Recruitment Success



Agency Directors were asked for the percentage of their total budgets that was spent on recruitment and retention activities. A very small number (approximately 32.5%) of agency directors answered these questions. There are several reasons for the large amount of missing data. First, as mentioned previously, many of the agency directors completed the staff version of the survey and therefore the agency director specific questions were not answered as they do not appear in the staff version of the survey. It is also possible that the directors do not keep statistics on this topic, or know how much of their program's budget is directed towards these activities. The small number of responses are reported in the table below.

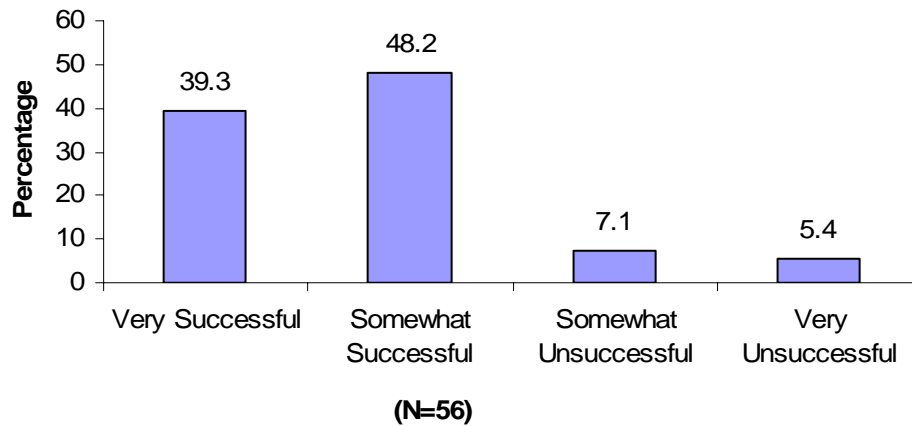
Almost 5% of programs' budgets are spent on recruitment, and twice that amount (9.5%) is spent on the retention of current staff members.

Table 13: Mean Percentage of Budget Spent on Recruitment & Retention

	Mean Percentage of Budget Spent on Recruitment	Mean Percentage of Budget Spent on Retention
N	39	36
Missing	124	107
Mean	4.97	9.50
Std. Dev.	10.79	16.11
Range	60	90
Min/Max	0%/60%	0%/90%

A higher percentage (87.5%) felt that their commitment to retention resources was either very successful or somewhat successful. Only a combined 12.5% felt that their commitment was either somewhat or very unsuccessful for retention success.

Resource Commitment to Retention Success



Sixty-seven percent (67.3%) of the respondents reported that they had been involved and committed to these resource areas for a long time (a definition of long period of time is not defined in the survey).

Approximately 30% of the agency directors surveyed reported that those who were applying for openings within their programs were applicants who were seeking their first paid position in the field of substance abuse treatment. The range of percentages indicated that some programs were attracting experienced applicants while others were attracting a large number of new individuals in the field of addiction treatment. This could reflect the 35% of individuals who were entering the field as a second career or the difference of location of the programs (rural v. urban).

Table 14: Percentage of Applicants Seeking First Position

N	Valid	50
	Missing	113
Mean		29.46
Std. Deviation		32.12
Range		95
Min/Max		0%/95%

Table 15: Does your agency have difficulty filling open positions?

	Overall (N=520)	Agency Director (N=158)	Staff (N=362)
Yes	260 (50.0)	104 (65.8)	156 (43.1)
No	138 (26.5)	41 (25.9)	97 (26.8)
Don't Know	122 (23.5)	13 (8.2)	109 (30.1)

Table 16 depicts the reasons identified by both agency directors and staff they felt contributed to why their program had difficulty filling open positions. Only the responses of those who answer positively, that their agency had difficulties are reported in the table below. The responses are ordered from highest to lowest percentages

based on the overall responses. Respondents were asked to “check all that apply” for this question.

Table 16: Reasons for Difficulty Filling Positions

Reason	Overall	Agency Director	Staff
Lack of interest in position (salary)	160 (62.7)	67 (64.4)	93 (61.6)
Insufficient funding for open positions	150 (58.8)	61 (58.7)	89 (58.9)
Insufficient number of applicants who meet minimum requirements	143 (56.1)	74 (71.2)	69 (45.7)
Lack of opportunity for advancement	62 (24.3)	22 (21.2)	40 (26.5)
Small applicant pool due to surrounding geographic area of agency	47 (18.4)	26 (25.0)	21 (13.9)
Lack of interest in position (nature of work, stigma)	41 (16.1)	23 (22.1)	18 (11.9)
Other	36 (14.1)	18 (17.3)	18 (11.9)
Lack of interest in rural location of agency	24 (9.4)	11 (10.6)	13 (8.6)
Reputation of agency	15 (5.9)	4 (3.8)	11 (7.3)
Insufficient facilities	7 (2.7)	1 (1.0)	6 (4.0)
Don't Know	6 (2.4)	3 (2.9)	3 (2.0)

Staff members felt that the difficulty was attributed to the lack of interest in the position (61.6%), specifically the salary. Agency directors felt that it was due to the insufficient number of applicants who meet minimum requirements (71.2%). The survey then asked why applicants did not meet the minimum qualifications for the positions in their agencies. Respondents were asked to “check all that apply” and could answer positively for more than one of the categories listed. Agency directors felt that it was due to the applicants lack or little experience in the substance abuse field (59.2%), while staff felt that applicants had insufficient or inadequate education and training (42.3%).

Table 17: Reasons Applicants Did Not Meet Position Requirements

Reason	Overall	Agency Director	Staff
Insufficient or inadequate education and training	48.9%	58.2%	42.3%
Little or no experience in substance abuse treatment	47.2%	59.2%	38.7%
Lack of appropriate certification	42.1%	48.0%	38.0%
Lack of practical/applied skills	27.2%	33.7%	22.6%
Not applicable, generally applicants are qualified	16.6%	12.2%	19.7%
Lack of social or interpersonal skills	13.2%	15.3%	11.7%
Don't Know	11.1%	3.1%	16.8%
Other	5.5%	8.2%	3.6%

Respondents were asked their opinions regarding the barriers to entering the substance abuse treatment field. The table below depicts both the agency directors and staff responses, illustrating the three major and three minor barriers identified. A five (5) point Likert scale measuring the level of the barrier was utilized for the possible responses to this question: 1 – Minor, 2 = Minor/Moderate, 3 = Moderate, 4 = Moderate/Major, and 5 = Major.

Table 18: Major/Minor Barriers for Entering SA Treatment Field

Major Barriers Identified	
Agency Director	Staff
Low salary/poor benefits	Low salary/poor benefits
Competition from other fields (in terms of compensation)	Competition from other fields (in terms of compensation)
Large Caseloads	Paperwork
Minor Barriers Identified	
Agency Director	Staff
Discrimination (age, gender, disability)	Discrimination (age, gender, disability)
Treatment models are not tailored to needs of racial/ethnic groups	Substance abuse treatment is not a “real” profession
Quality of work environment in terms of professionalism	Geographic constraints

When asked about the status of addiction counselors, more than half of both agency directors and staff answered that their status is lower than other helping professionals. Fifty-nine percent (59.3%) of agency directors felt their status was lower and 65.9% of staff felt similarly. Respondents who perceived addiction counselors to be on a lower level than other helping professions were then asked to complete the following statement, “Compared to other people in the helping professions, addiction counselors as a group: ...” Results are displayed in descending order by group and in the format: *number (percent)*. The respondents were asked to “check all that apply” and may be in more than one category. Agency directors felt that they were stigmatized by their association with patients who have substance use disorders (60.4%), and staff felt that more often they had a history of substance abuse problems themselves.

Table 19: Perceived Status of Addiction Professionals

Overall (N=251)	
Are stigmatized by their association with substance abusers.	137 (54.6)
Have less formal education or training.	134 (53.4)
More often have a history of substance abuse problems themselves.	133 (53.0)
More likely to work for public agencies than in private practice.	103 (41.0)
Have lower quality formal education or training.	90 (35.9)

Director (N=91)	
Are stigmatized by their association with substance abusers.	55 (60.4)
Have less formal education or training.	54 (59.3)
More often have a history of substance abuse problems themselves.	50 (54.9)
Have lower quality formal education or training.	43 (47.3)
More likely to work for public agencies than in private practice.	40 (44.0)
Staff (N=150)	
More often have a history of substance abuse problems themselves.	83 (51.9)
Are stigmatized by their association with substance abusers.	82 (51.3)
Have less formal education or training.	80 (50.0)
More likely to work for public agencies than in private practice.	63 (39.4)
Have lower quality formal education or training.	47 (29.4)

Each respondent was asked about how their program announced open positions to the public. Most programs utilized standard processes for announcing openings which included newspaper advertisements, personal/informal contacts, and human resources departments. To a much lesser degree, agency newsletters, professional journals, and agency mailing lists were also utilized. Other methods described by respondents were posting openings at local colleges and universities, cable television and radio advertisements, and city newsletters. The overall, agency directors and staff results are listed in the following table and are displayed *number (percent)* format.

Table 20: Method Utilized to Announce Open Positions

Resource	Overall (N=525)	Director (N=159)	Staff (N=366)
Newspaper advertisement	311 (59.2)	124 (78.0)	187 (51.1)
Personal/informal contacts	234 (44.6)	102 (64.2)	132 (36.1)
Agency human resources department	179 (34.1)	67 (42.1)	112 (30.6)
Web site	87 (16.6)	40 (25.2)	47 (12.8)
Email networking	71 (13.5)	32 (20.1)	39 (10.7)
Agency newsletter	54 (10.3)	16 (10.1)	38 (10.4)
Professional journals	48 (9.1)	16 (10.1)	32 (8.7)
State human resources department	34 (6.5)	11 (6.9)	23 (6.3)
Agency mailing list	32 (6.1)	14 (8.8)	18 (4.9)

F.8 Program Training and Skill Development

Survey respondents were asked “How does your agency effectively develop skills and enhance abilities of direct service substance abuse treatment staff?” A large majority reported that they were offered in-service trainings in addition to being provided direct supervision, and having the costs of continuing education paid for by their employers. Other methods are displayed in the following table.

Table 21: How Agency Develops/Enhances Abilities of Direct Staff

Resource	Overall (N=527)	Director (N=159)	Staff (N=368)
Provides In-Service Training	394 (74.8)	132 (83.0)	262 (71.2)
Provides Direct Supervision	329 (62.4)	129 (81.1)	200 (54.3)
Pays Cost of Continuing Education	251 (47.6)	97 (61.0)	154 (41.8)
Offers in-house mentoring program	122 (23.1)	59 (37.1)	63 (17.1)
Has no method/program to develop skills of staff	30 (5.7)	3 (1.9)	27 (7.3)

Individuals were asked what they thought their agencies could do to promote the retention of good direct services substance abuse treatment staff. The most often chosen method for both agency directors and staff was more frequent salary increases and more individual recognition and appreciation. Respondents could “check all that apply” and may be in more than category.

