

California's Substance Abuse Prevention Workforce Development Survey Report

Prepared for:

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Substance Use Disorder Prevention, Treatment & Recovery Services Division

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Introduction

To enable the California substance abuse prevention and wellness community to join forces in ensuring a unified agenda to advocate for prevention, in February 2013, the Community Prevention Initiative (CPI) convened the Power of Prevention Summit. The purpose of the convening was to generate a common vision among the prevention field to elevate and sustain efforts while concurrently ensuring linkages and integration with other comprehensive prevention efforts in the state. Over fifty leading substance abuse prevention planners, providers, policy and decision makers, researchers, and champions for prevention from throughout the state strategized throughout the two-day summit. They engaged in several specific workgroups, and arrived at concrete next steps to move substance abuse prevention forward. One of five priority issues for the summit was workforce and leadership development, and a workgroup discussion was held to specifically discuss this broader theme.

Several issues emerged during the discussion, and workgroup members outlined concrete goals for the workforce: 1) promote and create professional and/or educational avenues for individuals to pursue substance abuse prevention as a viable, credible, and transferrable career; 2) enhance the opportunities and systems to build the capacity of the substance abuse prevention field; and, 3) promote and foster leadership for substance abuse prevention. To better reach these goals, the committee realized that there needed to be a detailed assessment of the prevention field, and specific data collected about the prevention workforce.

To fulfill the recommendations of the workgroup to better understand the characteristics and needs of California's substance abuse prevention workforce, CPI developed and fielded a survey in June 2013. More specifically, the survey was designed in order to assess the characteristics, capacities, and trends of the professional prevention workforce. The data collected through this survey provides a detailed picture of the prevention field, including information about positions, education levels, and opportunities for advancement. The survey is the first one of its kind to collect detailed information about the prevention workforce in California, and the data will be used to support the continuing professional development of the field.

The survey was distributed to over a thousand prevention professionals, including county prevention coordinators, county AOD program administrators, California Outcome Measurement Service for Prevention (CalOMS) users, and prevention professionals listed in the Center for Applied Research Solutions' (CARS) database.

The survey consisted of 36 questions—including a mix of dichotomous, Likert, and open-ended—and asked questions regarding demographics, education and professional background, current job setting and duties, familiarity with prevention theories and frameworks, knowledge of cultural competence and program sustainability strategies, assessment of prevention professional skills, and status and satisfaction with current job. As of August 19, 2013, 517 responses were received (420 of which were complete responses), representing 52 out of 58 counties. Unless otherwise noted, the sample size is 420 responses (as is common with surveys, the response rate for each question varied).

Executive Summary

The Community Prevention Initiative (CPI) developed and fielded a survey in June, 2013 in order to assess the characteristics, capacities and trends of California's professional prevention workforce. The data collected provides a detailed picture of the prevention field, including information about positions, education levels, and opportunities for advancement.

Survey Sample:

- The survey received responses from 420 professionals, from 52 out of 58 counties.
 - Alpine, Glenn, Madera, Modoc, Santa Cruz, and Yolo counties are not represented.
- Prevention professionals who provide direct services in alcohol and other drugs (AOD) prevention, primarily at the county level, either with county government or with a local community organization, made up the majority of the sample.
 - Prevention coordinators and AOD administrators comprised 11% and 5% of the survey sample, respectively.

Key Findings:

Survey data revealed striking, yet significant findings, with actionable implications for the prevention field:

California's prevention workforce:

- **has a shortage of experienced, mid-career professionals (mid-career refers to length of time in prevention field), likely because these professionals perceive a lack of opportunity for career advancement.**
- **is highly educated, but not specifically certified in prevention.**
- **has high job satisfaction, yet more than a third of professionals are likely to leave their current position.**

Other Key Findings:

- Professionals in California's prevention field are predominantly White or Hispanic/Latino, overwhelmingly female, and aging.
 - Seventy-five percent of professionals are female.
 - Seventy percent are fluent in a language other than English.
 - Whites make up 61.5%, 23.0% are Hispanic or Latino, 10.1% are African American, 5.9% are Asian American, 2.5% are American Indian/Alaska Native, and 1.7% are Native Hawaiian or other Pacific Islander.
 - The average age is 47 years. Sixty-three percent of professionals are above 40, and nearly 20% are nearing or at retirement.

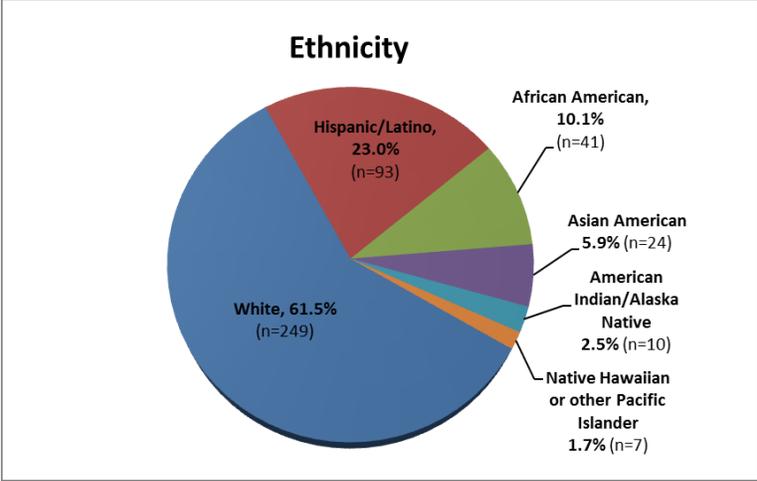
- Prevention professionals primarily work at the county level, either at a county department of health or with a community-based organization (CBO).
 - Half of respondents work at a county department of health and social services, and 42.3% work with a CBO. Five percent of professionals work with state government.
- Of the survey respondents who work with county government and community organizations, most are direct service professionals.
 - Compared to 64.7% of direct service professionals who work with county government, 69.3% work with community organizations.
- The distribution of experience in the prevention field follows an upside down bell curve, with high numbers of new professionals and professionals close to or at retirement, and a very limited number of mid-career professionals.
 - Although a good number of prevention professionals are very experienced, 31.4% are new to the field of prevention generally, and 46.2% are new to their specific positions.
- Prevention professionals come from a variety of social science educational backgrounds, and many are attracted to the prevention field for personal or altruistic reasons.
 - Roughly seventeen percent of professionals came to the prevention field to seek opportunities to work with youth, with many of them having prior experiences working with youth.
 - Nineteen percent came to the prevention field to help others and make an impact, and 15.7% have a particular passion for prevention and related topic areas.
- The prevention workforce is highly educated but not specifically certified in prevention.
 - While nearly 80% of prevention professionals have at least a Bachelor's degree and 45% have graduate degrees, only 3% have specialized prevention certifications.
- The majority of prevention professionals regularly participate in trainings or workshops, and although few prevention professionals have specialized certifications, they seem to be active in completing their Continuing Education Hours (CEHs).
 - Approximately 76% of professionals completed trainings or workshops in substance abuse prevention and 70% completed trainings or workshops on working with youth in the last year.
 - Approximately 32% of professionals completed 16 or more CEHs this year. This may be because rather than being certified, survey respondents are licensed professionals, such as Licensed Clinical Social Workers (LCSWs) and Marriage and Family Therapists (MFTs), and are required to also complete continuing education on an annual basis.

