

Workforce Climate Survey Summary Report



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Executive Summary

The Pennsylvania Department of Drug and Alcohol Programs (DDAP) is working to reduce the impact of substance use disorder (SUD) on Pennsylvanians and their communities. One key component of that work is establishing a well-trained workforce capable of managing the current overdose crises and keeping the Commonwealth's residents in good health. The SUD treatment workforce is experiencing significant upheaval and is facing challenges on multiple fronts.

DDAP hosted a virtual listening session and online survey to better understand what it can do to better support service providers. Almost 500 individuals across the Commonwealth participated in DDAP's Workforce Climate Survey. This report summarizes their feedback. Participants represented the full range of SUD services and supports and came from organizations of varying size, age, and profit status.

Eighty-four percent (84%) of survey respondents stated that the current labor shortage is a moderate to serious problem for their organizations. The average job vacancy rate reported by respondents was 18%. DDAP observed trends that suggest larger, well-established, non-profit organizations headquartered near metro areas report higher job vacancy rates. Some of the hardest to fill job positions include counselors, nurses, entry-level professionals, and peer specialists.

Service providers report limited applicant pools and inability to compete on compensation as prime factors hindering their ability to recruit and retain qualified staff – even in environments where most of them have increased pay, adapted hiring practices, and offered additional benefits.

Key short and long-term recommendations on resolving the workforce shortage offered by survey participants included increasing service reimbursement rates, removing or reducing experience and education requirements for staff, reducing staff paperwork burdens, and expanding student loan forgiveness or tuition reimbursement.

DDAP would like to thank participants for taking the time to complete this survey. The Department values the information provided. This report will contribute to DDAP's State Plan, regulatory reform efforts, and use of opioid settlement funding. The data have helped the Department better understand current workforce needs.

At a high-level the Department's near future efforts will focus on increasing the supply of professionals in the addiction workforce, leveraging technology and reforms to expand the reach of existing professionals, addressing the distribution of professionals across the Commonwealth, and fostering workforce resilience to better retain professionals in the workforce.

Introduction

DDAP is committed to reducing the human and economic impact that addiction has on Pennsylvanians. Critical to this effort is a thriving, well-trained workforce that is capable of compassionately supporting individuals through crisis, helping individuals maintain good health and recovery, and preventing further spread of substance use disorders.

The labor market in the United States is experiencing a moment of upheaval across industries and Pennsylvania's SUD workforce is no exception. Circumstances like COVID-19 and the overdose epidemic have only served to complicate workforce issues. Likewise, the U.S. Bureau of Labor Statistics reports that Pennsylvania's Mental Health and Substance Abuse Workforce shrank almost 15% between Federal Fiscal Year 2018-19 to 2021-22.

While DDAP has already taken steps in addressing this issue – such as supporting student loan repayments – the Commonwealth continues to have a long path ahead in securing and rebuilding a workforce capable of guiding Pennsylvania not only out of its current crisis, but also in preventing future crises.

In January 2023, DDAP held a listening session on workforce with trade associations representing stakeholders across provider and government sectors, including the areas of prevention, treatment, recovery, and local government. DDAP supplemented this conversation with an open, online Workforce Climate Survey summarized in this report. This survey sought to gather perspectives on which jobs are short in supply, which regulations may be excessively burdensome, and solutions not only to address current issues, but also to support the future of the SUD field. This report outlines the data collection methodology, findings and results, stakeholder recommendations, and ends with next steps for the Department in supporting the SUD workforce.

DDAP would like to thank the hundreds of individuals who responded to the survey. We greatly appreciate your feedback as it served to inform the Department on a path forward in supporting Pennsylvania's workforce.

Methodology

DDAP deployed its Workforce Climate Survey (see Appendix A) through a SurveyMonkey link shared via its electronic mailing list and through social media channels (i.e. Facebook, Twitter, LinkedIn). The Department also shared its communication with trade and advocacy associations in the SUD field with the request that they reshare with their members.