Table 22: Reasons to Promote Retention of Staff

How to Promote Retention of Staff	Overall (N=524)	Director (N=160)	Staff (N=364)
More Frequent Salary Increases	414 (79.0)	126 (78.8)	288 (79.1)
More Individual Recognition/Appreciation	274 (52.4)	86 (53.8)	188 (51.8)
More/Improved On-Going Training	232 (44.3)	78 (48.8)	154 (42.3)
Promote Career Growth	227 (43.3)	75 (46.9)	152 (41.8)
Smaller Caseloads	201 (38.4)	57 (35.6)	144 (39.6)
Better Health Coverage and Other Benefits	186 (35.5)	48 (30.0)	138 (37.9)
Lessen/Provide Assistance with Paperwork	172 (32.8)	55 (34.4)	117 (32.1)
Increased Opportunities for Input	160 (30.5)	46 (28.8)	114 (31.3)
More Frequent Promotions	127 (24.2)	30 (18.8)	97 (26.6)
Better Management/Supervision	127 (24.2)	36 (22.5)	91 (25.0)
Improved Physical Work Environment	118 (22.5)	44 (27.5)	74 (20.3)
More Supportive Agency Culture	106 (20.2)	34 (21.3)	72 (19.8)
Shorter Hours/Flex Time/Job Sharing	85 (16.2)	28 (17.5)	57 (15.7)
More Varied Work Opportunities	81 (15.5)	25 (15.6)	56 (15.4)
Other	26 (5.0)	9 (5.6)	17 (4.7)
Less Management/Supervision	13 (2.5)	2 (1.3)	11 (3.0)

F.9 Regional Reciprocity

An overwhelming number of respondents were supportive of the idea of regional reciprocity. Ninety-two percent (92.8%) of agency directors and 93.7% of staff were willing to support a move towards regional certification reciprocity. Further, they identified whether specified consequences of the regional reciprocity were benefits, drawbacks, or neither. Areas where at least 50% of respondents felt were benefits included all but one area that was seen more as a drawback. Bidding wars over qualified staff was the only area with more than 20% agreed that it was a drawback. Results in the table are displayed in the format: *number (percent)*.

Table 23: Consequences of Regional Reciprocity

Enhanced Mobility of Workforce				
	Benefit	Drawback	Neither	Don't Know
Overall (n=483)	310 (64.2)	25 (5.2)	51 (10.6)	97 (20.1)
Director (n=149)	93 (62.4)	9 (6.0)	23 (15.4)	24 (16.1)
Staff (n=334)	217 (65.0)	16 (4.8)	28 (8.4)	73 (21.9)
Ability for Agencies to Recruit in Other States				
	Benefit	Drawback	Neither	Don't Know
Overall (n=492)	286 (58.1)	48 (9.8)	81 (16.5)	77 (15.7)
Director (n=151)	93 (61.6)	8 (5.3)	28 (18.5)	22 (14.6)
Staff (n=341)	193 (56.6)	40 (11.7)	53 (15.5)	55 (16.1)
More Consistent/Predictable Job Knowledge and Skills				
	Benefit	Drawback	Neither	Don't Know
Overall (n=485)	391 (80.6)	8 (1.6)	33 (6.8)	53 (10.9)
Director (n=145)	122 (84.1)	2 (1.4)	11 (7.6)	10 (6.9)
Staff (n=340)	269 (79.1)	6 (1.8)	22 (6.5)	43 (12.6)
Potential Pay Increase				
	Benefit	Drawback	Neither	Don't Know
Overall (n=491)	409 (83.3)	9 (1.8)	21 (4.3)	52 (10.6)
Director (n=147)	116 (78.9)	4 (2.7)	10 (6.8)	17 (11.6)
Staff (n=344)	293 (85.2)	5 (1.5)	11 (3.2)	35 (10.2)
Bidding Wars for Qualified Staff				
	Benefit	Drawback	Neither	Don't Know
Overall (n=471)	108 (22.9)	174 (36.9)	75 (15.9)	114 (24.2)
Director (n=145)	30 (20.7)	67 (46.2)	19 (13.1)	29 (20.0)
Staff (n=326)	78 (23.9)	107 (32.8)	56 (17.2)	85 (26.1)
Increased Size of Applicant Pool				
	Benefit	Drawback	Neither	Don't Know
Overall (n=482)	307 (63.7)	50 (10.4)	50 (10.4)	75 (15.6)
Director (n=148)	115 (77.7)	9 (6.1)	12 (8.1)	12 (8.1)
Staff (n=334)	192 (57.5)	41 (12.3)	38 (11.4)	63 (18.9)
Increased Ability to Build a High Quality Staff				
	Benefit	Drawback	Neither	Don't Know
Overall (n=488)	400 (82.0)	5 (1.0)	32 (6.6)	51 (10.5)
Director (n=148)	126 (85.1)	2 (1.4)	7 (4.7)	13 (8.8)
Staff (n=340)	274 (80.6)	3 (0.9)	25 (7.4)	38 (11.2)
Need for Staff to Obtain Additional Education				
	Benefit	Drawback	Neither	Don't Know
Overall (n=487)	304 (62.4)	67 (13.8)	59 (12.1)	57 (11.7)
Director (n=147)	85 (57.8)	25 (17.0)	24 (16.3)	13 (8.8)
Staff (n=340)	219 (64.4)	42 (12.4)	35 (10.3)	44 (12.9)

F.10 Job Satisfaction & Dissatisfaction

Agency directors and staff were asked about areas/activities in relation to their job satisfaction. Respondents were asked to check all that apply so they may be in more than one category of satisfaction. The highest ranked category for agency directors was commitment to treatment (65.0%) and for staff is was one-to-one interaction with clients (82.4%).

Table 24: Job Satisfaction

Job Satisfaction	Overall (N=520)	Director (N=157)	Staff (N=363)
One-to-One Interaction with Clients	400 (76.9)	101 (64.3)	299 (82.4)
Opportunities for Personal Learning/Growth	315 (60.6)	93 (59.2)	222 (61.2)
Commitment to Treatment	310 (59.6)	102 (65.0)	208 (57.3)
Agency/Co-Workers	275 (52.9)	88 (56.1)	187 (51.5)
Role as a Change Agent	246 (47.3)	92 (58.6)	154 (42.4)
Ability to Influence Agency Decisions	153 (29.4)	89 (56.7)	64 (17.6)
Career Growth Opportunities	132 (25.4)	38 (24.2)	94 (25.9)
Salary and Benefits	118 (22.7)	46 (29.3)	72 (19.8)
Other	31 (6.0)	13 (8.3)	18 (5.0)
Nothing, I am not satisfied.	10 (1.9)	4 (2.5)	6 (1.7)

A job satisfaction score was computed as a count of the positive areas identified. There were eight (8) categories listed as giving individuals job satisfaction. These were totaled to get a mean job satisfaction rating. Out of a possible score of 8, the overall mean was 3.81, with a SD of 1.91. The director's score was 4.22, with a SD of 1.94, and the staff score was 3.63, with a SD of 1.87.

Table 25: Combined Job Satisfaction

Combined Satisfaction Score	Overall (N=520)	Director (N=157)	Staff (N=363)
0	8 (1.5)	2 (1.3)	6 (1.7)
1	50 (9.6)	10 (6.4)	40 (11.0)
2	75 (14.4)	18 (11.5)	57 (15.7)
3	116 (22.3)	31 (19.7)	85 (23.4)
4	98 (18.8)	31 (19.7)	67 (18.5)
5	74 (14.2)	21 (13.4)	53 (14.6)
6	50 (9.6)	22 (14.0)	28 (7.7)
7	26 (5.0)	16 (10.2)	10 (2.8)
8	19 (3.7)	4 (2.5)	15 (4.1)
9	4 (0.7)	2 (1.3)	2 (0.6)

Similar to the job satisfaction question, respondents were asked about their job dissatisfaction. Results are displayed in the same format as the satisfaction questions. The highest ranked area of job dissatisfaction for both agency directors and staff was

salary and benefits (48.0% and 68.7% respectively). Other areas were not chosen as often by respondents, meaning that their salary was the largest contributor to their dissatisfaction at work.

Table 26: Job Dissatisfaction

Job Dissatisfaction	Overall (N=503)	Director (N=152)	Staff (N=363)
Salary and Benefits	314 (62.4)	73 (48.0)	241 (68.7)
Inability to Influence Agency Decisions	119 (23.7)	25 (16.4)	94 (26.8)
Lack of Career Growth Opportunities	110 (21.9)	21 (13.8)	89 (25.4)
Nothing, I am satisfied.	86 (17.1)	38 (25.0)	48 (13.7)
Lack of Opportunities for Personal Learning/Growth	68 (13.5)	16 (10.5)	52 (14.8)
Other	64 (12.7)	26 (17.1)	38 (10.8)
Agency/Co-Workers	59 (11.7)	19 (12.5)	40 (11.4)
Lack of Commitment to Treatment	51 (10.1)	24 (15.8)	27 (7.7)
Limited Role as a Change Agent	34 (6.8)	16 (10.5)	18 (5.1)
Lack of One-to-One Interaction with Clients	17 (3.4)	4 (2.6)	13 (3.7)

A job dissatisfaction score was computed as a count of the number of categories indicated as giving job satisfaction. Possible scores range from 0 to 10, with 10 corresponding to the highest job dissatisfaction. There were no calculated score for job dissatisfaction over six (6) as that was the maximum number of job dissatisfaction categories positively chosen to attribute to job dissatisfaction by any one respondent. The mean scores for job dissatisfaction were: Overall = 1.66, Director = 1.47, and Staff = 1.74. The following table contains a breakdown of scores reflecting job dissatisfaction.

Table 27: Combined Job Dissatisfaction

Combined Dissatisfaction Score	Overall (N=520)	Director (N=152)	Staff (N=363)
0	85 (16.9)	39 (25.7)	46 (13.1)
1	190 (37.8)	58 (38.2)	132 (37.6)
2	112 (22.3)	23 (15.1)	89 (25.4)
3	66 (13.1)	16 (10.5)	50 (14.2)
4	31 (6.2)	10 (6.6)	21 (6.0)
5	14 (2.8)	4 (2.6)	10 (2.8)
6	5 (1.0)	2 (1.3)	3 (0.9)

F.11 Addiction Counseling Competencies (ACC)

In both versions of the survey respondents were asked about the Addiction Counseling Competencies. Specifically, they were asked if they were familiar with the competencies, if so, how integrated the competencies were in their daily work, and for what purposes they utilized the competencies. A little over 63% of agency directors

stated that they were familiar with the ACC and 50.7% of staff members stated that they were familiar with them.

Table 28: Familiarity with Addiction Counseling Competencies

	Overall (N=502)	Agency Director (N=153)	Staff (N=349)
Yes	274 (54.6%)	97 (63.4%)	177 (50.7%)
No	228 (45.4%)	56 (36.6%)	172 (49.3%)

Respondents indicating that they were familiar with the competencies were asked, “Do you use the Addiction Counseling Competencies?”⁵ Results are displayed in the format: *number (percent)*.

Table 29: Usage of Addiction Counseling Competencies

	Overall (N=263)	Director (N=96)	Staff (N=167)
I do not use them.	69 (26.2)	24 (25.0)	45 (26.9)
Yes, my agency encourages their use.	87 (33.1)	32 (33.3)	55 (32.9)
Yes, my agency requires their use.	24 (9.1)	5 (5.2)	19 (11.4)
Yes, out of personal interest.	95 (36.1)	32 (33.3)	63 (37.7)
Yes, combination of personal and agency interest.	67 (25.5)	30 (31.3)	37 (22.2)
Other	7 (2.7)	3 (3.1)	4 (2.4)

Respondents who indicated both knowledge and use of the competencies were asked about the extent to which they used them. Results are displayed in the format: *number (percent)*.

Table 30: Extent of Usage for Addiction Counseling Competencies

	Overall (N=185)	Director (N=69)	Staff (N=116)
Fully Integrated into My Daily Work	51 (27.6)	16 (23.2)	35 (30.2)
Frequently Referenced in My Daily Work	89 (48.1)	31 (44.9)	58 (50.0)
Seldom Referenced in My Daily Work	40 (21.6)	20 (29.0)	20 (17.2)
Never Referenced in My Daily Work	5 (2.7)	2 (2.9)	3 (2.6)

Respondents who had both knowledge of the competencies and indicated use of them were also asked, “How do you use the Addiction Counseling Competencies?”⁶ Results are displayed in the format: *number (percent)*.