- Compared to tasks related to program administration, implementation, and evaluation/reporting, prevention professionals engage the most in planning tasks, including general program planning, developing curricula and programs, and conducting outreach to specific populations.
- Prevention professionals report having strong interpersonal communication skills, and are particularly confident in their group facilitation skills and working with youth.
- Prevention professionals do not have adequate training on prevention planning, cultural competence, and grant writing, and reported wanting additional training and skill-building in these areas.
 - Although 47% report they are not currently pursuing or writing grants, 22% would like training in order to be able to be skilled in grant writing.
 - The Strategic Prevention Framework (SPF) and the Institutes of Medicine (IOM) Model are specific concepts that professionals report wanting training.
 - Compared to other areas of knowledge, professionals are lacking knowledge and skills in cultural competence and 18% wanted more training, particularly in topics related to social determinants of health.
- Although most prevention professionals are satisfied with their jobs, 33% of professionals are likely to leave their current position within the next three years. Of the third that are likely to leave their current jobs, approximately 46% report that they will not be looking for another job in the prevention field; therefore, they may most likely be leaving the prevention field.
 - Approximately ninety-five percent of professionals are satisfied with the variety and flexibility of work, and their personal commitment to substance abuse prevention.
 - Forty percent of professionals feel that that they are not offered opportunities for career advancement in their agency.

Characteristics of Prevention Professionals

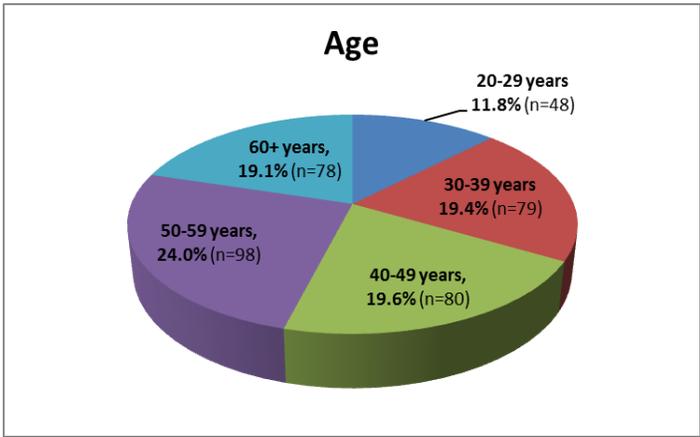
Demographics

Survey respondents from California’s prevention field are mostly female (75%) and predominantly White or Hispanic/Latino. Seventy percent speak a language other than English, primarily Spanish.



n=405, 15 respondents skipped this question.

The average age of prevention professionals is 47, with the majority of professionals (63%) above 40. Nearly 20% are nearing retirement or retired.

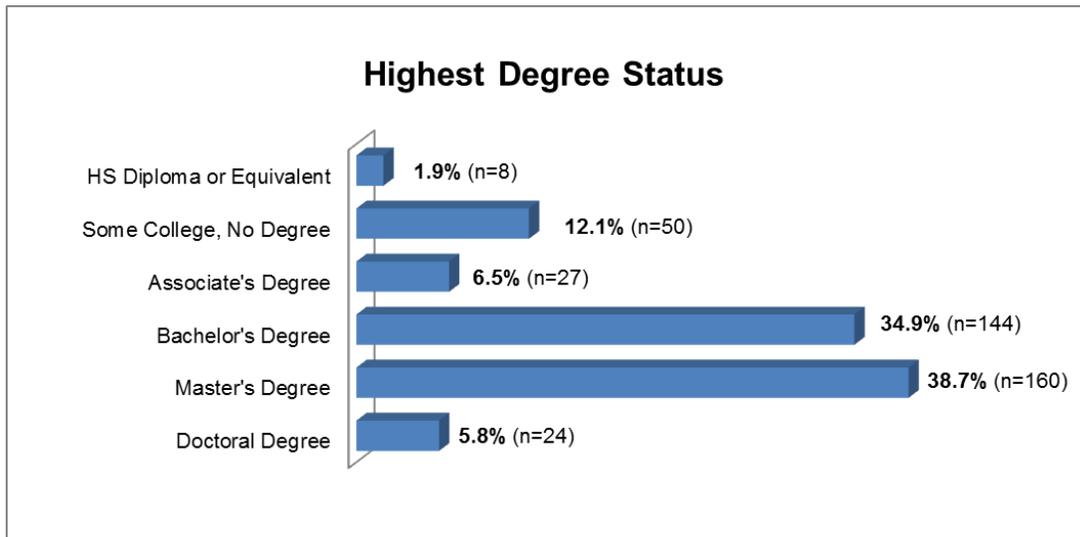


n=406, 14 respondents skipped this question.

Education and Professional Background

The prevention workforce is highly educated but not specifically certified in prevention. Approximately 80% of professionals have at least a bachelor’s degree and about 45% have graduate degrees.

Prevention professionals are likely to have covered the concepts and skills required for prevention certifications in graduate school, even undergraduate studies, possibly explaining the low numbers of certifications.



