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STATUS OF THE WORKFORCE:

Addiction Treatment in Texas - 2007

TABLE OF CONTENTS

Report Description	1
Directors.....	1
Table 1. Demographics for Directors	1
Figure 1. Age Range of Directors in Years	2
Programs and services.....	2
Table 2. Geographic Distribution of Programs	3
Figure 2. Percent of Budget from Non-DSHS Sources by All Programs	3
Figure 3. Number of Clients Served Annually by All Programs	3
Figure 4. Agency Settings for All Programs.....	4
Table 3. Percentage of Programs by Agency Work Settings.....	4
Table 4. Populations Served.....	5
Table 5. Percentage of Programs Using Common Counseling Approaches	5
Staffing	6
Figure 5. Addiction Treatment Workforce	6
Educational Levels.....	6
Figure 6. Addictions Workforce Education	7
Table 6. Direct Treatment Workforce Educational Levels	7
Turnover and Staffing Levels	8
Table 7. Reasons Why Treatment Staff Voluntarily Left Their Positions	8
Table 8. Reasons Open Positions Are Difficult to Fill.....	9
Table 9. Reasons Applicants May Fail to Qualify for Positions	9

REPORT DESCRIPTION

This report contains the findings of a survey conducted in May 2007 by the Gulf Coast Addiction Technology Transfer Center on behalf of the Department of State Health Services of Texas (DSHS). Sixty programs funded by DSHS (80%) completed the questionnaire. The survey was adapted from a national Addiction Technology Transfer Center survey used for assessing the state of the addictions workforce in the United States. The online questionnaire was completed by program directors who were asked to report on the direct care treatment professionals who work in their programs. Since survey questions permitted responses in multiple categories, some summary statistics provided in this report are estimates which assume uniform overlap among categories.

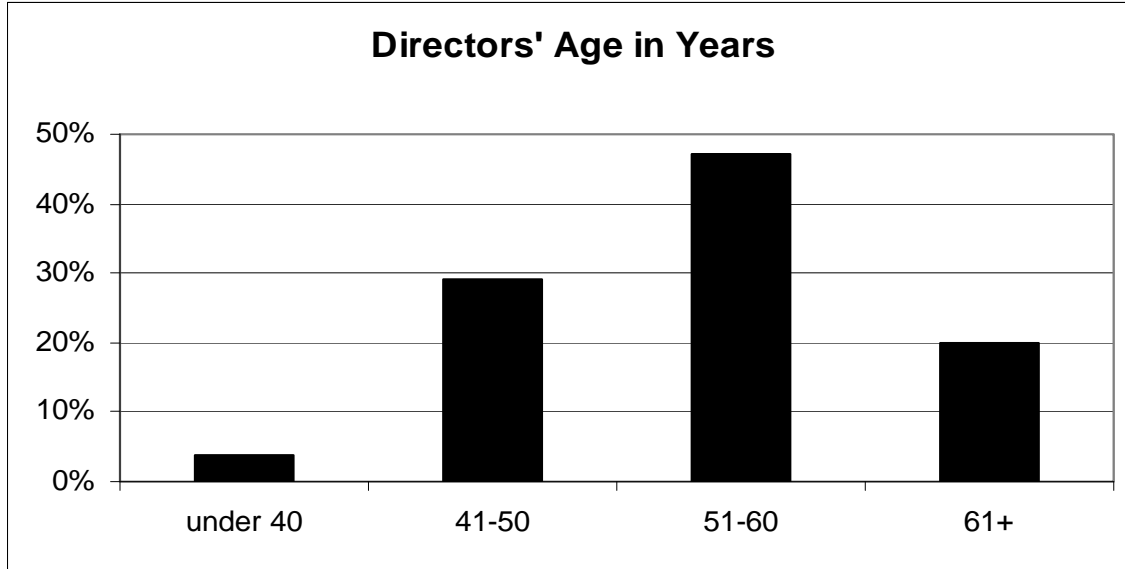
DIRECTORS

Directors of addictions treatment programs in Texas tend to be female (62%), middle aged (between 51 and 60), and Caucasian (75%). Eleven percent (11%) of the directors are African American and 17% are of Hispanic/Latin background. The educational attainment of directors is quite high. Approximately 50% have a Masters degree or higher, 26% have a Bachelors degree and only 24% of directors have an educational level of less than a Bachelors degree.