⁵ More than one response can be chosen. Therefore, listed percentages may total more than 100%.

⁶ More than one response can be chosen. Therefore, listed percentages may total more than 100%.

Table 31: Application of the Addiction Counseling Competencies

	Overall (N=183)	Director (N=68)	Staff (N=115)
Guide Professional Development	113 (61.7)	49 (72.1)	64 (55.7)
Self Assessment	76 (41.5)	30 (44.1)	46 (40.0)
Improve Treatment Outcomes	129 (70.5)	46 (67.6)	83 (72.2)
Guide Supervisory Decisions	51 (27.9)	35 (51.5)	16 (13.9)
Improve Counselor Performance	130 (71.0)	51 (75.0)	79 (68.7)
Assess Job Performance	58 (31.7)	35 (51.5)	23 (20.0)
Other	4 (2.2)	3 (4.4)	1 (0.9)

Survey respondents were asked “Which treatment models does your agency currently use on a regular basis?” A three-point Likert scale measuring the role of the particular treatment model in the agency approach was used for the possible responses to this question. Respondents answered 1 = Major, 2 = Intermediate, 3 = Minor. NOTE: N’s will vary for this question because if an agency did not incorporate a particular treatment model, the respondent did not answer that question.

Agency directors reported a mean average of 7.62 major treatment models in their programs. Staff reported a mean average of 7.74 major treatment models in their programs. Table 32 below depicts the top three treatment models for both agency directors and staff respondents.

Table 32: Most Frequently Utilized Treatment Models

	Agency Director	Staff
<i>Highest Ranked</i>	Relapse Prevention (75.9%)	Relapse Prevention (78.6%)
<i>Second Highest</i>	Twelve Step (72.6%)	Twelve Step (68.8%)
<i>Third Highest</i>	Opiate Substitution (71.2%)	Cognitive-Behavioral Skill Dev. (65.3%)

F.12 Proficiencies, Training Interests and Technology

Survey respondents were asked about their own proficiency in 28 competency areas. A seven-point Likert scale measuring the competency in each area was utilized for the possible responses to this question: 0 = Have no proficiency, 1 = Mostly lacking proficiency, 2 = Somewhat lacking in proficiency, 3 = Unsure how to rate my proficiency, 4 = Somewhat proficient, 5 = Mostly proficient, and 6 = Completely proficient.

A mean score was computed for each competency question and then a mean overall score was computed by taking an average of all of the individual question means. The overall mean was used as the cut-off point for distinguishing whether the overall level of technological abilities was above or below the overall mean. The overall mean used for the cut off was 4.16, therefore any mean higher than a 4.16 was considered higher proficiency and any score lower was considered lower proficiency. Based on the results of these analyses, agency directors have a greater number of competency areas in which they feel more proficient than did the staff members.

Table 33: Proficiency in Competency Areas		
	Agency Director	Staff
Higher	A, D, G, J, K, L, M, Q, R, T, U, V, W, X, Y, Z, AA, AB	G, J, K, L, M, R, S, T, U, V, W, X, AA, AB
Lower	B, C, E, F, H, I, N, O, P, S	A, B, C, D, E, F, H, I, N, O, P, Q, Y, Z
<u>Competency Areas</u>		
<ul style="list-style-type: none"> A. Administrative management B. Adolescent treatment skills C. Client family & community education D. Clinical supervision E. Co-occurring substance abuse & mental health problems F. Detoxification G. Documentation skills H. Drug pharmacology/pharmacotherapy I. Gender specific treatment J. Group counseling skills K. Individual counseling skills L. Interpersonal communication skills M. Intervention skills N. Lesbian/Gay/Bisexual/Transsexual specific treatment O. Marriage & family therapy P. Offender treatment Q. Patient placement criteria R. Professional & ethnic responsibilities S. Racial/ethnic specific treatment T. Referral skills U. Relationship between substance abuse and medical problems V. Screening & assessment skills W. Service coordination & case management X. Signs & symptoms of substance abuse withdrawal Y. Staff recruitment skills Z. Staff retention skills AA. Treatment engagement AB. Treatment planning 		

The next set of questions was about training interests. The training interests were the same 28 competency areas used in the proficiency question. A five-point Likert scale measuring interest in the training areas was used for the possible responses to this question: 0 = No interest, 1 = Very little interest, 2 = Moderate interest, 3 = Considerable interest, 4 = Maximum interest. The questions were calculated in the same manner as the proficiency questions on the previous page. The overall mean of 2.78 was used as the cut off, therefore any mean higher than a 2.78 was considered as having higher proficiency and any score lower was considered as having lower proficiency. Based on the results of these analyses, agency directors did not have as much interest in training as did the staff members. While the directors identified 6 areas in which they would have interest in training, the staff members identified 19 areas of interest.

Table 34: Interest in Trainings in Competency Areas		
	Agency Director	Staff
Higher	A, D, E, U, Y, Z	C, E, H, I, J, K, L, M, O, R, S, T, U, V, W, X, AA, AB
Lower	B, C, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, V, W, X, AA, AB	A, B, D, F, G, N, P, Q, Y, Z
<u>Competency Areas</u>		
<ul style="list-style-type: none"> A. Administrative management B. Adolescent treatment skills C. Client family & community education D. Clinical supervision E. Co-occurring substance abuse & mental health problems F. Detoxification G. Documentation skills H. Drug pharmacology/pharmacotherapy I. Gender specific treatment J. Group counseling skills K. Individual counseling skills L. Interpersonal communication skills M. Intervention skills N. Lesbian/Gay/Bisexual/Transsexual specific treatment O. Marriage & family therapy P. Offender treatment Q. Patient placement criteria R. Professional & ethnic responsibilities S. Racial/ethnic specific treatment T. Referral skills U. Relationship between substance abuse and medical problems V. Screening & assessment skills W. Service coordination & case management X. Signs & symptoms of substance abuse withdrawal Y. Staff recruitment skills Z. Staff retention skills AA. Treatment engagement AB. Treatment planning 		

In addition to the core workforce questions developed by the NFATTC, there are questions in both versions of the survey that were developed by the ATTC/Pennsylvania Practice Improvement Collaborative (PA PIC) that assessed the technological needs of the New Jersey workforce. A five-point Likert scale measuring the respondent's agreement with technology statements was used for the possible responses to this question: 0 = Strongly disagree, 1 = Disagree, 2 = Neutral, 3 = Agree, and 4 = Strongly agree.

We computed a mean score for each technology question and then computed a mean overall score by taking an average of all of the individual question means. The overall mean was used as the cut-off point for distinguishing whether the overall level of technological abilities was above or below the overall mean. The overall mean for respondents was 2.39, a little bit over neutral for all categories.

Table 35: Technology		
	Agency Director	Staff
Higher	A, B, C, E, F, G, H, N, O, P, Q, R	A, B, C, G, N, O, P, Q
Lower	D, I, J, K, L, M	D, E, F, H, I, J, K, L, M, R
A. I feel comfortable using a computer B. I have a personal computer at work C. I use a personal computer at work D. I do not have a personal computer at work, but I do share a computer at work with other employees. E. I have easy access to email at work F. I have easy access to the internet at work G. I know how to access information I need on the internet H. I access drug and alcohol information on the web from work I. I access the internet daily at work J. I access the internet weekly at work K. We have program policies limiting staff access to the internet & email at work L. I have a web camera & web camera capabilities at work M. My client records are computerized N. I have a personal computer at home O. I have internet access on my personal computer at home P. I access the internet weekly at home Q. I have access to email on my personal computer at home R. I access drug & alcohol information on the web from home		

Both agency directors and staff reported that they feel comfortable using a computer and had a personal computer at work (A, B). Both groups reported that they did not access the internet daily (I) or even weekly at work (J) although programs overall did not have policies limiting internet and email access at work. Agency directors and staff reported not having web cameras or web camera capabilities at the office nor were their program's charts computerized (L, M). Both agency directors and staff stated they were utilizing home computers (N). There were several categories where agency directors and staff differed. Agency directors reported utilizing their home PCs to access drug and alcohol information on the web (R) more often than staff members.

Agency directors reported having access to email and internet at work, but staff did not (E, F).

G. Discussion & Conclusions

The results of this survey reveal a comprehensive picture of the current state of the addiction workforce in the state of New Jersey. Since data were collected only from the one state, results cannot be compared across states (NEATTC consists of Pennsylvania, New Jersey and New York) only within the state of New Jersey. Regardless, some conclusions can be drawn from the data.

The substance abuse treatment field attracts a rather diverse population to their workforce. Approximately 35% of agency directors and 40% of staff reported that substance abuse was their second career. Interestingly, more than half of the respondents also reported that they entered the field for personal interests, followed by previous experience with addiction/recovery either personal or family. There was a wide range of educational experience, course work in substance abuse and additional workshops in substance abuse for respondents. However, 28% of agency directors and 33% of their staff reported that they were never certified in the area of substance abuse.

Turnover was an area of concentration within the agency directors' survey. Directors were asked for the number of staff needed to be fully staffed, the number of staff members who had quit, been terminated and were laid off in the last 12 months. The average number of laid off staff members was less than one (0.09), as was the number of staff members who were terminated (0.82). However the average number of staff who had quit in the last 12 months was approximately 1.68, meaning that the largest reason for staff turnover reported by directors was attributed to staff quitting their positions. One reason for this could be that agency directors reported spending only about 5% of their budget (mean reported percentage) on recruitment activities and 10% of their budget on the retention of current employees. In order to reduce the turnover rate, programs could be encouraged to spend more money on the recruitment and retention of capable staff. 50% of respondents reported that they had difficulties in filling open positions within their programs. The first reason chosen was lack of interest in the position (specifically in the salary) followed by having insufficient funding for the open position. Appendix 3 contains the ideas on recruitment and retention listed by respondents.

Overall both agency directors and staff reported more satisfaction with their positions than dissatisfaction (see pages 27-28).

An overwhelming 92% of respondents were in favor of regional certification reciprocity. Regional reciprocity would eliminate some of the identified barriers to hiring qualified staff and allow for counselors to more easily move from state to state. For the small percentage of individuals who answered that they were not interested, several of them noted that they did not know enough about regional reciprocity in order to formulate an opinion. Other negative responses included that they had no interest in

moving themselves, cost, lack of time and interest in the topic and it was seen as benefiting staff, but not sure how it would be a benefit to the sites themselves. The idea of regional reciprocity should be further explored and more information on regional reciprocity should be shared with agency directors and staff.

Training needs were reported in 19 different areas by staff members, but only 6 areas for agency directors. However, the six areas included clinical supervision, administrative management and staff recruitment and retention. The staff chose more client-oriented training topics than did the agency directors. The overall average number of training areas for respondents was 2.78. Meaning that most people saw themselves as having a moderate, almost considerable interest in training in the areas they selected.

The results of the technology assessment written by the NEATTC alluded to the need for technology, specifically computers, in many programs. Agency directors reported utilizing computers more often than staff. This may cause disparity within the workforce and limit the application of technology based solutions or applications. Computers will need to be available for both directors and staff if New Jersey is to rely on technology to further its educational and professional efforts. Both groups reported that their client’s charts are not computerized, phasing in computers would cut down on the amount of time committed to completing paperwork (i.e., administrative burden).