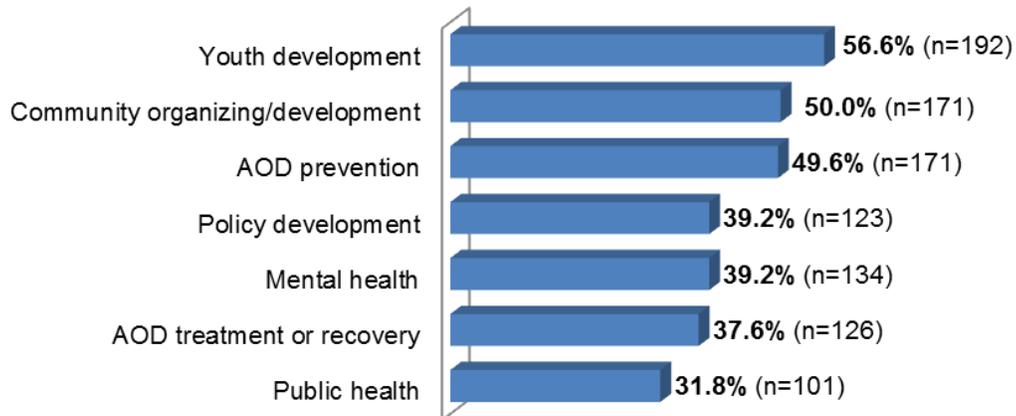
n=413, 7 respondents skipped this question.

Certification	% currently certified (n)
Registered Addiction Specialist	6.5% (19)
CAADC (Certified Advanced Alcohol and Drug Counselor)	6.0% (18)
CADC (Certified Alcohol and Drug Counselor)	3.1% (9)
CPS (Certified Prevention Specialist)	2.2% (6)
CCS (Certified Clinical Supervisor)	1.8% (5)
CPC-R (Certified Prevention Consultant)	1.1% (3)
CSAPC (Certified Substance Abuse Prevention Consultant)	1.1% (3)
CCJP (Certified Criminal Justice Professional)	0.7% (2)

n=334, 86 respondents skipped this question. Likely fewer respondents have specialized certifications.

Over 40% of respondents completed specialized educational coursework in several topics through college education, advanced degrees, or additional certificates. Although youth development, community organizing and development, and AOD prevention were popular topics, about 23% of respondents received a Bachelor’s or Master’s degree in mental health.

Specialized Educational Coursework



n=400, 20 respondents skipped this question.

Respondents who completed graduate degrees did so in a myriad of social sciences. Psychology was the most popular field of study, and respondents even reported various subfields of psychology, with 12% specializing in counseling/counseling psychology. For 16% of respondents, graduate studies focused on social work.

Graduate Field of Study	% (n)
Social Work	16.0% (36)
Counseling/Counseling Psychology	12.0% (27)
Public & Community Health	11.6% (26)
Other	8.9% (20)
Public Policy and Administration	8.9% (20)
Education	7.6% (17)
Psychology	6.7% (15)
Business	5.8% (13)
Law/Criminal Justice/Sociology	4.9% (11)
Clinical Psychology	4.4% (10)
Marriage Family Therapy/Conflict Resolution	4.4% (10)
Addiction/Substance Abuse Counseling	2.2% (5)
Anthropology	1.3% (3)
Behavioral Science	1.3% (3)
Nursing	1.3% (3)
Theology/Divinity Studies	1.3% (3)
Communications	1.3% (3)

n=226,194 respondents skipped this question.

Before entering the prevention field, respondents were engaged in a variety of work in diverse topic areas such as education. Social work, as a focus for several professionals' graduate studies, accounted for about 9% of respondents' prior work. Although only 2% of respondents specifically focused on addiction and substance abuse counseling in graduate school, 9% of respondents reported doing this type of work before entering the prevention field.

Type of Work Before Prevention Field	% (n)
Education	9.8% (40)
Other	9.5% (39)
Social Work/Case Management	9.3% (38)
Addiction/Substance Abuse Counseling	8.5% (35)
Prevention	8.0% (33)
Restaurant & Retail	8.0% (33)
Business & Communications	7.1% (29)
Community Work/Volunteering	5.1% (21)
Health Care	4.6% (19)
Behavioral/Mental Health	4.4% (18)
Administrative/Clerical	3.9% (16)
Counseling	3.9% (16)
Government & Non-Profit	3.7% (15)
Public Health	3.7% (15)
Law	2.4% (10)
Student	2.4% (10)
Research/Evaluation	1.7% (7)
Clinical & School Psychology	0.7% (3)
Marriage/Family Therapy	0.7% (3)

n=406, 14 respondents skipped this question.

When respondents were asked, via an open-ended question, what made them choose prevention as a field of work, several themes emerged: a desire to help others and make an impact, opportunities to work with youth, and a passion for prevention or an interest in a specific topic (e.g. substance abuse, mental health).

The affinity towards working specifically with youth is noteworthy, as several respondents have an education or social work background, fields that often require interacting with youth and adolescents.

“I like working with youth and did not want to become a teacher.”

“Seeing youth that had been severely impacted by drug use working in treatment, I wanted to try and help young people before they became drug users.”

“The job was paired with a child development position and the two are closely related. Children developing substance-free is essential to healthy development.”

Personal and family experiences with substance abuse and mental health issues contributed to 9% of respondents choosing the prevention field.

“I am a recovering Alcoholic and needed a change in careers. I went back to school and obtained a Certificate in Addiction Studies. I was hired soon after and have not had time to look back.”

“Growing up in a similar environment I felt I would have made better life choices if I had someone educating me in the dangers that come with using and abusing drugs.”

Reason for Choosing Prevention as a Field of Work	% (n)
Desire to help others and make an impact	19.3% (76)
Opportunity to work with youth	16.5% (65)
Passion/interest for prevention or specific topics	15.7% (62)
Personal/family experiences	9.1% (36)
Professional development	9.1% (36)
Job opportunity	8.1% (32)
Related to previous position	7.6% (30)
Related to current position	5.6% (22)
Related to volunteer work	3.0% (12)
Other	2.5% (10)
No choice and have regrets	1.8% (7)
Funding direction	1.5% (6)

n=395, 25 respondents skipped this question.

About 8% of respondents entered the prevention field simply because there was a job opportunity available, and 9% indicated that their professional skills were a good match for the position and/or they looked to the prevention field as a means for professional development.

“Volunteering as a college student inspired me when I discovered I could get a job in the field!”

Less than 2% reported that they did not have a choice and are currently regretting joining the prevention field, and 1.5% mentioned that they chose prevention primarily because their employer or organization followed a funding direction.

“I worked at a consulting firm in DC, [the firm] followed the money starting in the late 80's.”

Also interesting is the cross over nature of prevention work; almost 8% of respondents reported that prevention was an extension of their previous work, including journalism, criminal justice and law enforcement, education, and community organizing. About 6% of respondents reported that prevention is related to their current position, including needing to be versatile in their organization or a county department that is in need of additional staff and resources.