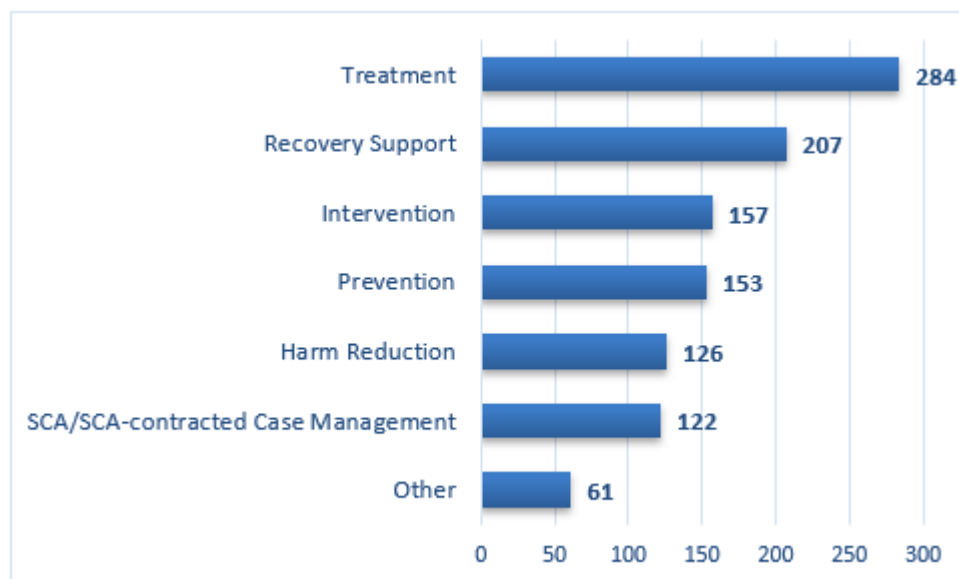
DDAP invited interested parties to participate – offering that the survey results would help inform regulatory reform efforts as well as the spending of opioid settlement dollars. The survey was open for 28 days. It closed when daily responses dwindled to zero.

While DDAP collected firmographic data on organizations, the Department kept those questions at a high level to provide as much anonymity to participants as possible (e.g. requesting regional instead of county or municipal data).

Participants

Survey participants included 490 individuals representing a range of services and supports in the addiction field (Figure 1). Many participants work for organizations that provide more than one service or support. Each core service area (e.g. treatment, recovery, prevention etc.) had at least 120 respondents representing the perspective of that service area.

Figure 1: Services Provided by Survey Participant's Organization



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¹ SCA – Single County Authority or the county level drug and alcohol entity.

Participants represented small to large organizations both in terms of employees and annual revenue (Figures 2 & 3). Smaller organizations made up the bulk of survey respondents – which meets expectations and correlates with actual business sizes (i.e. small organizations outnumber large organizations in Pennsylvania).