Table 1. Demographics for Directors

Demographic Variable	%
<i>Sex</i>	
Female	62%
Male	36%
<i>Race</i>	
Caucasian	75%
African American	11%
Hispanic/Latin background	17%
<i>Educational Attainment</i>	
Masters or higher	50%
Bachelors	26%
Below Bachelors	24%
<i>Average Age</i>	54 years old

Figure 1. Age Range of Directors in Years



PROGRAMS AND SERVICES

Most of the programs (42%) are in suburban areas with populations between 50,000 and 500,000. Just under a third (31%) are in rural areas, and 27% of programs are in urban areas. These programs tend to be private non-profit settings. They report good diversification of funding sources with 34% reporting that at least half of their budgets are supported by sources other than DSHS (Figure 2). The total number served by these programs on an annual basis is over 53,400 clients, but 65% of programs serve fewer than 1000 clients annually (Figure 3).

Directors were asked to report on characteristics of their programs and services. Since a program could report on multiple populations and services, these percentages total more than 100%. Approximately 86% of programs provide outpatient services, 55% provide services in residential settings, 22% are community mental health centers, and 17% of programs have detoxification services (Table 3). Of responding programs, 83% serve people with co-occurring disorders, 79% serve criminal justice clients, 67% serve people with HIV/AIDS and 53% serve adolescents (Table 4). In terms of the types of therapy offered, the most common counseling approaches used by surveyed programs are Cognitive Behavioral Therapy (93%), followed by Motivational Enhancement (88%), Relapse Prevention Therapy (79%), and 12-Step Facilitation Treatment (69%). Pharmacotherapies are used by very few programs (Table 5). Less than 15% of the

responding programs reported using any treatment medications such as Antabuse, Naltrexone, Buprenorphine, or Methadone.

Table 2. Geographic Distribution of Programs

Distribution Variable	%
Rural (<50,000)	31%
Suburban (50,000-500,000)	42%
Urban (>500,000)	27%