“I enjoyed working with prevention providers and their partners when I was a journalist and I was interested in writing stories about their drug and alcohol prevention initiatives/projects.”

“In law enforcement we use the Prevention, Intervention, Suppression (arrest) method to deal with gangs, drugs, and violent activity. I find that prevention works best...”

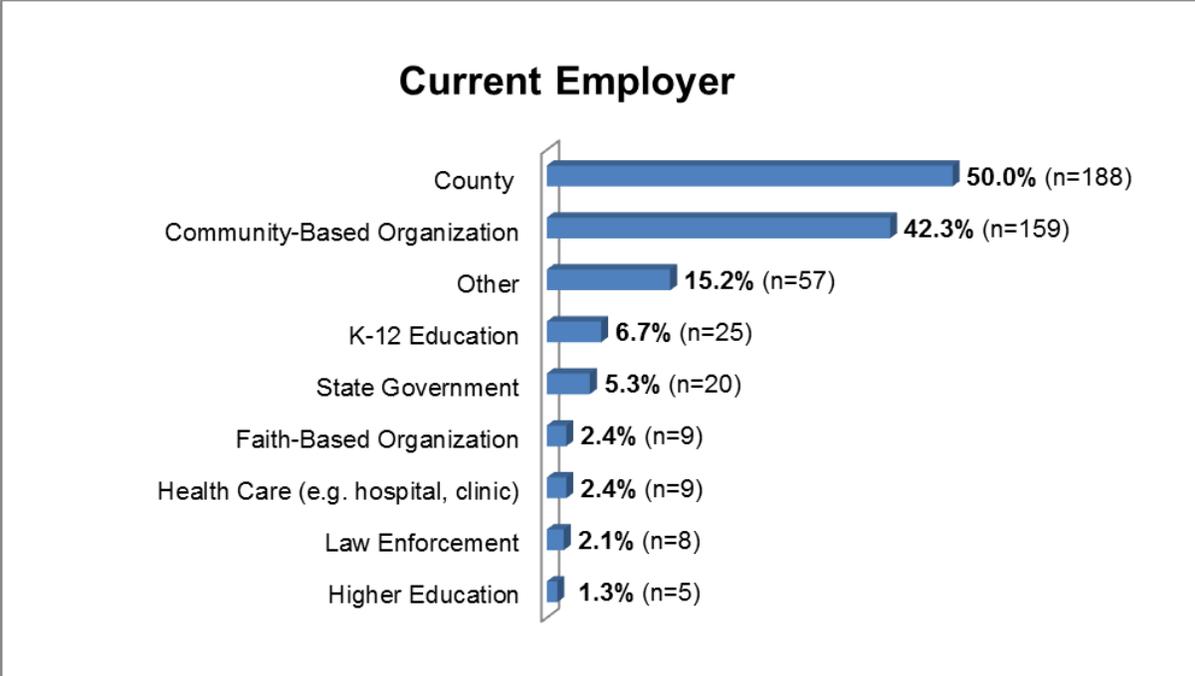
“I was administratively moved to the prevention field due to budget cuts in 2009. I did have a background in the AOD field so it was a good fit. I educated myself right away in the prevention field and CPI/CARS was a great resource.”

“It is part of my job in a tiny county. I wear many hats and have experience in child abuse prevention and SUD prevention.”

Working in the Prevention Field

Prevention professionals from 52 out of 58 counties responded to the survey. Most responses (9%) are from Los Angeles County.

The majority of respondents either work with a local community organization or with government. Half of respondents work with county government, which includes county departments of behavioral health, mental health, health services, public health, and social services/welfare. Forty two percent work specifically with a community-based organization. Fifteen percent work with other employers, such as a non-profit organization (that may not necessarily be community-based), or are self-employed. About 5% of respondents represent state government.



n=376, 46 respondents skipped this question.

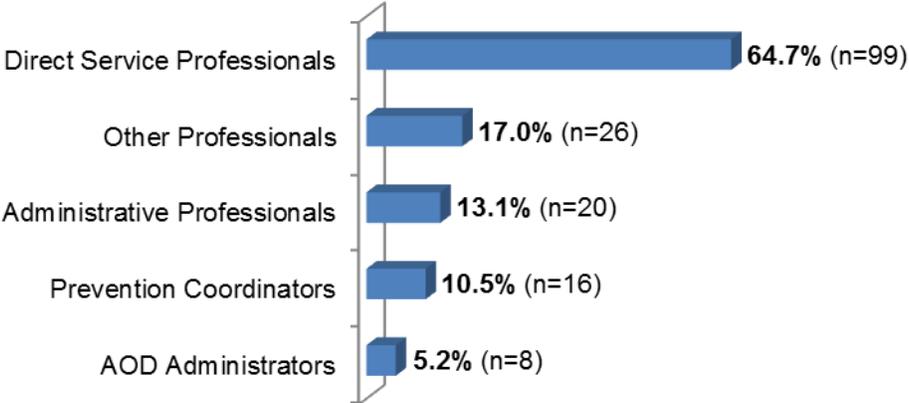
Based on the responses received, prevention professionals are in a variety of positions, varying slightly by current employers who employ the bulk of the workforce—county governments and local community organizations. (Local community organizations encompass community-based organizations, faith-based organizations, K-12 and higher education, and healthcare, whereas county government includes county departments mentioned above.)

Nevertheless, the majority of professionals, regardless of where they are employed, are direct service professionals. This includes specific positions such as behavioral health specialists, program specialists, social workers/case managers, and counselors. As expected, slightly more direct service professionals (69.3%) work with community organizations, compared to 64.7% who work with county government.

Approximately 11% of survey respondents are county prevention coordinators, and 5% are county AOD administrators. Other professionals – those involved in indirect service, such as environmental prevention specialists, researchers and evaluators, analysts, and consultants—comprise 17% of the county government prevention workforce. Thirteen percent are administrative professionals.

