2019 Florida Behavioral Health Workforce Survey

June 2019

Report submitted by:

This survey was supported by the Florida Department of Children and Families, Office of Substance Abuse and Mental Health.

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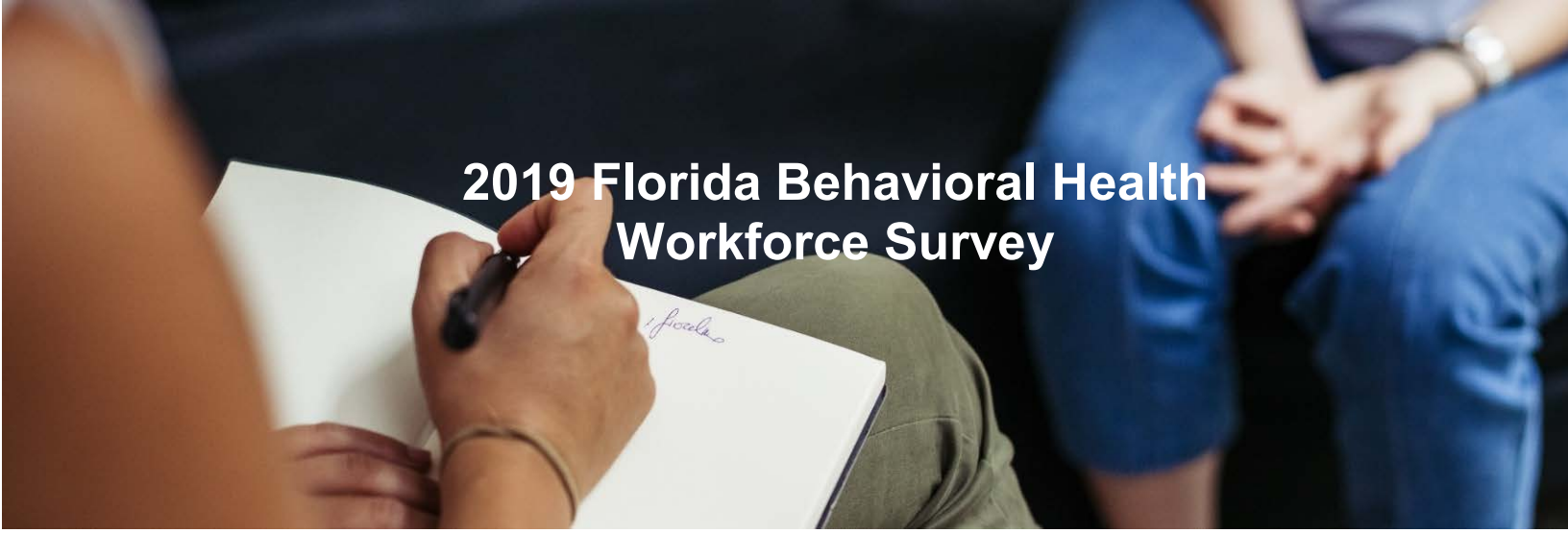


2019 Florida Behavioral Health Workforce Survey

Executive Summary

Project Background

Florida Department of Children and Families' Office of Substance Abuse and Mental Health (SAMH) initiated a behavioral health workforce survey project from December 2018 to June 2019 focusing on non-medical mental health and substance use prevention and treatment providers.

The purpose of the survey was to examine workforce issues for behavioral health providers and to identify specific training needs. Furthermore, it was completed to gain insight into work competencies, supervision, job retention and satisfaction, and knowledge, attitudes and practices related to opioid use disorder and Medication-Assisted Treatment. EvalNetwork worked in conjunction with Florida Certification Board (FCB) to develop and conduct the survey.

Non-medical behavioral health providers, including inpatient and outpatient treatment and prevention providers, were surveyed.

From April 2019 to May 2019, 2,555 participants responded to the survey. Participants were asked which of the following activities they conduct in Florida (more than one choice could be selected) and responded:

- Provide behavioral health services to individuals (**74%**; n = 1,884)
- Supervise others who provide behavioral health services to clients/patients (**34%**; n = 865)
- Provide support or administrative behavioral health services (**28%**; n = 723)
- None of the above (**8%**; n = 202)

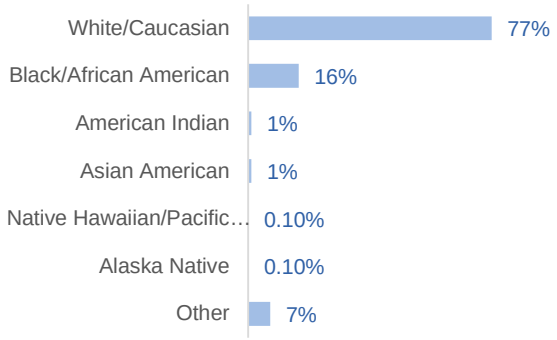
Participants who selected "none of the above" or who stopped responding after the first few demographic questions were excluded from the survey results. After these exclusions, there were 2,082 valid participant responses.

2,082
valid completed surveys

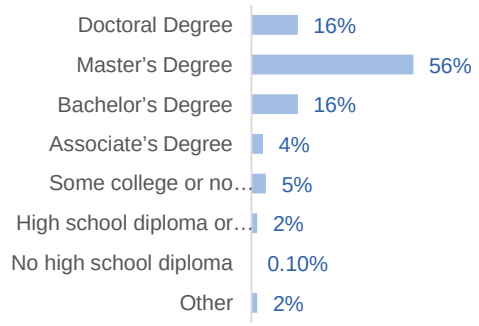
Demographic, training, and experience characteristics of behavioral health providers

34.2	76%	18%
Average Years Old	Female	Hispanic/Latino

Race



Education



Professions

24%	Mental Health Counselor
19%	Social Worker
18%	Substance Abuse Counselor/Addiction Specialist
12%	Other
10%	Mental Health Clinician

Florida Licenses to Practice

33%	I don't have a Florida license to practice
14%	Mental Health Counselor
13%	Social Worker
8%	Psychologist
7%	Marriage and Family Therapist

Certifications

42%	I don't have a certification
11%	Certified Addiction Professional
11%	Master's Level Certified Addiction Professional
9%	Other
8%	Certified Mental Health Professional

Work Setting

24%	Private Practice
24%	Community Mental Health Center
21%	Substance Use Treatment Center
8%	Community or School-Based Prevention Organization
8%	Other

Professional Development Needs

Professional competencies where respondents reported **low levels of competency**, **low rates of training** but **high rates of desire to receive more training**:

Treatment Competencies

24%	Wraparound services
22%	Gender specific treatment
19%	Treatment engagement and retention
19%	Outreach
17%	Medication-assisted treatments for substance use

Prevention Competencies

34%	Environmental prevention and change strategies
30%	Communication and marketing
30%	Coalition building and management
29%	Prevention-specific ethics
28%	Community organization

Treatment Competency Needs that had a Significant Difference by Type of Work

Professional Development Need	Mental Health Only	Substance Use Only	Mental Health and Substance Use
Medication-Assisted Treatments for Substance Use Disorders	25%	5%	16%
Motivational Approaches	17%	5%	9%
Recovery-Oriented Service Provision	19%	11%	11%
Suicidality	9%	13%	7%
Treatment Engagement and Intention	23%	15%	17%

Prevention Competency Needs that had a Significant Difference by Type of Work

Professional Development Need	Mental Health Only	Substance Use Only	Mental Health and Substance Use
Coalition Building and Management	26%	23%	35%
Fidelity Monitoring	19%	27%	33%
Suicide Prevention	10%	19%	9%

Competency proficiency was moderately positively correlated with having received training in that competency within the last two years.

Competency proficiency had a small negative correlation with wanting to receive training in that competency in the future.

Barriers to professional development training

36%	Cost of trainings have been too high
25%	Lack of organization resources to send staff to outside training event
17%	Required time commitment is too great

Preferred modalities for professional development training

43%	One-time workshop, seminar, or conference
39%	Online course
32%	Webinar
30%	Internet resources
22%	Professional journals and other professional publications

Ways work setting offers to help develop skills of staff

38%	In-service training
37%	Online training
34%	Direct supervision
18%	Pays the cost of continuing education
12%	In-house mentoring program

Opioid and Medication-Assisted Treatment Attitudes, Knowledge and Practices for Substance Use Treatment Workers

Attitudes toward Medication-Assisted Treatment (MAT) for opioid use disorder

> 50% "strongly disagreed" or "disagreed" that Medication-Assisted Treatment is basically switching one addiction for another or doesn't help individuals reach full recovery.

> 50% "strongly agreed" or "agreed" that using methadone or buprenorphine improves patient outcomes.

Work at an opioid replacement clinic and at a medical hospital or facility	→	**More favorable attitudes about MAT compared to the rest of the sample**
Work in a…		
private practice	→	**Less favorable attitudes about MAT compared to the rest of the sample**
therapeutic community		
recovery residence		
corrections facility		

Knowledge related to opioid use disorder

> 74% were "very knowledgeable" or "moderately knowledgeable" about the medications used to treat opioid use disorder.

> 73% were "very knowledgeable" or "moderately knowledgeable" about how to link individuals with opioid use disorders to providers that prescribe medications used to treat opioid use disorder.

No professional license	→	**Less knowledgeable about MAT compared to the rest of the sample**
Work in therapeutic community, community or school-based prevention, homeless shelter or community mental health center		
Master's level Certified Addiction Professionals	→	**More knowledgeable about MAT compared to the rest of the sample**
Certified Addiction Professionals/Counselor, Certified Recovery Resident Administrators		
Work in substance use treatment center or opioid replacement clinic		

Substance use treatment organizations' practices with respect to opioid use disorder and Medication-Assisted Treatment

Respondents were asked how often they or their organizations engaged in various opioid and general treatment activities or approaches. Out of all of the survey item responses, only "retaining individuals in care is a priority for my organization" was endorsed as happening most of the time (72% indicated "usually" or "always").

They were also asked how often their organization offered various activities, services, and supports related to opioid use disorder or MAT. For each of the practices, about half or more of the respondents indicated that their organization engaged in them "usually" or "always".

The three least common practices were:

1. Provide overdose education and distribute naloxone to staff most likely to witness an overdose
2. Provide medication-assisted treatment(s) within the organization
3. Use organization service data to detect opioid use among persons served, monitor morbidity and mortality, and evaluate interventions.

Job Satisfaction and Retention

> 81% were overall "very satisfied" or "satisfied" with their current job. The lowest level of reported satisfaction related to salary and benefits.

> 66% were "very likely" or "likely" to remain in their position for their current organization within 1 year.

> 8% were "very likely" or "likely" to leave the behavioral health field within 1 year.

Higher number of training barriers	→	Lower job satisfaction
African American		
Higher salary	→	Higher job satisfaction
Greater frequency of use of information from trainings in practice		
Greater frequency of participation in trainings		
Part-Time Worker		
Type of Supervision: Case Conference		

Higher salary	→	Increased intention for retaining job
Having a prof. license		
Greater frequency of participation in training		
Working in the area of substance prevention		
More education		
Hispanic/Latino	→	Decreased intention for retaining job
African American		
Male		

Introduction

Florida Department of Children and Families' Office of Substance Abuse and Mental Health (SAMH) initiated a behavioral health workforce survey project from December 2018 to June 2019 focusing on non-medical mental health and substance use prevention and treatment providers. The purpose of the survey was to examine workforce issues for behavioral health providers and to identify specific training needs. Furthermore, it was completed to gain insight into work competencies, supervision, job retention and satisfaction, and knowledge, attitudes and practices related to opioid use disorder and Medication-Assisted Treatment (MAT). EvalNetwork worked in conjunction with the Florida Certification Board (FCB) to develop and conduct the survey. EvalNetwork conducted the data analysis and developed this report.

Research Questions

The following research questions developed by SAMH, FCB, and EvalNetwork guided the development of the survey items:

1. **What are the demographic, training, and experience characteristics of behavioral health providers?**
2. **What are the professional development needs of behavioral health providers?**
3. **What are behavioral health provider experiences with regard to professional development and training?**
4. **What are behavioral health provider preferences with respect to professional development training modalities?**
5. **What types of supervision do behavioral health providers receive?**
6. **How do behavioral health organizations assist in developing the skills of staff who provide behavioral health services?**
7. **What are the attitudes of substance use treatment providers regarding Medication-Assisted Treatment for opioid use disorder?**
8. **What are the gaps in knowledge and self-efficacy for substance use treatment providers related to opioid use disorder and Medication-Assisted Treatment for opioid use disorder?**
9. **What are substance use treatment organizations' practices with respect to opioid use disorder and medication-assisted treatment?**
10. **How satisfied are behavioral health providers with their jobs?**

Methodology

Survey research was utilized to address the research questions. The methods that were employed are outlined below.

Participants

Non-medical behavioral health providers, including inpatient and outpatient treatment and prevention providers, were surveyed. Although the number of behavioral health providers in Florida is not known, there are about 43,993 active licensed professionals in related professions in Florida (see Table 1). In addition, there are 10,194 behavioral health professionals certified through FCB (there is some overlap between these two groups).

Table 1. Number of Licensed Non-Medical Behavioral Health Professionals and Active FCB Certified Behavioral Health Professionals in Florida

Licensed Professionals (Currently Active)	Number
Psychologists	5,586
Social Workers	11,516
Social Work Registered Interns	4,902
Marriage and Family Therapists	2,306
Marriage and Family Therapy Registered Interns	1,172
Mental Health Counselors	12,535
Mental Health Counselor Registered Interns	5,976
Total Licensed	**43,993**
FCB Certified Behavioral Health Professionals - Active	10,194

Sources: Florida Department of Health (2019, April); Florida Certification Board (2019, April)

Moreover, the Bureau of Labor Statistics, U.S. Department of Labor (2019, April) indicated that there are 2,340 Rehabilitation Counselors and 9,040 Social and Human Service Assistants in Florida. Many of these are behavioral health providers and some overlap with the individuals indicated in Table 1.

Survey Monkey, a web-based survey application (http://www.surveymonkey.com), was utilized to administer the survey to the target population. To reach the above population, the survey was sent directly to the available email addresses of licensed behavioral health providers and FCB certified individuals. In addition, an invitation to the survey was sent to various behavioral health related organizations with a request to

forward to the target population. Table 2 indicates the timing and number of the survey links that were emailed. The survey was deployed from April 23 to May 19, 2019.

Table 2. Timing and Number of Survey Requests for Participation

Date	Provider Group	Emails Sent
First Wave of Email Invitations to Complete the Survey		
4/23/19	FCB Certified Populations	9,305
4/23/19	LMFT	2,064
4/23/19	LMHC	11,046
4/23/19	LCSW	9,892
4/23/19	Psychologist	4,871
Total		**37,178**
Second Wave of Email Invitations to Complete the Survey		
5/3/19	LMHC	8,549
5/3/19	LCSW	6,258
5/3/19	LMFT	1,296
5/3/19	Psychologist	3,401
5/6/19	FCB Certified Individuals	4,850
Total		**24,354**
Third Wave of Email Invitations to Complete the Survey		
5/14/19	FCB Certified Individuals	9,268
Other Direct Email Invitations to Individuals		
5/10/19	People who completed FCB online courses but were not emailed previously	2,373
Sharing of Survey Weblink to Organizations for Distribution to Providers		
5/14/19	Emails of survey invitation sent to CEOs of agencies in the state (Gateway, Starting Point BH, Aspire, ACTS, Operation PAR, DATA, BARC, Henderson BH, Banyan Health Systems)	9
4/30/19	Emails of survey invitation sent to 7 CEOs of Florida Managing Entities and 6 DCF Regional Office Directors	13
4/23 to 5/14/2019	Emails of survey invitation sent 2 CEOs of Florida Alcohol and Drug Abuse Association and the Florida Council for Community Mental Health, which recently merged as One Association	2

Instrument

Survey items were developed by the research team and also adapted from existing surveys with input from FCB and SAMH. In addition, a literature review was conducted to identify studies that provided examples of job satisfaction and other survey items associated with job retention (e.g., Barak, Nissly, & Levin, 2001).

After a draft survey was developed, a pilot study was conducted utilizing cognitive interviews (Haeger, Lambert, Kinzie, & Gieser, 2012) with behavioral health providers. This process involved administering the survey to participants and then individually interviewing them using a structured questionnaire to facilitate a discussion about the items and determine their understanding of the questions. This process identified edits as well as style and formatting changes that were necessary to improve the survey.

Eleven behavioral health providers were identified by FCB and EvalNetwork to participate in the instrument pilot study. They were contacted by EvalNetwork and six were able to participate in the cognitive interviews during one of two rounds in the required timeframe. Two of the participants indicated that they worked in mental health prevention and treatment as well as substance use prevention and treatment; one worked in substance use treatment; one worked in mental health and substance use treatment; one worked in substance use prevention; and one worked in substance use prevention and treatment.

The survey was first administered to three participants using Survey Monkey. After completing the survey, the participants were interviewed by the EvalNetwork research team using the cognitive interview questionnaire to guide the interview. Revisions to the survey were made based on feedback from the participants and further review by the research team. The revised survey was then administered via Survey Monkey to three other participants. Cognitive interviews were conducted with these individuals to identify if any additional edits were needed. Necessary edits were then completed after a review of the results by the research team, SAMH and FCB, and the survey was finalized for use (see Appendix for the survey). The survey took participants an average of about 18 minutes to complete during the pilot study.

Table 3 indicates the research questions, the areas they address, and the survey questions utilized to assess the areas.

Table 3. Research Questions, Content Areas, and Survey Questions

Research Questions	Content Areas	Survey Questions
What are the demographic, training, and experience characteristics of behavioral health providers?	• Age • ZIP Code • Gender • Race • Hispanic/Latino • Education • Employment status • Annual Salary • Profession • Licenses • Certifications • Work Setting • Years in Position • Employed in prevention or treatment in mental health or substance abuse	1 to 15
What are the professional development needs of behavioral health providers?	• Treatment and prevention competency proficiency • Recent training in treatment and prevention competencies • Desire to receive training in treatment and prevention competencies	16, 17
What are behavioral health provider experiences with regard to professional development and training?	• Use of trainings in practice • Frequency of participating in training and professional development • Barriers to obtaining training or skills development	18, 20, 22
What are behavioral health provider preferences with respect to professional development training modalities?	• Preferred modalities for professional development	21
What types of supervision do behavioral health providers receive?	• Type of supervision received	23
How do behavioral health organizations assist in developing the skills of behavioral health staff?	• Assistance provided by work setting in skill and ability development	19
What are the attitudes of substance use treatment providers regarding Medication-Assisted Treatment for opioid use disorder?	• Medication assisted treatment for opioid use disorder attitudes	24
What are the gaps in knowledge and self-efficacy for substance use treatment providers related to opioid use disorder and Medication-Assisted Treatment for opioid use disorder?	• Opioid use disorder and medication-assisted treatment knowledge and self-efficacy	25, 26
What are substance use treatment organizations' practices with respect to opioid use disorder and Medication-Assisted Treatment?	• Substance use treatment organization practices regarding opioid use disorder and medication-assisted treatment	27, 28
How satisfied are behavioral health providers with their jobs?	• Overall job satisfaction • Job satisfaction by domain • Likelihood of retention in organization	29, 30, 31

but changing positions
- Likelihood of retention in behavioral health field but changing employers
- Likelihood of retention in behavioral health field
- Likelihood of remaining in same position for the same employer

Findings

The survey results are presented below by section and research question. Figures and tables are used to illustrate the findings. For some of the results, the figures are combined with their respective tables (e.g., see Figure 2) and are collectively referred to as "Figure" even though they include a table. Furthermore, in the tables, M and SD are abbreviations for mean and standard deviation, respectively.

From April 2019 to May 2019, 2,555 participants responded to the survey. Participants were asked which of the following roles they perform in Florida (more than one choice could be selected): provide behavioral health services to individuals (74%; n = 1,884), supervise others who provide behavioral health services to clients/patients (34%; n = 865), provide support or administrative behavioral health services (28%; n = 723), or none of the above (8%; n = 202). If participants selected none of the above, they were excluded from completing the rest of the survey. An additional 271 participants stopped responding after the first few demographic questions, and were also excluded from the survey results. After these exclusions, there were 2,082 valid participant responses. As indicated previously, a total of approximately 39,551 individuals were directly emailed requesting they complete the survey. Additional emails were sent to organizations that included links to complete the surveys; however, the number of providers who received these additional links is unknown. Therefore, to estimate the response rate, the number of valid responses were divided by the total number of individuals directly emailed and multiplied by 100: 2,082 / 39,551 * 100 = 5.3%.