Figure 2: Total Employees for Survey Participant's Organization

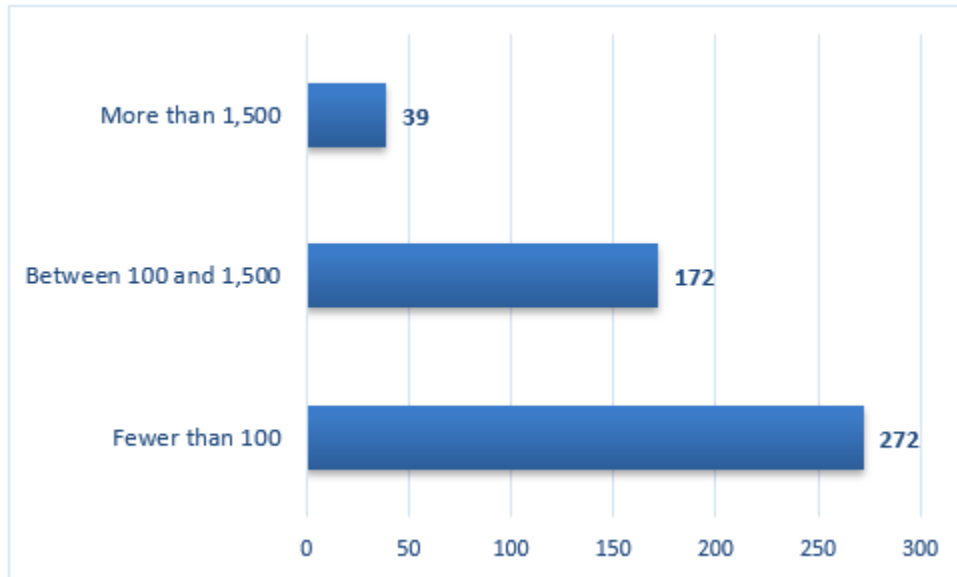
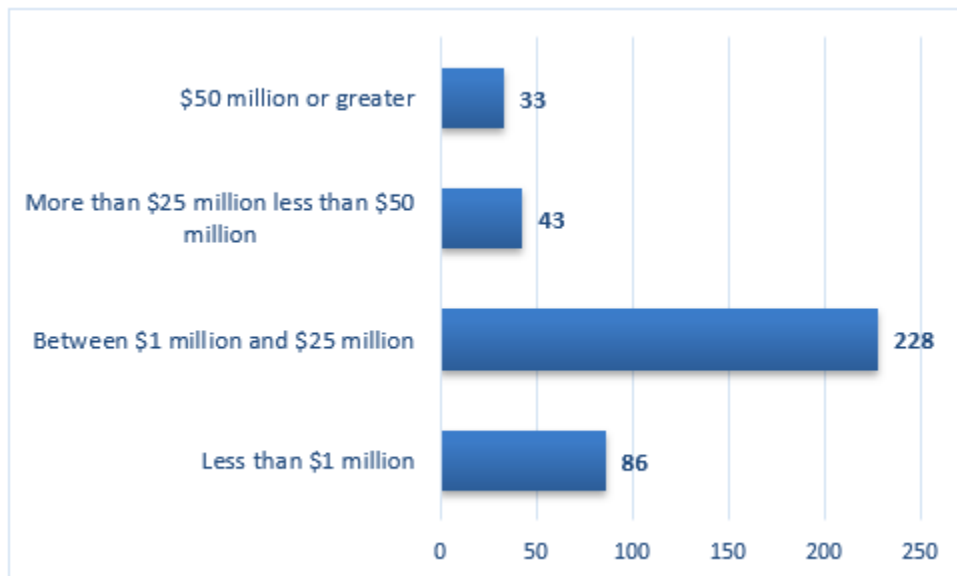
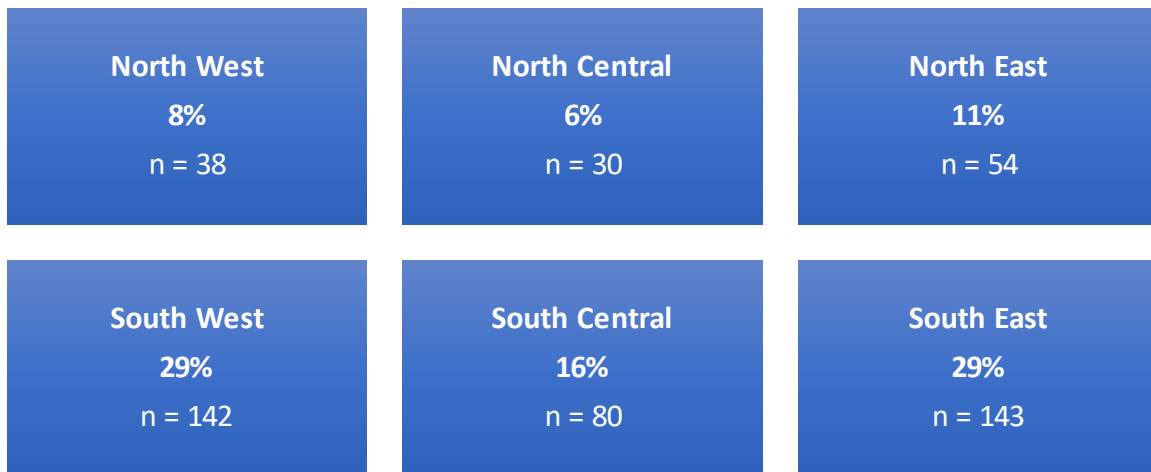


Figure 3: Total Revenue for Survey Participant's Organization



Participants represented organizations headquartered across the Commonwealth (Figure 4). The distribution of participants naturally correlated with population centers (i.e. DDAP received more responses from regions that have more people).

Figure 4: Location of Headquarters of Survey Participant's Organization by Pennsylvania Region



Participants represented both for-profit and nonprofit organizations – as well as organizations ranging from well-established to newly formed (Figures 5 and 6).