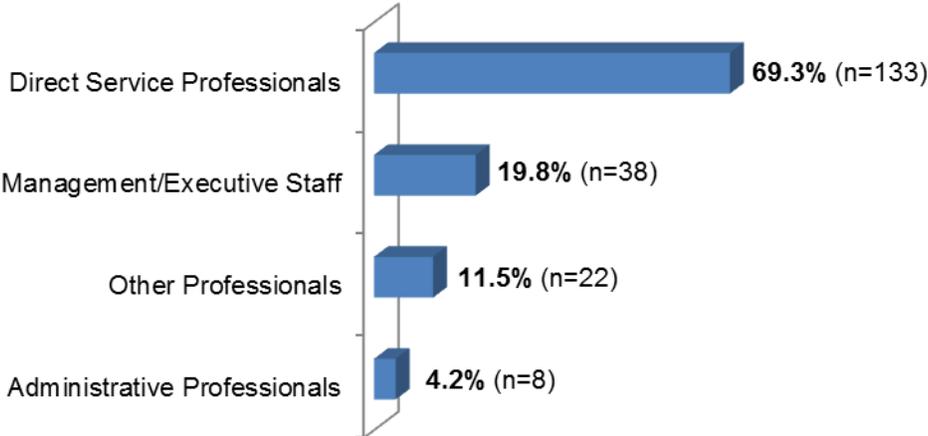
In addition to direct service professionals, the prevention workforce at community organizations who responded to the survey includes nearly 20% management/executive professionals (such as an executive director of a community-based organization), 11.5% other professionals, and 4.2% administrative staff.

County Government Positions



n=153 (respondents who work at county government AND who responded to this survey question).

Community Organization Positions



n=192 (respondents who work at a community organization AND who responded to this survey question).

Beyond substance abuse prevention, respondents primarily provide prevention related services in mental health (54%), violence (50%), and public health (47%).

Prevention Related Service	% (n)
Mental health	53.7% (203)
Violence	49.7% (184)
Public health	46.7% (178)
Suicide	42.0% (153)
Delinquency	41.1% (150)
Child abuse	39.4% (143)
Crime	35.1% (124)
Domestic violence	33.7% (122)
HIV/AIDS	28.2% (101)
Healthcare	27.5% (98)

n=403, 17 respondents skipped this question.

As a whole, prevention professionals engage in both direct and indirect services. Slightly more professionals report engaging in indirect services such as engaging in coalition work or providing community education.

Role	% (n)
Providing direct services to participants	67.7% (279)
Indirect services such as coalition work or community education	83.0% (342)
Management without direct service responsibilities	58.5% (241)
Management with direct service responsibilities	59.2% (244)

n=412, 8 respondents skipped this question.

Experience in the Prevention Field

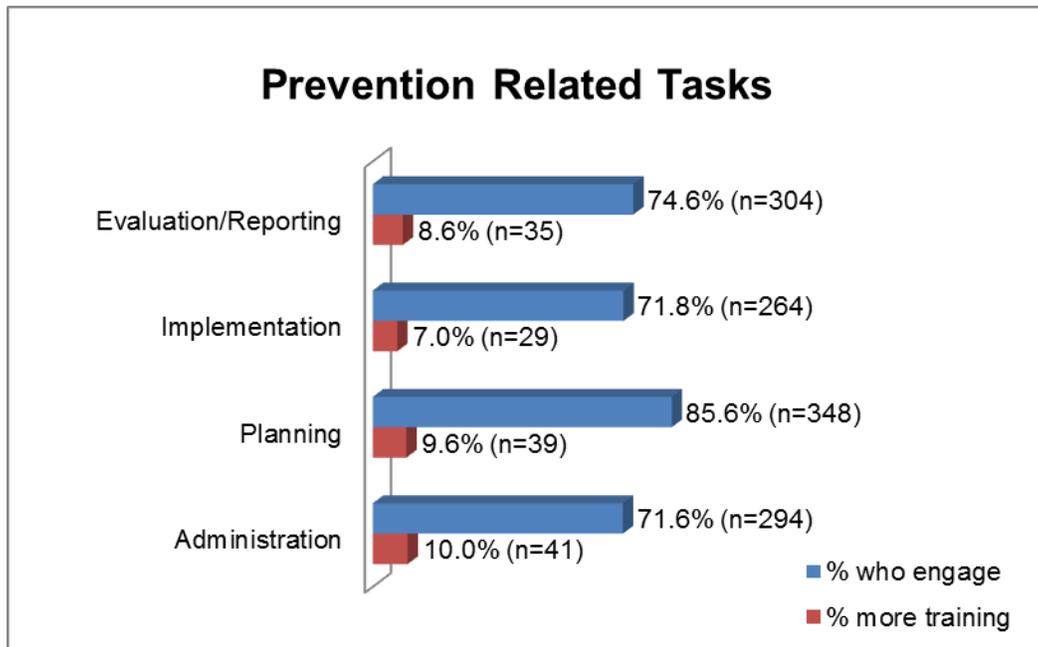
Many seasoned prevention professionals responded to the survey, including 39.1% that reported being in the prevention field for more than 10 years. Striking, however, is the degree to which respondents were new to the field of prevention generally, and new to their positions specifically; 46.2% of respondents had been in their current position for fewer than three years; 13.8% of them for less than a year.

	% Less than a year (n)	% 1-3 years (n)	% 4-6 years (n)	% 7-10 years (n)	% 10+ years (n)
In the prevention field	8.5% (35)	22.9% (95)	15.7% (65)	13.8% (57)	39.1% (162)
At your current organization/agency/department	9.7% (40)	22.0% (91)	20.1% (83)	15.5% (64)	32.7% (135)
In your current position	13.8% (57)	32.4% (134)	19.1% (79)	12.8% (53)	21.8% (90)

n=418, 2 respondents skipped this question.

Duties and Tasks in the Prevention Field

Prevention professionals were asked specifically what types of prevention tasks (administrative, planning, implementation, and evaluation/reporting) they regularly take part in and which specific tasks they would like more training on. Respondents regularly engage in tasks related to planning, administration, implementation, and evaluation/reporting of prevention programs. On average, professionals tend to engage more in planning compared to other types of tasks, with a minimal proportion seeking additional task-specific training.



Administrative Tasks

Administrative tasks include tasks related to training, hiring and supervising staff as well as managing and acquiring funds and resources. Among administrative tasks, prevention professionals engage the least in, but also indicate wanting training on grant writing. (Grant writing is also mentioned later in the survey, in relation to program sustainability – see page 19).

Administration Task	% who engage (n)	% more training (n)
Staff training/professional development	87.8% (362)	9.2% (38)
Grant writing	53.5% (219)	16.6% (68)
Resource acquisition	70.3% (286)	10.1% (41)
Program management	77.3% (317)	9.0% (37)
Staff or volunteer recruitment or hiring	67.8% (280)	8.0% (33)
Staff or volunteer supervision	72.6% (299)	7.0% (29)

n=413, 7 respondents skipped this question.