Demographics, Training and Experience

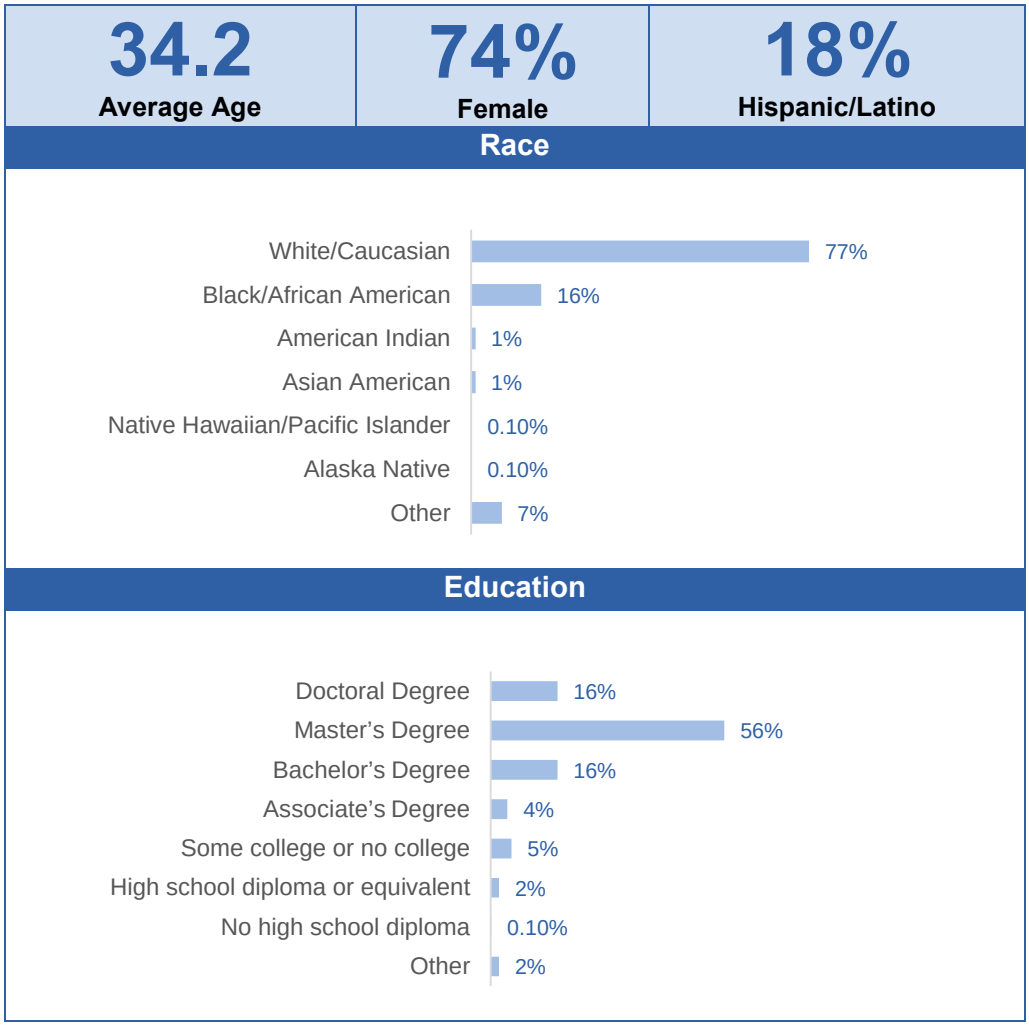
What are the demographic, training, and experience characteristics of behavioral health providers?

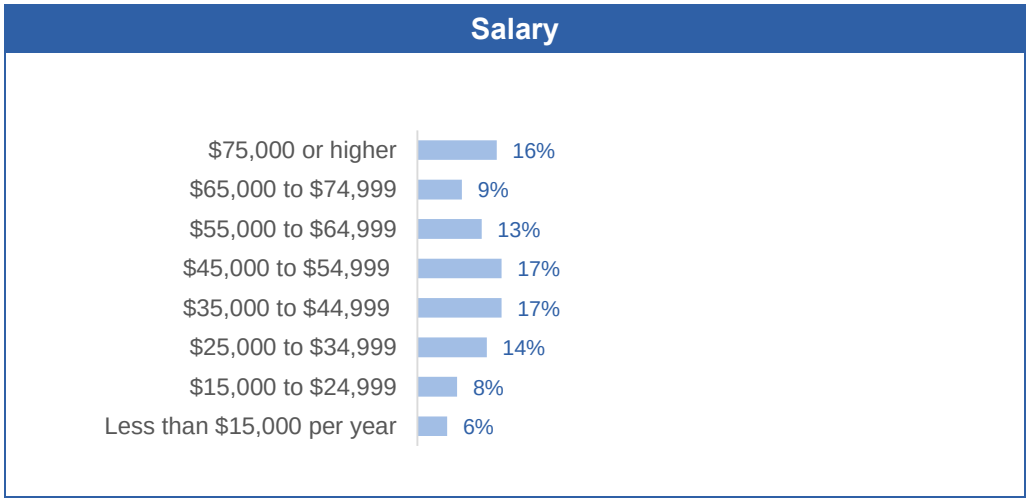
Age, Gender, Race, Hispanic/Latino, Education. On average, participants were 34.2 years old (SD = 13.39; see Figure 1 and Table 13 in Appendix A). About 74% of the sample identified as female (n = 1,546), 25% (n = 516) identified as male, and less than 1% identified as Transgender or reported Other (n = 13). Participants were asked to identify their race (more than one choice could be selected): White/Caucasian (77%; n = 1592), Black/African American (16%; n = 336), American Indian (1%, n = 23), Asian American (1%; n = 21), Native Hawaiian/Pacific Islander (.1%, n = 3), Alaska Native (.1%, n = 1), or Other (7%, n = 139). Eighteen percent (n = 375) identified as Hispanic or

Latino. Participants were asked to identify their highest level of education: Doctoral degree (16%; n = 322), Master's degree (56%, n = 1155), Bachelor's degree (16%, n = 341), Associate's degree (4%, n = 75), some college or no college (5%, n = 94), high school diploma or equivalent (2%, n = 49), no high school diploma (.1%, n =3), or other (2%, n = 36).

Employment Status and Salary. Eighty percent (n = 1653) of participants worked full-time at their organization, 11% worked part-time (n = 225), 5% were contracted consultants (n = 100), less than 1% were volunteers (n = 9), and 4% responded with Other (n = 87). Participants were asked to report their annual salary from their current position: less than $15,000 per year (6%, n = 109), $15,000 to $24,999 (8%, n = 155), $25,000 to $34,999 (14%, n = 277), $35,0000 to $44,999 (17%, n = 336), $45,000 to $54,999 (17%, n = 321), $55,000 to $64,999 (13%, n = 251), $65,000 to $74,999 (9%, n = 171), and $75,000 or higher (16%, n = 316).

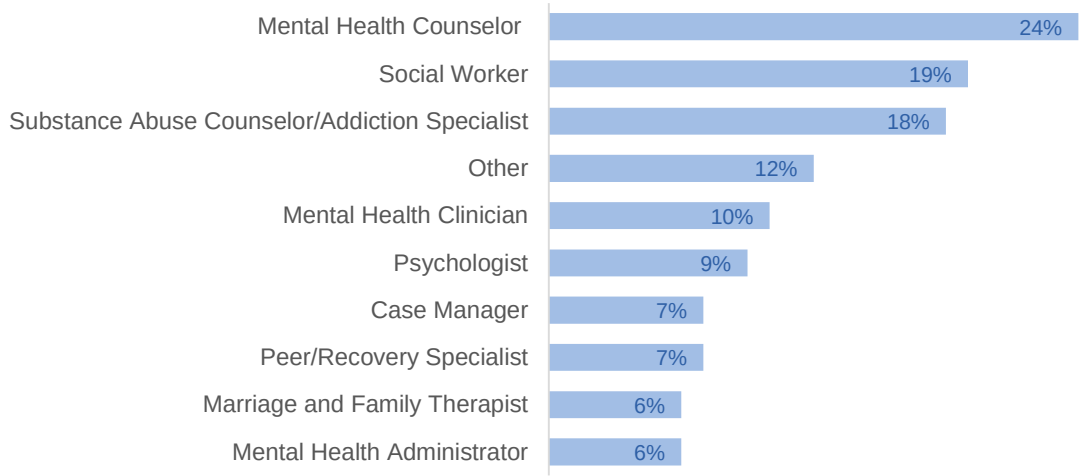
Figure 1. Participant Demographics





Profession. Participants also reported their current profession (more than one choice could be selected; see Figure 2). Most respondents reported their current profession as a: (1) Mental Health Counselor (24%); (2) Social Worker (19%); (3) Substance Abuse Counselor/Addiction Specialist (18%); (4) Other (12%); and (5) Mental Health Clinician (10%). See Table 14 in Appendix A for 'other' responses.

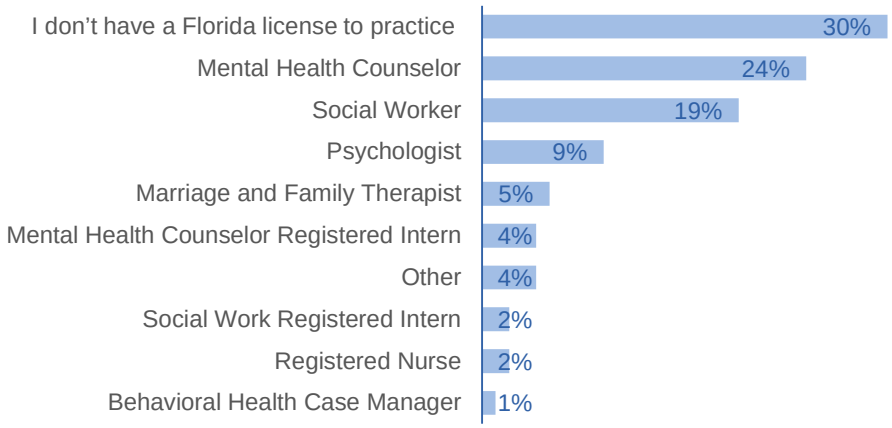
Figure 2. Participant Profession



Profession	n	%
Mental Health Counselor	496	24%
Social Worker	395	19%
Substance Abuse Counselor/Addiction Specialist	370	18%
Other	253	12%
Mental Health Clinician	212	10%
Psychologist	179	9%
Case Manager	149	7%
Peer/Recovery Specialist	128	7%
Marriage and Family Therapist	121	6%
Mental Health Administrator	117	6%
Behavioral Health Technician	107	5%
Substance Abuse Administrator	89	4%
Educator	72	4%
Substance Abused Manager	60	3%
Prevention Professional	46	2%
Recovery Residence Administrator	19	1%
Registered Nurse	18	1%
Criminal Justice or Corrections Staff	17	1%
Targeted Case Manager	17	1%
President/CEO	14	1%
Behavioral Case Manager	13	1%

Professional License. Participants were also asked to select all of the following Florida licenses they have to currently practice and which of the following certifications they hold (see Figures 3 and 4). Most respondents held Florida licenses in Mental Health Counseling (24%), Social Work (19%), Psychology (9%), or Marriage and Family Therapy (5%). About 30% of respondents didn't have a license to practice and 4% reported Other as a license. See Table 15 in Appendix A for 'other' responses.

Figure 3. Florida Licenses to Practice



Florida Licenses to Practice	n	%
I don't have a Florida license to practice	624	30%
Mental Health Counselor	504	24%
Social Worker	401	19%
Psychologist	178	9%
Marriage and Family Therapist	96	5%
Mental Health Counselor Registered Intern	78	4%
Other	74	4%
Social Work Registered Intern	43	2%
Registered Nurse	39	2%
Behavioral Health Case Manager	30	1%
Marriage and Family Therapy Registered Intern	19	1%
Certified Recovery Peer Specialist	24	1%
Certified Addiction Professional	24	1%
Behavioral Health Technician	15	1%

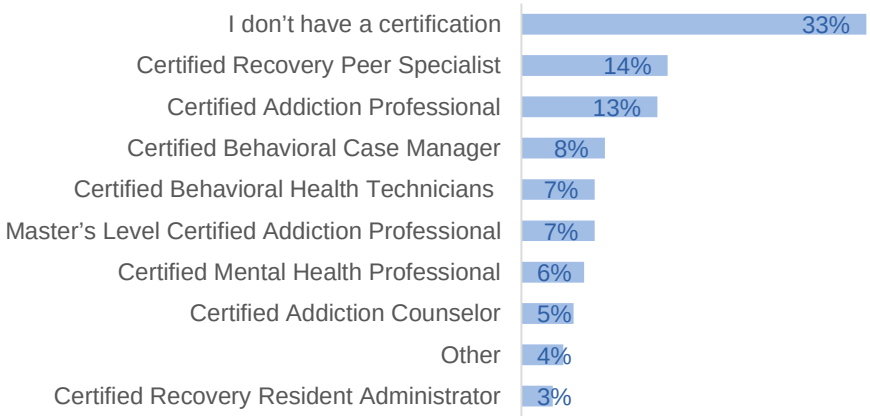
Certifications. The most common certifications were Certified Addiction Professional (11%), Master's Level Certified Addiction Professional (11%), and Certified Mental Health Professional (8%). About 42% of respondents did not have a certification and 9% of respondents specified Other as a certification. See Table 16 in Appendix A for 'other' responses.

Figure 4. Certifications

Certifications	n	%
I don't have a certification	881	42%
Certified Addiction Professional	229	11%
Master's Level Certified Addiction Professional	228	11%
Other	188	9%
Certified Mental Health Professional	169	8%
Certified Recovery Peer Specialist	119	6%
Certified Behavioral Case Manager	97	5%
Certified Behavioral Health Technician	85	4%
Certified Addiction Counselor	53	3%
Certified Recovery Support Specialist	30	1%
Certified Recovery Resident Administrator	25	1%
Certified Case Manager	22	1%
Certified Trauma Specialist	21	1%
Certified Prevention Professional	20	1%
National Certified Counselor	15	1%
Certified Targeted Case Manager	13	1%
Certified Behavior Analyst	12	1%
Certified Prevention Specialist	10	1%
Certified Tobacco Treatment Specialist	8	.4%
Certified Gambling Addiction Counselor	8	.4%

Certifications for Participants without a License. If participants reported not having a license to practice, further analyses were conducted to see which certifications they reported having. The types of certifications for the 24% (n = 346) of respondents in the sample without a license are Figure 5.

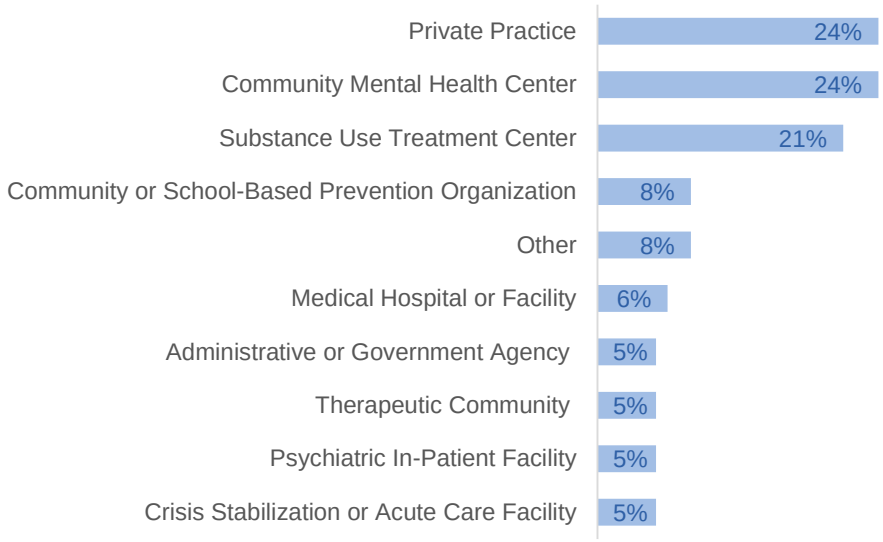
Figure 5. Types of Certifications for Respondents Without a License to Practice



Types of Certifications for Respondents Without a License to Practice	n	%
I don't have a certification	207	33%
Certified Recovery Peer Specialist	85	14%
Certified Addiction Professional	80	13%
Certified Behavioral Case Manager	50	8%
Certified Behavioral Health Technicians	46	7%
Master's Level Certified Addiction Professional	43	7%
Certified Mental Health Professional	37	6%
Certified Addiction Counselor	30	5%
Other	24	4%
Certified Recovery Resident Administrator	19	3%
Certified Recovery Support Specialist	18	3%
Certified Case Manager	12	2%
Certified Prevention Professional	11	2%
Certified Targeted Case Manager	5	1%
Certified Behavior Analyst	4	1%
Certified Gambling Addiction Counselor	2	.3%
Certified Tobacco Treatment Specialist	2	.3%
Certified Prevention Specialist	2	.3%
National Certified Counselor	1	.2%

Work Setting. Respondents were asked to identify which of the following best describes their work setting (more than one choice could be selected). Most respondents worked in private practices (24%), community mental health centers (24%), substance use treatment centers (21%), or community or school-based prevention organizations (8%; see Figure 6). Participants were also asked to select which of the following areas they are employed as an administrator, supervisor, or provider: Mental Health Treatment (71%; n = 1481), Substance Use Treatment (46%, n = 958), Mental Health Prevention (28%, n = 590), or Substance Use Prevention (24%, n = 506). Respondents worked an average of 8.98 years (SD = 9.03) in their current position. See Table 17 in Appendix A for 'other' responses.

Figure 6. Work Setting



Work Setting	n	%
Private Practice	494	24%
Community Mental Health Center	490	24%
Substance Use Treatment Center	444	21%
Community or School-Based Prevention Organization	168	8%
Other	163	8%
Medical Hospital or Facility	129	6%
Administrative or Government Agency	112	5%
Therapeutic Community	109	5%
Psychiatric In-Patient Facility	102	5%
Crisis Stabilization or Acute Care Facility	95	5%
Community Intensive Treatment Team (FACT, CAT, MRT, FIT)	78	4%
Recovery residence	76	4%
Community Health Center	74	4%
Opioid replacement clinic	56	3%
Corrections Facility	51	2%
Drug Court	48	2%
Homeless Shelter	48	2%
University Setting	34	2%
School Setting (K-12)	21	1%
Non-profit organization	19	1%
I don't know	10	.5%

Professional Development Needs

What are the professional development needs of behavioral health providers?

One of the objectives of the survey was to identify professional development needs for behavioral health providers. Respondents reported their level of proficiency for different professional development needs, whether they have received training in these competencies in the last 2 years, and if they want to receive more training in these competencies. For level of proficiency, respondents chose from "High", "Some", "Low", or "N/A". They responded with "Yes" or "No" to questions about whether they have received training in these competencies in the last 2 years and if they want to receive training in these competencies.

Treatment Competency Proficiency, Training Received, and Desire to Receive Training. Participants were asked about specific competencies depending on the area in which they were employed. If participants were employed in Mental Health Treatment or Substance Treatment, they were asked to rate the competencies indicated in Table 4 along three categories: proficiency, received training in the last 2 years, and desire to receive more training. Proficiency response frequencies are provided in Table 18 in Appendix A.

Table 4. Treatment Competency Proficiency, Training Received, and Desire to Receive Training

Professional Development Needs								
Proficiency (in order from highest to lowest)	(1 = Low, 2 = Some, 3 = High) M	SD	% Received training in the last 2 years (in order from highest to lowest)	Yes n	%	Want to receive more training (in order from highest to lowest)	Yes n	%
1. Professional and ethical responsibilities	2.90	0.33	1. Professional and ethical responsibilities	1271	93%	1. Trauma-informed care	862	77%
2. Documentation Skills	2.80	0.44	2. Cultural Competence	1126	83%	2. Suicidality	827	74%
3. Person-centered treatment planning	2.72	0.52	3. Trauma-informed care	1061	78%	3. Motivational Approaches	789	70%
4. Cultural Competence	2.71	0.47	4. Suicidality	1058	78%	4. Treatment engagement and retention	769	69%
5. Suicidality	2.62	0.56	5. Documentation Skills	913	68%	5. Gender Specific Treatment	746	67%
6. Trauma-informed care	2.58	0.58	6. Motivational Approaches	903	67%	6. Wraparound services	694	63%

Professional Development Needs								
Proficiency (in order from highest to lowest)	(1 = Low, 2 = Some, 3 = High)		% Received training in the last 2 years (in order from highest to lowest)	Yes		Want to receive more training (in order from highest to lowest)	Yes	
7. Care Coordination	2.56	0.57	7. Person-centered treatment planning	856	64%	7. Medication-assisted treatment for substance abuse disorders	692	62%
8. Motivational Approaches	2.53	0.58	8. Care Coordination	715	55%	8. Clinical supervision	664	61%
9. Clinical Supervision	2.49	0.67	9. Recovery-oriented service provision	711	55%	9. Recovery-oriented service provision	651	60%
10. Treatment engagement and retention	2.48	0.61	10. Medication-assisted treatment for substance abuse disorders	678	53%	10. Person-centered treatment planning	655	59%
11. Recovery-oriented service provision	2.35	0.72	11. Clinical Supervision	669	52%	11. Cultural competence	648	59%
12. Gender Specific Treatment	2.24	0.67	12. Gender Specific Treatment	669	51%	12. Professional and ethical responsibilities	621	56%
13. Outreach	2.20	0.72	13. Treatment engagement and retention	664	51%	13. Documentation Skills	569	51%
14. Wraparound services	2.19	0.73	14. Wraparound services	518	41%	14. Care Coordination	552	51%
15. Medication-assisted treatment for substance abuse disorders	2.06	0.78	15. Outreach	430	34%	15. Outreach	541	50%

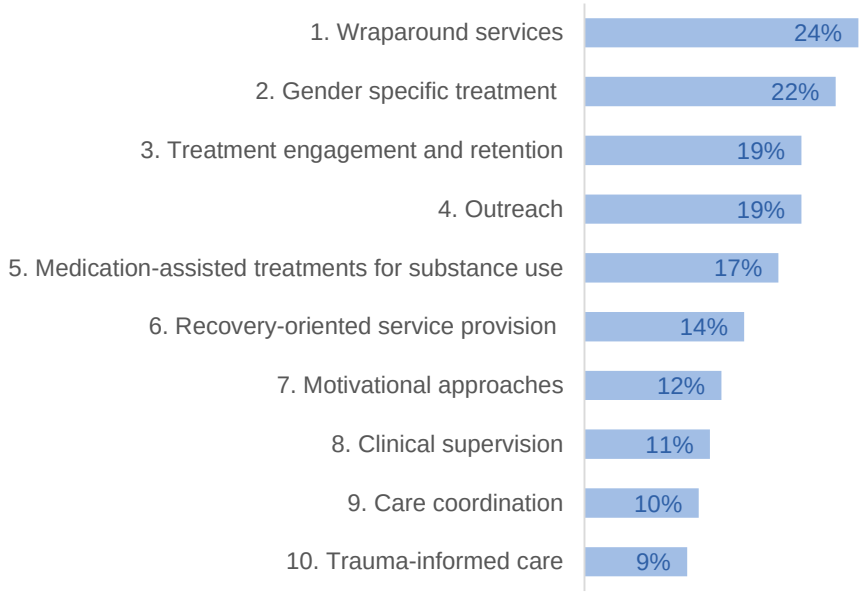
Treatment Competency by Managing Entity Region. The department has contracts for behavioral health services through 7 regional systems of care called Managing Entities (MEs) for the following counties:

1. Big Bend Community Based Care - Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington counties;
2. Broward Behavioral Health Coalition - Broward county;
3. Central Florida Behavioral Health Network, Inc. - Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk and Sarasota counties.
4. Central Florida Cares Health System - Brevard, Orange, Osceola and Seminole counties.
5. Lutheran Services Florida - Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union and Volusia counties.
6. South Florida Behavioral Health Network, Inc. - Miami-Dade and Monroe counties.
7. Southeast Florida Behavioral Health Network - Indian River, Martin, Okeechobee, Palm Beach and St. Lucie counties.

