

Quick Facts

- Arizona has the highest treatment gap in the US.
- The median age of agency staff is 51.
- 60% of treatment staff are in recovery.
- The greatest perceived barrier to improved treatment services are limited budgets for staff training.

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Arizona’s Substance Abuse Workforce

Background and Overview

According to estimates from the Substance Abuse and Mental Health Services Administration, approximately 9.2% of the population in Arizona, representing more than 530,000 individuals, are in need of treatment for alcohol abuse or illicit drug use but do not receive it.

One of the main factors contributing to the treatment gap is the severe shortage of trained and credentialed substance abuse counselors within our state. According to the U.S. Bureau of Labor Statistics, Arizona employs 1.58 substance abuse counselors per 10,000 people—less than the national average of 2.2 substance abuse counselors per 10,000 people. The increasing emphasis by state licensing entities and credentialing bodies on requirements for individuals working as substance abuse counselors may exacerbate this problem due to a shortage of educational programs available at community colleges and universities to provide specialized programming and coursework on substance abuse treatment. Other challenges facing the substance abuse workforce include the poor working conditions in many agencies, the lack of competitive salaries and opportunities for advancement, and the heavy caseloads and paperwork requirements in the field.

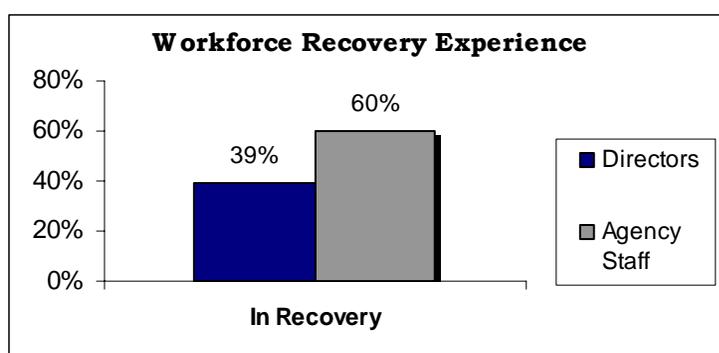
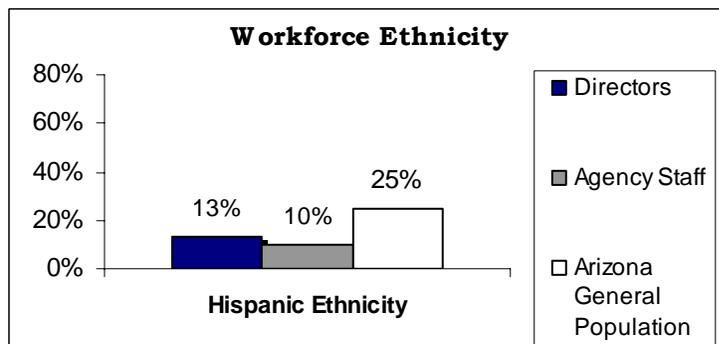
In an effort to better understand the conditions and the needs of the Substance Abuse Treatment Workforce in Arizona, the Pacific Southwest Addiction Technology Transfer Center (PSATTC) conducted a survey of both substance abuse counselors and their supervisors. This survey was designed to provide the PSATTC with information on the background of the workforce, their working conditions. Training and technical assistance needs, and information regarding factors associated with their job tenure and turnover.

This report provides a summary for the Arizona sample. A list of agencies in the region was compiled from the SAMHSA Treatment Locator Database and all agencies in Arizona were selected for participation. Letters were sent to agency directors in advance of the survey and surveys were mailed two weeks later to agency directors and staff, followed by reminder letters to non-responding agencies. The Response rate among directors was 19 percent.

For more information about the project, contact the Pacific Southwest Addiction Technology Transfer Center.