Planning Tasks

Planning includes general program planning as well as developing curricula and programs, including materials development and outreach to specific populations. Of these tasks, prevention professionals want more training on writing/developing prevention materials.

Planning Task	% who engage (n)	% more training (n)
Outreach to specific populations	89.5% (365)	6.6% (27)
Program planning	90.9% (369)	8.6% (35)
Program/curricula development	85.0% (346)	10.8% (44)
Writing/developing prevention materials	75.4% (307)	12.8% (52)
Research on prevention topics	87.3% (355)	9.1% (37)

n=409, 11 respondents skipped this question.

Implementation Tasks

The bulk of the prevention workforce's interface with other prevention professionals as well as outreach to target populations comes under the umbrella of implementation. This includes activities such as information dissemination, classroom and community education, technical assistance, and mentoring. Among these tasks, prevention professionals regularly disseminate information, but do not engage as much in case management or alternative activities such as recreation, arts, and sports. Prevention professionals do not report wanting training on these topics, compared to administration, planning and reporting tasks.

Implementation Task	% who engage (n)	% more training (n)
Information dissemination	93.1% (379)	5.4% (22)
Community education on prevention	89.1% (368)	6.1% (25)
Classroom education on prevention	71.0% (290)	5.9% (24)
Youth development	78.1% (321)	8.3% (34)
Environmental approaches (e.g. policy work/advocacy)	75.6% (309)	8.3% (34)
Technical assistance	71.2% (289)	6.9% (28)
Problem identification and referral	74.8% (306)	6.1% (25)
Community-based approaches (e.g. community engagement, capacity building)	89.1% (366)	8.8% (36)
Case management	45.2% (183)	6.9% (28)
Mentoring	60.5% (248)	5.9% (24)
Alternative activities (e.g. recreation, arts, sports)	51.2% (210)	6.8% (28)
Parent training	62.2% (252)	8.9% (36)

n=414, 6 respondents skipped this question.

Evaluation/Reporting Tasks

Evaluation and reporting involves gathering and analyzing data to inform program needs and improve current prevention programs, as well as to report to various stakeholders, including federal and state funders. Survey findings indicate that prevention professionals collect their own data and perform their

own community needs assessments, though approximately a third do not design their own instruments. Many would like training on evaluation instrument design and data collection. Less than two-thirds work with CalOMS Prevention Reporting.

Evaluation/Reporting Task	% who engage (n)	% more training (n)
Evaluation instrument design	64.6% (263)	10.8% (44)
Evaluation data collection	82.8% (337)	9.3% (38)
Community needs assessment	78.9% (322)	8.6% (35)
Work with CalOMS Prevention Reporting	64.7% (265)	7.3% (30)
Other data analysis and reporting	82.2% (332)	6.9% (28)

n=413, 7 respondents skipped this question.

Professional Development

Prevention professionals are active in professional development, often completing workshops and trainings in substance abuse prevention and working with youth. Seventy-six percent completed workshops or training in substance abuse prevention in the last year, and 70% completed workshops or training on working with youth in the last year.

Most prevention professionals (about 80%) reported completing Continuing Education Hours (CEHs). Even though few are certified, those who are concerned with CEHs (likely licensed professionals rather than certified professionals) seem dedicated to completing them. Thirty-two percent of respondents completed 16 hours or more of CEHs this year and 34% completed 1 to 4 hours this year.

Knowledge of Prevention Theories and Frameworks

Respondents generally felt knowledgeable about prevention principles and frameworks directly related to youth. They were less confident in their knowledge about the IOM model and SPF, but 20.3% of respondents reported they wanted training on these topics.

Prevention Theories & Frameworks	% Strong (n)	% Would Like More Training (n)
Understanding substance use, abuse, and dependency	56.2% (231)	11.4% (47)
Prevention principles	61.4% (251)	11.5% (47)
Risk and protective factors	62.5% (255)	12.5% (51)
Model programs/evidence-based practices	45.0% (183)	16.2% (66)
Elements of community organizing/coalition building	44.7% (183)	15.4% (63)
Strategic Prevention Framework (SPF) Plan development	32.1% (131)	20.3% (83)
Institutes of Medicine Model (IOM) or prevention continuum	23.0% (92)	20.3% (81)
Environmental prevention	43.6% (177)	15.0% (61)
Youth development	54.3% (223)	15.6% (64)

n=414, 6 respondents skipped this question.

Knowledge of Cultural Competence

Respondents were overall less confident in their knowledge of cultural competence than other areas of knowledge. In particular, few respondents reported confidence in their knowledge of health disparities for historically underserved populations or knowledge of the social determinants of health. Even fewer reported understanding the principles of linguistically competent service delivery. Of all the related topics, approximately 21% of respondents indicated they would like training on the social determinants of health.

Cultural Competence Subject	% Strong (n)	% Would Like More Training (n)
Culturally competent prevention service delivery	45.9% (185)	16.4% (66)
Linguistically competent prevention service delivery	30.5% (121)	14.4% (57)
Family dynamics/family systems	45.6% (183)	19.5% (78)
Youth and lifespan developmental stages	47.0% (189)	17.9% (72)
Health disparities for historically underserved populations	37.0% (149)	18.9% (76)
Social determinates of health	35.4% (141)	20.9% (83)

n=405, 15 respondents skipped this question.

Knowledge of Program Sustainability Subjects

Almost half of respondents were confident in their management abilities, but they were less confident in evaluation principles and practices. About a quarter of respondents were confident in their grant writing capabilities, and 28.7% would like training on grant writing. (Grant writing was also mentioned in relation to administrative tasks (page 16). Combining both numbers, on average, 22% of respondents would like more training on grant writing).

Program Sustainability Subject	% Strong (n)	% Would Like More Training (n)
Local and state resources	35.2% (144)	18.6% (76)
Evaluation principles and practices	34.7% (141)	19.2% (78)
Grant writing	24.3% (100)	28.7% (118)
Program management	47.8% (196)	20.7% (85)
Data management and reporting	37.0% (151)	21.3% (87)

n=412, 8 respondents skipped this question.

Assessment of Professional Skills

When asked to rate their skills in various areas of prevention, prevention professionals generally rate their group facilitation highly and are confident in working with youth. This is expected as many prevention professionals indicated that they love working with youth and come from this background. They report less confidence in their ability to develop curricula and policies. Even fewer are confident in media and communication skills.

Prevention professionals reported they would like training in various areas: policy development or implementation, counseling theory and techniques, media/communications, management principles and practices, and coalition building.