Analyses were conducted to test if level of proficiency (1 = Low, 2 = Some, 3 = High) differed in the regions served by each ME. When all competencies were collapsed into one measure of overall self-reported competency, there were no significant differences across ME region in their self-reported proficiency ($F(6, 1527) = 0.90$, $p = 0.50$). See Table 19 in Appendix A for results by ME region.

Treatment Professional Development Needs. Of interest were professional development competencies that respondents reported low levels of competency, low rates of training, but high rates of desire to receive more training. For each professional development competency, the number of respondents who reported low or some level of proficiency in that area, reported that they haven't received training in that competency, but wished to receive more training were tallied (n). This number was then divided by the total number of valid participant responses (i.e., answered all 3 questions) for that competency (total N). Professional development competencies with the highest percentages of individuals who met the above 3 criteria were: (1) Wraparound Services (24%); (2) Gender-specific treatment (22%); (3) Treatment engagement and retention (19%); (4) Outreach (19%); and (5) Medication-assisted treatments for substance use (17%; see Figure 7).

Figure 7. Treatment Professional Development Needs (Proficiency = Low/Some, Training in Last 2 Years = No, Want to Receive More Training = Yes)



Professional Development Needs (Proficiency = Low/Some, Training in Last 2 Years = No, Want to Receive More Training = Yes)	n	Total N	%
1. Wraparound services	302	1247	24%
2. Gender specific treatment	280	1297	22%
3. Treatment engagement and retention	253	1343	19%
4. Outreach	227	1221	19%
5. Medication-assisted treatments for substance use	204	1234	17%
6. Recovery-oriented service provision	176	1284	14%
7. Motivational approaches	164	1421	12%
8. Clinical supervision	140	1253	11%
9. Care coordination	130	1356	10%
10. Trauma-informed care	130	1411	9%
11. Suicidality	127	1439	9%
12. Person-centered Treatment Planning	103	1448	7%
13. Documentation Skills	66	1494	4%
14. Cultural Competence	55	1476	4%
15. Professional and Ethical Responsibilities	14	1526	1%

Comparison of Treatment Competencies for Participants Working in Mental Health, Substance Use or Both. Chi-square analyses were run to determine if the percent of respondents who reported low levels of competency, no recent training, but desire to receive more training differed among: (a) people working in substance use treatment; (b) individuals working in mental health treatment; and (c) participants who reported working in both substance use and mental health treatment. In Table 5, competencies are bolded if there are statistically significant group differences in the percent who reported having low/some proficiency, no recent training, but desire to receive more training.

Table 5. Comparison of Treatment Competencies for Participants Working in Mental Health, Substance Use or Both

Professional Development Need (Proficiency = Low/Some, Training in Last 2 Years = No, Want to Receive More Training = Yes)	Mental Health Only	Substance Use Only	Mental Health and Substance Use
Medication-Assisted Treatments for Substance Use Disorders	**25%**	**5%**	**16%**
Motivational Approaches	**17%**	**5%**	**9%**
Recovery-Oriented Service Provision	**19%**	**11%**	**11%**
Suicidality	**9%**	**13%**	**7%**
Treatment Engagement and Intention	**23%**	**15%**	**17%**
Care Coordination	9%	10%	10%
Clinical Supervision	13%	10%	10%
Cultural Competence	4%	4%	3%
Documentation Skills	4%	5%	5%
Gender-Specific Treatment	23%	17%	22%
Outreach	17%	16%	22%
Person-centered Treatment Planning	8%	5%	7%
Professional and Ethical Responsibilities	1%	1%	1%
Trauma-informed Care	9%	12%	9%
Wraparound Services	25%	25%	23%

Prevention Competency Proficiency, Training Received, and Desire to Receive Training. If participants reported that they were employed in mental health or substance use prevention, they were asked to rate the competencies indicated in Table 6. The table shows competencies ranked in order from highest to lowest for each category: proficiency, received training in the last 2 years, and want to receive more training. Proficiency response frequencies are provided in Table 20 in Appendix A.

Table 6. Prevention Competency Proficiency, Training Received, and Desire to Receive Training

Professional Development Needs								
Proficiency (in order from highest to lowest)	(1 = Low, 2 = Some, 3 = High) M	SD	% Received training in the last 2 years (in order from highest to lowest)	Yes n	%	% Want to receive more training (in order from highest to lowest)	Yes n	%
1. Documentation skills	2.75	0.50	1. Cultural Competence	436	85%	1. Wellness/whole health approaches	372	80%
2. Cultural Competence	2.69	0.50	2. Suicide prevention	403	79%	2. Suicide prevention	354	76%
3. Suicide prevention	2.56	0.57	3. Documentation Skills	350	69%	3. Mental health promotion	337	74%
4. Wellness/whole health approaches	2.43	0.63	4. Wellness/whole health approaches	343	67%	4. Prevention-specific ethics	330	74%
5. Mental health promotion	2.41	0.62	5. Mental health promotion	287	58%	5. Prevention theory and research	327	72%
6. Planning and evaluation	2.38	0.65	6. Planning and evaluation	252	51%	6. Planning and evaluation	310	68%
7. Prevention-specific ethics	2.14	0.72	7. Prevention-specific ethics	225	47%	7. Environmental prevention and change strategies	302	68%
8. Prevention theory and research	2.12	0.69	8. Prevention theory and research	206	43%	8. Cultural Competence	291	64%
9. Community organization	1.98	0.66	9. Environmental prevention and change strategies	175	37%	9. Community Organization	288	64%
10. Communication and marketing	1.98	0.70	10. Community organization	170	35%	10. Coalition Building and Management	287	63%
11. Coalition building and management	1.94	0.73	11. Coalition building and management	152	32%	11. Documentation Skills	269	59%
12. Environmental prevention and change strategies	1.94	0.68	12. Communication and marketing	147	31%	12. Communication and marketing	264	58%
13. Fidelity monitoring	1.88	0.74	13. Fidelity monitoring	136	29%	13. Fidelity monitoring	254	58%

Prevention Competency by Managing Entity Region. Analyses were conducted to test if level of proficiency (1 = Low, 2 = Some, 3 = High) differed between ME regions. Table 21 in Appendix A shows each competency area, and the mean and standard deviation for each ME region (ranked in order from highest to lowest). When all competencies were collapsed, there were no significant differences across ME region in their self-reported proficiency ($F(6, 573) = 0.71$, $p = 0.65$).

Prevention Professional Development Needs. Of particular interest were professional development areas that respondents reported low levels of competency, low rates of training but high rates of desire to receive more training. As before, for each professional development competency, the number of respondents who reported low or

some level of proficiency in that area, reported that they haven't received training for that competency, but wished to receive more training were tallied (n). This number was then divided by the total number of valid participant responses in that competency (total N). Professional development competencies with the highest percentages were: (1) Environmental prevention and change strategies (34%); (2) Communication and marketing (30%); (3) Coalition building and management (30%); (4) Prevention-specific ethics (29%); and (5) Community organization (28%; see Figure 8).

Figure 8. Prevention Professional Development Needs (Proficiency = Low/Some, Training in Last 2 Years = No, Want to Receive More Training = Yes)

Professional Development Needs (Proficiency = Low/Some, Training in Last 2 Years = No, Want to Receive More Training = Yes)	n	Total N	%
1. Environmental prevention and change strategies	156	461	34%
2. Communication and marketing	140	460	30%
3. Coalition building and management	136	451	30%
4. Prevention-specific ethics	140	477	29%
5. Community organization	130	469	28%
6. Prevention theory and research	136	480	28%
7. Fidelity monitoring	122	443	28%
8. Planning and evaluation	97	506	19%
9. Mental health promotion	96	514	19%
10. Wellness/whole health approaches	96	538	18%
11. Suicide prevention	61	544	11%
12. Documentation skills	30	558	5%
13. Cultural competence	22	554	4%

Comparison of Prevention Competencies for Participants Working in Mental Health, Substance Use or Both. Chi-square analyses were run to determine if the percent of respondents who reported low levels of competency, no recent training, but desire to receive more training differed amongst: (a) respondents working in substance use prevention); (b) individuals working in mental health prevention; and (c) participants who reported working in both substance use and mental health. In the Table below, competencies are bolded if there are group differences in the percent who reported having low/some proficiency, no recent training, but desire to receive more training (see Table 7).

Table 7. Comparison of Prevention Competencies for Participants Working in Mental Health, Substance Use or Both

Professional Development Need (Proficiency = Low/Some, Training in Last 2 Years = No, Want to Receive More Training = Yes)	Mental Health Only	Substance Use Only	Mental Health and Substance Use
Coalition Building and Management	**26%**	**23%**	**35%**
Fidelity Monitoring	**19%**	**27%**	**33%**
Suicide Prevention	**10%**	**19%**	**9%**
Communication and Marketing	29%	29%	32%
Community Organization	25%	27%	30%
Cultural Competence	3%	8%	3%
Documentation Skills	5%	2%	7%
Environmental Prevention and Change Strategies	33%	26%	37%
Mental Health Promotion	20%	14%	20%
Planning and Evaluation	15%	21%	21%
Prevention Theory and Research	28%	23%	31%
Prevention-specific Ethics	29%	24%	31%
Wellness/Whole Health Approaches	22%	17%	16%

Correlation Between Competency, Receipt of Training and Wanting to Receive Training for Treatment and Prevention Areas. For all of the treatment and prevention competencies, correlation analyses were run to examine how proficiency, whether respondents have received training, and whether respondents want to receive more training are associated. Competencies across all areas were averaged. Proficiency was moderately positively correlated with having received training in the last two years (r = .37, $p < .001$) and negatively correlated with wanting to receive training in the future (r = -0.12, $p < .001$). Having received training in the last 2 years was positively correlated with wanting to receive more training (r = .19, $p < .001$). While the effect size or strength

of association between proficiency and having previously received training was moderate, the correlation between proficiency and wanting future training, as well as the correlation between having received training and wanting more training, were relatively small. By convention, correlations of ≥ 0.1, ≥ 0.3, and ≥ 0.5 are considered 'small', 'medium', and 'large' effect sizes, respectively (Cohen, 1992).

Competency proficiency was moderately positively correlated with having received training in that competency within the last two years.

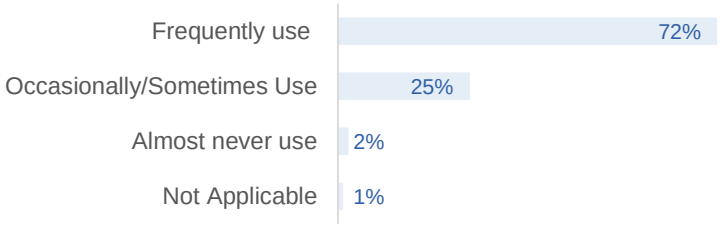
Competency proficiency had a small negative correlation with wanting to receive training in that competency in the future.

Professional Development

What are behavioral health provider experiences with regard to professional development and training?

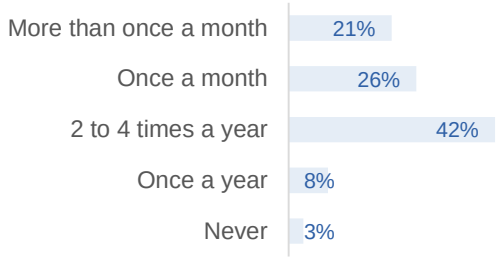
Frequency of Using Training in Practice. Participants were asked how often in their practice they use what they have learned from trainings in the last two years. Seventy-two percent (n = 1,200) said they "frequently use" what they've learned, 25% (n = 419) said they "occasionally/sometimes use it", 2% (n = 30) said they "almost never use it", 0.2% (n = 4) said they "never use it", and 1% (n = 22) responded "not applicable" (see Figure 9).

Figure 9. Frequency of Using Training in Practice in Last Two Years



Frequency of Participation in Training or Professional Development Events. Respondents reported how often they participate in training or professional development events: "more than once a month" (21%, n = 345), "once a month" (26%, n = 443), "2 to 4 times a year" (42%, n = 704), "once a year" (8%, n = 140), or never (3%, n = 43; see Figure 10)

Figure 10. Frequency of Participation in Training or Professional Development Events



Barriers to Obtaining Training or Participating in Skill Development Activities. Participants were also asked to select which of the following barriers they encountered when trying to obtain the training or skill development activities they need (more than one choice could be selected; see Figure 11). The most common barriers included cost (36%), lack of organization resources to send staff to outside training events (21%), required time commitment is too great (18%), training opportunities take too much time away from the delivery of program services (18%) and lack of available training opportunities, workshops, conferences, and/or in-services. Twenty-five percent reported that they have not encountered any barriers (see Figure 11).

Figure 11. Barriers to Obtaining Training or Participating in Skill Development Activities

Which of the following barriers did you encounter when trying to obtain the training/skill development activities you need?	n	%
Cost of trainings have been too high	750	36%
I did not encounter any barriers	514	25%
Lack of organization resources to send staff to outside training events	436	21%
Required time commitment is too great	382	18%
Training opportunities take too much time away from the delivery of program services	370	18%
Lack of available training opportunities, workshops, conferences, and/or in-services	366	18%
Topics presented at recent training workshops and conferences have been too limited	166	8%
There are too few rewards for trying new service practices or other procedures in my work setting	155	7%
Training is not a priority at my work setting	138	7%
Other	53	4%

Average Number of Training Barriers by Managing Entity Region. The total number of barriers encountered were summed and compared by ME region. Figure 12 shows the average number of barriers encountered by ME region, rank-ordered from highest to lowest. There were no significant overall group difference in the number of training barriers reported ($F(6, 2045) = 1.96$, $p = .07$).

Figure 12. Average Number of Training Barriers by Managing Entity Region

Average Number of Training Barriers - Managing Entity Region (ranked in order from highest to lowest)	N	M	SD
1. Lutheran Services Florida	403	1.50	1.70
2. Central Florida Cares Health System	161	1.45	1.58
3. Central Florida Behavioral Health Network	472	1.44	1.61
4. Big Bend Community Based Care	152	1.39	1.67
5. Southeast Florida Behavioral Health Network	217	1.35	1.61
6. Broward Behavioral Health Coalition	431	1.23	1.36
7. South Florida Behavioral Health Network	216	1.16	1.43

Barriers Encountered by Managing Entity Region. The percentages of respondents who encountered these barriers were also compared by ME region. Table 8 shows each barrier, and the percent in each ME region who reported encountering that barrier (ranked in order from highest to lowest percent).

Table 8. Barriers Encountered by Managing Entity Region

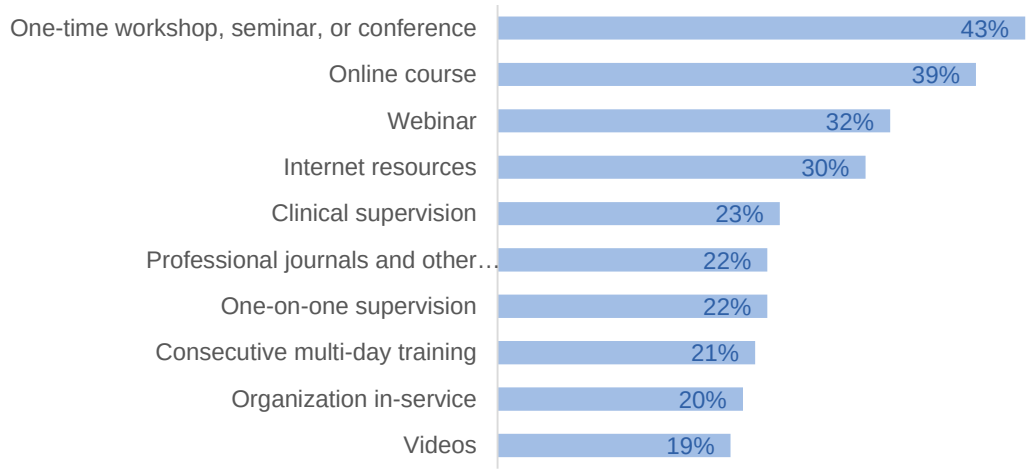
Barrier	Managing Entity (ranked in order from highest to lowest)	% Within Managing Entity
Cost of training have been too high	1. Central Florida Behavioral Health Network	40%
	2. Central Florida Cares Health System	38%
	3. Lutheran Services Florida	35%
	4. Southeast Florida Behavioral Health Network	35%
	5. South Florida Behavioral Health Network	34%
	6. Broward Behavioral Health Coalition	34%
	7. Big Bend Community Based Care	33%
I did not encounter any barriers	1. Broward Behavioral Health Coalition	29%
	2. Big Bend Community Based Care	28%
	3. Lutheran Services Florida	25%
	4. Southeast Florida Behavioral Health Network	24%
	5. South Florida Behavioral Health Network	23%
	6. Central Florida Cares Health System	22%
	7. Central Florida Behavioral Health Network	21%
Lack of organization resources to send staff to outside training events	1. Lutheran Services Florida	27%
	2. Southeast Florida Behavioral Health Network	24%
	3. Central Florida Cares Health System	24%
	4. Central Florida Behavioral Health Network	23%
	5. Big Bend Community Based Care	20%
	6. Broward Behavioral Health Coalition	16%
	7. South Florida Behavioral Health Network	12%
Required time commitment is too great	1. Central Florida Cares Health System	22%
	2. Southeast Florida Behavioral Health Network	21%
	3. South Florida Behavioral Health Network	20%
	4. Broward Behavioral Health Coalition	19%
	5. Lutheran Services Florida	17%
	6. Central Florida Behavioral Health Network	17%
	7. Big Bend Community Based Care	16%
Training opportunities take too much time away from the delivery of program services	1. Lutheran Services Florida	21%
	2. Central Florida Behavioral Health Network	19%
	3. Broward Behavioral Health Coalition	18%
	4. Southeast Florida Behavioral Health Network	16%
	5. Big Bend Community Based Care	16%
	6. South Florida Behavioral Health Network	15%
	7. Central Florida Cares Health System	15%
Lack of available training opportunities, workshops, conferences, and/or in-services	1. Big Bend Community Based Care	25%
	2. Lutheran Services Florida	21%
	3. Central Florida Cares Health System	19%
	4. Central Florida Behavioral Health Network	18%
	5. Broward Behavioral Health Coalition	15%
	6. Southeast Florida Behavioral Health Network	15%
	7. South Florida Behavioral Health Network	12%
Topics presented at recent training workshops and conferences have been too limited.	1. Central Florida Cares Health System	12%
	2. Big Bend Community Based Care	9%
	3. South Florida Behavioral Health Network	8%
	4. Lutheran Services Florida	8%
	5. Central Florida Behavioral Health Network	7%
	6. Broward Behavioral Health Coalition	7%
	7. Southeast Florida Behavioral Health Network	6%
There are too few rewards for trying new service practices or	1. Lutheran Services Florida	9%
	2. Central Florida Behavioral Health Network	8%
	3. Southeast Florida Behavioral Health Network	7%

Barrier	Managing Entity (ranked in order from highest to lowest)	% Within Managing Entity
other procedures in my work setting	4. South Florida Behavioral Health Network	7%
	5. Broward Behavioral Health Coalition	7%
	6. Big Bend Community Based Care	6%
	7. Central Florida Behavioral Health Network	5%
Training is not a priority at my work setting	1. Big Bend Community Based Care	9%
	2. Lutheran Services Florida	8%
	3. Central Florida Cares Health System	8%
	4. Southeast Florida Behavioral Health Network	8%
	5. Central Florida Cares Health System	7%
	6. South Florida Behavioral Health Network	5%
	7. Broward Behavioral Health Coalition	4%
Other	1. Big Bend Community Based Care	5%
	2. Central Florida Behavioral Health Network	4%
	3. Southeast Florida Behavioral Health Network	4%
	4. Lutheran Services Florida	3%
	5. South Florida Behavioral Health Network	3%
	6. Broward Behavioral Health Coalition	3%
	7. Central Florida Cares Health System	3%

What are behavioral health provider preferences with respect to professional development training modalities?