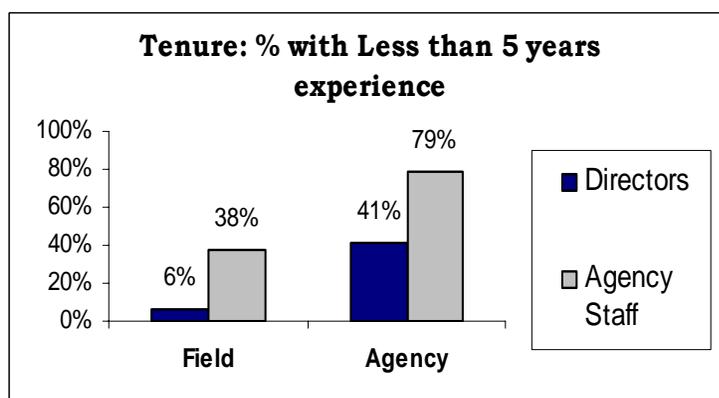
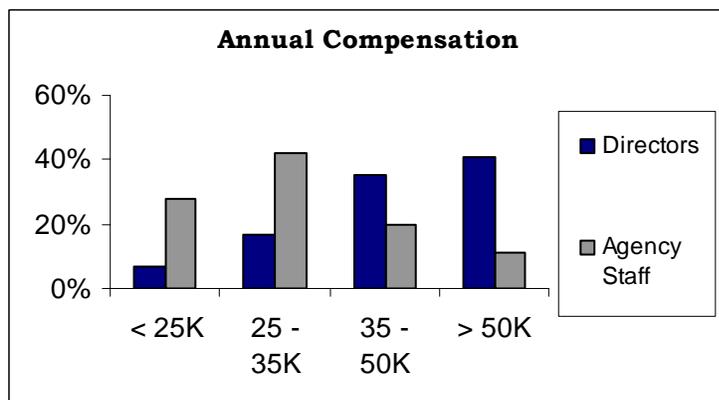
Who is in the Arizona Substance Abuse Workforce?

- Over 90 percent of directors and 80 percent of staff are over 40 years old. The median age of substance abuse counselors is 51 (compared to a median age of 40 for the total U.S. workforce).
- Agency staff are equally divided along gender lines. Directors of substance abuse agencies are disproportionately male (64%).
- The Arizona substance abuse workforce is racially representative of the state, but individuals of Hispanic or Latino ethnicity are under-represented in the workforce. This may pose challenges to substance abuse agencies in the provision of culturally competent treatment for Hispanic and Latino clients.
- A significant proportion of the substance abuse treatment workforce is in recovery.



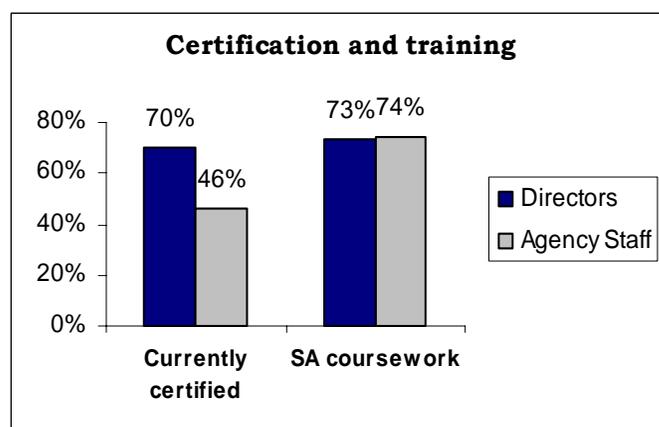
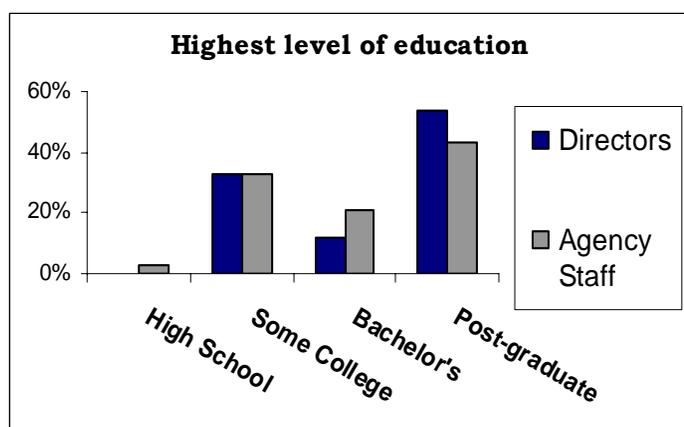
Professional Experience and Compensation