Skill	% Strong (n)	Percent Would Like More Training (%)
Counseling theory and techniques (e.g. screening and brief intervention, motivational interviewing)	40% (165)	18.4% (76)
Understanding data and research	47.5% (196)	13.6% (56)
Management principles and practices	48.5% (198)	18.1% (74)
Group facilitation	62.2% (255)	11.5% (47)
Curricula development	37.9% (155)	17.4% (71)
Public speaking/presentation	61.6% (253)	12.2% (50)
Policy development or implementation	33.4% (137)	19.0% (78)
Advocacy	54.0% (222)	14.8% (61)
Media/communications	30.6% (126)	18.2% (75)
Coalition building	43.3% (178)	18.0% (74)
Working with youth	64.8% (263)	14.0% (57)

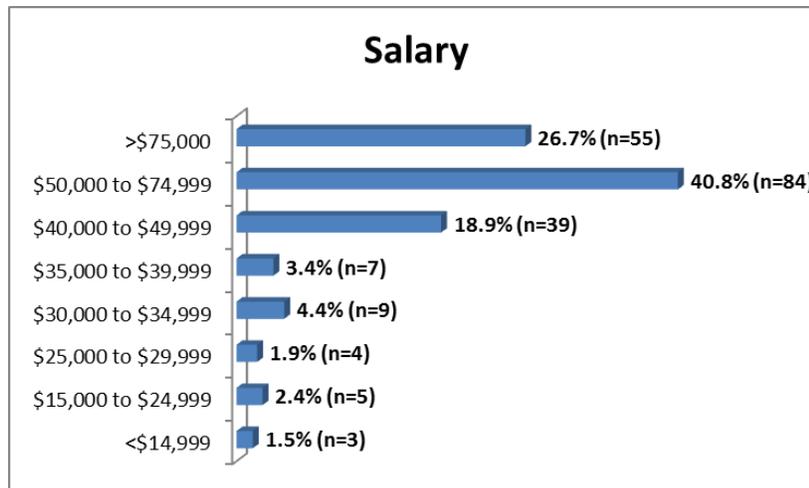
n=415, 5 respondents skipped this question.

Job Satisfaction and the Future of the Prevention Workforce

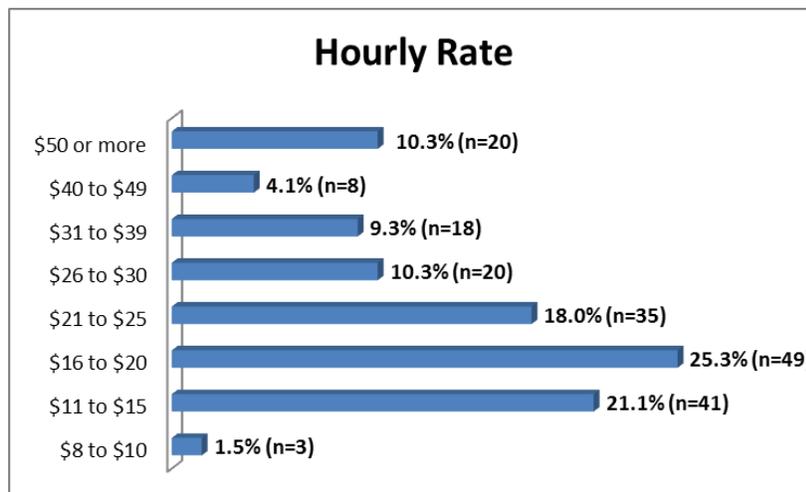
Salary and Benefits

Hourly and salaried employees were split evenly, though slightly more prevention professionals are salaried employees. The majority of respondents earn above \$50,000, with 40% earning \$50,000 to \$75,000 annually and 27% earning above \$75,000. Of the hourly employees, nearly two thirds earn \$11 to \$25 per hour and approximately 34% earn \$26 or above; approximately 10% receive \$50 or more per hour.

Most prevention professionals receive benefits from their employers, including health and dental insurance, as well as paid sick leave, vacation, other paid leave and retirement contributions. On average, 15% of employees do not receive health and dental insurance from their employers, 12.5% do not receive paid sick leave and vacation, and 24% do not receive other paid leave (e.g. maternity) or retirement contributions.



n=206, 214 respondents skipped this question.



n=194, 226 respondents skipped this question.

Job Satisfaction

The majority of prevention professionals are satisfied with their job, with an overwhelming majority being satisfied with the variety and flexibility of work and with their personal commitment to substance abuse prevention. Job satisfaction correlates well with the reason these professionals chose prevention as a field of work – wanting to help others, a genuine passion for prevention, and the opportunity to work with youth. Approximately 88% indicated that they were satisfied to be working with youth.

Aspect of Current Position	% Satisfied (n)
Variety and flexibility of work	94.7% (378)
Personal commitment to substance abuse prevention	94.3% (377)
Working with community leaders	90.1% (355)
Match between the profession and my interests	89.3% (358)
Match between the profession and my skills	88.8% (357)
Other colleagues in the prevention field and related areas	88.8% (355)
Working with youth	88.2% (350)
Other prevention colleagues in my agency	88.3% (349)
Use of evidence-based programs	85.3% (341)
Benefits (health, vacation and sick leave, etc.)	83.1% (330)
Use of process and outcome evaluation	82.4% (327)
Organizational structure	77.7% (310)
Salary	71.8% (290)
Opportunities for career advancement within my agency	58.9% (234)

n=407, 13 respondents skipped this question.

*% of employees reporting being “satisfied” and “very satisfied.”

“I would really like to work with community leaders more. My employer takes these opportunities for himself, and we rarely get a chance to grow in this manner.”

“We are required to do Master's level work for little pay. I also feel undervalued and underappreciated from collaborators and agency (not supervisor). Burn-out comes way too easy here.”

“There are no prevention colleagues in my agency and due to the nature and focus of my agency, I sometimes am excluded from collaboration with prevention colleagues in my community. Additionally, due to the perceived “politics” of some substances abuse prevention topics, I am not approved to work with community leaders.”

“I will be looking for a job with a competitive salary in the prevention field within the next year upon receiving MPA. If can't find a job in prevention, I will work in another field.”