Preferred Modalities for Professional Development. Respondents selected their preferred modalities for professional development (more than one choice could be selected; see Figure 13). Most common choices were a one-time workshop, seminar, or conference (43%), online course (39%), webinars (32%), and internet resources (30%).

Figure 13. Preferred Modalities for Professional Development



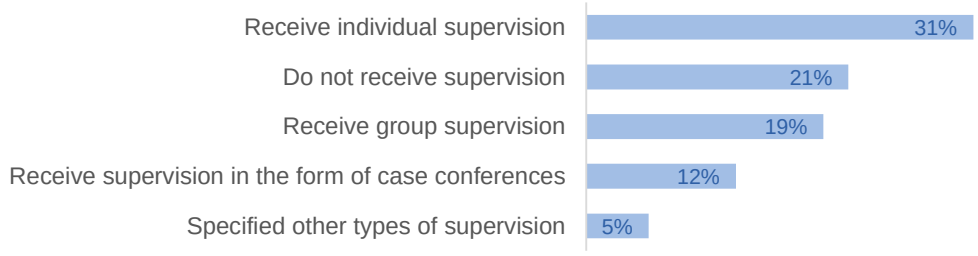
What are your preferred modalities for professional development?	n	%
One-time workshop, seminar, or conference	1093	43%
Online course	1001	39%
Webinar	812	32%
Internet resources	753	30%
Clinical supervision	582	23%
Professional journals and other professional publications	558	22%
One-on-one supervision	570	22%
Consecutive multi-day training	529	21%
Organization in-service	519	20%
Videos	483	19%
Peer mentoring	410	16%
Home-study products	372	15%
Multi-day training spaced over an extended time frame	367	14%
College coursework	202	8%
I don't have one	65	3%
Other	25	1%

Clinical Supervision Received

What types of supervision do behavioral health providers receive?

Types of Clinical Supervision Received. Participants were asked to select the type of clinical supervision they receive (more than one choice could be selected). About 31% of participants (n = 801) receive individual supervision, 21% (n = 536) do not receive supervision, 19% (n = 493) receive group supervision, 12% (n = 294) receive supervision in the form of case conferences, and 5% (n = 116) specified other types of supervision (see Figure 14).

Figure 14. Types of Clinical Supervision Received

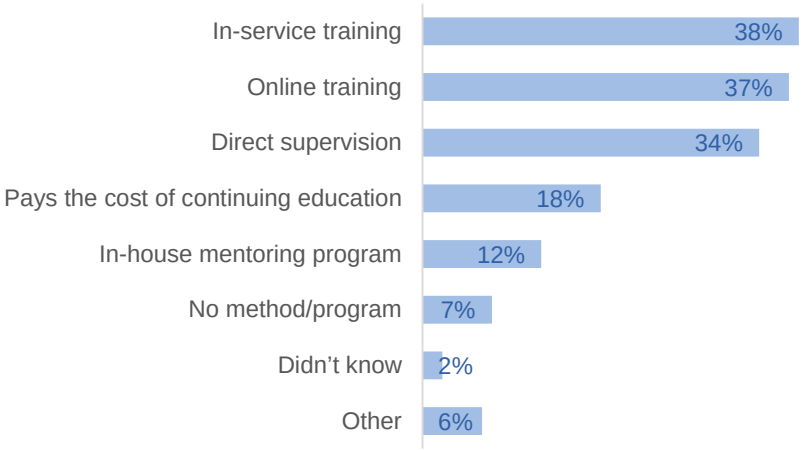


Methods of Training Provided by Organizations

How do behavioral health organizations assist in developing the skills of behavioral health staff?

Ways Work Setting Offers to Help Develop Skills and Enhance Skills. Respondents selected ways that their work setting offers to help develop skills and enhances the skills of behavioral health staff (more than one choice could be selected). Approximately 38% of participants (n = 980) reported that their work setting provides in-service training, 37% (n = 941) said their work setting provides online training, 34% (n = 876) said it provides direct supervision, 18% (n = 466) said their work setting pays the cost of continuing education, 12% (n = 295) said it offers an in-house mentoring program, 7% (n = 187) reported their work has no method/program, 2% (n = 41) didn't know, and 6% (n = 144) specified other ways (see Figure 15).

Figure 15. Ways Work Setting Offers to Help Develop and Enhance the Skills of Behavioral Health Staff



Opioid Use Disorder and Medication-Assisted Treatment

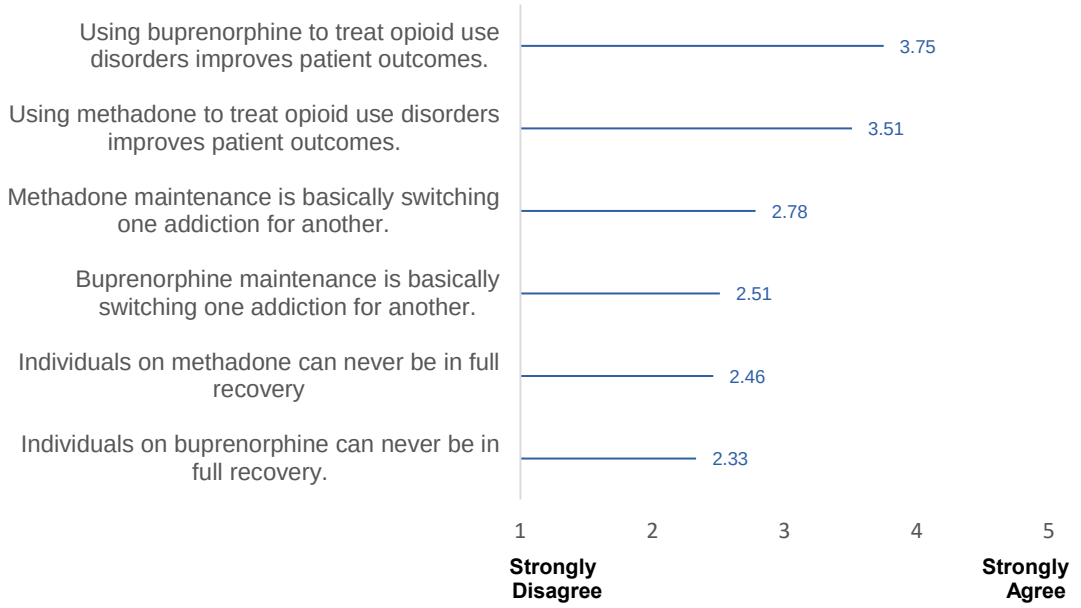
SAMH was particularly interested in gaining insight into the attitudes, knowledge and practices of providers related to Medication-Assisted Treatment for opioid use disorder.

What are the attitudes of substance use treatment providers regarding Medication-Assisted Treatment for opioid use disorder?

Attitudes Regarding Medication-Assisted Treatment for Opioid Use Items. If respondents reported that they worked in substance use treatment (n = 961), they were asked to respond to six statements about their attitudes regarding Medication-Assisted Treatment for opioid use. Responses ranged from "Strongly Disagree", "Disagree", "Not Sure", "Agree", and "Strongly Agree."

More than 50% of respondents "disagreed" or "strongly disagreed" with the first four statements that Medication-Assisted Treatment is basically switching one addiction for another or doesn't help individuals reach full recovery. In addition, more than 50% of respondents "strongly agreed" or "agreed" that using methadone or buprenorphine improves patient outcomes (see Figure 16).

Figure 16. Mean Scores for Attitudes Regarding Medication Assisted Treatment for Opioid Use Items



Statement	Strongly Agree (5)		Agree (4)		Not Sure (3)		Disagree (2)		Strongly Disagree (1)		M	SD
	n	%	n	%	n	%	n	%	n	%		
Methadone maintenance is basically switching one addiction for another.	102	14%	179	24%	82	11%	230	31%	160	21%	2.78	1.37
Individuals on methadone can never be in full recovery	61	8%	118	16%	117	16%	265	35%	192	26%	2.46	1.25
Buprenorphine maintenance is basically switching one addiction for another.	59	8%	137	18%	127	17%	235	31%	195	26%	2.51	1.27
Individuals on buprenorphine can never be in full recovery.	51	7%	93	12%	137	18%	248	33%	224	30%	2.33	1.21
Using methadone to treat opioid use disorders improves patient outcomes.	143	19%	275	37%	205	27%	85	11%	45	2%	3.51	1.10
Using buprenorphine to treat opioid use disorders improves patient outcomes.	199	26%	281	37%	189	25%	54	7%	30	4%	3.75	1.05

Comparison of Attitudes by License, Certification, and Work Setting. Independent t-tests were conducted to test if certain licenses, certificates, or work settings are associated with attitudes toward Medication-Assisted Treatment for opioid use. A scale was created by reverse coding the first four items indicated in Figure 16 above and averaging them with the remaining 2 items. Higher scores on the scale indicate more positive attitudes towards Medication-Assisted Treatment for opioid use.

Respondents who indicated that they don't have a certification (n = 247, M = 3.62, SD = 0.94) had more positive attitudes toward Medication-Assisted Treatment compared to the rest of the sample (n = 506, M = 3.48, SD = 1.03; $p = .05$, $d = .14$). Individuals who held the following certifications had more negative attitudes towards Medication-Assisted Treatment compared to the rest of the sample (by convention, Cohen's $d \geq 0.2$ is considered a small effect, $d \geq 0.5$ is medium, and $d \geq 0.8$ is a large effect size):

- Certified Addiction Professionals (n = 137, M = 3.39, SD = 1.03; $p = .07$, $d = .17$)
- Certified Addiction Counselors (n = 40, M = 3.23, SD = 1.12; $p = .05$, $d = .15$)
- Certified Mental Health Professionals (n = 46, M = 3.26, SD = 0.86; $p = .06$, $d = .14$)
- Certified Recovery Support Specialists (n = 20, M = 2.91, SD = 0.94; $p = .01$, $d = .21$).

Respondents who did not have a certification	→	More favorable attitudes toward Medication-Assisted Treatment compared to the rest of the sample

Certified Addiction Professionals Certified Addiction Counselors Certified Mental Health Professionals Certified Recovery Support Specialists	→	Less favorable attitudes towards Medication-Assisted Treatment compared to the rest of the sample

Respondents who work at an opioid replacement clinic (n = 43, M = 4.31, SD = 0.93; $p <$ .001, d = .39) and at a medical hospital or facility (n = 35, M = 3.95, SD = 0.93; p = .01, d = .19) reported more favorable attitudes compared to the rest of the sample. Individuals who work in a private practice (n = 139, M = 3.37, SD = 0.97; p = .03, d = .16), in a therapeutic community (n = 49, M = 3.19, SD = 1.03; p = .01, d = .18), in a recovery residence (n = 47, M = 3.09, SD = 1.14; p = .002, d = .23), and in a corrections facility (n = 30, M = 2.96, SD = 0.99; p = .001, d = .23) reported significantly less favorable attitudes compared to the rest of the sample.

Work at an opioid replacement clinic or at a medical hospital or facility	→	more favorable attitudes compared to the rest of the sample

Work in: Private practice Therapeutic community Recovery residence Corrections facility	→	less favorable attitudes compared to the rest of the sample

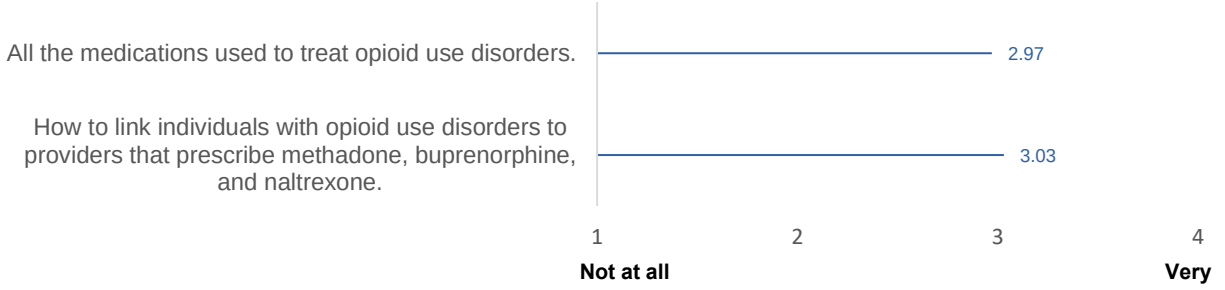
What are the gaps in knowledge and self-efficacy for substance use treatment providers related to opioid use disorder and Medication-Assisted Treatment for opioid use disorder?

Knowledge Regarding Medication Assisted Treatment for Opioid Use Disorders. Only respondents who worked in substance use treatment, were asked to respond to

statements about how knowledgeable they are about opioid use disorders and MAT; 753 responded to these questions.

Seventy-four percent (74%) of respondents reported that they were "very knowledgeable" (28%) or "moderately knowledgeable" (46%) about the medications used to treat opioid use disorder. Seventy-three percent (73%) of respondents reported that they were "very knowledgeable" (40%) or "moderately knowledgeable" (33%) about how to link individuals with opioid use disorders to providers that prescribe medications used to treat opioid use disorder (see Figure 17).

Figure 17. Mean Scores for Knowledge Regarding Medication Assisted Treatment for Opioid Use Disorders Items



Please indicate how knowledgeable you are about the following:	Very knowledgeable (4)		Moderately knowledgeable (3)		Slightly knowledgeable (2)		Not at all knowledgeable (1)		M	SD
	n	%	n	%	n	%	n	%		
All the medications used to treat opioid use disorders.	214	28%	348	46%	147	20%	44	6%	2.97	0.84
How to link individuals with opioid use disorders to providers that prescribe methadone, buprenorphine, and naltrexone.	304	40%	245	33%	129	17%	75	10%	3.03	0.99

Knowledge Differences by License, Certification and Work Setting. Independent t-tests were conducted to test if certain licenses, certifications, or work settings are associated with knowledge of medications used to treat opioid use disorders and how to link individuals to providers with medications. A scale was created by averaging the two items in the Figure 17. Higher scores on the scale indicate more knowledge of medications used in opioid treatment.

People without a license reported less knowledge (n = 247, M = 2.83, SD = .87) compared to the rest of the sample (n = 506, M = 3.09, SD = .82; $p < .001$, $d = .29$). Master's Level

Certified Addiction Professionals (n = 161, M = 3.23, SD = 0.74; $p < .001$, $d = .29$), Certified Addiction Professionals (n = 137, M = 3.15, SD = 0.75; $p = .02$, $d = .17$), Certified Addiction Counselors (n = 40, M = 3.29, SD = 0.69, $p = .03$, $d = .16$), and Certified Recovery Resident Administrators (n = 14, M = 3.46, SD = .46, $p = .04$, $d = .15$) reported significantly more knowledge compared to the rest of the sample. By convention, Cohen's $d \geq .2$ is considered a small effect, $d \geq .5$ is medium, and $d \geq .8$ is a large effect size.

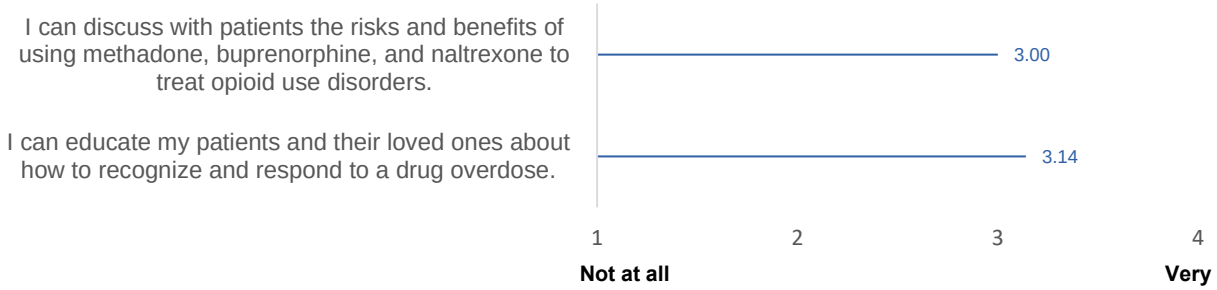
No professional license		
Work in therapeutic community, community or school-based prevention, homeless shelter or community mental health center	→	**Less knowledgeable compared to the rest of the sample**

Individuals who work in substance use treatment centers (n = 322, M = 3.18, SD = .77, $p < .001$, $d = .36$) and opioid replacement clinics (n = 43, M = 3.48, SD = .11, $p < .001$, $d = .28$) reported significantly more knowledge compared to the rest of the sample. Individuals who work in a therapeutic community (n = 49, M = 2.61, SD = .93, $p = .001$, $d = .25$), community or school-based prevention organization (n = 29, M = 2.62, SD = 1.01, $p = .01$, $d = .18$), homeless shelter (n = 20, M = 2.55, SD = .87, $p = .02$, $d = .18$), and community mental health center (n = 145, M = 2.86, SD = .91, $p = .02$, $d = .17$) reported less knowledge compared to the rest of the sample.

Master's level Certified Addiction Professionals		
Certified Addiction Professionals		
Certified Addiction Counselors	→	**More knowledgeable compared to the rest of the sample**
Certified Recovery Resident Administrators		
Work in substance use treatment center or opioid replacement clinic		

Confidence Related to Medication-Assisted Treatment and Drug Overdose Patient Education. Most respondents were "very confident" (34%) or "moderately confident" (34%) that they can discuss with their patients the risks and benefits of using medications used to treat opioid use disorder. Most participants were also "very confident" (42%) or "moderately confident" (31%) about how to educate their patients and their loved ones about how to recognize and respond to a drug overdose (see Figure 18).

Figure 18. Confidence Related to Medication-Assisted Treatment and Drug Overdose Patient Education

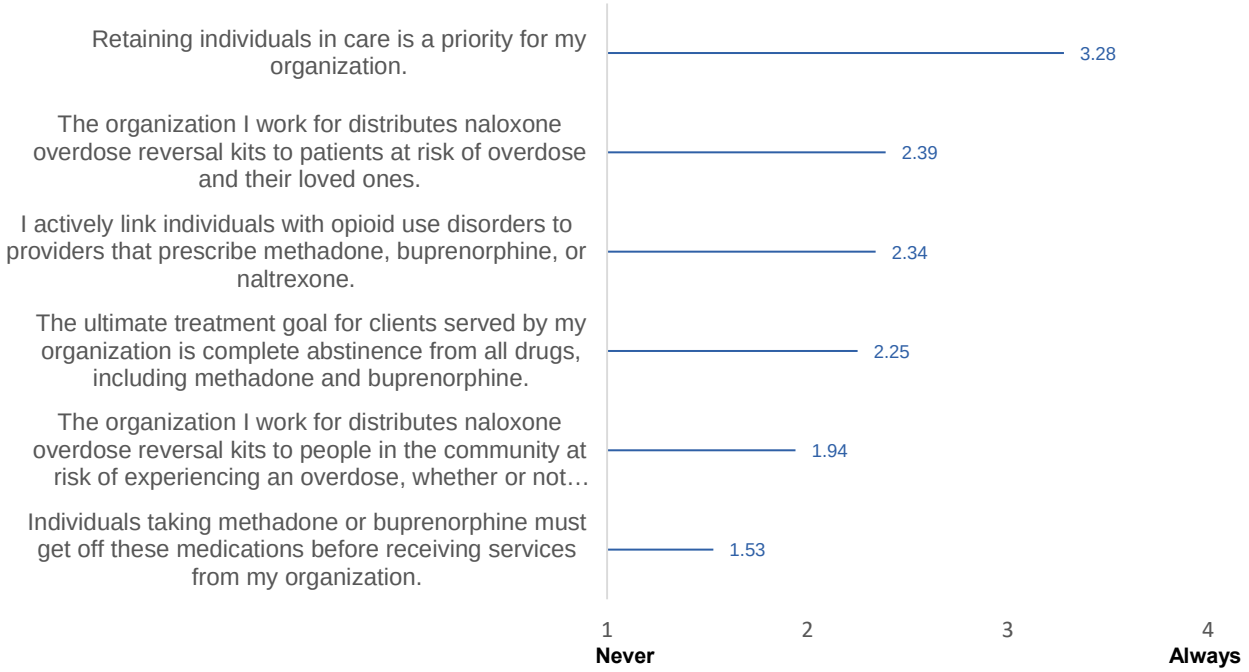


Please indicate how confident you are that you can do the following:	Very confident (4)		Moderately confident (3)		Slightly confident (2)		Not at all confident (1)		Not Applicable		M	SD
	n	%	n	%	n	%	n	%	n	%		
I can discuss with patients the risks and benefits of using methadone, buprenorphine, and naltrexone to treat opioid use disorders.	255	34%	255	34%	102	14%	78	11%	63	8%	3.00	0.99
I can educate my patients and their loved ones about how to recognize and respond to a drug overdose.	315	42%	232	31%	115	15%	50	7%	41	5%	3.14	0.93

What are substance use treatment organizations' practices with respect to opioid use disorder and Medication-Assisted Treatment?