Figure 2. Percent of Budget from Non-DSHS Sources

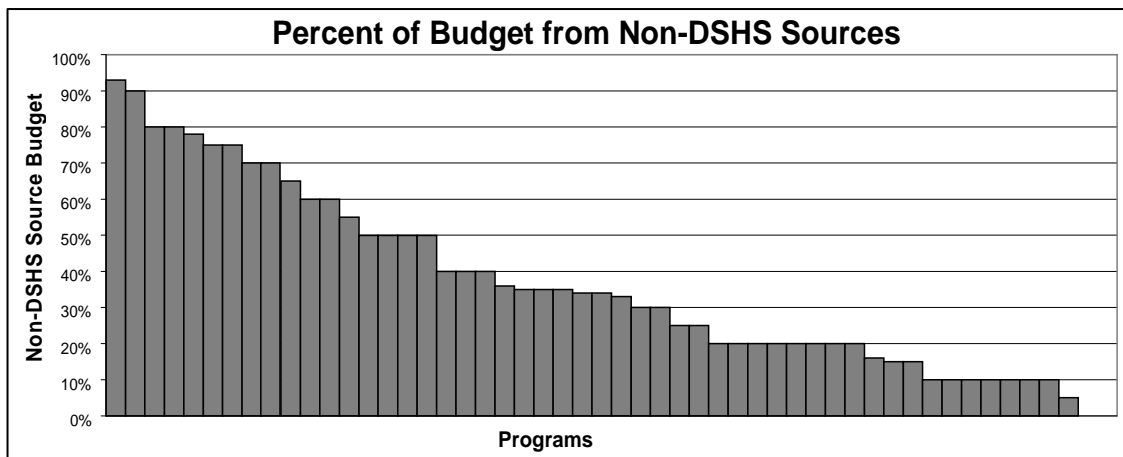


Figure 3. Number of Clients Served Annually

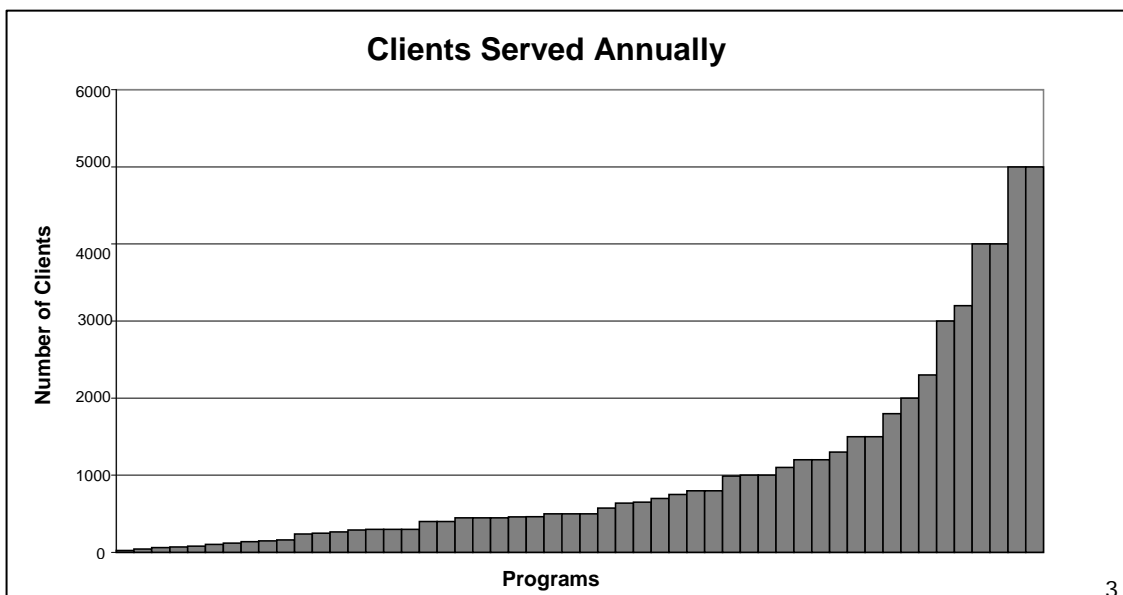


Figure 4. Agency Settings

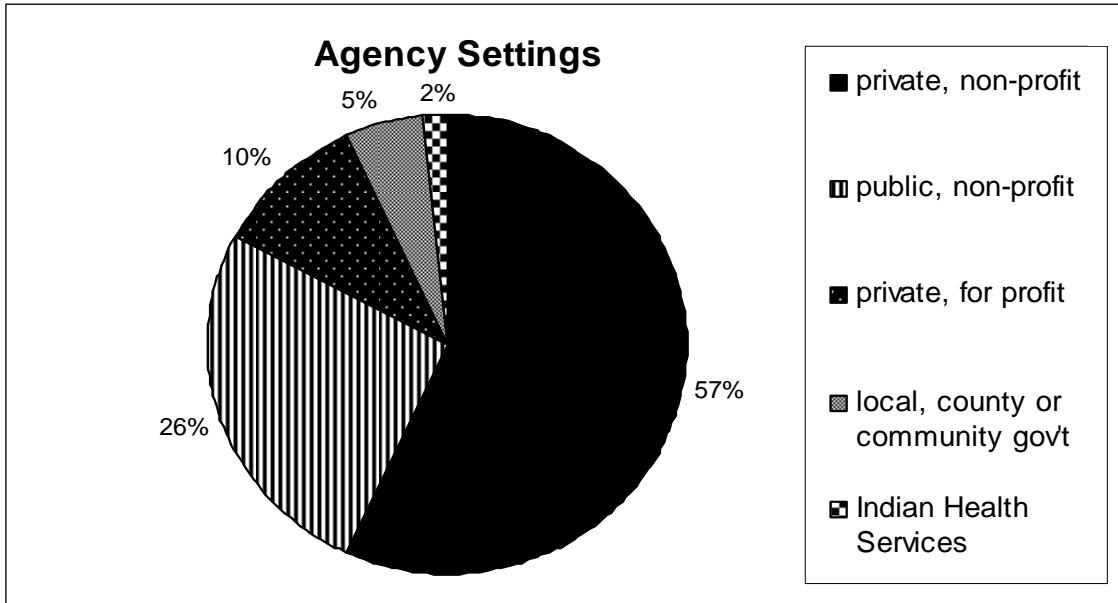


Table 3. Percentage of Programs by Agency Work Settings

Approaches	% of Programs
Outpatient	86%
Residential	55%
Community Mental Health	22%
Detox	17%
Criminal Justice	14%
Therapeutic Community	12%
Other	9%
Halfway house	5%
Opioid Replacement Therapy	5%
Community or Religious Agency	3%
Juvenile Detention	3%
Shelter	2%
General Hospital	2%
Psychiatric or Other Specialized Hospital	2

Table 4. Populations Served

Populations	% of Programs
Persons with co-occurring disorders	83%
Women	79%
Other criminal justice clients	79%
Men	72%
Persons with HIV/AIDS	67%
Pregnant/post-partum women	57%
Adolescents	53%
DUI/DWI offenders	53%
Gay and Lesbians	50%
Senior/older adults	48%