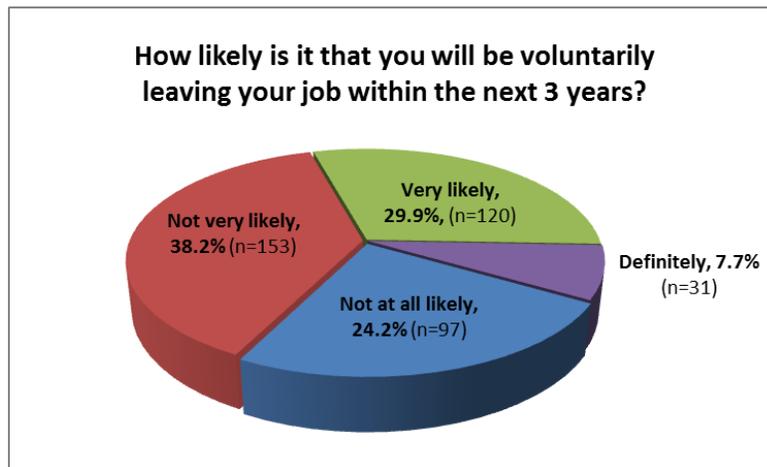
“I feel that I am ready for the next level in my career and am hopeful to find a position where I can utilize my skills and experience in the prevention field.”

“There isn't really any upward progression available in my current position. In order for me to advance in the field, I would most likely need to leave my current position.”

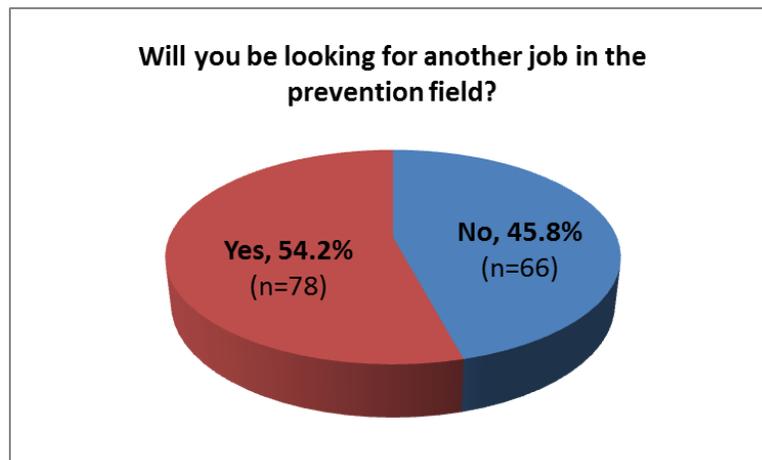
“Maybe, I need to get paid more in order to live [where I currently live] and I don't want to leave. This makes the for-profit world very attractive.”

Potential for Turnover

The prevention field is likely to experience turnover within the next three years. Despite generally high job satisfaction, 33% of professionals are likely to leave their job within the next three years, including retiring. Furthermore, of the third that are likely to leave their current jobs, approximately 46% report that they will not be looking for another job in the prevention field; therefore, they may most likely be leaving the prevention field. The perception of a lack of career advancement is a contributor, as over 40% of respondents are dissatisfied with opportunities for career advancement within their agency. This is likely tied with compensation, as approximately 30% are dissatisfied with their salary.



n=401, 19 respondents skipped this question.



n=144 (those who responded “very likely” and “definitely” for previous question)
7 respondents skipped this question.

Implications and Recommendations

Implications and recommendations from survey findings primarily focus on the fact that **in California's prevention workforce, there is a shortage of experienced, mid-career professionals.**

There does not seem to be an issue recruiting new professionals into the field, as survey findings indicate that nearly one in three professionals is new to the prevention field. Several factors, including the cross-over nature of prevention work, a genuine interest and a personal commitment to prevention, and personal or family experiences related to substance abuse, attract professionals to the field. The key is keeping experienced, mid-career professionals satisfied with their careers to stay in the prevention field long-term. To that end, providing prevention professionals with professional development and opportunities for career advancement can help increase job satisfaction and reduce turnover, and ultimately retain experienced mid-career professionals in the prevention field.

One impetus for this survey was the discussion among the workforce and leadership development workgroup at the prevention summit, and their shared goals around workforce leadership development. Among the goals outlined, these survey findings speak to the goal of enhancing the opportunities and systems to build the capacity of the substance abuse prevention field by focusing on enhancing professional development.

- **Training & Skill-Building:** There is a clear need to provide additional and continuing training and technical assistance to the prevention workforce, especially to experienced mid-career professionals in order to keep them in the field. Prevention professionals need, and want, additional training on the following topic areas:
 - *Cultural and linguistic competence.* Professionals reported wanting particular training on the social determinants of health, a specific aspect of cultural competence. The recommendation for additional cultural competence trainings is also reiterated in a focus group report of the Community Alliance for Culturally and Linguistically Appropriate Services (CA-CLAS) project.¹ This report found that AOD consumers who have access to AOD services report unmet cultural and linguistic needs, and there remains an unmet need among prevention professionals to be further trained in cultural competence in order to provide cultural competent services. The CA-CLAS project, funded by DHCS, aims to do just that: provide continuing training and technical assistance around cultural and linguistic competence.
 - **Recommendation:** Consider directing prevention workforce to CLAS, including heavily cross-promoting CLAS to organizations and professionals that receive training through CPI.
 - *Grant writing.* Consider providing prevention professionals, many of whom are in community-based organizations often seeking additional funds and resources, with training and resources on grant writing.

¹Available online: <http://allianceforclas.org/wp-content/uploads/2011/05/Focus-Group-Report.pdf>

Although professional development is one way to achieve job satisfaction, county and community-based agencies should be aware that providing opportunities for advancement within their specific agencies, or linking professional development directly with advancement, can help employees achieve higher job satisfaction and remain in the prevention workforce.

Conclusions

In summary, California's substance abuse prevention workforce consists of diverse professionals from a variety of racial, ethnic, educational and professional backgrounds. However, the workforce is aging and likely to experience turnover within the next three years. There are a good number of seasoned and experienced professionals, including those who are at or near retirement, and also a fair number of professionals new to their positions and to the prevention field. What the workforce lacks, however, is a strong number of experienced and mid-career professionals. Moreover, although a substantial number of prevention professionals have graduate degrees, the majority are not certified specifically in prevention, though it is likely they are licensed professionals. Further research and assessment of the prevention workforce may be warranted to better understand and explain the low numbers of certifications. Professional development of the workforce that provides professionals with career advancement in their positions and agencies can improve job satisfaction and reduce turnover. Topics of professional development needed and requested include grant writing, particularly for nearly half of professionals in community-based organizations, training on prevention models including the IOM model and SPF, as well as cultural and linguistic competence.