Opioid Related and General Treatment Practices. Only respondents who worked in substance use treatment were asked to respond to statements about how often they or their organizations engaged in various opioid and general treatment activities or approaches; 753 responded to these questions.

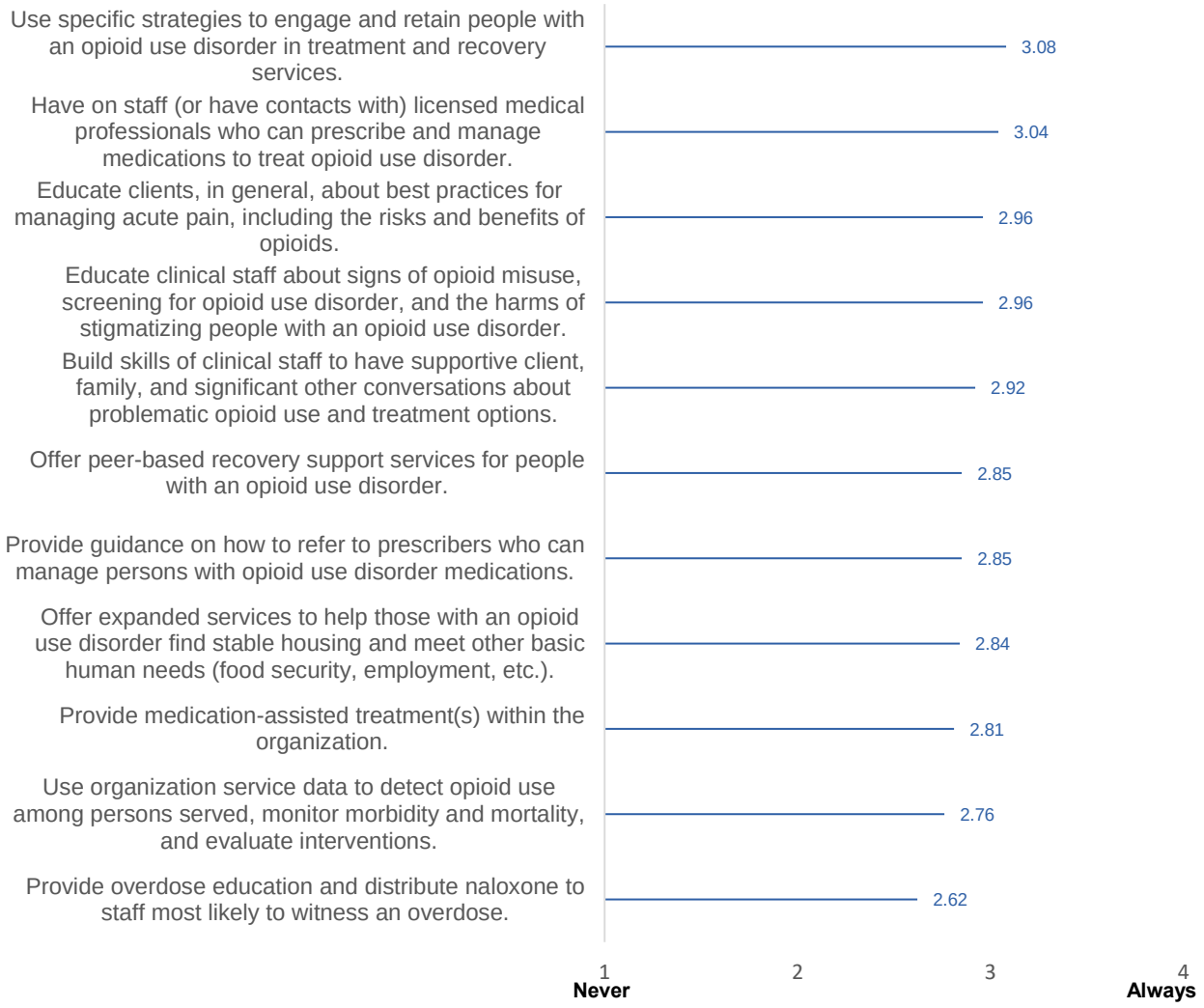
Figure 19. Opioid Related and General Treatment Practices



Please indicate how often the following occurs:	Always (4)		Usually (3)		Sometimes (2)		Never (1)		I don't know		M	SD
	n	%	n	%	n	%	n	%	n	%		
I actively link individuals with opioid use disorders to providers that prescribe methadone, buprenorphine, or naltrexone.	171	23%	119	16%	218	29%	213	28%	32	4%	2.34	1.14
The organization I work for distributes naloxone overdose reversal kits to patients at risk of overdose and their loved ones.	231	31%	61	8%	54	7%	279	37%	128	17%	2.39	1.37
The organization I work for distributes naloxone overdose reversal kits to people in the community at risk of experiencing an overdose, whether or not they are a patient of my organization.	133	18%	35	5%	64	9%	338	45%	183	24%	1.94	1.26
Individuals taking methadone or buprenorphine must get off these medications before receiving services from my organization.	54	7%	40	5%	90	12%	444	59%	125	17%	1.53	0.95
The ultimate treatment goal for clients served by my organization is complete abstinence from all drugs, including methadone and buprenorphine.	129	17%	143	19%	153	20%	237	32%	91	12%	2.25	1.14
Retaining individuals in care is a priority for my organization.	387	51%	156	21%	82	11%	58	8%	70	9%	3.28	0.98

Organizational Activities, Services, and Supports Related to Opioid Use Disorder and Medication-Assisted Treatment. Participants who worked in substance use treatment were asked how often their organization offers the activities, services, and supports listed in Figure 20. For each of the practices, nearly half or more of the respondents indicated that their organization engaged in them "usually" or "always". The three least common practices were: (1) provide overdose education and distribute naloxone to staff most likely to witness an overdose; (2) provide medication-assisted treatment(s) within the organization; and (3) use organization service data to detect opioid use among persons served, monitor morbidity and mortality, and evaluate interventions.

Figure 20. Organizational Activities, Services, and Supports Related to Opioid Use Disorder and Medication-Assisted Treatment



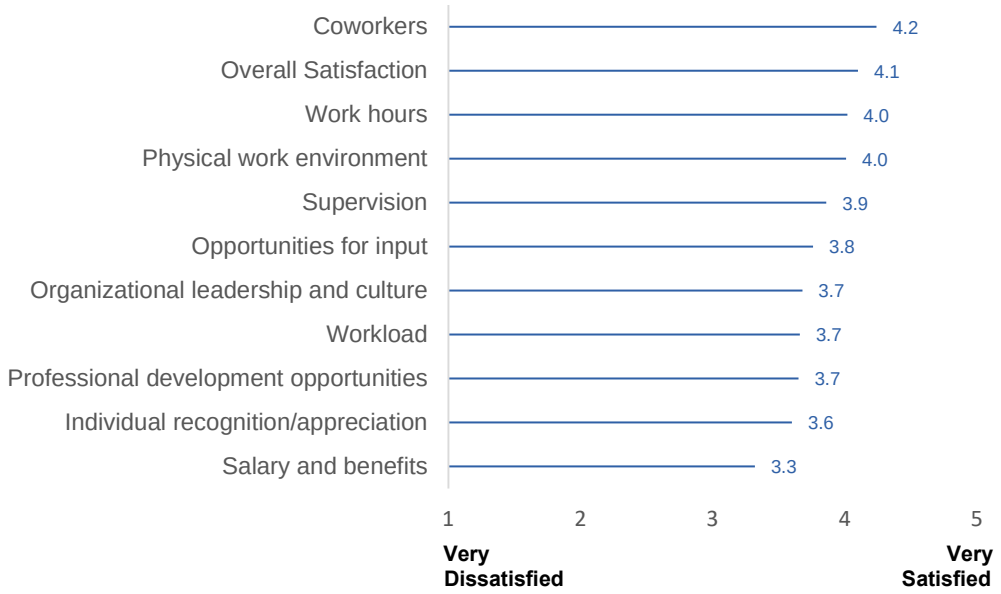
Please indicate how often your organization offers the following activities, services and supports:	Always (4)		Usually (3)		Sometimes (2)		Never (1)		I don't know		M	SD
	n	%	n	%	n	%	n	%	n	%		
Educate clients, in general, about best practices for managing acute pain, including the risks and benefits of opioids.	272	36%	163	22%	160	21%	70	9%	88	12%	2.96	1.03
Provide overdose education and distribute naloxone to staff most likely to witness an overdose.	256	34%	100	13%	85	11%	209	28%	103	14%	2.62	1.29
Educate clinical staff about signs of opioid misuse, screening for opioid use disorder, and the harms of stigmatizing people with an opioid use disorder.	308	41%	139	19%	116	15%	111	15%	79	11%	2.96	1.13
Build skills of clinical staff to have supportive client, family, and significant other conversations about problematic opioid use and treatment options.	297	39%	146	19%	121	16%	115	15%	74	10%	2.92	1.14
Use specific strategies to engage and retain people with an opioid use disorder in treatment and recovery services.	323	43%	177	24%	104	14%	80	11%	69	9%	3.08	1.04
Offer peer-based recovery support services for people with an opioid use disorder.	293	39%	140	19%	110	15%	142	19%	68	9%	2.85	1.18
Offer expanded services to help those with an opioid use disorder find stable housing and meet other basic human needs (food security, employment, etc.).	266	35%	163	22%	131	17%	121	16%	72	10%	2.84	1.13
Provide guidance on how to refer to prescribers who can manage persons with opioid use disorder medications.	258	34%	148	20%	135	18%	110	15%	102	14%	2.85	1.12
Have on staff (or have contacts with) licensed medical professionals who can prescribe and manage medications to treat opioid use disorder.	388	52%	76	10%	54	7%	155	21%	80	11%	3.04	1.26
Provide Medication-Assisted Treatment(s) within the organization.	336	45%	72	10%	66	9%	200	27%	79	11%	2.81	1.32
Use organization service data to detect opioid use among persons served, monitor morbidity and mortality, and evaluate interventions.	246	33%	112	15%	79	11%	156	21%	160	21%	2.76	1.24

Job Satisfaction and Retention

How satisfied are behavioral health providers with their jobs?

Satisfaction with Current Job. Another goal of the survey was to understand how satisfied behavioral health providers are with their jobs, as well as individual-difference or demographic predictors of job satisfaction and job retention. Respondents were asked how satisfied or dissatisfied they are with their current job overall, as well as how satisfied or dissatisfied they are with specific aspects of their job (see table below). Most respondents reported that they were overall very satisfied (42%) or satisfied (39%) with their current job. The lowest level of satisfaction was related to salary and benefits (31% were dissatisfied or very dissatisfied; see Figure 21).

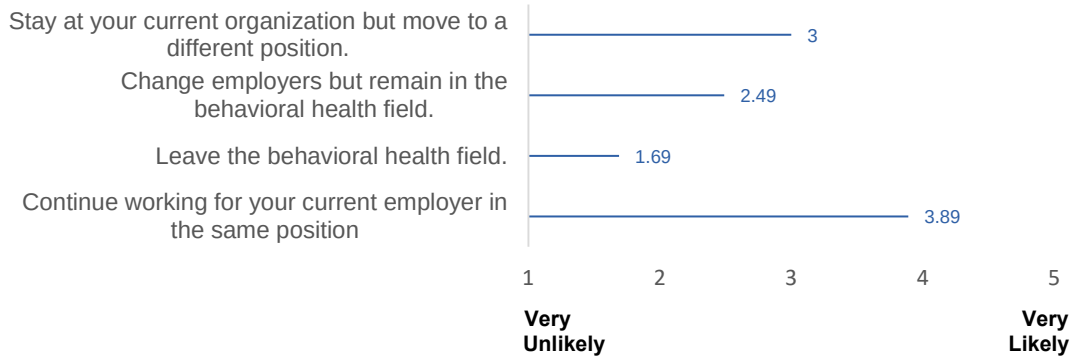
Figure 21. Satisfaction with Current Job



How satisfied or dissatisfied are you with the following characteristics of your current job?	Very satisfied (5)		Satisfied (4)		Not Sure (3)		Dissatisfied (2)		Very Dissatisfied (1)		Not Applicable		M	SD
	n	%	n	%	n	%	n	%	n	%	n	%		
Overall Satisfaction	705	42%	658	39%	129	8%	147	9%	36	2%	0	0%	4.10	1.02
Coworkers	658	39%	691	41%	87	5%	71	4%	19	1%	149	9%	4.24	0.85
Organizational leadership and culture	469	34%	561	34%	179	11%	195	12%	130	8%	141	8%	3.68	1.15
Supervision	479	29%	587	35%	143	9%	155	9%	75	5%	236	14%	3.86	1.15
Individual recognition/appreciation	449	27%	525	31%	194	11%	236	14%	134	8%	137	8%	3.60	1.29
Opportunities for input	512	31%	568	34%	169	10%	184	11%	114	7%	128	8%	3.76	1.23
Professional development opportunities	446	27%	596	36%	190	11%	233	14%	116	7%	94	6%	3.65	1.24
Physical work environment	586	35%	727	43%	126	8%	122	7%	69	4%	45	3%	4.01	1.06
Salary and benefits	307	18%	605	36%	194	12%	335	20%	184	11%	50	3%	3.32	1.30
Work hours	570	34%	783	47%	102	6%	123	7%	61	4%	36	2%	4.02	1.02
Workload	396	24%	749	45%	157	9%	215	13%	123	5%	35	1%	3.66	1.19

Job Retention Likelihood. To measure attitudes regarding changing positions, organizations, or leaving the behavioral health field in the next 12 months, participants were asked about the items indicated in Figure 22. Most respondents indicated a desire to remain in their current organization or the behavioral health field but 37% reported that it was likely or very likely they would stay at their current organization but move to a different position.

Figure 22. Job Retention Likelihood



Within the next 12 months how likely or unlikely it is for you to:	Very likely (5)		Likely (4)		Neutral (3)		Unlikely (2)		Very Unlikely (1)		Not Applicable		M	SD
	n	%	n	%	n	%	n	%	n	%	n	%		
Stay at your current organization but move to a different position	365	22%	251	15%	290	17%	276	17%	356	21%	137	8%	3.00	1.49
Change employers but remain in the behavioral health field	184	11%	219	13%	260	16%	319	19%	521	31%	172	10%	2.49	1.40
Leave the behavioral health field	59	4%	68	4%	175	10%	317	19%	974	58%	82	5%	1.69	1.06
Continue working for your current employer in the same position	713	43%	385	23%	235	14%	113	7%	141	8%	88	5%	3.89	1.29

Factors Associated with Job Satisfaction. Regression analyses were conducted to determine demographic or individual-level characteristics that are correlated with job satisfaction (see Table 9). Variables in bold were statistically significant. Linear regression is useful to understand linear relationships between a dependent variable (i.e., job satisfaction, job retention) and one or more explanatory variables (Montgomery, Peck, & Vining, 2012). Larger beta coefficients (β) indicate greater variable importance in predicting the dependent variable. Table 11 shows predictors that were included in the linear regression predicting job satisfaction, as well as the unstandardized (*b*) and standardized (β) coefficients for each variable.

Higher number of training barriers reported (β = -0.36, $t(1463) = -14.91$, $p < 0.001$) and identifying as African American (β = -0.07, $t(1463) = -3.02$, $p < 0.01$) are associated with lower job satisfaction. Having a higher salary (β = 0.18, $t(1463) = 6.12$, $p < 0.001$), how often a respondent uses information from trainings in the last 2 years in practice (β =

0.10, $t(1463) = 4.20$, $p < 0.001$), how often a respondent participates in trainings ($\beta = 0.09$, $t(1463) = 3.67$, $p < 0.001$), being a part-time worker (compared to a full-time worker) ($\beta = 0.07$, $t(1463) = 2.77$, $p < 0.01$), and supervision via case conferences ($\beta = 0.05$, $t(1463) = 2.15$, $p = 0.03$) are associated with higher job satisfaction. The independent predictors explained 22% of the variance in job satisfaction (adjusted R^2), and the f^2 effect size is 0.28, which was in the medium range. By convention, f^2 effect sizes of 0.02, 0.15, and 0.35 are termed small, medium, and large, respectively (Cohen, 1998).

Higher number of training barriers	→	**Lower job satisfaction**
African American		

Higher salary	→	**Higher job satisfaction**
Frequency of use of information from trainings in practice		
Frequency of participation in trainings		
Part-Time Worker		
Type of Supervision: Case Conference		

Table 9. Linear Regression of Demographic Characteristics and Other Variables Predicting Job Satisfaction

Variables	*b*	*β*	*t*	*p*
Number of Training Barriers Reported	-0.19	-0.36	-14.91	< 0.001
Salary	0.07	0.18	6.12	< 0.001
How Often Respondent Uses Information from Training in Practice	0.17	0.10	4.20	< 0.001
How Often Respondent Participates in Training	0.08	0.09	3.67	< 0.001
African American	-0.17	-0.07	-3.02	< 0.01
Part-Time Worker	0.20	0.07	2.77	< 0.01
Type of Supervision: Case Conference	0.12	0.05	2.15	0.03
Area: Substance Prevention	0.08	0.05	1.54	0.12
Work Setting Has No Method/Program for Enhancing Staff Skills	-0.10	-0.04	-1.53	0.13
Type of Supervision: No Supervision	-0.08	-0.04	-1.52	0.13
Type of Supervision: Group Supervision	-0.07	-0.04	-1.39	0.16
Other Race	-0.10	-0.03	-1.35	0.18
Whether Respondent Has a Certificate	-0.06	-0.03	-1.30	0.20
Hispanic/Latino	0.07	0.03	1.21	0.23
Area: Mental Health Treatment	0.05	0.03	1.04	0.30

Variables	*b*	*β*	*t*	*p*
Male	0.05	0.02	0.95	0.34
Education	0.01	0.02	0.52	0.60
Contracted Consultant	0.07	0.02	0.72	0.48
Whether Respondent Has a License	-0.04	-0.02	-0.68	0.50
Years Worked in Position	0.00	0.01	0.50	0.62
Area: Substance Treatment	0.02	0.01	0.37	0.12

Training Barriers Associated with Job Satisfaction. An additional linear regression was run to determine which training barriers are most predictive of job satisfaction (see Table 10). Barriers in bold were statistically significant. Barriers related to not receiving training or resources from their work setting, as well as their work setting not providing incentives or making training a priority, were significant in predicting lower job satisfaction. The cost of training, required time commitment, and the belief that topics presented at recent training workshops and conferences were too limited were not significant in predicting job satisfaction. The independent predictors explained 23% of the variance in job satisfaction (adjusted R^2), and the f^2effect size is 0.30, which was in the medium range. By convention, f^2 effect sizes of 0.02, 0.15, and 0.35 are termed small, medium, and large, respectively (Cohen, 1998).

Table 10. Linear Regression of Training Barriers Predicting Job Satisfaction

Variables	*b*	*β*	*t*	*p*
Training is not a priority at my work setting	-0.76	-0.25	-10.75	< 0.001
There are too few rewards for trying new service practices or other procedures in my work setting	-0.51	-0.17	-7.66	< 0.001
Lack of organization resources to send staff to outside training events	-0.32	-0.16	-6.80	< 0.001
Lack of available training opportunities, workshops, conferences, and/or in-services	-0.22	-0.11	-4.60	< 0.001
Training opportunities take too much time away from the delivery of program services	-0.17	-0.07	-3.51	< 0.001
Other	-0.19	-0.05	-2.166	0.03
Cost of training have been too high	-0.07	-0.04	-1.80	0.07
Topics presented at recent training workshops and conferences have been too limited	0.08	0.03	1.21	0.23
Required time commitment	-0.02	-0.01	-0.36	0.72

Factors Associated with Retention. An 'Intention to Stay' scale was created by averaging participant responses about: (1) whether they want to change employers but remain in the behavioral health field (reverse-scored); (2) leave the behavioral health field (reverse-scored); and (3) continue working for their current employer in the same position. The item about staying at their current organization but moving to a different position was not significantly correlated with item 1 or 2, and there was only a small association with item 3 ($r = 0.10$), so the item was excluded. A linear regression was conducted to determine demographic or individual-level predictors that are associated with the 'Intention to Stay' scale (see Table 11.)

Having a higher salary ($\beta = 0.13$, $t(1332) = 3.94$, $p < 0.001$), having a license ($\beta = 0.06$, $t(1332) = 2.36$, $p = 0.02$), how often a respondent participates in training ($\beta = 0.07$, $t(1332) = 2.45$, $p < 0.01$), working in the area of substance prevention ($\beta = 0.06$, $t(1332) = 2.07$, $p = .04$), and higher education ($\beta = 0.07$, $t(1332) = 2.00$, $p = 0.05$) are associated with increased intention for job retention (see Table 13). However, identifying as Hispanic/Latino ($\beta = -0.09$, $t(1332) = -3.71$, $p < 0.01$), African American ($\beta = -0.07$, $t(1332) = -2.51$, $p = .01$), or as Male ($\beta = -0.05$, $t(1332) = -1.91$, $p = .06$) are associated with decreased intention for job retention. The independent predictors explained 6% of the variance in job retention (adjusted R^2), and the f^2effect size is 0.06, which was in the small range. By convention, f^2 effect sizes of 0.02, 0.15, and 0.35 are termed small, medium, and large, respectively (Cohen, 1998).