Figure 5: Profit Status

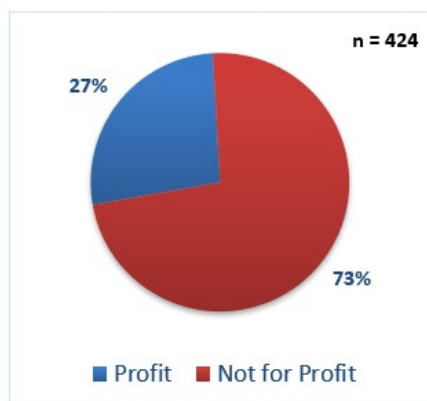
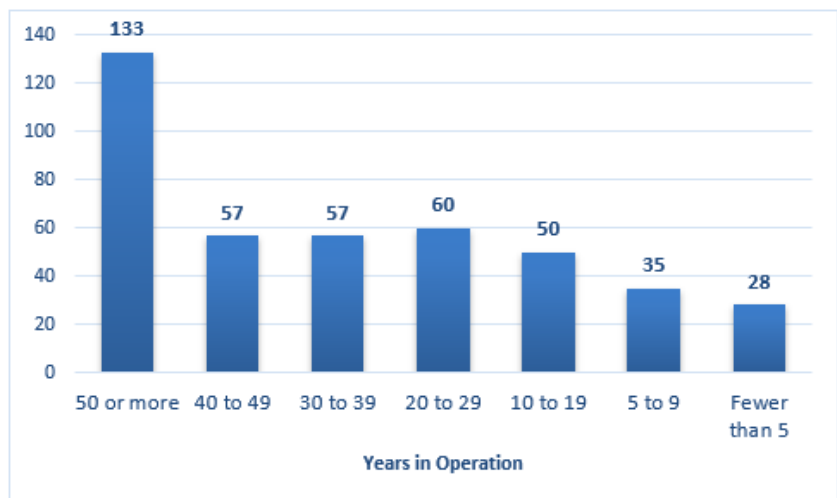


Figure 6: Years in Operation

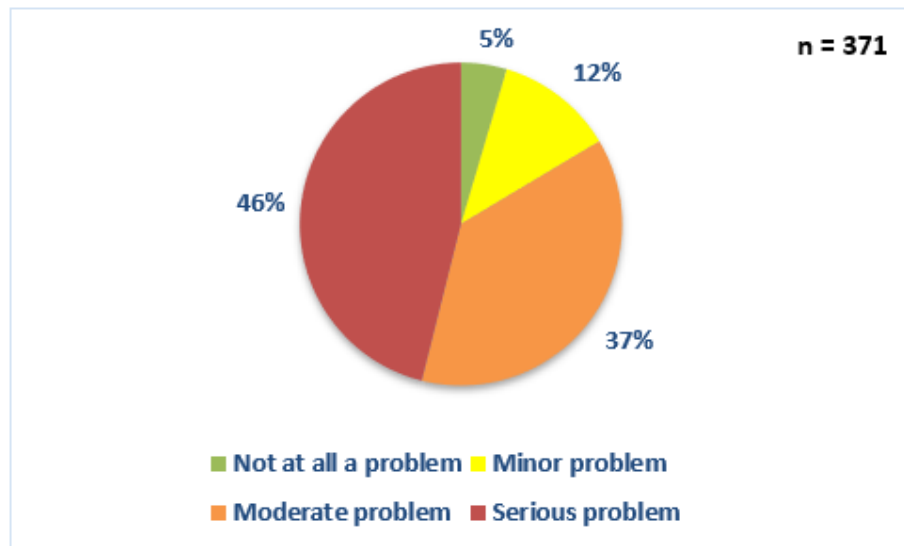


Results

Workforce Shortage Problem Rating

When asked to rate how much of a problem the current workforce shortage is for their organization, 84% of respondents said that it was a moderate to serious problem, with just under half (46%) classifying the shortage as a serious problem (Figure 7). Only 5% of respondents said it was not at all a problem.

Figure 7: Participant Rating of the Workforce Shortage as a Problem



Job Vacancy Rate

The average job vacancy rate – or the percentage of all positions that are currently vacant – reported by all participants was 18%.² The Department observed several trends in the job vacancy rate data, including:

- **Larger Organizations Report Higher Job Vacancies**

<i>Employees</i>	<i>Average Job Vacancy Rate</i>
<i>Fewer than 100</i>	14% (n=183)
<i>Between 100 and 1,500</i>	22% (n=104)
<i>More than 1,500</i>	34% (n=13)

<i>Revenues</i>	<i>Average Job Vacancy Rate</i>
<i>Less than \$1M</i>	12% (n=65)
<i>\$1M to \$25M</i>	19% (n=180)
<i>\$25M to \$50M</i>	28% (n=26)
<i>\$50M+</i>	22% (n=21)