H. Comparison of NFATTC and NEATTC Workforce Results

The NFATTC conducted the same survey in five (5) states. The states that participated were; Alaska, Hawaii, Idaho, Oregon and Washington. They had a total of 609 surveys included in their analyses, compared to the 538 included in the analyses contained in this report (representing the State of New Jersey only). The following section of the report compares the overall results of the surveys and identifies areas where differences are evident in the two data sets.

Topic	NFATTC	NEATTC
Demographics	55% of agency directors and 61% of staff were female.	63% of agency directors and 71% of staff were female.
	83% of agency directors and 73% of staff were white.	72% of agency directors and 56% of staff were white.
	The average age was 51 for agency directors and 46 for staff.	The average age was 48 for agency directors and 44 for staff.
Academic & Professional Background	Over 60% of both agency directors and staff had a Bachelors degree or above.	Over 76% of agency directors and 64% of staff had a Bachelors degree or above.
	Over half (57%) of agency directors and 34% of staff had a graduate degree.	Under half (46%) of agency directors and 25% of staff had a graduate degree.

Topic	NFATTC	NEATTC
Academic & Professional Background (Con't)	Less than 50% of both agency directors and staff have an AOD specific degree or certificate.	Less than 40% of both agency directors and staff had an AOD specific degree or certificate.
	Nearly 90% of both agency directors and staff have participated in AOD related training/workshop within the last year.	Nearly 80% of both agency directors and staff have participated in AOD related training/workshop within the last year.
	Average number of training hours over the past two years was 69 for agency directors and 63 for staff.	Average number of training hours over the past two years was 57 for agency directors and 69 for staff.
	Over 60% of both agency directors and staff reported being currently certified.	Approximately 40% of agency directors and 27% staff reported being currently certified.
	Agency directors and staff had little difference between years in the field and years in their current role indicating most enter the field in the position they currently hold.	Agency directors and staff had larger differences between years in the field and years in their current role. Average years in the field was 14 for agency directors and 7.77 for staff. Average years in position was 6.43 for agency directors and 3.76 for staff.
	47% of agency directors and 49% of staff indicted that substance abuse was their second career.	34% of agency directors and 40% of staff indicted that substance abuse was their second career.
	Treatment staff reported a higher percentage of time spent on client related tasks (70%) while agency directors reported more time on administrative activities (75%).	Agency directors spent the greatest percentage of their time on administrative activities and paperwork however, they also reported spending time on client related tasks.
Salary	68% of agency directors reported earning between \$40,000-\$75,000 and 61% of staff reported earning between \$15,000-\$34,999.	71% of agency directors reported earning between \$40,000-\$75,000 and 61% of staff reported earning between \$15,000-\$34,999.
	Degree status was the strongest predictor of salary for both agency directors and staff.	Regression analyses depicted that older males with more education background (degree status) had higher salaries.

Topic	NFATTC	NEATTC
Staff Turnover, Recruitment, and Retention	Agency directors and staff showed agreement on the top 4 things that an agency could do to promote retention: more frequent salary increases, more individual recognition & appreciation, lessen or provide assistance with paperwork, and more & improved on-going training.	Agency directors and staff showed agreement on the top 4 things that an agency could do to promote retention: more frequent salary increases, more individual recognition & appreciation, more & improved on-going training and promote career growth.
	Agencies experienced an average turnover rate of 23%, with most turnover being voluntary (resignation).	The largest reason for staff turnover reported by directors was attributed to staff quitting their positions.
Regional Reciprocity	83% of agency directors and 86% of staff stated they would support a move toward regional reciprocity.	92% of agency directors and 93% of staff were willing to support a move towards regional certification reciprocity.
Job Satisfaction	Agency directors and staff indicted more factors that contributed to job satisfaction than to dissatisfaction.	New Jersey agency directors and staff indicted more factors that contributed to job satisfaction than to dissatisfaction.
	Role as a change agent, commitment to treatment, 1 on 1 interaction with clients, and agency/coworkers were among the most cited sources of satisfaction for both agency directors and staff.	1 on 1 interaction with clients, commitment to treatment, opportunities for personal learning/ growth and agency/ co-workers were among the most cited sources of satisfaction for both agency directors and staff.
	The only factor cited with any consistency as a source of dissatisfaction was salary.	Salary was the most frequently selected source of dissatisfaction.
	Agency directors and staff agreed on 5 most prominent models being implemented in their agency.	Agency directors and staff agreed on 3 most prominent models being implemented in their agency.
ACCs	Majority of agency directors (79%) and staff (61%) are familiar with the Addiction Counseling Competencies (ACCs).	63% of agency directors and 50% of staff are familiar with the Addiction Counseling Competencies (ACCs).

There are several areas that are similar between the two surveys and the respondents. The respondents reported similar salaries, and the turnover rates for both can be largely attributed to employees quitting/resigning their positions rather than being terminated or laid off. A very large percentage of the respondents from both areas reported supporting regional reciprocity (the rate of agreement was slightly higher

for the New Jersey workforce). Salary was reported the most frequently as a source of job dissatisfaction.

Areas that had notable differences were the academic and professional background sections. There were greater percentages of female respondents in New Jersey. There were more white respondents in the Northwestern states. There was a higher number of respondents with a Bachelors degree in New Jersey, but a higher number of respondents with Masters degrees in the Northwest. Ten percent less of respondents from New Jersey had an alcohol and other drug (AOD) specific degrees. Ten percent less of the New Jersey respondents had participated in AOD related training/workshops within the past year. A greater percentage (approximately 20%) of both agency directors and staff were currently certified as opposed to their New Jersey counterparts (40% and 27% respectively). There were larger differences between the years in the field between agency directors and staff in New Jersey (14 and 7 years) than in the Northwest. A greater percentage of respondents in the Northwest reported that substance abuse was their second career (47% and 49% compared to 34% and 40%). The Northwest respondents also reported higher percentages of familiarity with the Addiction Counseling Competencies (79% and 61%) than the New Jersey respondents (63% and 50%).

Acknowledgments

The authors would like to Lois Edmondston for her work on the data for this project. We would also like to acknowledge the New Jersey Department of Health and Human Services (NJDHHS) and the Addictions Treatment Providers of New Jersey (ATPNJ) for their assistance and cooperation.

I. References

Bureau of Labor Statistics. Available online at www.bls.gov.

Northwest Frontier ATTC (NFATTC). (2003.) Advancing the Current State of Addiction Treatment: A Regional Needs Assessment of Substance Abuse Treatment Professionals in the Pacific Northwest and Hawaii. Available at www.nfattc.org.

Appendix 1
NEATTC Survey Instruments



Substance Abuse Treatment Workforce Survey 2003

NORTHEAST ADDICTION TECHNOLOGY TRANSFER CENTER (NEATTC)

Maintaining a professional workforce is essential to any effective alcohol and drug abuse treatment system. For workforce development efforts to focus accurately on local needs, information from treatment providers is necessary.

The Institute for Research, Education and Training in Addictions (IRETA), the oversight organization for the NEATTC is surveying substance abuse agencies and treatment professionals to assess current workforce development issues in the State of New Jersey. The survey is descriptive in nature and is intended to help develop new knowledge that will help:

- 1) improve the preparation and recruitment of new treatment professionals,
- 2) increase the retention of existing staff in treatment settings, and
- 3) identify agency and workforce development needs.

This project is endorsed by alcohol and drug authorities in Pennsylvania and was recently conducted by the NW Frontier ATTC with great success. Survey results will provide the foundation for continuous improvements to workforce development plans in each state. ***But the project cannot be successful without your assistance.***

We hope to receive input from a large group of substance abuse treatment specialists and agency directors in your state. ***Your response, therefore, is very important.*** The survey takes 20-30 minutes to complete, and ***participation is completely anonymous.*** Please return the survey in the prepaid return envelope provided.

Thank you in advance for your time and interest in this important project!

Michael T. Flaherty, Ph.D.
NEATTC Director

Janice L. Pringle, Ph.D.
NEATTC Evaluation Director

Demographic Information

1. **What is your gender?** Male Female
2. **What is your date of birth?** _____
3. **Are you Hispanic or Latino/a?** Yes No
4. **What is your ethnicity?**

African American	Multi-ethnic
Asian	American Indian/Alaska Native
White	Native Hawaiian/Pacific Islander
Other (<i>specify</i>) _____	

Your Work & Professional Background

5. **What is your current discipline/profession? (*check all that apply*)**

Addictions counseling	Psychology
Vocational rehabilitation	Other counseling
Social work/human service	Adolescent treatment
Medicine (primary care)	Education
Nursing	Criminal justice
Other (<i>please specify</i>) _____	
6. **What is your primary role at work? (*check only one*)**
 - Management (supervisor, administrator, etc.)
 - Direct service (counselor, assessment, intake, etc.)
- 6a. **Total years of experience in role (at this and other agencies).** ____ years
7. **What percentage of your time do you spend in a typical week on the following (please include the time you spend on case notes/documentation in the respective activities as well):**

Task	%
Screening and assessments.....	_____
Individual counseling with your clients.....	_____
Group sessions.....	_____
Family counseling sessions.....	_____
Case management.....	_____
Providing clinical supervision.....	_____
Paperwork.....	_____
Other administrative activities.....	_____
Other activities (please specify)	_____
<hr/>	
Total	100%

Do your percentages add to 100%? If not, please go back through

8. During the past 12 months have you (check all that apply):

- Screened clients for substance abuse disorders?
- Diagnosed or formally assessed substance abuse disorders?
- Treated clients with substance abuse disorders?
- Made referrals for clients with substance abuse disorders?

9. What is your annual salary at your current position?

- | | |
|------------------------|-------------------|
| <\$14,999 | \$35,000–\$39,999 |
| \$15,000–\$24,999 | \$40,000–\$49,999 |
| \$25,000–\$29,999 | \$50,000–\$74,999 |
| \$30,000–\$34,999 | >\$75,000 |
| Not applicable/refused | |

10. Which of the following benefits are provided, partially or fully, through your employment?

Benefit	Fully	Partially	Not provided
Health insurance			
Sick leave			
Other paid leave			
Retirement contributions by your employer			
Other benefit (please specify)			

Other benefit (please specify)

11. How many years have you worked in the substance abuse treatment field? ____ years

12. How many years have you worked in your current position? _____ years

13. Why did you decide to enter the field of substance abuse treatment? (check all that apply)

- Previous experience with addiction or recovery (personal or family)
- Personal interest
- Experience in a like field
- Academic work/degree in a like field
- Unplanned decision
- Other (please specify) _____

14. Is substance abuse treatment a second career? Yes No

If yes, what was your previous career? _____

15. What is your certification status in the substance abuse treatment field? (check only one)

- Never certified
- Previously certified, but not currently
- Certification pending
- Currently certified

15a. Indicate type(s) of current or pending certification: (please spell out acronyms)

16. What is your highest academic degree status?

No high school diploma or equivalent
 High school diploma or equivalent
 Some college, no degree
 Other _____

Associate Degree
 Bachelor's Degree
 Master's Degree
 Doctoral Degree

17. Have you ever completed specialized educational coursework in:

	Yes	No	If yes, how many courses or certificate/degree			
Substance abuse treatment?			1-3	4-10	minor/certificate	degree
Related field?			1-3	4-10	minor/certificate	degree
Unrelated field?			1-3	4-10	minor/certificate	degree

If you completed coursework in substance abuse treatment, where? (check all that apply)

2 year college 4 year college/university Graduate school

18. Have you completed other workshops or training in substance abuse treatment in the last year? Yes No

In the last two years? Yes No

If yes, please indicate approximately how many hours you have completed:
 _____ total hours last two years