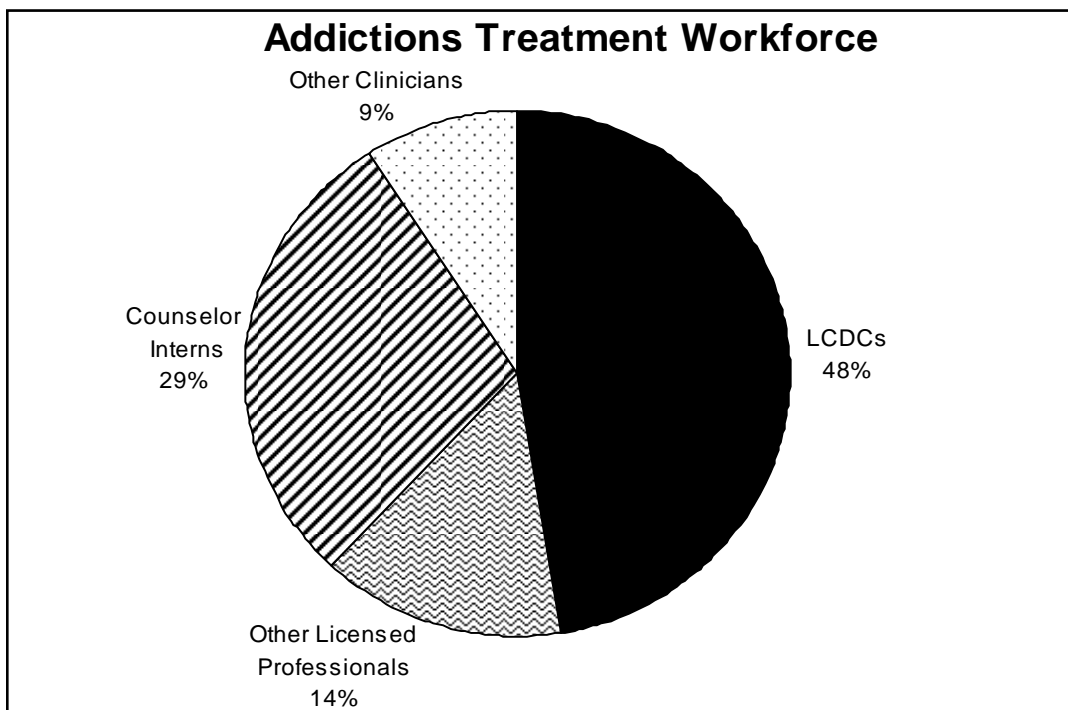
Table 5. Percentage of Programs Using Common Counseling Approaches

Approaches	% of Programs
Cognitive Behavioral Therapy	93%
Motivational Enhancement	88%
Relapse Prevention Therapy	79%
12-Step Facilitation Treatment	69%
Integrated Co-Occurring Disorder Services	45%
Rational Emotive Therapy	21%
Multi-systemic Therapy	19%
Techniques from the Matrix Model	17%
Community Reinforcement Approach	12%
Self-Regulating "Therapeutic" Community	12%
Motivational Incentives (vouchers)	10%
Methadone	7%
Buprenorphine	7%
Naltrexone	3%
Antabuse	2%

STAFFING

Among programs responding to the survey there are a total of 878 direct care treatment staff (in addition to the directors). The largest category of staff is that of Licensed Chemical Dependency Counselors (48%), then Counselor Interns (29%), and Other Licensed Professionals (14%), which includes LPCs, LCSWs, and LMSWs. Additionally, 9% are classified in this survey as "Other Clinicians", a mixed category which includes psychiatrists, registered nurses, licensed vocational nurses, recovery advocates, managers, technicians, therapists and other medical personnel.

Figure 5. Addiction Treatment Workforce



Educational Levels

Approximately 22% of the direct treatment care staff's education level is a Masters degree or higher, 20% of the workforce has a Bachelors degree, and 59% has less than a Bachelors degree. The educational levels in the workforce vary somewhat by professional category. The highest educational levels were reported for "Other Licensed Professionals", which includes LPCs, LCSWs, and LMSWs. The lowest levels were reported for "Other Clinicians", a mixed category which includes psychiatrists, registered nurses, licensed vocational nurses, recovery advocates, managers, technicians, therapists and other medical personnel.