- Compensation for agency directors is higher than for the AZ workforce in general, while compensation for agency staff is in the lower to middle range despite their higher education attainment.
- About 20% of the substance abuse workforce does not receive health insurance as a benefit. Over one-third do not receive retirement contributions.
- Substance abuse is a second career for 47% of directors and 46% of agency staff.
- People in the substance abuse field tend to stay in the field, but change place of employment and position frequently. Only 6% of directors and 38% of staff have been in the substance abuse field less than five years., while 41% of directors and 79% of staff have been with their current agency for less than 5 years.
- Over 20% of agency staff say it is very likely that they will leave their place of employment within the next two years, but only about 10% say it is likely that they will leave the field.



Educational and Training Background of the Workforce

- Virtually the entire substance abuse workforce in AZ has completed high school or a GED. However, one-third of agency directors and staff do not have at least a bachelor's degree.
- Over three-quarters of directors and staff have received specialized substance abuse training, but less than half of agency staff are currently certified.



Educational Needs & Barriers of the Workforce

- Directors are more concerned that trainings may take away staff time for service delivery than are staff. Directors (and to a much lesser extent staff) think that the training interests of staff are limited to certification requirements. Neither group thinks that the poor quality of trainers is a significant barrier.
- Directors place a greater importance on managing clinical, financial and outcome data. Staff place a greater importance on training needs. Directors are more concerned with recruiting qualified staff, while staff are more concerned with retaining qualified staff.
- According to both agency directors and agency staff the most significant perceived barriers to improving treatment services are: (1) budgets that do not allow for staff training (56%), (2) limited resources for adoption of new treatments (45%), (3) limited training interests of staff (43%), (4) workload pressures that limit motivation for training (35%), and (5) limited educational background of staff (32%).
- Off-site workshops and on-site live training are the two most commonly utilized forms of training.
- Both agency directors and staff have prefer live training (on-site or off-site) to other methods. Nearly 90% identify off-site workshops as a preferred approach and about three-quarters cite on-site training as a preferred approach. Only a third report that videotape or DVD is a preferred approach, a quarter prefer Internet and web-based approaches, and less than 10% prefer telemedicine or satellite training.

Top Counseling Staff Needs	
Improving Client Participation in Treatment	58%
Improving Client Problem Solving Skills	57%
Improving Client Thinking Skills	56%
Using Computerized Client Assessments	56%
Providing Clients with Integrated Treatment Services	54%
Top Agency Technical Assistance Needs	
Accessing Effective Training Programs and Resources	68%
Evaluating and Tracking Client Performance Over Time	63%
Obtaining Information to Document Program Effectiveness	60%
Recruiting and Retaining Qualified	58%
Selecting New Treatments and Strategies for Staff Training	55%

Survey Highlights

- The Arizona substance abuse workforce is significantly older than the U.S. workforce as a whole.
- Hispanics and Latinos are under-represented in the Arizona substance abuse workforce.
- Over half of Arizona substance abuse counselors are in recovery.
- There is significant variability of general educational levels in the Arizona substance abuse workforce. A third of agency directors and staff have not completed a bachelors degree, while over 50 percent of directors and over 40 percent of staff have completed a post-graduate degree.
- Over three-quarters of the workforce has had some specialized training in substance abuse, but less than half of staff are currently certified.
- The majority of the substance abuse workforce enters the field due to previous experience or personal interest.
- Directors are paid considerably more than staff. Three-quarters of directors but less than one-third of staff earn more than \$35,000 annually.
- One-fifth of counselors intend to leave their place of employment within the next two years.
- Live training is the most commonly utilized form of training and most preferred.
- The greatest agency need is accessing effective training programs and resources.
- The greatest training need is improving client participation in treatment.
- The biggest barrier to improving treatment is that budgets do not allow staff to attend training and conferences.

For more information,
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