Agency Staffing: Retention and Recruitment**19. Does your agency have any difficulties filling open positions for direct service substance abuse treatment staff? Yes No (*skip to #22*) Don't know****20. Why do you think your agency has difficulties filling open positions for direct service substance abuse treatment staff? (*check all that apply*)**

Insufficient number of applicants who meet minimum qualifications
 Insufficient funding for open positions
 Small applicant pool due to surrounding geographic area of agency
 Insufficient facilities
 Reputation of agency
 Lack of interest in position (nature of work, stigma)
 Lack of interest in position (salary)
 Lack of interest in rural location of agency
 Lack of opportunity for advancement
 Don't know
 Other (*please specify*) _____

21. If applicants for positions in your agency do not meet minimum qualifications, why do you think this is so? (*check all that apply*)

Not applicable, generally applicants are qualified
 Little or no experience in substance abuse treatment
 Insufficient or inadequate education and training
 Lack of social or interpersonal skills
 Lack of practical/applied skills
 Lack of appropriate certification
 Don't know
 Other (*please specify*) _____

22. In your opinion, what are the barriers to people entering the substance abuse treatment field? (check all that apply, and then rate whether each barrier you've checked is a "major", "moderate", or "minor" barrier)

√ Barrier	Major		Moderate		Minor
	5	4	3	2	1
There are no barriers to entering the field	5	4	3	2	1
Treatment models are not tailored to needs of racial/ethnic groups	5	4	3	2	1
Lack of encouragement (e.g., from educators, family or friends)	5	4	3	2	1
Competition from other fields (in terms of compensation)	5	4	3	2	1
Paperwork	5	4	3	2	1
Large caseloads	5	4	3	2	1
Evening and weekend work hours	5	4	3	2	1
Discrimination (e.g., age, disability, ethnicity, gender)	5	4	3	2	1
Stigma/lack of respect for the field	5	4	3	2	1
Geographic constraints	5	4	3	2	1
Low salary/poor benefits	5	4	3	2	1
Cost of education/training	5	4	3	2	1
Amount of education/training	5	4	3	2	1
Negative preconceptions regarding the nature of addicted clients and chemically dependent populations (e.g., difficult to work with, don't want to change)	5	4	3	2	1
Quality of work environment in terms of professionalism	5	4	3	2	1
Substance abuse treatment is not a 'real' profession	5	4	3	2	1
Don't know	5	4	3	2	1
Other (please specify)_____	5	4	3	2	1

23. From the perspective of most helping professionals, which of the following best describes the current status of addiction counselors? (check only one)

Addiction counselors are thought to have higher status than other helping professionals.

Addiction counselors are thought to have about the same status than other helping professionals.

Addiction counselors are thought to have lower status than other helping professionals.

If you responded that addiction counselors have lower status, we are interested in your ideas about why you think this might be the case. Compared to other people in the helping professions, addiction counselors as a group: (check all that apply)

Have less formal education or training

Have lower quality formal education or training

Are more likely to work for public agencies rather than in private practice

Are stigmatized by their association with substance abusers

More often have had a history of substance abuse problems themselves

Other (please specify)_____

24. Which resources are commonly used by your agency to announce open substance abuse treatment positions? (check all that apply)

- | | |
|----------------------------------|----------------------------------|
| Agency human resource department | Personal/informal contacts |
| Professional journals | Web site |
| Newspaper advertisement | Agency mailing list |
| E-mail networking | State human resources department |
| Agency newsletter(s) | Don't know |
| Other _____ | |

25. How does your agency effectively develop skills and enhance abilities of direct service substance abuse treatment staff? (check all that apply)

- | | |
|--|-----------------------------------|
| Has no method/program to develop skills of staff | Provides direct supervision |
| Offers in-house mentoring program | Pays cost of continuing education |
| Provides in-service training | Don't know |
| Other (please specify) _____ | |

26. What do you think your agency could do to promote the retention of good direct service substance abuse treatment staff? (check all that apply)

- | | |
|--|-------------------------------------|
| More frequent salary increases | More frequent promotions |
| Less management/supervision | More/improved on-going training |
| More individual recognition/appreciation | Better management/supervision |
| Increased opportunities for input | More supportive agency culture |
| More varied work opportunities | Improved physical work environment |
| Better health coverage & other benefits | Smaller caseloads |
| Lessen/provide assistance with paperwork | Shorter hours/flex time/job sharing |
| Promote career growth | Don't know |
| Other (please specify) _____ | |

27. States in the Northeast ATTC region (New Jersey, New York, and Pennsylvania) currently operate with different certification standards for substance abuse treatment professionals. These differences in certification standards may contribute to problems treatment agencies in the region have in terms of hiring qualified staff. Regional certification reciprocity across neighboring states has been discussed as a mechanism to lower barriers related to hiring qualified staff. Essentially, regional certification reciprocity would create an environment in which a set of various certification standards are honored by all states in the region. Listed below are potential consequences associated with a move to regional certification reciprocity. From your perspective, please indicate whether you consider each of the consequences a benefit, a drawback or neither.

Potential Consequences	Benefit	Drawback	Neither	Don't Know
Enhanced mobility of workforce				
Ability for agencies to recruit in other states				
More consistent/predictable job knowledge and skills				
Potential pay increase				
Bidding wars for qualified staff				
Increased size of applicant pool				
Increased ability to build a high quality staff				
Need for staff to obtain additional education				

28. Would you be willing to support a move to regional certification reciprocity?

yes no

If no, why not? _____

29. Substance abuse professionals themselves may have the best ideas on how to recruit and retain co-workers. If you have a creative strategy that you would like to share, please do so in the space provided below.**Recruitment Strategy:**

Retention Strategy:

Status of Your Work**30. What in your work gives you job satisfaction? (check all that apply)**

Nothing, I am not satisfied

One-to-one interaction with clients

Salary/benefits

Opportunities for personal learning/growth

Career growth opportunities

Agency/co-workers

Role as a change agent

Ability to influence agency decisions

Commitment to treatment

Other (please specify) _____

31. What in your work leaves you dissatisfied? (check all that apply)

Nothing, I am satisfied

Lack of career growth opportunities

Limited role as a change agent

Lack of one-to-one interaction with clients

Salary/benefits

Inability to influence agency decisions

Agency/co-workers

Lack of opportunities for personal learning/growth

Lack of commitment to treatment

Other (please specify) _____

32. Are you familiar with the Addiction Counseling Competencies? Yes No

These are also known as Technical Assistance Publications (TAP) 21; published by the US Department of Health and Human Services, Center for Substance Abuse Treatment.

If yes, do you use them? (check all that apply)I do not use them (**skip to #33**)

Yes, my agency encourages their use

Yes, my agency requires their use

Yes, out of personal interest

Yes, combination of personal and agency interests

Other (please specify) _____

Which of the following best describes your use of the Addiction Counseling Competencies?

Fully integrated into my daily work

Seldom referenced in my daily work

Frequently referenced in my daily work

Never referenced in my daily work

For what purpose do you use the Addiction Counseling Competencies? (check all that apply)

- | | |
|--------------------------------|-------------------------------|
| Guide professional development | Guide supervisory decisions |
| Self assessment | Improve counselor performance |
| Improve treatment outcomes | Assess job performance |
| Other (please specify) _____ | |

33. Which treatment models does your agency currently use on a regular basis? (check all that apply and indicate whether each model you've checked plays a "major", "intermediate", or "minor" role in your agency's approach)

Treatment Model	Role of Treatment Model in Agency Approach		
	Major	Intermediate	Minor
Behavior modification/token reinforcement			
Cognitive-behavioral skill development			
Community reinforcement			
Culture specific			
Developmental model			
Dialectical behavior therapy			
Family			
Gender specific			
Harm reduction			
Integrated substance abuse & mental health			
Intensive case management			
Minnesota model			
Moral recognition therapy			
Motivational enhancement therapy			
Opiate substitution			
Pharmacotherapy			
Psycho-educational			
Psychotherapy			
Rational emotive therapy			
Rational recovery			
Reality therapy			
Relapse prevention			
Self-regulating "therapeutic" community			
Social model			
Social skills training			
Solution focused			
Strengths based			
Twelve step			
Don't know			
Other (please specify)			

34. For the requirements of your current position, please rate your proficiency in each of the following competency areas.

		Completely proficient					
		Mostly proficient					
		Somewhat proficient					
		Unsure how to rate my proficiency					
		Somewhat lacking proficiency					
		Mostly lacking proficiency					
		Have no proficiency					
Administrative management skills	0	1	2	3	4	5	6
Adolescent treatment skills	0	1	2	3	4	5	6
Client family and community education	0	1	2	3	4	5	6
Clinical supervision	0	1	2	3	4	5	6
Co-occurring substance abuse and mental health problems.....	0	1	2	3	4	5	6
Detoxification	0	1	2	3	4	5	6
Documentation skills.....	0	1	2	3	4	5	6
Drug pharmacology/pharmacotherapy	0	1	2	3	4	5	6
Gender specific treatment.....	0	1	2	3	4	5	6
Group counseling skills	0	1	2	3	4	5	6
Individual counseling skills.....	0	1	2	3	4	5	6
Interpersonal communication skills.....	0	1	2	3	4	5	6
Intervention skills	0	1	2	3	4	5	6
Lesbian/Gay/Bisexual/Transsexual specific treatment	0	1	2	3	4	5	6
Marriage and family therapy	0	1	2	3	4	5	6
Offender treatment.....	0	1	2	3	4	5	6
Patient placement criteria	0	1	2	3	4	5	6
Professional and ethical responsibilities	0	1	2	3	4	5	6
Racial/ethnic specific treatment	0	1	2	3	4	5	6
Referral skills	0	1	2	3	4	5	6
Relationship between substance abuse and medical problems	0	1	2	3	4	5	6
Screening and assessment skills.....	0	1	2	3	4	5	6
Service coordination and case management.....	0	1	2	3	4	5	6
Signs and symptoms of substance abuse and withdrawal	0	1	2	3	4	5	6
Staff recruitment skills.....	0	1	2	3	4	5	6
Staff retention skills.....	0	1	2	3	4	5	6
Treatment engagement	0	1	2	3	4	5	6
Treatment planning.....	0	1	2	3	4	5	6

35. Please indicate your interest in participating in a training activity in each of the following competency areas.

	Maximum interest				
	Considerable interest				
	Moderate interest				
	Very little interest				
	No interest				
	0	1	2	3	4
Administrative management skills	0	1	2	3	4
Adolescent treatment skills	0	1	2	3	4
Client family and community education	0	1	2	3	4
Clinical supervision	0	1	2	3	4
Co-occurring substance abuse and mental health problems.....	0	1	2	3	4
Detoxification	0	1	2	3	4
Documentation skills.....	0	1	2	3	4
Drug pharmacology/pharmacotherapy	0	1	2	3	4
Gender specific treatment.....	0	1	2	3	4
Group counseling skills.....	0	1	2	3	4
Individual counseling skills.....	0	1	2	3	4
Interpersonal communication skills.....	0	1	2	3	4
Intervention skills	0	1	2	3	4
Lesbian/Gay/Bisexual/Transsexual specific treatment	0	1	2	3	4
Marriage and family therapy	0	1	2	3	4
Offender treatment.....	0	1	2	3	4
Patient placement criteria	0	1	2	3	4
Professional and ethical responsibilities	0	1	2	3	4
Racial/ethnic specific treatment.....	0	1	2	3	4
Referral skills	0	1	2	3	4
Relationship between substance abuse and other medical problems..	0	1	2	3	4
Screening and assessment skills.....	0	1	2	3	4
Service coordination and case management.....	0	1	2	3	4
Signs and symptoms of substance abuse and withdrawal	0	1	2	3	4
Staff recruitment skills.....	0	1	2	3	4
Staff retention skills.....	0	1	2	3	4
Treatment engagement	0	1	2	3	4
Treatment planning	0	1	2	3	4

36. The following asks about your access to technology at work and at home. Please indicate how much you agree/disagree with each statement.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel comfortable using computers.....	0	1	2	3	4
I have a personal computer at work.....	0	1	2	3	4
I use a personal computer at work.....	0	1	2	3	4
I do not have a personal computer at work, but I do share a computer at work with other employees	0	1	2	3	4
I have easy access to email at work.....	0	1	2	3	4
I have easy access to the internet at work.....	0	1	2	3	4
I know how to access information I need on the internet.....	0	1	2	3	4
I access drug and alcohol information on the web from work.....	0	1	2	3	4
I access the internet daily at work.....	0	1	2	3	4
I access the internet weekly at work.....	0	1	2	3	4
We have program policies limiting staff access to the internet and email at work.....	0	1	2	3	4
I have a web camera and web camera capabilities at work	0	1	2	3	4
My client records are computerized.....	0	1	2	3	4
I have a personal computer at home	0	1	2	3	4
I have internet access on my personal computer at home	0	1	2	3	4
I access the internet weekly at home.....	0	1	2	3	4
I have access to email on my personal computer at home.....	0	1	2	3	4
I access drug and alcohol information on the web from home	0	1	2	3	4

Thank you very much for your time.