Figure 6. Addictions Workforce Education Levels

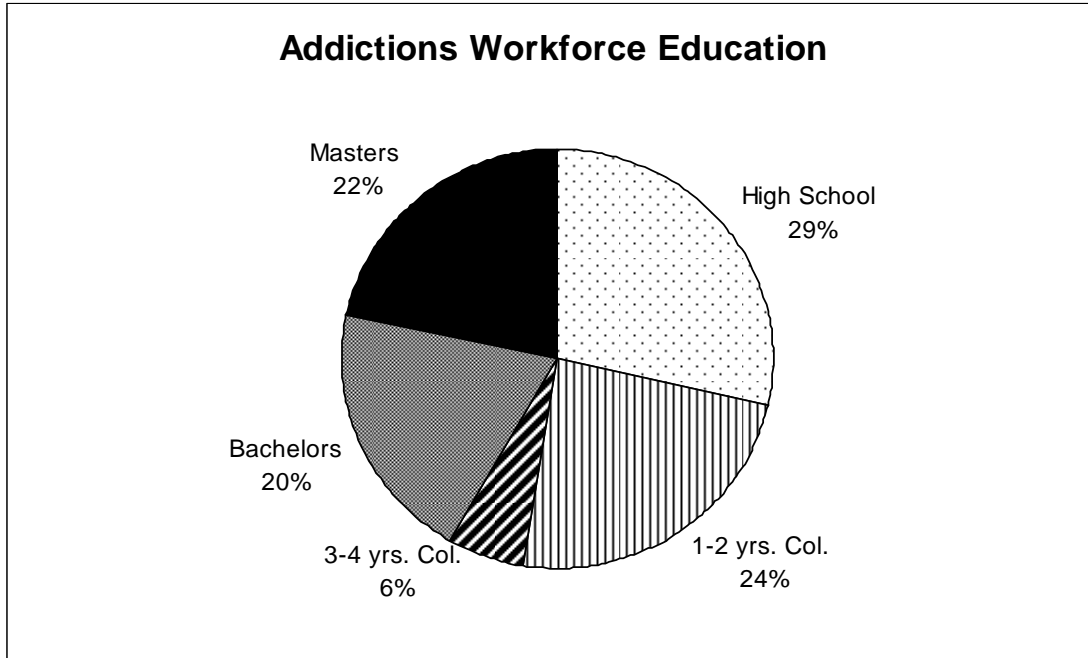


Table 6. Direct Treatment Workforce Educational Levels

Direct Treatment Staff	Total Number	High School	1-2 yrs. College	3-4 yrs. College	Bachelors	Masters
Licensed Chemical Dependency Counselors	439	37%	24%	7%	23%	10%
Counselor Interns	265	32%	28%	6%	24%	11%
Other Licensed Professionals	118	1%	1%	1%	4%	93%
Other Clinicians	44	18%	55%	5%	2%	20%

Turnover and Staffing Levels

The level of staffing is reported to be less than adequate by most programs. This is due to the need for more budgeted positions and also to difficulty in filling open positions. The reported annual turnover rate of staff was 42%, with 365 staff leaving their positions for various reasons during the past year. The leading reason for leaving was a better opportunity in the field, followed by personal reasons (illness, family issues, child care, etc) and inadequate salary. A total of 105 budgeted positions were unfilled at the time of the survey and 86% of directors reported ongoing difficulty in filling their open positions. The primary reasons for recruiting difficulties are insufficient numbers of applicants who meet minimum qualifications (due to lack of experience, certification, or education), a small applicant pool in specific geographic areas and a lack of interest in the positions due to salary and limited funding.

The perception that addictions counselors have low status may also contribute to professionals leaving the field and difficulty in recruiting replacements. Seventy-five percent (75%) of directors thought that addictions counselors have lower status than other helping professionals and only 4% thought that addictions counselors have higher status. Among those who thought status was lower, the primary reason was that addictions counselors have less formal education or training.

Table 7. Reasons Why Treatment Staff Voluntarily Left Their Positions

Leading Reasons

1. Better work opportunity - within field
 2. Personal reasons (e.g., illness, family issues)
 3. Lack of adequate salaries
 4. Better work opportunity - outside field
 5. Relocation
 6. Burnout
 7. Change of career
 8. Lack of career advancement
 9. Lack of training
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Table 8. Reasons Open Positions Are Difficult to Fill

Reasons	Number of Responses
Insufficient number of applicants who meet minimum qualifications	43
Small applicant pool due to geographic area surrounding work setting	30
Lack of interest in position (salary)	29
Insufficient funding for open positions	15
Lack of interest in position (nature of work, stigma)	12
Lack of opportunity for advancement	6
Lack of interest in location of agency	4

Table 9. Reasons Applicants May Fail to Qualify for Positions

Reasons	Number of Responses
Little or no experience in substance abuse treatment	30
Lack of appropriate certification	24
Insufficient or inadequate training and education	22
Lack of practical or applied skills	19
Lack of social or interpersonal skills	11

Present number of treatment staff vacancies: 105 positions
If all the budgeted positions were filled, 34% of agencies would still be understaffed.
Agencies reported a need for 56 additional budgeted positions statewide.