² Median Job Vacancy Rate = 15%; Mode Job Vacancy Rate = 20%

- **Organizations Headquartered Near Large Metro Centers Report Higher Job Vacancies**

<i>PA Headquarter Region</i>	<i>Average Job Vacancy Rate</i>
North West	13% (n=28)
North Central	16% (n=19)
North East	14% (n=37)
South West	23% (n=87)
South Central	14% (n=47)
South East	17% (n=84)

- **Older Organizations Report Higher Job Vacancies**

<i>Organization Age</i>	<i>Average Job Vacancy Rate</i>
Fewer than 20 years	15% (n=76)
20 or more	19% (n=225)

- **SCA/SCA-contracted³ Case Management Providers Report the Highest Job Vacancies**

<i>Service or Support</i>	<i>Average Job Vacancy Rate</i>
Prevention	19% (n=123)
Treatment	18% (n=237)
Intervention	20% (n=128)
Recovery Supports	19% (n=168)
SCA/SCA-contracted Case Management	21% (n=98)
Harm Reduction	18% (n=100)

³ SCA – Single County Authority or the county level drug and alcohol entity.

Hardest to Fill Positions

Participants were asked to list and rank up to five jobs or positions that were the hardest for their organizations to fill. That data is summarized in the following two tables. The first table is a listing of most to least mentions for a specific job area. For example, the jobs in the “counselors” area which would include drug and alcohol counselors, clinicians, therapists, etc. received 272 mentions from survey participants. The second table represents an ordinal ranking of what the average participant reported in terms of difficulty filling the role. For example, “counselors” were on average the most difficult position to fill as reported by survey takers.

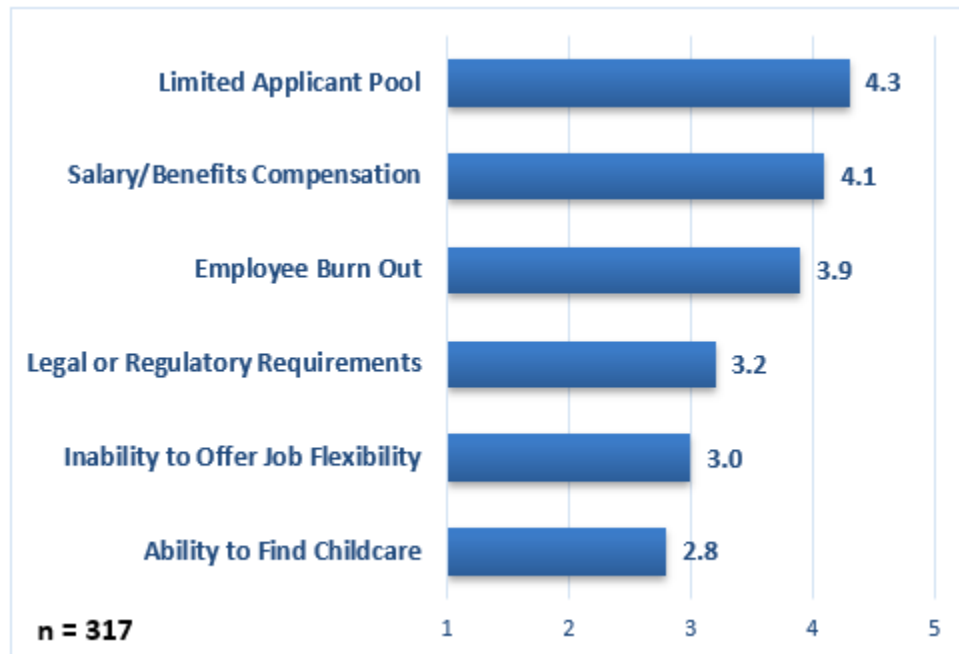
Job Area Examples	Mentions
Counselors e.g. Drug and Alcohol Counselor, Clinician, Therapist	272
Administrative and Support Staff e.g. Administrative Assistant, Director, Maintenance	221
Entry Level Technicians & Peer Specialists e.g. Behavioral Health Technician, Recovery Specialist	204
Nurses e.g. Registered Nurse, Licensed Practical Nurse	110
Case Managers & Care Navigators e.g. Case Management Specialist, Service Navigator	93
Prevention & School-Based Staff e.g. Prevention Specialist, SAP Liaison	47
Doctors e.g. Physician, Psychiatrist	29
All Others e.g. Phlebotomist, Probation Officer	26