Substance Abuse Treatment Workforce Survey 2003

NORTHEAST ADDICTION TECHNOLOGY TRANSFER CENTER (NEATTC)

Maintaining a professional workforce is essential to any effective alcohol and drug abuse treatment system. For workforce development efforts to focus accurately on local needs, information from treatment providers is necessary.

The Institute for Research, Education and Training in Addictions (IRETA), the oversight entity for the NEATTC is surveying substance abuse agencies and treatment professionals to assess current workforce development issues in the State of New Jersey. The survey is descriptive in nature and is intended to help develop new knowledge that will help:

- 4) improve the preparation and recruitment of new treatment professionals,
- 5) increase the retention of existing staff in treatment settings, and
- 6) identify agency and workforce development needs.

This project is endorsed by alcohol and drug authorities in Pennsylvania and was recently conducted by the NW Frontier ATTC with great success. Survey results will provide the foundation for continuous improvements to workforce development plans in each state. ***But the project cannot be successful without your assistance.***

We hope to receive input from a large group of substance abuse treatment specialists and agency directors in each state. ***Your response, therefore, is very important.*** The survey takes 20-30 minutes to complete, and ***participation is completely anonymous.*** Please return the survey in the prepaid return envelope provided for your agency.

Thank you in advance for your time and interest in this important project!

Michael T. Flaherty, Ph.D.
NEATTC Director

Janice L. Pringle, Ph.D.
NEATTC Evaluation Director

Demographic

1. What is your gender? **Male** **Female**
2. What is your date of birth? _____
3. Are you Hispanic or Latino/a? Yes No
4. What is your ethnicity?

African American	Multi-ethnic
Asian	American Indian/Alaska Native
White	Native Hawaiian/Pacific Islander
Other (<i>specify</i>) _____	

Your Work & Professional Background

5. What is your current discipline/profession? (*check all that apply*)

Addictions counseling	Psychology
Vocational rehabilitation	Other counseling
Social work/human service	Adolescent treatment
Medicine (primary care)	Education
Nursing	Criminal justice
Other (<i>please specify</i>) _____	
6. What is your primary role at work? (*check only one*)
 - Management (supervisor, administrator, etc.)
 - Direct service (counselor, assessment, intake, etc.)
- 6a. Total years of experience in this role (at this and other agencies). _____ years
7. What percentage of your time do you spend in a typical week on the following (please include the time you spend on case notes/documentation in the respective activities as well):

Task	%
Screening and assessments.....	_____
Individual counseling with your clients.....	_____
Group sessions.....	_____
Family counseling sessions.....	_____
Case management.....	_____
Providing clinical supervision.....	_____
Paperwork.....	_____
Other administrative activities.....	_____
Other activities (please specify)	_____
<hr/>	
Total	100%

8. During the past 12 months have you (*che*

Do your percentages add to 100%? If not, please go back through

- Screened clients for substance abuse disorders?
- Diagnosed or formally assessed substance abuse disorders?
- Treated clients with substance abuse disorders?
- Made referrals for clients with substance abuse disorders?

9. What is your annual salary at your current position?

- | | |
|------------------------|-------------------|
| <\$14,999 | \$35,000–\$39,999 |
| \$15,000–\$24,999 | \$40,000–\$49,999 |
| \$25,000–\$29,999 | \$50,000–\$74,999 |
| \$30,000–\$34,999 | >\$75,000 |
| Not applicable/refused | |

10. Which of the following benefits are provided, partially or fully, through your employment?

Benefit	Fully	Partially	Not provided
Health insurance			
Sick leave			
Other paid leave			
Retirement contributions by your employer			
Other benefit (please specify)			

Other benefit (please specify)			

11. How many years have you worked in the substance abuse treatment field? _____ years

12. How many years have you worked in your current position? _____ years

13. Why did you decide to enter the field of substance abuse treatment? (check all that apply)

- Previous experience with addiction or recovery (personal or family)
- Personal interest
- Experience in a like field
- Academic work/degree in a like field
- Unplanned decision
- Other (please specify) _____

14. Is substance abuse treatment a second career? Yes No

If yes, what was your previous career? _____

15. What is your certification status in the substance abuse treatment field? (check only one)

- Never certified
- Previously certified, but not currently
- Certification pending
- Currently certified

15a. Indicate type(s) of current or pending certification: (please spell out acronyms)

16. What is your highest academic degree status?

- | | |
|--------------------------------------|-------------------|
| No high school diploma or equivalent | Associate Degree |
| High school diploma or equivalent | Bachelor's Degree |
| Some college, no degree | Master's Degree |
| Other _____ | Doctoral Degree |

17. Have you ever completed specialized educational coursework in:

	Yes	No	If yes, how many courses or certificate/degree		
Substance abuse treatment?	1-3	4-10	minor/certificate	degree	
Related field?	1-3	4-10	minor/certificate	degree	
Unrelated field?	1-3	4-10	minor/certificate	degree	

If you completed coursework in substance abuse treatment, where? (check all that apply)

- | | | |
|----------------|---------------------------|-----------------|
| 2 year college | 4 year college/university | Graduate school |
|----------------|---------------------------|-----------------|

18. Have you completed other workshops or training in substance abuse treatment in the last year? Yes No

In the last two years? Yes No

If yes, please indicate approximately how many hours you have completed:

_____ total hours last two years

Your Agency

19. What is the zip code where you work? _____

20. Does your agency receive funds from the State Alcohol and Drug Authority?

Yes No

21. To the best of your knowledge, what percentage of your agency's funding comes from public monies (i.e., Medicaid, state general funds, federal block grants, state agency grants)?

Don't know 0% 1-20% 21-40% 41-60% 61-80% 80-100%

22. Which of the following best describes the primary or predominant setting of your agency? (check only one)

- | | |
|--------------------------------|---|
| Private, for profit setting | Governmental setting (state) |
| Private, non-profit setting | Governmental setting (county/community) |
| Governmental setting (federal) | Governmental setting (tribal) |
| Other (please specify) _____ | |

23. What is the primary geographic area of your agency? (check only one)

- Small communities or towns (population less than 5,000)
- Large towns and surrounding community (population between 5,100 and 50,000)
- Small city (population between 51,000 and 500,000)

Agency Staffing: Turnover

24. How many direct service substance abuse treatment staff currently work in your agency?
(number)_____ Don't know
25. How many direct service substance abuse treatment staff in your agency have:
been laid off in the past 12 months? (number)_____ Don't know
terminated in the past 12 months? (number)_____ Don't know
quit in the past 12 months? (number)_____ Don't know
26. How many direct service substance abuse treatment staff does your agency need to have a complete staff? (number)_____ Don't know

Agency Staffing: Retention and Recruitment

27. Does your agency have any difficulties filling open positions for direct service substance abuse treatment staff? Yes No (*skip to #30*) Don't know
28. Why do you think your agency has difficulties filling open positions for direct service substance abuse treatment staff? (*check all that apply*)
- Insufficient number of applicants who meet minimum qualifications
 - Insufficient funding for open positions
 - Small applicant pool due to surrounding geographic area of agency
 - Insufficient facilities
 - Reputation of agency
 - Lack of interest in position (nature of work, stigma)
 - Lack of interest in position (salary)
 - Lack of interest in rural location of agency
 - Lack of opportunity for advancement
 - Don't know
 - Other (*please specify*)_____
29. If applicants for positions in your agency do not meet minimum qualifications, why do you think this is so? (*check all that apply*)
- Not applicable, generally applicants are qualified
 - Little or no experience in substance abuse treatment
 - Insufficient or inadequate education and training
 - Lack of social or interpersonal skills
 - Lack of practical/applied skills
 - Lack of appropriate certification
 - Don't know
 - Other (*please specify*)_____

30. In your opinion, what are the barriers to people entering the substance abuse treatment field? (check all that apply, and then rate whether each barrier you've checked is a "major", "moderate", or "minor" barrier)

√ Barrier	Major		Moderate		Minor
	5	4	3	2	1
There are no barriers to entering the field	5	4	3	2	1
Treatment models are not tailored to needs of racial/ethnic groups	5	4	3	2	1
Lack of encouragement (e.g., from educators, family or friends)	5	4	3	2	1
Competition from other fields (in terms of compensation)	5	4	3	2	1
Paperwork	5	4	3	2	1
Large caseloads	5	4	3	2	1
Evening and weekend work hours	5	4	3	2	1
Discrimination (e.g., age, disability, ethnicity, gender)	5	4	3	2	1
Stigma/lack of respect for the field	5	4	3	2	1
Geographic constraints	5	4	3	2	1
Low salary/poor benefits	5	4	3	2	1
Cost of education/training	5	4	3	2	1
Amount of education/training	5	4	3	2	1
Negative preconceptions regarding the nature of addicted clients and chemically dependent populations (e.g., difficult to work with, don't want to change)	5	4	3	2	1
Quality of work environment in terms of professionalism	5	4	3	2	1
Substance abuse treatment is not a 'real' profession	5	4	3	2	1
Don't know	5	4	3	2	1
Other (please specify) _____	5	4	3	2	1

31. From the perspective of most helping professionals, which of the following best describes the current status of addiction counselors? (check only one)

Addiction counselors are thought to have higher status than other helping professionals.

Addiction counselors are thought to have about the same status than other helping professionals.

Addiction counselors are thought to have lower status than other helping professionals.