Higher salary	→	**Increased intention for job retention**
Having a professional license		
Greater frequency of participation in training		
Working in the area of substance prevention		
Higher education		

Hispanic/Latino	→	**Decreased intention for job retention**
African American		
Male		

Table 11. Linear Regression of Demographic Factors and Other Variables Predicting Job Retention Intention

Variables	*b*	*β*	*t*	*p*
Salary	0.02	0.13	3.94	< 0.001
Hispanic/Latino	-0.08	-0.09	-3.71	< 0.01
Whether Respondent Has a License	0.06	0.08	2.36	0.02
African American	-0.07	-0.07	-2.51	0.01
How Often Respondent Participates in Training	0.02	0.07	2.45	0.01
Area: Substance Prevention	0.05	0.06	2.07	0.04
Education	0.02	0.07	2.00	0.05
Male	-0.04	-0.05	-1.91	0.06
Part-Time Worker	0.06	0.05	1.65	0.10
Age	0.00	-0.04	-1.13	0.26
Area: Substance Treatment	0.03	0.04	1.47	0.14
Type of Supervision: Group Supervision	0.03	0.04	1.48	0.14
Number of Training Barriers Reported	-0.01	-0.04	-1.48	0.14
Years Worked in Position	0.00	-0.03	-1.12	0.26
Work Setting Has No Method/Program for Enhancing Staff Skills	-0.03	-0.03	-1.07	0.29
How Often Respondent Uses Information from Training in Practice	0.02	0.02	0.79	0.43
Whether Respondent Has a Certification	-0.01	-0.02	-0.68	0.50
Contracted Consultant	0.02	0.01	0.34	0.73
Area: Mental Health Treatment	-0.01	-0.01	-0.47	0.64
Type of Supervision: Case Conference	-0.01	-0.01	-0.41	0.68
Type of Supervision: No Supervision	0.00	0.00	-0.10	0.92
Other Race	0.00	0.00	0.07	0.94

Additional Comments

Participants were asked whether they had any additional comments that were related to the questions asked in the survey. Responses were coded for content and could be coded for more than one category (see Table 12). The three areas most frequently noted included: (1) participants felt they received low monetary compensation at their job; (2) respondents owned a private practice and therefore considered many of the survey items as not being applicable; and (3) participants indicated that they enjoyed their work and work environment.

Table 12. Additional Comment Categories Noted by Respondents

Comments	n	%
Low monetary compensation	39	2%
Own a private practice, so many questions in the survey were not relevant	37	1%
Enjoy work and work environment	33	1%
Behavioral health field needs restructuring	15	1%
Survey contained flaws (e.g., not relevant to private practice providers, should not have asked demographic questions)	14	1%
Currently in an uncomfortable or bad work environment	13	1%
Planning to change work environment soon	10	1%
Planning to retire soon	9	1%
Florida has underdeveloped resources for behavioral mental health field	9	1%
Currently have a bad supervisor	9	1%
Need more staff or resources at work	7	.3%
Too much documentation is needed	6	.2%
Long hours are required	6	.2%
Trainings are too expensive or limited	2	.1%
Their facility does not provide treatment	2	.1%
Work environment is improving	2	.1%
Too much attention on opioids and not enough on other disorders	2	.1%
Mental health funding needs to stop being cut	1	.1%

Summary and Recommendations

A summary of key findings is presented below followed by recommendations.

Overview

- Florida Department of Children and Families' Office of Substance Abuse and Mental Health (SAMH) initiated a behavioral health workforce survey project from December 2018 to June 2019. Non-medical behavioral health providers, including inpatient and outpatient treatment and prevention providers, were surveyed.
- The purpose of the survey was to examine workforce issues for behavioral health providers and to identify specific training needs. It was also completed to gain insight into work competencies, supervision, job retention and satisfaction, and knowledge, attitudes and practices related to Opioid Use Disorder and Medication-Assisted Treatment (MAT).
- From April 2019 to May 2019, 2,555 participants responded to the survey. Participants were asked which of the following roles they perform in Florida (more than one choice could be selected) and responded:
    - Provide behavioral health services to individuals (74%; n = 1,884)
    - Supervise others who provide behavioral health services to clients/patients (34%; n = 865)
    - Provide support or administrative behavioral health services (28%; n = 723)
    - None of the above (8%; n = 202)
- Participants who selected "none of the above" or who stopped responding after the first few demographic questions were excluded from the survey results. There were 2,082 valid participant responses.

Respondent Demographics

The demographic characteristics of the sample are indicated below:

- 32.2 average years of age, 76% were female, and 18% were Hispanic/Latino
- 77% were White/Caucasian and 16% were Black/African American
- 56% had a Master's degree and 16% had a doctoral degree as their most advanced

degrees

- 24% were Mental Health Counselors, 19% were Social Workers, and 18% were Substance Abuse Counselors/Addiction Specialists
- 33% were not licensed in Florida, 14% were licensed as a Mental Health Counselor and 13% were licensed as a Social Worker
- 42% did not have a certification, 11% were a Certified Addiction Professional, 11% were a Master's Level Certified Addiction Professional, 8% were a Certified Mental Health Professionals, and 9% were "other"
- 24% worked in a private practice, 24% in a community mental health center, and 21% in a substance use treatment center

Professional Development Needs

- "Wraparound services", "gender specific treatment", "treatment engagement and retention", "outreach", and "Medication-Assisted Treatments for substance use" were the 5 treatment competencies that participants who worked in treatment rated highest (≥ 17%) in terms of having low levels of competency and low rates of training but high rates of desire to receive more training.
- Individuals who only worked in mental health, compared with those working in substance abuse only or both, had the highest professional development need for "Medication-Assisted Treatments for substance use disorders", "motivational approaches", "recovery-oriented service provision", and "treatment engagement and retention".
- "Environmental prevention and change strategies", "communication and marketing", "coalition building and management", "prevention-specific ethics", and "community organization" were the 5 prevention competencies that participants who worked in prevention rated highest in terms of having low levels of competency, low rates of training but high rates of desire to receive more training. It is important to note that seven (7) out of the 13 prevention competencies were rated ≥ 28%, suggesting greater overall need for the prevention competencies compared with the treatment competencies.
- Individuals who worked in both mental health prevention and substance abuse prevention, compared with those working in mental health prevention or substance use prevention only, had the highest professional development need for

coalition building and management and fidelity monitoring. Individuals working in substance abuse only had the greatest professional development need for suicide prevention.

- Competency proficiency was moderately positively correlated with having received training in that competency within the last two years for the treatment and prevention competencies.
- Competency proficiency had a small negative correlation with wanting to receive training in that competency in the future for the treatment and prevention competencies.

Training and Professional Development

- 72% reported that they "frequently use" and 25% reported that they "occasionally/sometimes use" what they learned from training related to their practice in the last 2 years.
- 21% reported that they participate in training or professional development events "more than once a month", 26% indicated "once a month", and 42% indicated "2 to 4 times a year".
- 36% indicated that "cost of training events have been too high" and 21% reported that "lack of organization resources was a barrier" as barriers to obtaining professional development. About 18% indicated each of the following barriers: "required time commitment is too great", "training opportunities take too much time away from the delivery of program services", and "lack of available training opportunities, workshops, conferences, and/or in-services." Twenty-five percent reported that they did not experience a barrier.
- In terms of modality, while 43% indicated that they preferred a one-time workshop, seminar or conference, 39% reported they preferred an online course, 32% preferred a webinar, 30% preferred internet resources, and 22% favored professional journals and other professional publications.
- For each of the approaches indicated, most responded that their work settings did not use the preferred modality to help develop and enhance skills of behavioral health staff (i.e., in-service training, online training, direct supervision, in-house mentoring). Only 18% responded that their program pays the cost of continuing education.

Opioid Use Disorder and Medication-Assisted Treatment

- Individuals who worked in substance use treatment were surveyed about knowledge, attitudes and behavior regarding opioid use disorder and MAT.
- 50% "strongly disagreed" or "disagreed" that MAT is basically switching one addiction for another or doesn't help individuals reach full recovery.
- 50% "strongly agreed" or "agreed" that using methadone or buprenorphine improves patient outcomes.
- 74% were "very knowledgeable" or "moderately knowledgeable" about the medications used to treat opioid use disorder.
- 73% were "very knowledgeable" or "moderately knowledgeable" about how to link individuals with opioid use disorders to providers that prescribe medications used to treat opioid use disorder.
- Individuals who work at an opioid replacement clinic or at a medical hospital or facility had more favorable attitudes regarding MAT compared to the rest of the sample.
- Those who work in a private practice, therapeutic communities, recovery residences or corrections facilities had less favorable attitudes about MAT compared to the rest of the sample.
- Respondents without a professional license or who work in a therapeutic community, community or school-based prevention, homeless shelter or community mental health center were less knowledgeable about MAT compared to the rest of the sample.
- Individuals who were Master's Level Certified Addiction Professionals, Certified Addiction Professionals/Counselors, Certified Recovery Resident Administrators, or who work in a substance use treatment center or opioid replacement clinic were more knowledgeable about MAT compared to the rest of the sample.
- Although respondents mostly reported that they were confident discussing the risks and benefits of MAT and educating their patients and their patients' families about how to recognize and respond to a drug overdose, about one-quarter had low levels of confidence in these areas.
- Respondents were asked how often they or their organizations engaged in various

opioid and general treatment practices. Out of all practices asked about, only "retaining individuals in care is a priority for my organization" was endorsed as happening most of the time (72% indicated "usually" or "always"). Also, most organizations (59% indicated "never") did not require that "individuals taking methadone or buprenorphine must get off of these medications before receiving services from my organization."

- Participants were also asked how often their organization offered various activities, services, and supports related to opioid use disorder or MAT. For each of the practices, about half or more of the respondents indicated that their organization engaged in them "usually" or "always".
- The three least common practices reported were:
    1. Provide overdose education and distribute naloxone to staff most likely to witness an overdose (39% reported "never" or "sometimes");
    2. Provide Medication-Assisted Treatment(s) within the organization (36% reported "never" or "sometimes");
    3. Use organization service data to detect opioid use among persons served, monitor morbidity and mortality, and evaluate interventions (33% reported "never" or "sometimes").

Job Satisfaction and Retention

- Overall, 81% were "very satisfied" or "satisfied" with their current job. The lowest level of reported satisfaction related to salary and benefits.
- 66% were "very likely" or "likely" to remain in their position for their current organization within 1 year.
- 8% were "very likely" or "likely" to leave the behavioral health field within 1 year
- Higher number of training barriers and being African American were associated with lower job satisfaction
- Higher salary, greater frequency of use of information from trainings in practice, greater frequency of participation in trainings, being a part-time worker, and receiving case conference clinical supervision were associated with higher job satisfaction
- Higher salary, having a professional license, greater frequency of participation in training, working in the area of substance prevention, and more education were

associated with an increased job retention intention.

- Being Hispanic/Latino, African American, or male were associated with a decreased job retention intention.

Limitations of the Study

- There are two limitations of the study that relate to nonresponse bias and a low response rate (about 5.3%). Nonresponse bias can occur when some individuals in a sample do not respond to a survey. Although the possible impact is unknown in the current study, it could be that the individuals who did not respond to the survey are different on specific characteristics from those who did. Nonresponse bias is a perennial issue in survey studies and investigators attempt to mitigate it by making surveys appealing and accessible to the broadest range of eligible participants. Low response rates are also a common issue for workforce surveys similar to this one.

Recommendations

- Consideration should be given to allocate training resources to training needs in the following competencies, which were the five (5) treatment and five (5) prevention areas represented the greatest need:

  Substance use treatment and recovery support related

  - Wraparound services
  - Gender specific treatment
  - Treatment engagement and retention
  - Outreach
  - Medication-Assisted Treatments for substance use

  Prevention related

  - Environmental prevention and change strategies
  - Communication and marketing
  - Coalition building and management
  - Prevention-specific ethics
  - Community organization

- In general, additional training efforts are especially needed to enhance prevention competencies as 7 out of the 13 prevention competencies had need ratings of ≥ 28%, suggesting greater overall need relative to the treatment competencies.
- Training efforts can also be targeted based on survey findings. Survey results indicated different and specific priority training needs for individuals who work in mental health, substance use or integrated mental health/substance use disciplines.
- Training and professional development activities reportedly translated into work practice change for many of the respondents. Therefore, providers should be encouraged to participate in training and professional development activities. In addition, more cost-effective and less time-consuming modalities should be marketed to service providers such as, online training courses, webinars, and Internet resources.
- Work settings should be encouraged to provide greater support to enhance the skills of staff who provide behavioral health services. It would be beneficial if they provided additional opportunities for training their staff using a variety of methods, such as in-service training, online training, direct supervision, and in-house mentoring. Work settings can also assist their staff by covering the costs associated with training. Enhancing staff skills and practice through training is important as access to and participation in training is associated with improved job satisfaction and retention intentions. Organizations should also be encouraged to provide greater opportunities for their staff to receive case conference clinical supervision, as this is also related to higher job satisfaction.
- Variations in training barriers by ME should be examined to assist in targeting specific training activities related needs and issues by region.
- Although a minority in the sample, there are a significant number of service providers who have a low level of knowledge (see Figure 17) and/or negative attitudes (see Figure 19) regarding MAT. Training and professional development activities should be employed to address these areas. Other efforts can include working with academic programs, certification agencies, and developers of professional development to reflect more current and accurate research and practice guidelines in materials and competency requirements. The response patterns to the MAT attitude questions can guide the specific attitudes that need to be targeted.

- Service providers who had the following certifications should also be targeted for training due to less favorable attitudes regarding MAT: Certified Addiction Professionals, Certified Addiction Counselors, Certified Mental Health Professionals and Certified Recovery Support Specialists. Those who work in the following settings should also be reached: private practices, therapeutic communities, recovery residences, or correctional facilities. Due to lower levels of knowledge, service providers with no professional license or who work in therapeutic communities, community or school-based prevention programs, homeless shelters or community mental health centers should be targeted with training and professional development activities.
- Future investigations should explore why being: (1) African American was associated with lower job satisfaction and retention intention; and, (2) Hispanic/Latino or male was related to decreased job retention intention.

References

Barak, M., Nissly, J. & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and metanalysis. *The Social Service Review, 75*(4), 625-661.

Bureau of Labor Statistics, U.S. Department of Labor (2019, April). *May 2018 State Occupational Employment and Wage Estimates, Florida*. Retrieved from https://www.bls.gov/oes/current/oes_fl.htm#21-0000.

Cohen, J. (1992). A power primer. *Psychological Bulletin, 112*(1), 155-159.

Cohen, J. (1988). *Statistical Power Analysis for the Behavioral Sciences*. Routledge. ISBN 978-1-134-74270-7.

Florida Department of Health (2019, April). Health Care Practitioner Data Portal. Retrieved from https://appsmqa.doh.state.fl.us/downloadnet/ Licensure.aspx.

Florida Certification Board (2019, April). *Behavioral Health Certified Practitioners.* Tallahassee: FL

Haeger, H., Lambert, A. D., Kinzie, J., & Gieser, J. (June, 2012). *Using cognitive interviews to improve survey instruments*. Paper presented at the annual forum of the Association for Institutional Research, New Orleans, LA. Retrieved from http://cpr.indiana.edu/uploads/AIR2012%20Cognitive%20Interviews.pdf.

Montgomery, D. C., Peck, E. A., & Vining, G. G. (2012). *Introduction to Linear Regression Analysis* (Vol. 821). John Wiley & Sons.

Appendix A: Results Tables

Table 13. Respondent Demographic Characteristics

Demographic Variable			
		n	%
Gender	Female	1546	74%
	Male	516	25%
	Transgender/Other	13	1%
Race	White/Caucasian	1592	77%
	Black/African American	336	16%
	American Indian	23	1%
	Asian American	21	1%
	Native Hawaiian/Pacific Islander	3	.1%
	Alaska Native	1	.1%
	Other	139	7%
Hispanic/Latino	Yes	375	18%
	No	1680	82%
Education	Doctoral Degree	322	16%
	Master's Degree	1155	56%
	Bachelor's Degree	341	16%
	Associate's Degree	75	4%
	Some college or no college	94	5%
	High school diploma or equivalent	49	2%
	No high school diploma	3	.1%
	Other	36	2%
Employment Status	Full-time	1653	80%
	Part-time	225	11%
	Contracted Consultant	100	5%
	Volunteer	9	< 1%
	Other	87	4%
Salary	Less than $15,000 per year	109	6%
	$15,000 to $24,999	155	8%
	$25,000 to $34,999	277	14%
	$35,000 to $44,999	336	17%
	$45,000 to $54,999	321	17%
	$55,000 to $64,999	251	13%
	$65,000 to $74,999	171	9%
	$75,000 or higher	316	16%

Table 14. Profession – Other Response

Profession – Other	n
Accountant	1
Accreditation and Compliance Consultant	1
Activities Coordinator	1
Administrative Assistant	8
Administrative Director	1
Administrative Support	1
Administrator	5
Adult Outpatient Supervisor	1
Advanced Practice Registered Nurse	3
Advocate Investigator	1
Applied Behavior Analyst	1
Art Therapist	1
Assessment Counselor	1
Assessment Specialist	1
Attorney	1
Authorizations Coordinator	1
Behavior analyst	1
Behavioral Health Therapist	1
Board Certified Behavior Analyst	1
Botvin Life skills Facilitator	1
Care coordinator	1
Care Giver	1
Care Manager for Managed Care Organization	1
Case Manager Supervisor	6
Caseworker	1
Certified Addiction Counselor	3
Certified Clinical Mental Health Counselor	1
Certified HIV Counselor/ Clinical Research	1
Certified Nursing Assistant	1
Certified Recovery Residence Administrator	1
Certified Tobacco Treatment Specialist	1
Chaplain	1
Chief Human Resource Officer	1
Chief Operating Offer	1
Child and Family therapist	1
Children's Mental Health System of Care Coordinator	1
Clerical	1
Client Account Specialist	1
Client Liaison for Public Defenders	1

Clinical Assessor	1
Clinical Director	4
Clinical Reviewer	1
Clinical Social Worker	1
Clinical Supervisor	1
Clinical Pharmacy Specialist	1
Co-administrator	1
Community Preventionist	1
Consultant	2
Coordinator	1
Counseling through Church	1
Counselor	2
Counselor Support	1
Court Liaison	1
Crisis Counselor/Peer	1
Crisis Hotline Worker	1
CSR	1
Data Specialist	2
Director	4
Director	1
Director of Clinical Services Substance Abuse Program	1
Director of Human Resources	1
Director of Intake Services	1
Director of Mental Health Case Management	1
Director of Operations	4
Director of Recovery services	1
Director of Staff Development	1
Director Of Treatment	1
Disaster Recovery Counselor	1
Discharge Planner	1
DON	1
Emergency Screener	1
Employee Assistance Professional	1
Executive	1
Executive Assistant	1
Executive Director	1
Family Mediator	1
Family Support Worker	1
Financial	1
Forensic Director	1
Forensic Liaison	1

Forensic Psychologist	1
Forensic Specialist	1
Front Desk	1
Funding Coordinator	1
Grant Coordinator, Training Mental Health/ Family support group	1
Grief & Bereavement Children's Counselor	1
Health Advocate	1
Health Services Analyst for MAT program	1
Homeless Care Coordinator	1
Homeless Specialist	1
Hospital Administration	1
Housing	1
Human Resource Manager	2
Human Resources	2
Human Resources Director	1
Human Services Coordinator	3
I have addiction background and experience	1
Job Coach	1
Lead Analyst - ABA	1
Licensed Mental Health Counsel LMHC	2
Life Coach	4
LMFT	1
LPN in Crisis Stabilization	1
Many years of experience in substance abuse counseling but no certification	1
Medical Records Tech	1
Mental Health and Substance Abuse Intake Personnel (Counselor)	1
Mental health Case Manager	3
Mental Health Program Manager	1
Mental health specialist	1
Mental Health Technician	1
Mentor	1
MH & SA Administrator	1
Neurofeedback practitioner	1
Neuropsychologist	1
Nurse Manager	1
Office Administration	1
Operations Director	5
Outreach	2
Oversee Case Management	1
Owner	1

Palliative Care Counselor	1
Parent Educator	1
Pastoral Counselor	2
PATH Housing Liaison	1
Peer Case Manager	1
Peer Evaluator	1
Peer Services Coordinator	1
Peer Specialist	1
Pharmacist	1
PPP Coordinator	1
Practice Administrator	1
Preceptor	1
Precertification Specialist	1
Private Practice Owner	2
Program Assistant; manage all office duties, clerical	1
Program Coordinator	1
Program Counselor	1
Program Director	5
Program Manager	1
Program Supervisor	1
Provider	1
Psychiatric Nurse	3
Psychiatrist	1
Psychologist and Art therapist	1
Psychosocial Rehabilitation Counselor	2
Psychosocial Rehabilitation Therapist	1
Psychotherapist	2
Quality Assurance	1
Receptionist / appointment scheduler	1
Registered Art Therapist	1
Registered Mental Health Counselor Intern	1
Research Assistant	1
Researcher	1
Residential Supervisor Administrator	1
Residential Therapist	1
ROSC Specialist	1
Safety Manager	1
SAMSHA Grant Manager	1
School Counselor	1
Senior Administration	1
Senior Director of Crisis Services (SA/MH)	1