Job Area	Recruitment Difficulty Ranking
Counselors	1 (Most Difficult)
Nurses	2
Entry Level Technicians & Peer Specialists	3
Doctors	4
Prevention & School-Based Staff	5
Case Managers & Care Navigators	6
Administrative and Support Staff	7 (Least Difficult)

Factors Affecting Employer Ability to Recruit & Retain

Participants were asked to rate on a scale of 1 (not a problem at all) to 5 (serious problem) the effect that certain factors had on their organization's ability to recruit and retain staff. On average participants reported that a limited applicant pool, the ability to offer competitive compensation, and employee burn out had a moderate effect on recruitment and retention (Figure 8). Participants, on average, were more neutral on the effect that legal or regulatory requirements, inability to offer job flexibility, and ability to find childcare had on recruitment and retention.

Figure 8: Average Rating of Factors Affecting Ability to Recruit & Retain Staff
Scale 1 – Not a Problem to 5 – Serious Problem

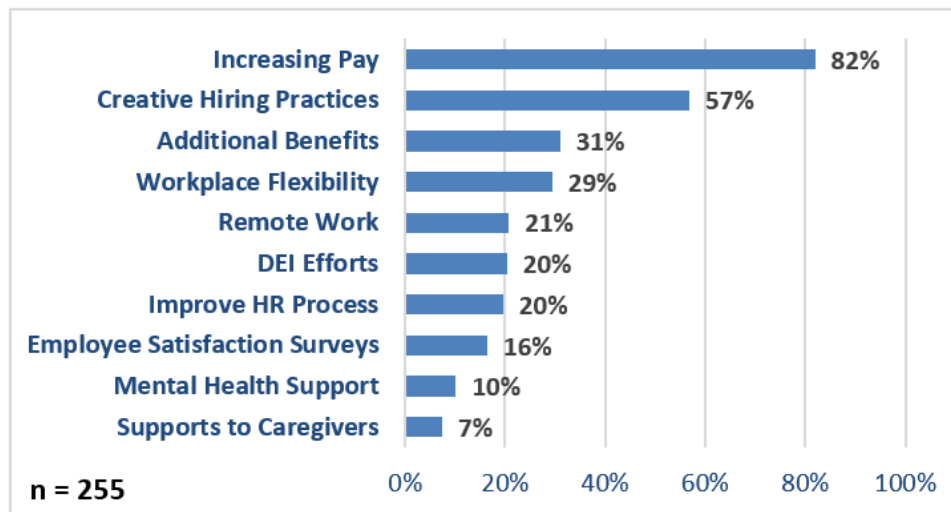


Strategies to Date to Address Workforce Shortages

The survey asked participants to rank, in order, the top strategies they have already deployed to address workforce shortages. Over 80% of organizations listed “increasing pay” as one of their top three strategies in addressing the shortage (Figure 9). “Deploying creative hiring practices” and “offering additional benefits or perks” ranked next in top strategies deployed. Specific benefits or perks most reported by participants include:

- **Paying Bonuses**
 - e.g. sign on, retention, referral, productivity, profit sharing, shift differential
- **Education & Training Reimbursement**
- **Expanding Time Away from Work**
 - e.g. added Paid Time Off (PTO), four-day work week
- **Employee Appreciation Programs**
 - e.g. recognition awards, on-site stress reduction activities, staff events
- **Improved Benefits Package**
 - e.g. reduced healthcare deductibles, 401k matching

Figure 9: Report on Top Strategies Previously Deployed to Address Workforce Shortages



Recommendations

Survey participants were asked to provide both short-term and long-term recommendations in how DDAP could alleviate the effects of the current workforce shortage.

Summary of Participant Short-Term Recommendations

Of participants that provided short-term recommendations (n=221), the most offered recommendation (14%) was to **increase reimbursement rates** so that service providers could better pay staff. An additional 3% suggested giving money to providers for one time pay bonuses if across the board increases were not feasible.

The second most offered recommendation (8%) was to **remove or reduce education and experience requirements** for staff. Participants recommended that DDAP give service providers more flexibility in identifying staff that are qualified to fulfill various roles.

The third most offered short-term recommendation (6%) was to **significantly reduce paperwork burdens**, especially on staff directly working with clients. Participants believe the amount of paperwork is leading to decreased job satisfaction and ultimately driving individuals away from the field.