If you responded that addiction counselors have lower status, we are interested in your ideas about why you think this might be the case. Compared to other people in the helping professions, addiction counselors as a group: (check all that apply)

Have less formal education or training

Have lower quality formal education or training

Are more likely to work for public agencies rather than in private practice

Are stigmatized by their association with substance abusers

More often have had a history of substance abuse problems themselves

Other (please specify) _____

32. Which resources are commonly used by your agency to announce open substance abuse treatment positions? (check all that apply)

- | | |
|----------------------------------|----------------------------------|
| Agency human resource department | Personal/informal contacts |
| Professional journals | Web site |
| Newspaper advertisement | Agency mailing list |
| E-mail networking | State human resources department |
| Agency newsletter(s) | Don't know |
| Other _____ | |

33. How does your agency effectively develop skills and enhance abilities of direct service substance abuse treatment staff? (check all that apply)

- | | |
|--|-----------------------------------|
| Has no method/program to develop skills of staff | Provides direct supervision |
| Offers in-house mentoring program | Pays cost of continuing education |
| Provides in-service training | Don't know |
| Other (please specify) _____ | |

34. What do you think your agency could do to promote the retention of good direct service substance abuse treatment staff? (check all that apply)

- | | |
|--|-------------------------------------|
| More frequent salary increases | More frequent promotions |
| Less management/supervision | More/improved on-going training |
| More individual recognition/appreciation | Better management/supervision |
| Increased opportunities for input | More supportive agency culture |
| More varied work opportunities | Improved physical work environment |
| Better health coverage & other benefits | Smaller caseloads |
| Lessen/provide assistance with paperwork | Shorter hours/flex time/job sharing |
| Promote career growth | Don't know |
| Other (please specify) _____ | |

35. Regional certification reciprocity across neighboring states has been discussed as a mechanism to lower barriers related to hiring qualified staff. Listed below are potential consequences associated with a move to regional certification reciprocity. From your perspective, please indicate whether you consider each of the consequences a benefit, a drawback or neither.

Potential Consequences	Benefit	Drawback	Neither	Don't Know
Enhanced mobility of workforce				
Ability for agencies to recruit in other states				
More consistent/predictable job knowledge and skills				
Potential pay increase				
Bidding wars for qualified staff				
Increased size of applicant pool				
Increased ability to build a high quality staff				
Need for staff to obtain additional education				

36. Would you be willing to support a move to regional certification reciprocity?

yes no

If no, why not? _____

37. Substance abuse professionals themselves may have the best ideas on how to recruit and retain co-workers. If you have a creative strategy that you would like to share, please do so in the space provided below.

Recruitment Strategy:

Retention Strategy:

Impact of Worker Mobility

Treatment agencies may engage in multiple activities trying to recruit new staff (i.e., placing advertisements, networking, interviewing) or retain current staff (i.e., training, facility improvement, salary increases). The following questions pertain to the percentage of resources committed to recruitment and retention activities at your agency.

38. How much of your total time is spent on activities relating to recruitment or retention of staff? (*express in terms of percentages*)

_____% recruitment _____% retention

What percentage of your total budget is spent on recruitment and retention activities? (*express in terms of percentages*)

_____% recruitment _____% retention

39. How successful has your current commitment of resources been?

On recruitment:

Very successful Somewhat successful Somewhat unsuccessful Very unsuccessful

On retention:

Very successful Somewhat successful Somewhat unsuccessful Very unsuccessful

40. Have you been at your current commitment of resources in these two areas for a long time?

Yes No

41. In all of your recruitment efforts this year, what percentage of your applicants are seeking their first paid position in the field of substance abuse treatment: _____ %

Status of Your Work

42. What in your work gives you job satisfaction? (check all that apply)

- | | |
|-----------------------------|--|
| Nothing, I am not satisfied | One-to-one interaction with clients |
| Salary/benefits | Opportunities for personal learning/growth |
| Career growth opportunities | Agency/co-workers |
| Role as a change agent | Ability to influence agency decisions |
| Commitment to treatment | Other (please specify) _____ |

43. What in your work leaves you dissatisfied? (check all that apply)

- Nothing, I am satisfied
- Limited role as a change agent
- Salary/benefits
- Agency/co-workers
- Lack of career growth opportunities
- Lack of commitment to treatment
- Lack of one-to-one interaction with clients
- Inability to influence agency decisions
- Lack of opportunities for personal learning/growth
- Other (please specify) _____

44. Are you familiar with the Addiction Counseling Competencies? Yes No

These are also known as Technical Assistance Publications (TAP) 21; published by the US Department of Health and Human Services, Center for Substance Abuse Treatment.

If yes, do you use them? (check all that apply)

- I do not use them (**skip to #45**)
- Yes, my agency encourages their use
- Yes, my agency requires their use
- Yes, out of personal interest
- Yes, combination of personal and agency interests
- Other (please specify) _____

Which of the following best describes your use of the Addiction Counseling Competencies?

- | | |
|--|------------------------------------|
| Fully integrated into my daily work | Seldom referenced in my daily work |
| Frequently referenced in my daily work | Never referenced in my daily work |

For what purpose do you use the Addiction Counseling Competencies? (check all that apply)

- | | |
|--------------------------------|-------------------------------|
| Guide professional development | Guide supervisory decisions |
| Self assessment | Improve counselor performance |
| Improve treatment outcomes | Assess job performance |
| Other (please specify) _____ | |

45. Which treatment models does your agency currently use on a regular basis? (check all that apply and indicate whether each model you've checked plays a "major", "intermediate", or "minor" role in your agency's approach)

Treatment Model	Role of Treatment Model in Agency Approach		
	Major	Intermediate	Minor
Behavior modification/token reinforcement			
Cognitive-behavioral skill development			
Community reinforcement			
Culture specific			
Developmental model			
Dialectical behavior therapy			
Family			
Gender specific			
Harm reduction			
Integrated substance abuse & mental health			
Intensive case management			
Minnesota model			
Moral recognition therapy			
Motivational enhancement therapy			
Opiate substitution			
Pharmacotherapy			
Psycho-educational			
Psychotherapy			
Rational emotive therapy			
Rational recovery			
Reality therapy			
Relapse prevention			
Self-regulating "therapeutic" community			
Social model			
Social skills training			
Solution focused			
Strengths based			
Twelve step			
Don't know			
Other (please specify)			

46. For the requirements of your current position, please rate your proficiency in each of the following competency areas.

		Completely proficient					
		Mostly proficient					
		Somewhat proficient					
		Unsure how to rate my proficiency					
		Somewhat lacking proficiency					
		Mostly lacking proficiency					
		Have no proficiency					
Administrative management skills.....	0	1	2	3	4	5	6
Adolescent treatment skills	0	1	2	3	4	5	6
Client family and community education	0	1	2	3	4	5	6
Clinical supervision	0	1	2	3	4	5	6
Co-occurring substance abuse and mental health problems	0	1	2	3	4	5	6
Detoxification	0	1	2	3	4	5	6
Documentation skills	0	1	2	3	4	5	6
Drug pharmacology/pharmacotherapy.....	0	1	2	3	4	5	6
Gender specific treatment.....	0	1	2	3	4	5	6
Group counseling skills	0	1	2	3	4	5	6
Individual counseling skills.....	0	1	2	3	4	5	6
Interpersonal communication skills	0	1	2	3	4	5	6
Intervention skills	0	1	2	3	4	5	6
Lesbian/Gay/Bisexual/Transsexual specific treatment	0	1	2	3	4	5	6
Marriage and family therapy	0	1	2	3	4	5	6
Offender treatment.....	0	1	2	3	4	5	6
Patient placement criteria	0	1	2	3	4	5	6
Professional and ethical responsibilities	0	1	2	3	4	5	6
Racial/ethnic specific treatment	0	1	2	3	4	5	6
Referral skills	0	1	2	3	4	5	6
Relationship between substance abuse and medical problems ...	0	1	2	3	4	5	6
Screening and assessment skills.....	0	1	2	3	4	5	6
Service coordination and case management.....	0	1	2	3	4	5	6
Signs and symptoms of substance abuse and withdrawal	0	1	2	3	4	5	6
Staff recruitment skills.....	0	1	2	3	4	5	6
Staff retention skills.....	0	1	2	3	4	5	6
Treatment engagement.....	0	1	2	3	4	5	6
Treatment planning.....	0	1	2	3	4	5	6

47. Please indicate your interest in participating in a training activity in each of the following competency areas.

	Maximum interest				
	Considerable interest				
	Moderate interest				
	Very little interest				
	No interest				
	0	1	2	3	4
Administrative management skills	0	1	2	3	4
Adolescent treatment skills	0	1	2	3	4
Client family and community education	0	1	2	3	4
Clinical supervision	0	1	2	3	4
Co-occurring substance abuse and mental health problems.....	0	1	2	3	4
Detoxification	0	1	2	3	4
Documentation skills.....	0	1	2	3	4
Drug pharmacology/pharmacotherapy	0	1	2	3	4
Gender specific treatment.....	0	1	2	3	4
Group counseling skills.....	0	1	2	3	4
Individual counseling skills.....	0	1	2	3	4
Interpersonal communication skills.....	0	1	2	3	4
Intervention skills	0	1	2	3	4
Lesbian/Gay/Bisexual/Transsexual specific treatment	0	1	2	3	4
Marriage and family therapy	0	1	2	3	4
Offender treatment.....	0	1	2	3	4
Patient placement criteria	0	1	2	3	4
Professional and ethical responsibilities	0	1	2	3	4
Racial/ethnic specific treatment.....	0	1	2	3	4
Referral skills	0	1	2	3	4
Relationship between substance abuse and other medical problems..	0	1	2	3	4
Screening and assessment skills.....	0	1	2	3	4
Service coordination and case management.....	0	1	2	3	4
Signs and symptoms of substance abuse and withdrawal	0	1	2	3	4
Staff recruitment skills.....	0	1	2	3	4
Staff retention skills.....	0	1	2	3	4
Treatment engagement	0	1	2	3	4
Treatment planning	0	1	2	3	4

48. The following asks about your access to technology at work and at home. Please indicate how much you agree/disagree with each statement.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel comfortable using computers.....	0	1	2	3	4
I have a personal computer at work.....	0	1	2	3	4
I use a personal computer at work.....	0	1	2	3	4
I do not have a personal computer at work, but I do share a computer at work with other employees	0	1	2	3	4
I have easy access to email at work.....	0	1	2	3	4
I have easy access to the internet at work.....	0	1	2	3	4
I know how to access information I need on the internet.....	0	1	2	3	4
I access drug and alcohol information on the web from work.....	0	1	2	3	4
I access the internet daily at work.....	0	1	2	3	4
I access the internet weekly at work.....	0	1	2	3	4
We have program policies limiting staff access to the internet and email at work.....	0	1	2	3	4
I have a web camera and web camera capabilities at work	0	1	2	3	4
My client records are computerized.....	0	1	2	3	4
I have a personal computer at home	0	1	2	3	4
I have internet access on my personal computer at home	0	1	2	3	4
I access the internet weekly at home.....	0	1	2	3	4
I have access to email on my personal computer at home.....	0	1	2	3	4
I access drug and alcohol information on the web from home	0	1	2	3	4

Thank you very much for your time.

Appendix 2
Programs Selected via Random
Sampling

Facilities

1. American Habitare & Counseling, Inc
2. Evergreen/Bergen Regional Medical Center
3. Cape Counseling Services, Inc
4. Carrier Clinic
5. Catholic Charities Alcoholism/Addictions
6. Christ Hospital Addiction Services
7. Corner House
8. Counseling & Referral Services of Ocean-*Toms River Facility*
9. Counseling & Referral Services of Ocean-*Brick Facility*
10. Crawford House
11. CURA, Inc - Newark (1)
12. CURA, Inc. – Newark (2)
13. CURA, Inc - Secaucus
14. CURA, Inc - Vineland
15. Daytop Village
16. Discovery Institute
17. E. Orange Substance Abuse Treatment Ctr.
18. Endeavor House
19. Epiphany House
20. Essex Substance Abuse Treatment Center
21. Family Addiction Services
22. Family Connections
23. Flynn House
24. Freedom House
25. Genesis Counseling
26. Good News Home for Women
27. Hendricks House
28. High Focus Centers
29. Hispanic Family Center of S. NJ
30. Inter County Council on Drug and Alcohol
31. JFK Center for Behavioral Health
32. Kennedy Memorial Hospital (Substance Abuse Program)
33. Little Hill Foundation
34. Market Street Mission
35. Maryville, Inc
36. Monsignor Wall Social Service Center
37. Mount Carmel Center for Alcoholism (Straight and Narrow)
38. Mrs. Wilson's Halfway House
39. My Father's House, Inc.
40. New Brunswick Counseling Center
41. New Hope Foundation
42. New Horizon Treatment Services, Inc
43. New Views Treatment Program
44. Newark Renaissance House
45. Northeast Life Skills Associates, Inc.