Senior Program Manager	1
Sex Therapist	1
Short term crisis Counselor/Training coordinator	1
Social Service	1
Staffing Supervisor	1
Substance Abuse Case Manager	1
Substance Abuse Caseworker	1
Substance Abuse Clinical Supervisor	1
Substance Abuse Program Manager	1
Substance Abuse, Mental Health Administrator	1
Supervisor	4
Support Specialist	4
Tobacco Cessation Treatment and Professional Training	1
Training coordinator	1
Treatment Supervisor	1
Utilization Review	2
Veterans Experience Office	1
Vice President	3
Vocational	1
Wraparound Coordinator	1
Yoga teacher	1
Youth Specialist	2

Table 15. License – Other Response

License – Other	n
Advanced Practice Registered Nurse	3
Bachelor of Science in Nursing	2
Behavioral Certification	1
Board Certified Assistant Behavior Analyst	1
Botvin Life skills Training Certificate	1
Case Manager	6
Certified Behavioral Health Case Manager	3
Certified by FCB and Pennsylvania Certification Board	1
Certified Case Manager	2
Certified Mental Health Case Manager	1
Certified Mental Health Professional	2
Certified Recovery Support Spec.	1
Certified Targeted Case Manager/Supervisor	1
Community Health Worker	1
Doctor	1
Exceptional student education certification	1
Expected CAP by June 2019	1
Family Worker	1
Florida Certification Board	1
Florida CPS	1
Florida License	1
Food and Nutrition	1
Licensed in Oklahoma	1
Licensed Mental Health Counselor	3
Licensed Pastor, and CRSS Certification	1
Medical Assistant	2
Mental Health Counselor Registered Intern	3
Mental Health Technician	1
Peer recovery	1
Peer Support Specialist	3
Pharmacist	2
Prevention Specialist	1
Retired Licensed Marriage and Family Therapist	1
School Psychologist	1
Substance Abuse Counselor	1
Supervisor Case Manager	1
Target Case Manager	4
Veterans Re-Entry Specialist	1
Working on degree and license presently	1

Table 16. Certification – Other Response

Certification – Other	n
Academy of Certified Social Workers (ACSW)	2
Accelerated Resolution Therapy	1
Adoption Competency	2
Advanced Practice Registered Nurse	1
American Board of Professional Psychology	2
American Case Management Certification	1
American Nurses Credentialing Center	1
Ape hook psych	1
Applied for CRPS	1
Attachment Focused Dyadic Psychotherapy	1
Autoplay Certification and Registered Play Therapy	1
Bachelor Degree in Psychology	1
Board Certification in Clinical Neuropsychology	1
Board Certified Counselor	1
Board Certified Psychiatric Mental Health Nurse Practitioner	1
Board Certified Sex Therapist	4
Botvin Life skills Training Certificate	1
CAP temporarily on hold	1
Case Management Supervisor with FCB	1
Certified Imago Relationship Therapist; Clinical Hypnosis	1
Certified Supervisor	1
Certified Botvin Life Skills Training Facilitator	1
Certified crisis intervention specialist	1
Certificate completion of courses in ABA not licensed	1
Certificate in Non Profit Management	1
Certified Addictions Specialist CAS	1
Certified Adoption Specialist	1
Certified Advanced Clinical Social Work Case Manager	1
Certified Advanced Imago Relationship Therapist	1
Certified Alcohol and Drug Counselor	1
Certified Anger Management Specialist	1
Certified as Clinical Substance Counselor in another state	1
Certified Birth Educator	1
Certified Care Manager	1
Certified Child and Adolescent Trauma Professional, Certified County Mediator	1
Certified Child Welfare Case Manager	1
Certified Coach	1
Certified Cognitive Therapist	1

Certified Crisis Counselor	3
Certified Dementia Practitioner	1
Certified E-therapist	1
Certified Employee Assistance Professional	3
Certified Forensic Examiner	3
Certified Health Care Compliance	1
Certified HIV Counselor	1
Certified Hypnotherapist	5
Certified in Marriage and Family Therapy	1
Certified Internal Family Systems Therapist	1
Certified MBTI Practitioner, Certified Trainer, Certified Experiential Educator	1
Certified Mental Health Case Management Supervisor	1
Certified Mental Health First Aid Instructor	1
Certified Mental Health Substance Abuse Case Manager	1
Certified Nursing Assistant	1
Certified Nutrition Counselor	1
Certified Parent-Child Interaction Therapist	1
Certified Peer Specialist and Patient Care Assistant/Certified Nursing Assistant	1
Certified Psychiatric Rehabilitation Practitioner	1
Certified Psychoanalyst	1
Certified Rehabilitation Counselor	3
Certified School Counselor	1
Certified Sentence Mitigation specialist, Certified Clinical Practitioner of Hypnosis, Licensed Practitioner of NLP in Hypnosis	1
Certified Sex Offender Treatment Specialist	2
Certified Supervisor	1
Certified Telemental Health Professional	1
Certified Therapeutic Recreation Specialist (CTRS)	1
Certified Vocational Evaluator	1
Certified Wraparound Case Manager	1
CFAR/FARS/CBHAS/PASRR	1
Child Parent Psychotherapy, Circle of Security	1
Child Protection Certification	1
Christian Counselor	1
CISD Certified	1
Clinical Psychologist and Certified Supervisor	1
Clinically Certified Juvenile Sex Offender Treatment Specialist	1
Compassion Fatigue Trainer	1
CPI, Baker act trainings, Marchman act trainings	1
CPP	1

Crisis Intervention	1
CRPS-A Certified Recovery Peer Specialist with Adult experience	1
Domestic Violence Facilitator	2
Eating disorders professional	1
Education	1
Elementary and Secondary School Counseling	1
EMDR Certified	5
Equine facilitated psychotherapy	1
Expected CAP by June 2019	1
Expert in Traumatic Stress	1
Family Mediator	2
FEMA advanced incident command trained	1
Fl. Supreme Court Certified Mediator	1
Florida Certification Board	2
Florida Certified Public Manager	1
Florida certified Supervisor	1
Former Teacher's Certificate	1
Grief Certification and Caregiver Certification	1
Helping others heal, WRAP	1
HR Certification	1
Infant Mental Health Specialist	5
Internationally Certified Alcohol and Drug Counselor	2
Licensed Clinical Social Worker	5
Licensed Mental Health Counselor	1
Life Coach	2
Linehan Board of Certification, DBT Certified Clinician, REBT Certified, CBT Certified	1
Master Certification in Exceptional Student Education	1
Master's level Addictions Professional MCAP	3
Master's Level Hospice and Palliative Care	1
Mental Health and Psychiatric Nursing	1
National Anger Management	1
Nursing certifications	1
Play therapist	4
Psychiatric Mental Health Nurse Practitioner	1
QPR Gatekeeper (Suicide Prevention Trainer)	1
Qualified Supervisor	2
Recovery Coach Professional	1
Recovery Dynamics provider	1
Recreation Therapist	1
Registered Expressive Arts Therapist	1

Registered Mental Health Counselor Intern	1
Registered Play Therapist Supervisor	2
Registered Psychiatric and Mental Health Nurse-Board Certified	1
School Social worker from Florida Department of Education	1
SHRM-SCP	1
Substance Abuse Professional	5
Thanatology	2
Therapeutic Education	1
Transgender Care Therapist	1
Trauma Incident Reduction Facilitator	1
Trauma Informed Yoga	1
Trauma-focused Cognitive Behavioral Therapy	2
Victim Service Practitioner	1

Table 17. Workplace – Other Response

Workplace - Other	n
1:1 Therapy	1
Academic Medical Center	1
Addiction Receiving Facility, Detox	1
Administrative Services Office Setting	1
Adolescent and Adult Behavioral Health Services	1
Adolescent Substance abuse intervention center	1
Adoption Agency	1
Adult Mental Health, Residential Level I	1
Beach House Shelter	1
Behavioral Health Agency	2
Behavioral Health Residential	1
Behavioral Hospital	1
BNet	1
Call Center	1
Case Management	3
Child welfare	1
Children's Advocacy Center	1
Church	5
Clients home, Nursing Home or ALF	1
Co-Occurring Residential and ACT Team program	1
Community Based Care Organization	2
Community Mental Health	2
Community Provider of Supported Employment for Individuals with Serious & Chronic Mental Health Disabilities	1
Community Recovery Center	2
Comprehensive MH, Substance Abuse, etc. facility	1
Consultant	1
Contacted for various assessments	1
Continued Care TeleHealth	1
Coordination of services.	2
County Government - Health & Human Services	1
Crisis Hotline Center	2
Department of Defense	1
Detox Unit	2
Direct Services	1
Diversion	1
Drop in Centers	2
Drug and Alcohol Testing center	1
Dual diagnosis/co-occurring treatment center	1

DUI Program	1
Employment Training Program	2
Enrichment Workshop	1
Enter information into data	1
Equine Assisted	1
FACT Team	1
Faith Based Outpatient Mental Health Counseling Ctr	1
Family Based Therapy	1
Family run organization	1
Forensic Diversion Program	1
Forensic Mental Health Treatment Center	1
Government Entity	1
Group Home	1
Health department	1
Health Plan	1
Higher education/Counselor Education	1
Home based	1
Home Visits to Elderly individuals with SPMI	1
Homes and Schools and At the main work address	1
Horse Ranch	1
Hospice	3
Human Services agency	1
I work at home, office and clinic for large insurance company	1
In home addiction treatment	1
In home psychotherapy	1
In home therapist	1
in the home	1
Innovative Community Health Planning Organization	1
insurance company	1
integrated care medical practice	1
Juvenile justice contracted	1
Large hospital based organization providing outpatient behavioral health services	1
Law school	1
License Mental Health Counselor	1
Long Term Care	2
Managed Care	3
Managed Care Insurance Company	1
Managing entity	1
Medical management	1
Medical/Hospice	1

Medicated Assisted Treatment	1
Mental Health Treatment Center	2
Middle School Counselor/ Intervention Specialist	1
Military Base	3
Military Contractor Company	1
Military unit	1
Office	1
Office of Doctor of Chinese Medicine	1
Online therapy: BetterHelp	1
Outdoor residential program Substance Abuse and Other	1
Outpatient Center	3
Outpatient Community Behavioral Health	1
Outpatient Substance Abuse Treatment	1
Peer Run Agency	6
Peer Support	1
Personal Transformational Workshop	1
Private Practice	1
Private S Corp LLC facility	1
Psychiatric Out-Patient Facility	1
Psycho Social Rehab	1
Psychosocial Rehabilitation Center	1
Public Defender's Office (legal)	1
Rape Crisis Center	1
RCO	1
Recovery Community Organization	1
Recovery High School	1
Recovery Support Services	1
Residential Foster Care	1
Skilled nursing facility	1
Social Services Agency	1
Specialized Therapeutic Foster Care	1
State Prison	1
Supervisor	1
Targeted Case Manager	4
Teach	1
TeleHealth support Services	1
Telemental Health Counseling	1
Teletherapy	1
The Joint Commission Team Leader	1
Therapeutic foster care	1
Therapy provider at home	1

Train Therapists	1
Treatment Center Coordinator for MAP Peer support	1
Unemployed	1
Wellness Center	1
Women's Resource Center - community center - grant based funding	1
Work from home	2
Youth and Families	1

Table 18. Treatment Competency Detailed Results

Treatment Competencies	Proficiency								Received training in the last 2 years		Want to receive more training	
	High		Some		Low		N/A		Yes		Yes	
	n	%	n	%	n	%	n	%	n	%	n	%
Care Coordination	823	56%	483	33%	55	4%	105	7%	715	55%	552	51%
Clinical Supervision	697	48%	361	25%	118	8%	292	20%	669	52%	664	61%
Cultural Competence	1066	71%	396	27%	14	1%	16	1%	1126	83%	648	59%
Documentation Skills	1227	81%	254	17%	23	2%	4	.3%	913	68%	569	51%
Gender Specific Treatment	518	35%	690	47%	187	13%	76	5%	669	51%	746	67%
Medication-assisted treatment for substance abuse disorders	400	27%	475	32%	333	23%	271	18%	678	53%	692	62%
Motivational Approaches	854	57%	556	37%	67	4%	32	2%	903	67%	789	70%
Outreach	486	34%	561	39%	227	16%	177	12%	430	34%	541	50%
Person-centered treatment planning	1102	73%	310	21%	51	3%	40	3%	856	64%	655	59%
Professional and ethical responsibilities	1359	90%	136	9%	10	1%	7	.5%	1271	93%	621	56%
Recovery-oriented service provision	647	44%	477	32%	189	13%	159	11%	711	55%	651	60%
Suicidality	967	65%	446	30%	56	4%	20	1%	1058	78%	827	74%
Trauma-informed care	904	91%	470	32%	68	5%	36	2%	1061	78%	862	77%
Treatment engagement and retention	765	52%	556	38%	85	6%	61	4%	664	51%	769	69%
Wraparound services	488	33%	558	38%	246	17%	172	12%	518	41%	694	63%

Table 19. Treatment Competency by Managing Entity Region

Treatment Competency	Managing Entity (ranked in order from highest to lowest)	N	M	SD
Care Coordination	1. South Florida Behavioral Health Network	126	2.61	0.54
	2. Southeast Florida Behavioral Health Network	136	2.60	0.57
	3. Central Florida Cares Health System	101	2.59	0.59
	4. Central Florida Behavioral Health Network	323	2.59	0.55
	5. Lutheran Services Florida	265	2.54	0.58
	6. Broward Behavioral Health Coalition	282	2.52	0.59
	7. Big Bend Community Based Care	104	2.50	0.62
Clinical Supervision	1. Lutheran Services Florida	218	2.53	0.64
	2. Big Bend Community Based Care	85	2.53	0.65
	3. Broward Behavioral Health Coalition	236	2.52	0.68
	4. Southeast Florida Behavioral Health Network	133	2.51	0.69
	5. Central Florida Cares Health System	92	2.47	0.70
	6. Central Florida Behavioral Health Network	268	2.44	0.67
	7. South Florida Behavioral Health Network	121	2.41	0.69
Cultural Competence	1. Broward Behavioral Health Network	311	2.80	0.43
	2. South Florida Behavioral Health Network	132	2.73	0.48
	3. Southeast Florida Behavioral Health Network	152	2.72	0.49
	4. Central Florida Cares Health System	110	2.71	0.46
	5. Lutheran Services Florida	285	2.70	0.47
	6. Central Florida Behavioral Health Network	350	2.66	0.50
	7. Big Bend Community Based Care	112	2.62	0.49
Documentation Skills	1. Southeast Florida Behavioral Health Network	154	2.87	0.34
	2. Central Florida Cares Health System	112	2.87	0.39
	3. Lutheran Services Florida	295	2.86	0.36
	4. Big Bend Community Based Care	112	2.80	0.44
	5. Broward Behavioral Health Coalition	319	2.78	0.46
	6. South Florida Behavioral Health Network	132	2.76	0.50
	7. Central Florida Behavioral Health Network	356	2.74	0.48
Gender-Specific Treatment	1. Southeast Florida Behavioral Health Network	148	2.37	0.71
	2. Central Florida Cares Health System	97	2.27	0.64
	3. Broward Behavioral Health Coalition	296	2.26	0.65
	4. Big Bend Community Based Care	106	2.25	0.63
	5. Lutheran Services Florida	271	2.23	0.65
	6. Central Florida Behavioral Health Network	332	2.18	0.69
	7. South Florida Behavioral Health Network	121	2.17	0.69
Medication-assisted treatments for substance use disorders	1. Southeast Florida Behavioral Health Network	128	2.18	0.76
	2. Broward Behavioral Health Coalition	248	2.13	0.74
	3. Central Florida Behavioral Health Network	291	2.04	0.79
	4. South Florida Behavioral Health Network	107	2.04	0.81
	5. Lutheran Services Florida	243	2.04	0.79
	6. Central Florida Cares Health System	79	1.94	0.76
	7. Big Bend Community Based Care	90	1.92	0.81
Motivational Approaches	1. Southeast Florida Behavioral Health Network	150	2.60	0.58
	2. Broward Behavioral Health Coalition	309	2.56	0.55
	3. Lutheran Services Florida	294	2.54	0.56
	4. Central Florida Behavioral Health Network	351	2.53	0.60
	5. Big Bend Community Based Care	111	2.50	0.63
	6. Central Florida Cares Health System	111	2.49	0.59
	7. South Florida Behavioral Health Network	127	2.43	0.61
Outreach	1. South Florida Behavioral Health Network	108	2.32	0.67
	2. Central Florida Cares Health System	93	2.25	0.65

Treatment Competency	Managing Entity (ranked in order from highest to lowest)	N	M	SD
	3. Lutheran Services Florida	251	2.25	0.73
	4. Big Bend Community Based Care	99	2.23	0.71
	5. Southeast Florida Behavioral Health Network	130	2.21	0.75
	6. Central Florida Behavioral Health Network	300	2.16	0.72
	7. Broward Behavioral Health Coalition	270	2.12	0.75
Person-Centered Treatment Planning	1. Southeast Florida Behavioral Health Network	152	2.78	0.48
	2. Central Florida Cares Health System	107	2.75	0.53
	3. Big Bend Community Based Care	107	2.73	0.52
	4. Central Florida Behavioral Health Network	348	2.73	0.51
	5. Lutheran Services Florida	290	2.71	0.53
	6. Broward Behavioral Health Coalition	304	2.69	0.54
	7. South Florida Behavioral Health Network	131	2.66	0.55
Professional and Ethical Responsibilities	1. Central Florida Cares Health System	112	2.95	0.26
	2. South Florida Behavioral Health Network	135	2.93	0.28
	3. Lutheran Services Florida	297	2.91	0.29
	4. Broward Behavioral Health Coalition	314	2.89	0.32
	5. Southeast Florida Behavioral Health Network	156	2.89	0.35
	6. Big Bend Community Based Care	112	2.88	0.38
	7. Central Florida Behavioral Health Network	355	2.86	0.37
Recovery-oriented Service Provision	1. Southeast Florida Behavioral Health Network	135	2.47	0.71
	2. Big Bend Community Based Care	97	2.44	0.74
	3. Broward Behavioral Health Coalition	268	2.35	0.70
	4. Central Florida Behavioral Health Network	319	2.34	0.74
	5. South Florida Behavioral Health Network	114	2.32	0.71
	6. Lutheran Services Florida	263	2.30	0.72
	7. Central Florida Cares Health System	95	2.22	0.66
Suicidality	1. Lutheran Services Florida	293	2.68	0.51
	2. Central Florida Behavioral Health Network	348	2.66	0.52
	3. Central Florida Cares Health System	107	2.65	0.55
	4. Southeast Florida Behavioral Health System	156	2.60	0.59
	5. Broward Behavioral Health Coalition	306	2.59	0.58
	6. South Florida Behavioral Health Network	127	2.52	0.60
	7. Big Bend Community Based Care	109	2.50	0.62
Trauma-informed Care	1. Central Florida Cares Health System	107	2.68	0.52
	2. Big Bend Community Based Care	109	2.68	0.45
	3. Central Florida Behavioral Health Network	346	2.61	0.56
	4. Southeast Florida Behavioral Health Network	151	2.58	0.61
	5. Broward Behavioral Health Coalition	303	2.57	0.56
	6. South Florida Behavioral Health Network	120	2.53	0.62
	7. Lutheran Services Florida	283	2.52	0.60
Treatment Engagement and Retention	1. Central Florida Cares Health System	104	2.53	0.61
	2. Southeast Florida Behavioral Health Network	146	2.51	0.67
	3. South Florida Behavioral Health Network	121	2.50	0.63
	4. Central Florida Behavioral Health Network	340	2.49	0.59
	5. Broward Behavioral Health Coalition	294	2.47	0.60
	6. Lutheran Services Florida	276	2.47	0.59
	7. Big Bend Community Based Care	104	2.44	0.62
Wraparound Services	1. Broward Behavioral Health Coalition	271	2.23	0.71

Treatment Competency	Managing Entity (ranked in order from highest to lowest)	N	M	SD
	2. Southeast Florida Behavioral Health Network	129	2.22	0.74
	3. South Florida Behavioral Health Network	114	2.19	0.73
	4. Central Florida Cares Health System	94	2.19	0.74
	5. Central Florida Behavioral Health Network	306	2.18	0.74
	6. Lutheran Services Florida	255	2.15	0.74
	7. Big Bend Community Based Care	102	2.13	0.70