Other repeated short-term recommendations include:

- **Continuing and expanding student loan repayment** (3%),
- **Supporting and promoting telework for staff** (2%), and
- **Reducing ASAM requirements or allowing additional time for ASAM alignment** (2%).

Less frequent short-term recommendations included reducing staff caseload size, regulatory reform, cutting down on service provider audits, post-secondary education outreach efforts, allowing CRNPs the ability to provide more services, and providing more trainings – especially virtual.

Summary of Participant Long-Term Recommendations

Many of the recommendations for short-term solutions were carried forward by participants providing long-term recommendations (n=209), including:

- **Increasing reimbursement rates to offer better staff salaries** (22%),
- **Expanding student loan forgiveness and offering tuition reimbursement** (13%),
- **Significantly reducing paperwork burdens** (11%), and
- **Removing or reducing education and experience requirements** (10%).

Outside of the overlapping recommendations above, the most offered long-term recommendation (6%) was to **expand and improve training offered by DDAP**. Specifically, participants recommended that DDAP structure its training to better support career pathways or career ladders. In other words, individuals wanted DDAP trainings to count toward educational milestones that could be used to advance their career. In addition, participants stressed the importance of expanding virtual training options.

Regulatory reform was the next most offered recommendation (5%). Participants commented that DDAP's regulations were out-of-date with current practice, duplicative, burdensome, and in need of better alignment with payment systems and other governmental entities.

Next, several survey participants (4%) suggest that their **employers could benefit from technical assistance** on how to structure the workplace environment in support of employee retention. Suggesting that employers could improve organizational culture, prioritize work-life balance, and focus on developing better managers.

Other repeated long-term recommendations include:

- **Streamlining the multiple inspection and audit processes** (3%),
- **Overhauling current payment and reimbursement systems** (3%), and
- **Building connections to higher education institutions to support a worker pipeline** (3%).

Less frequent long-term recommendations included addressing societal stigma toward SUD, reducing ASAM requirements, reconfiguring staff-to-client ratios, offering additional grant opportunities, allowing CRNPs the ability to provide more services, supporting and promoting telework, and subsidizing the cost of daycare.

Next Steps

DDAP would like to thank participants for taking the time to complete this survey. The Department values the information provided. This report will contribute to DDAP's State Plan, regulatory reform efforts, and use of opioid settlement funding. The data have helped the Department better understand current workforce needs.

At a high-level the Department's near future efforts will focus on increasing the supply of professionals in the addiction workforce, leveraging technology and reforms to expand the reach of existing professionals, addressing the distribution of professionals across the Commonwealth, and fostering workforce resilience to better retain professionals in the workforce.

APPENDIX A: National Workforce Data

United States Bureau of Labor Statistics (USBLS)

The USBLS Occupational Employment and Wage Statistics (OEWS) program provides employment estimates by state and industry. For Pennsylvania OEWS provides the following estimates by year for the following industries:

- Outpatient Mental Health and Substance Abuse Centers (NAICS Code 621420)
- Residential Mental Health and Substance Abuse Facilities (NAICS Code 623220)

Data⁴ are summarized in the table below:

Year	Total PA Outpatient Employment	Total PA Residential Employment	Total PA Employment
2012	18,020	15,170	33,190
2013	17,710	15,320	33,030
2014	17,770	16,220	33,990
2015	19,030	16,250	35,280
2016	18,720	16,540	35,260
2017	19,380	16,080	35,460
2018	20,490	16,540	37,030
2019	21,380	15,610	36,990
2020	18,870	15,800	34,670
2021	19,090	13,720	32,810
2022	17,460	13,730	31,190

⁴ Data retrieved on 08/08/2023 from https://www.bls.gov/oes/current/oes_research_estimates.htm.

APPENDIX B: National Workforce Resources

United States Congress

- United States Senate Health, Education, Labor and Pensions (HELP) Committee
February 16, 2023 hearing on [Examining Health Care Workforce Shortages: Where Do We Go From Here?](#)

Substance Abuse and Mental Health Services Administration (SAMHSA)

- [Workforce Page](#)
- [Addressing Burnout in the Behavioral Health Workforce through Organizational Strategies](#)

Health Resources & Services Administration (HRSA)

- [Workforce Shortage Areas](#)

National Association of State Mental Health Program Directors (NASMHPD)

- [Behavioral Health Workforce Resource Guide](#)