46. Organization for Recovery
47. Paterson Counseling Center
48. Post House
49. Proceed, Inc.
50. Reality House
51. Rescue Mission of Trenton
52. Salvation Army - *Newark*
53. Salvation Army - *Jersey City*
54. Seabrook House
55. SODAT – *Mt. Holly*
56. SODAT - *Woodbury*
57. Somerset Treatment Center
58. South Jersey Drug Treatment Center
59. Spectrum Health Care, Inc.
60. Spring House
61. Straight & Narrow
62. Suburban Treatment Associates
63. The Bridge, Inc.
64. The Open Door
65. Turning Point
66. Wayne Counseling & Family Services

Appendix 3
Open-Ended Responses to
Recruitment and Retention Questions

Open-Ended Responses to Recruitment and Retention Questions

Respondents were given the opportunity to write their answers to these two questions. Below, are the responses given in their original format. They were not censored or edited in any way.

Substance abuse professionals themselves may have the best ideas on how to recruit and retain co-workers. If you have a creative strategy that you would like to share, please do so in the space provided below.

Recruitment:

- ◆ A sign on bonus similar to the approach used with nurses.
- ◆ Advertise in the certification newsletter.
- ◆ Announcement made by speakers that are sent to colleges/universities in counseling field or department.
- ◆ Appropriate salary.
- ◆ Attend job fairs.
- ◆ Better hours, benefits, and pay.
- ◆ Better salary, benefits.
- ◆ Co-pay for education.
- ◆ Present at College career fairs.
- ◆ Commercials on TV showing a former addict thanking a counselor for helping them.
- ◆ Direct mail, need better access to CADAC list.
- ◆ Educate population about the substance abuse field and needs.
- ◆ Focus less on minor conditions (dress code).
- ◆ Good network of the professionals and agencies that can post openings, taking part in job readiness preparation classes to explain your job opportunities.
- ◆ Have a national mailing list of certified counselors.
- ◆ Have co-workers meet regularly to discuss any issues that may be of concern.
- ◆ Have employers become more employee conscious.
- ◆ Headhunters in addiction/psychology field.
- ◆ Higher salaries, unionize, more upward mobility options for women.
- ◆ Honesty, respect, orientation, training, realistic expectations.
- ◆ Implement web-based recruiting strategies that allow all agencies to recruit from a database whereby employees list out specific jobs (i.e., direct employer).
- ◆ In-services with counselor/social work/medical colleges.
- ◆ Incentives if you stay at a job for a period of time.
- ◆ Increase exposure in formal schooling and clinical exposure in the community facilities.
- ◆ Increase mobility.
- ◆ Increase pay.

- ◆ Internet job sites, professional journals, fliers at conventions and conferences, word of mouth.
- ◆ Internships at Universities and other training centers.
- ◆ Job fairs, presentations at colleges and seminars.
- ◆ Laxed atmosphere, no need for certain degrees.
- ◆ Licensing standards and pay standard for clinicians should be same or equal.
- ◆ Maintain good reputation.
- ◆ Mandatory requirements for counselors.
- ◆ More advertisements (TV, radio).
- ◆ More publicity and higher salary.
- ◆ More money.
- ◆ More recognition on work performance and dedication.
- ◆ Multicultural.
- ◆ Offer better salaries.
- ◆ Offer competitive salaries, health benefits, pension, provide annual salary increase, not 3%. Offer credit for higher education while training.
- ◆ Offer in-house advancement opportunities.
- ◆ Offer monetary reward to current and new employees.
- ◆ Offer more incentives.
- ◆ Pay incentive, more doable workloads.
- ◆ Pay incentives, promotions, good health care packages.
- ◆ Pay more.
- ◆ Place ads at counseling programs.
- ◆ Provide self-examination survey or screening component to assess qualifications, attitudes, and potential unethical behaviors before hiring.
- ◆ Recruit at colleges.
- ◆ Reduce hours of on the job training.
- ◆ Referral bonuses.
- ◆ Salaries must be competitive.
- ◆ Salary should be listed in advertisements.
- ◆ Set up public relations kiosks at colleges and universities.
- ◆ Open house hours for all interested applicants.
- ◆ Show me the money!
- ◆ State licensure will improve state of addictions counselors.
- ◆ Take along staff to job fairs and let them talk about their work.
- ◆ To offer recruitment that agency pay them to attend CADC.
- ◆ Train your own workers.
- ◆ Training site for second year graduate students.
- ◆ When possible, hire recent college graduates and train them in the field.

- ◆ With great amount of personal investment those CADC have given initial and subsequent salaries of CADC v. non certified counter parts should reflect a substantial greater salary.
- ◆ Write a comprehensive ad and be specific about what you want. Speak to a line staff regarding potential candidates in the field they may be aware from networking activities.

Retention:

- ◆ A good balance between thinking and emotional skills.
- ◆ Adopt the average 80 or average 40 hours utilized by the FDA that allow counselors to adjust their schedules so long as they work allotted hours.
- ◆ Advance in positions and pay. Cover health care.
- ◆ Allow for flexible hours, provide consistent individual supervision sessions, allow for open communication for all staff.
- ◆ Allow more free training or paid days for personal growth.
- ◆ Allow sick leave (unused) to accumulate over time along with any other unused time.
- ◆ Annual salary increases, offer a pension, good supervision, good health benefits, pay in full one national conference every 5 years.
- ◆ Benefits.
- ◆ Better benefits, pay total health insurance, pension plan, salary increases.
- ◆ Better pay and benefits packages, better health care for families. Less pressure to do more, more PRN staff to substitute while out on vacation or sick.
- ◆ Better salaries, ongoing training.
- ◆ Communication, competitive salaries and benefits, liberal vacation time.
- ◆ Competitive salaries and room for advancement.
- ◆ Constant training and upgrading. Salary increases, bonuses for job well done, incentives.
- ◆ Create a manageable workload. A reasonable salary. The state of NJ should increase funding.
- ◆ Create a team that others want to join and continue to be a part of.
- ◆ Decreased caseloads.
- ◆ Do not put unnecessary pressure on them.
- ◆ Education reimbursement, room for advancement.
- ◆ Equal pay for equal work, provide ongoing career growth opportunities.
- ◆ Financial support of education and continuing education.
- ◆ Flexibility, tailor job to individual's strengths, offer variety, treat all staff w/ respect and equality.
- ◆ Give regular salary increases & maintain a more professional work environment.
- ◆ Good benefits, regular raises, set compensation.

- ◆ Good communication w/in the agency. Manageable case load, compatible salary & fair treatment towards your staff.
- ◆ Good pay, good benefits, minimal interface with insurance comp. Reasonable hours, respect staff's professionalism.
- ◆ Good relation and communication.
- ◆ Have salaries be equal to a decent standard of living. Who wants to deal with a stressful environment for the pennies we get?
- ◆ Health staff often feels "shorted" by others using sick time indiscriminately.
- ◆ Helping out.
- ◆ Higher pay.
- ◆ Higher pay, better hours.
- ◆ Higher salaries and appreciation. Supervision "outside the workplace" should be provided.
- ◆ Higher salaries, better medical benefits, more vacation time, use "paid time off" instead of sick, holiday, and vacation time.
- ◆ Higher salaries, promotions, training.
- ◆ Higher salaries, unionize, more upward mobility for women.
- ◆ Holiday bonuses greater with length of service. Pension more vested with length of service.
- ◆ Hone in on the ability & (illegible writing) and delegate unnecessary work to lower paid help who are good at what they do.
- ◆ Honesty, consistency, training, respect, lower case load, less paper work, realistic expectations.
- ◆ Increase pay and better hours.
- ◆ Increase salaries, increase incentives, promote growth.
- ◆ Increase salaries. Hire secretaries to assist in filing and other clerical duties.
- ◆ Increase in pay yearly (cost of living)
- ◆ Increased morale, comprehensive team approach, more support to direct care staff.
- ◆ Keep them learning and growing.
- ◆ Lessen paperwork.
- ◆ Listen to employees to build quality case environment.
- ◆ Maintain lower case loads.
- ◆ Make it worth it to retain workers.
- ◆ Management must listen to new and old employees, do periodic checks.
- ◆ Merit salary increases.
- ◆ Minimum work loads not necessary for counselor to be involved with.
- ◆ Money, benefits, hours, paid time off.
- ◆ More advancement/pensions.
- ◆ More continuing educational seminars and more convenient locations, in the areas where employees work.
- ◆ More supervision, less staff splitting from within staff.

- ◆ Offer more benefits and opportunities for further education and growth.
- ◆ Ongoing trainings allowing line staff to participate in state and local meetings that mgt. attend on a regular basis, appreciating all staff
- ◆ Offer tuition reimbursement.
- ◆ Pay costs for continuing education (tuition reimbursement).
- ◆ Pay incentive, incentive programs, reward systems.
- ◆ Pay increases, more support from management staff.
- ◆ Place more emphasis on people oriented supervisors.
- ◆ Positions for upward mobility and income.
- ◆ Profit-sharing with employees.
- ◆ Promote from within.
- ◆ Provide less work and more salary, consider giving pensions.
- ◆ Provide opportunities for staff to feel inclusive, increase pay and opportunities for promotion..
- ◆ Provide opportunity for advancement/expansion, regular performance evaluations and increases in salary.
- ◆ Provide a supportive and nurturing environment for personal growth.
- ◆ Raise the educational criteria-respect the job by paying for it.
- ◆ Raises.
- ◆ Raises, promotions, less paper work.
- ◆ Raises/benefits indicated value of employees.
- ◆ Regular schedule of performance and salary review, educational opportunities, good benefits package..
- ◆ Regular salary increases, benefits for part-time workers, day care services for staff..
- ◆ Regular salary increases, promotions, treatment w/ respect by administrators.
- ◆ Retention Bonuses.
- ◆ Reward and recognize program.
- ◆ Salaries at non-profit agencies equal to state civil service positions. Pension plan.
- ◆ Salary increases.
- ◆ Same as above, in that those certified should have a greater salary than inexperienced counselors.
- ◆ Set up better employee goal structure on the job for personal and agency benefit.
- ◆ Setting appropriate boundaries, but encourage staff to participate in agency related issues. Also encourage staff through competitive opportunities that are rewarded monetarily.
- ◆ Smaller caseloads.
- ◆ Smaller caseloads, positive working environment, recognition of staff.
- ◆ Support encouragement creating a healthy work atmosphere.
- ◆ This time will be reimbursed if client leaves only if they have been employed for at least 5 years.

- ◆ To see how employees are dealing with job. Look out for too much stress!
- ◆ Training-paying for costs associated with recertification.
- ◆ Training and supervision improvements.
- ◆ Treat all departments the same. i.e., administrative, staff get bonuses, so should other departments.
- ◆ Treat staff with dignity and encouragement.
- ◆ Treat staff with respect and affirm their work.
- ◆ Treat staff with respect, flexible with staff needs, child care, medical appointments.
- ◆ Try to hire from within whenever possible.
- ◆ Value employees, show continuous recognition for their work.
- ◆ Value input from staff and adopt changes based on that input.
- ◆ Value, respect, support, highly trained dedicated staff.
- ◆ Work in teams so the burden is shared.
- ◆ Work shops, time off.
- ◆ Workload decreases.