Table 20. Prevention Competency Detailed Results

Professional Development Needs	Proficiency								Received training in the last 2 years		Want to receive more training	
	High		Some		Low		N/A		Yes		Yes	
	n	%	n	%	n	%	n	%	n	%	n	%
Coalition building and management	108	20%	212	39%	133	24%	94	17%	152	32%	287	63%
Communication and marketing	112	20%	247	45%	122	22%	71	13%	147	31%	264	58%
Community Organization	133	24%	259	47%	102	19%	52	10%	170	35%	288	64%
Cultural Competence	398	70%	149	26%	11	2%	7	1%	436	85%	291	64%
Documentation Skills	437	77%	105	19%	18	3%	7	1%	350	69%	269	59%
Environmental prevention and change strategies	96	18%	248	46%	125	23%	76	14%	175	37%	302	68%
Fidelity monitoring	90	17%	181	34%	141	26%	128	24%	136	29%	254	58%
Mental health promotion	255	45%	240	43%	36	6%	31	6%	287	58%	337	74%
Planning and evaluation	246	44%	229	41%	48	9%	36	6%	252	51%	310	68%
Prevention theory and research	154	28%	254	46%	92	17%	51	9%	206	43%	327	72%
Prevention-specific ethics	171	31%	229	42%	99	18%	52	9%	225	47%	330	74%
Suicide prevention	337	59%	200	35%	23	4%	8	1%	403	79%	354	76%
Wellness/whole health approaches	284	50%	234	41%	42	7%	13	2%	343	67%	372	80%

Table 21. Prevention Competency by Managing Entity Region

Professional Development Needs - Prevention	Managing Entity (ranked in order from highest to lowest)	N	M	SD
Coalition Building and Management	1. Central Florida Cares Health System	31	2.06	0.73
	2. Southeast Florida Behavioral Health System	49	2.02	0.72
	3. Lutheran Services Florida	79	2.01	0.73
	4. Broward Behavioral Health Coalition	96	1.93	0.77
	5. Big Bend Community Based Care	34	1.91	0.67
	6. Central Florida Behavioral Health Network	113	1.89	0.70
	7. South Florida Behavioral Health Network	45	1.84	0.71
Communication and Marketing	1. Lutheran Services Florida	80	2.11	0.69
	2. Big Bend Community Based Care	36	2.00	0.76
	3. Central Florida Cares Health System	38	2.00	0.70
	4. South Florida Behavioral Health Network	44	2.00	0.72
	5. Broward Behavioral Health Coalition	106	1.97	0.74
	6. Southeast Florida Behavioral Health Network	44	2.00	0.72
	7. Central Florida Behavioral Health Network	117	1.90	0.66
Community Organization	1. Central Florida Cares Health System	39	2.33	0.66
	2. South Florida Behavioral Health Network	48	2.17	0.66
	3. Broward Behavioral Health Coalition	109	2.07	0.68
	4. Lutheran Services Florida	84	2.05	0.66
	5. Southeast Florida Behavioral Health Network	53	2.02	0.64
	6. Big Bend Community Based Care	36	1.97	0.70
	7. Central Florida Behavioral Health Network	119	1.96	0.74
Cultural Competence	1. Broward Behavioral Health Coalition	119	2.75	0.47
	2. Central Florida Cares Health System	41	2.73	0.45
	3. Southeast Florida Behavioral Health Network	57	2.70	0.53
	4. South Florida Behavioral Health Network	54	2.69	0.51
	5. Lutheran Services Florida	103	2.68	0.49
	6. Central Florida Behavioral Health Network	137	2.68	0.53
	7. Big Bend Community Based Care	40	2.55	0.55
Documentation Skills	1. Southeast Florida Behavioral Health Network	57	2.81	0.48
	2. Big Bend Community Based Care	39	2.79	0.41
	3. Lutheran Services Florida	103	2.79	0.50
	4. Central Florida Behavioral Health Network	135	2.76	0.46
	5. Central Florida Cares Health System	42	2.71	0.55
	6. South Florida Behavioral Health Network	57	2.70	0.57
	7. Broward Behavioral Health Coalition	120	2.68	0.55
Environmental Prevention and Change Strategies	1. Central Florida Cares Health System	35	2.03	0.62
	2. South Florida Behavioral Health Network	49	2.02	0.72
	3. Southeast Florida Behavioral Health Network	50	2.02	0.68
	4. Broward Behavioral Health Coalition	103	1.97	0.66
	5. Central Florida Behavioral Health Network	108	1.94	0.69
	6. Lutheran Services Florida	83	1.83	0.66
	7. Big Bend Community Based Care	34	1.74	0.75
Fidelity Monitoring	1. Central Florida Cares Health System	31	2.03	0.70
	2. Southeast Florida Behavioral Health System	45	2.02	0.84
	3. Central Florida Behavioral Health Network	93	1.90	0.72
	4. Broward Behavioral Health Coalition	86	1.87	0.76
	5. South Florida Behavioral Health Network	41	1.83	0.74
	6. Lutheran Services Florida	75	1.80	0.70
	7. Big Bend Community Based Care	34	1.74	0.71
Mental Health Promotion	1. Broward Behavioral Health Coalition	113	2.52	0.58
	2. Lutheran Services Florida	102	2.47	0.59

Professional Development Needs - Prevention	Managing Entity (ranked in order from highest to lowest)	N	M	SD
	3. Southeast Florida Behavioral Health Network	53	2.45	0.61
	4. Big Bend Community Based Care	40	2.43	0.64
	5. Central Florida Cares Health System	39	2.41	0.59
	6. South Florida Behavioral Health Network	53	2.40	0.60
	7. Central Florida Behavioral Health Network	124	2.26	0.65
Planning and Evaluation	1. Central Florida Cares Health System	39	2.49	0.60
	2. Southeast Florida Behavioral Health Network	51	2.45	0.61
	3. South Florida Behavioral Health Network	56	2.43	0.60
	4. Central Florida Behavioral Health Network	129	2.42	0.65
	5. Lutheran Services Florida	94	2.38	0.64
	6. Big Bend Community Based Care	37	2.30	0.70
	7. Broward Behavioral Health Coalition	110	2.27	0.68
Prevention Theory and Research	1. South Florida Behavioral Health Network	51	2.25	0.66
	2. Southeast Florida Behavioral Health Network	52	2.17	0.71
	3. Central Florida Cares Health System	39	2.15	0.63
	4. Big Bend Community Based Care	37	2.11	0.74
	5. Central Florida Behavioral Health Network	122	2.11	0.70
	6. Lutheran Services Florida	87	2.09	0.69
	7. Broward Behavioral Health Coalition	105	2.09	0.70
Prevention-specific Ethics	1. Southeast Florida Behavioral Health Network	52	2.31	0.73
	2. South Florida Behavioral Health Network	51	2.29	0.61
	3. Central Florida Behavioral Health Network	124	2.15	0.74
	4. Lutheran Services Florida	87	2.11	0.74
	5. Central Florida Cares Health System	38	2.11	0.69
	6. Broward Behavioral Health Coalition	104	2.09	0.70
	7. Big Bend Community Based Care	36	2.00	0.79
Suicide Prevention	1. South Florida Behavioral Health Network	58	2.64	0.48
	2. Lutheran Services Florida	104	2.60	0.53
	3. Central Florida Behavioral Health Network	134	2.57	0.61
	4. Central Florida Cares Health System	42	2.55	0.59
	5. Big Bend Community Based Care	41	2.54	0.55
	6. Broward Behavioral Health Coalition	118	2.52	0.60
	7. Southeast Florida Behavioral Health Network	56	2.48	0.63
Wellness/Whole Health Approaches	1. Central Florida Behavioral Health Network	135	2.50	0.57
	2. South Florida Behavioral Health Network	58	2.45	0.60
	3. Broward Behavioral Health Coalition	117	2.43	0.66
	4. Lutheran Services Florida	105	2.41	0.65
	5. Big Bend Community Based Care	42	2.40	0.63
	6. Southeast Florida Behavioral Health Network	56	2.38	0.65
	7. Central Florida Cares Health System	40	2.38	0.70

Appendix B: 2019 Behavioral Health Workforce Survey

Florida Behavioral Health Workforce Survey

Behavioral Health Workforce Survey

The Florida Department of Children and Families' Office of Substance Abuse and Mental Health (SAMH) requests your help in completing this important behavioral health workforce survey administered by the Florida Certification Board

This survey is for people who work in the **behavioral health services field in Florida,** with a special section for those who provide opioid-related services.

The purpose of this survey is to examine workforce issues for the behavioral health field and to identify specific needs for training and other supports. Survey results will guide SAMH resource planning for workforce professional development strategies and provide insight into important workforce issues, such as job retention and satisfaction.

No individual responses will be reported, only aggregate results will be shared.

The survey takes about 15 to 20 minutes to complete.

The survey is easier to complete on a desktop or laptop computer. If you are using a mobile device, hold the screen landscape (horizontal) for easier access to answer choices.

1. Indicate if you do any of the following in **Florida:** *(please select all that apply)*

- [ ] Supervise others who provide behavioral health services to clients/patients
- [ ] Provide support or administrative behavioral health services
- [ ] Provide direct behavioral health services to clients/patients
- [ ] None of the above

Florida Behavioral Health Workforce Survey

2. What is your year of birth?

* 3. What is the ZIP code of your primary work location?

4. What is your gender?

- ○ Male
- ○ Female
- ○ Transgender
- ○ Other (please specify)

5. What is your race? *(please select all that apply)*

- ☐ American Indian
- ☐ Alaska Native
- ☐ Asian American
- ☐ Black or African American
- ☐ Native Hawaiian/ Other Pacific Islander
- ☐ White or Caucasian
- ☐ Other (please specify)

6. Are you of Hispanic or Latino/a background?

- ○ Yes
- ○ No

7. What is your **highest** level of education?

- ◯ No high school diploma or equivalent
- ◯ High school diploma or equivalent
- ◯ Associate Degree
- ◯ Bachelor's Degree
- ◯ Other (please specify)
- ◯ Some college, no degree
- ◯ Master's Degree
- ◯ Doctoral Degree

8. What is your employment status at your organization?

- ◯ Full-time
- ◯ Part-time
- ◯ Other (please specify)
- ◯ Contracted consultant
- ◯ Volunteer

9. What is your annual salary from your **current** position?

* 10. What is your **current** profession? *(please select all that apply)*

- [ ] Behavioral Health Technician
- [ ] Criminal justice or corrections staff
- [ ] Educator
- [ ] Marriage and Family Therapist
- [ ] Mental Health Administrator
- [ ] Mental Health Clinician
- [ ] Mental Health Counselor
- [ ] Peer or Recovery Specialist
- [ ] Prevention Professional
- [ ] Psychologist
- [ ] Recovery Residence Administrator
- [ ] Social Worker
- [ ] Substance Abuse Counselor or Addiction Specialist
- [ ] Substance Abuse Administrator
- [ ] Substance Abuse Manager
- [ ] Case Manager
- [ ] Other (please specify)

* 11. Let us know if you have any of the following **Florida licenses** to **currently** practice: *(please select all that apply)*

- [ ] I don't have a Florida license to practice
- [ ] Marriage and Family Therapist
- [ ] Marriage and Family Therapy Registered Intern
- [ ] Mental Health Counselor
- [ ] Mental Health Counselor Registered Intern
- [ ] Psychologist
- [ ] Social Work Registered Intern
- [ ] Social Worker
- [ ] Other (please specify)

* 12. Let us know if you have any of the following **certifications**: *(please select all that apply)*

- [ ] I don't have a certification
- [ ] Master's Level Certified Addiction Professional
- [ ] Certified Addiction Professional
- [ ] Certified Addiction Counselor
- [ ] Certified Behavior Analyst
- [ ] Certified Behavioral Health Technician
- [ ] Certified Gambling Addiction Counselor
- [ ] Certified Mental Health Professional
- [ ] Certified Prevention Professional
- [ ] Certified Prevention Specialist
- [ ] Certified Recovery Peer Specialist
- [ ] Certified Recovery Resident Administrator
- [ ] Certified Recovery Support Specialist
- [ ] Certified Tobacco Treatment Specialist
- [ ] Other (please specify)

* 13. Which of the following best describes your **work setting**? *(please select all that apply)*

- [ ] Private practice
- [ ] Substance use treatment center
- [ ] Therapeutic community
- [ ] Opioid replacement clinic
- [ ] Community intensive treatment team (FACT, CAT, MRT, FIT)
- [ ] Community mental health center
- [ ] Crisis stabilization or acute care facility
- [ ] Psychiatric in-patient facility
- [ ] Recovery residence
- [ ] Other (please specify)
- [ ] Community or school-based prevention organization
- [ ] Homeless shelter
- [ ] Medical hospital or facility
- [ ] Corrections facility
- [ ] Drug court
- [ ] Community health center
- [ ] Administrative or government agency
- [ ] I don't know

14. How many years have you worked in your **current** position?

* 15. In which of the following areas are you **employed** as administrator, supervisor, or provider? *(please select all that apply)*

- [ ] Mental health prevention
- [ ] Mental health treatment
- [ ] Substance use prevention
- [ ] Substance use treatment

Florida Behavioral Health Workforce Survey

16. Please indicate your **level of proficiency** for the following treatment competencies.

Also, indicate if you **received training** in these areas in the last 2 years and if you **want to receive training** in these areas.

Please select answer choices for **all three columns** (proficiency, receiving training, and want training) for each competency.

	Proficiency	Received Training in the Last 2 Years	Want to Receive More Training
Care coordination			
Clinical supervision			
Cultural competence			
Documentation skills			
Gender specific treatment			
Medication-assisted treatments for substance use disorders			
Motivational approaches			
Outreach			
Person-centered treatment planning			
Professional and ethical responsibilities			
Recovery-oriented service provision			

	Proficiency	Received Training in the Last 2 Years	Want to Receive More Training
Suicidality			
Trauma-informed care			
Treatment engagement and retention			
Wraparound services			

Florida Behavioral Health Workforce Survey

17. Please indicate your level of proficiency for the following prevention competencies.

Also, indicate if you received training in these areas in the last 2 years and if you want to receive training in these areas.

Please select answer choices for all three columns (proficiency, receiving training, and want training) for each competency.

	Proficiency	Received Training in the Last 2 Years	Want to Receive More Training
Coalition building and management			
Communication and marketing			
Community organization			
Cultural competence			
Documentation skills			
Environmental prevention and change strategies			
Fidelity monitoring			
Mental health promotion			
Planning and Evaluation			
Prevention theory and research			
Prevention-specific ethics			
Suicide Prevention			
Wellness/whole health approaches			

Florida Behavioral Health Workforce Survey

Please answer the following question about the development of your skills and abilities at your work setting.

* 18. How **often have you used** in your practice what you learned from the trainings you received in the last 2 years?

- ○ Frequently use
- ○ Occasionally/sometimes use
- ○ Almost never use
- ○ Never use
- ○ ***Not Applicable***

* 19. What does your work setting offer to **help develop skills and enhance the abilities** of direct care staff? *(please select all that apply)*

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

Please answer the following training and supervision questions.

* 20. How **often do you participate** in training or professional development events?

- ○ More than once a month
- ○ Once a month
- ○ Two to four times per year
- ○ Once a year
- ○ Never

* 21. What are your **preferred modalities** for professional development? *(please select all that apply)*

- ☐ I don't have one
- ☐ Clinical supervision
- ☐ College coursework
- ☐ Consecutive multi-day training
- ☐ Home study products
- ☐ Internet resources
- ☐ Multi-day training spaced over an extended time frame
- ☐ One-on-one supervision
- ☐ Other (please specify)
- ☐ One-time workshop, seminar or conference
- ☐ Online course
- ☐ Organization in-service
- ☐ Peer mentoring
- ☐ Professional journals and other professional publications
- ☐ Videos
- ☐ Webinar

* 22. Which of the following **barriers** did you encounter when trying to obtain the **training or skill development** activities you need? *(please select all that apply)*

- [ ] I did not encounter any barriers
- [ ] Cost of trainings have been too high
- [ ] Lack of available training opportunities, workshops, conferences and/or in-services
- [ ] Lack of organization resources to send staff to outside training events
- [ ] Required time commitment is too great
- [ ] There are too few rewards for trying new service practices or other procedures in my work setting
- [ ] Topics presented at recent training workshops and conferences have been too limited
- [ ] Training is not a priority at my work setting
- [ ] Training opportunities take too much time away from the delivery of program services
- [ ] Other (please specify)

* 23. What type of **clinical supervision** do you receive? *(please select all that apply)*

- [ ] I do not receive supervision
- [ ] Individual supervision
- [ ] Other (please specify)
- [ ] Group supervision
- [ ] Case conference

Please answer the following opioid use disorder and medication assisted treatment questions.

* 24. Please indicate how much you **agree or disagree** with the following statements.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
Methadone maintenance is basically switching one addiction for another.	○	○	○	○	○
Individuals on methadone can never be in full recovery.	○	○	○	○	○
Buprenorphine maintenance is basically switching one addiction for another.	○	○	○	○	○
Individuals on buprenorphine can never be in full recovery.	○	○	○	○	○
Using methadone to treat opioid use disorders improves patient outcomes.	○	○	○	○	○
Using buprenorphine to treat opioid use disorders improves patient outcomes.	○	○	○	○	○

* 25. Please indicate how **knowledgeable** you are about the following:

	Very knowledgeable	Moderately knowledgeable	Slightly knowledgeable	Not at all knowledgeable
All the medications used to treat opioid use disorders.	○	○	○	○
How to link individuals with opioid use disorders to providers that prescribe methadone, buprenorphine, and naltrexone.	○	○	○	○

* 26. Please indicate how **confident** you are that you can do the following:

	Very confident	Moderately confident	Slightly confident	Not at all confident	*Not applicable*
I can discuss with patients the risks and benefits of using methadone, buprenorphine, and naltrexone to treat opioid use disorders.	○	○	○	○	○
I can educate my patients and their loved ones about how to recognize and respond to a drug overdose.	○	○	○	○	○

* 27. Please indicate how **often** the following occurs:

	Always	Usually	Sometimes	Never	*I don't know*
I actively link individuals with opioid use disorders to providers that prescribe methadone, buprenorphine, or naltrexone.	○	○	○	○	○
The organization I work for distributes naloxone overdose reversal kits to patients at risk of overdose and their loved ones.	○	○	○	○	○
The organization I work for distributes naloxone overdose reversal kits to people in the community at risk of experiencing an overdose, whether or not they are a patient of my organization.	○	○	○	○	○
Individuals taking methadone or buprenorphine must get off these medications before receiving services from my organization.	○	○	○	○	○
The ultimate treatment goal for clients served by my organization is complete abstinence from all drugs, including methadone and buprenorphine.	○	○	○	○	○
Retaining individuals in care is a priority for my organization.	○	○	○	○	○

* 28. Please indicate **how often your organization offers** the following activities, services and supports.

	Always	Usually	Sometimes	Never	*I don't know*
Educate clients, in general, about best practices for managing acute pain, including the risks and benefits of opioids.	○	○	○	○	○
Provide overdose education and distribute naloxone to staff most likely to witness an overdose.	○	○	○	○	○
Educate clinical staff about signs of opioid misuse, screening for opioid use disorder, and the harms of stigmatizing people with an opioid use disorder.	○	○	○	○	○
Build skills of clinical staff to have supportive client, family, and significant other conversations about problematic opioid use and treatment options.	○	○	○	○	○
Use specific strategies to engage and retain people with an opioid use disorder in treatment and recovery services.	○	○	○	○	○
Offer peer-based recovery support services for people with an opioid use disorder.	○	○	○	○	○

	Always	Usually	Sometimes	Never	*I don't know*
Offer expanded services to help those with an opioid use disorder find stable housing and meet other basic human needs (food security, employment, etc.).	○	○	○	○	○
Provide guidance on how to refer to prescribers who can manage persons with opioid use disorder medications.	○	○	○	○	○
Have on staff (or have contracts with) licensed medical professionals who can prescribe and manage medications to treat opioid use disorder.	○	○	○	○	○
Provide medication-assisted treatment(s) within the organization.	○	○	○	○	○
Use organization service data to detect opioid use among persons served, monitor morbidity and mortality, and evaluate interventions.	○	○	○	○	○

Please answer the following job satisfaction questions:

* 29. Overall, how **satisfied or dissatisfied** are you with your **current** job?

Very Satisfied	Satisfied	Not sure	Dissatisfied	Very Dissatisfied
○	○	○	○	○

* 30. How **satisfied or dissatisfied** are you with the following characteristics of your **current** job?

	Very Satisfied	Satisfied	Not sure	Dissatisfied	Very Dissatisfied	*Not Applicable*
Coworkers	○	○	○	○	○	○
Organizational leadership and culture	○	○	○	○	○	○
Supervision	○	○	○	○	○	○
Individual recognition/appreciation	○	○	○	○	○	○
Opportunities for input	○	○	○	○	○	○
Professional development opportunities	○	○	○	○	○	○
Physical work environment	○	○	○	○	○	○
Salary and benefits	○	○	○	○	○	○
Work hours	○	○	○	○	○	○
Workload	○	○	○	○	○	○

* 31. Within the next **12 months** how **likely or unlikely** it is for you to:

	Very Likely	Likely	Neutral	Unlikely	Very Unlikely	*Not Applicable*
Stay at your current organization but move to a different position.	○	○	○	○	○	○
Change employers but remain in the behavioral health field.	○	○	○	○	○	○
Leave the behavioral health field.	○	○	○	○	○	○
Continue working for your current employer in the same position.	○	○	○	○	○	○

32. Please provide us with any additional comments related to the questions asked.