

# **Barriers and Opportunities for Transitioning Maine's Substance Abuse Prevention Workforce toward a Population- Based Service Delivery Model**

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## EXECUTIVE SUMMARY

The substance abuse prevention field is embracing a more population based, public health perspective to providing services, making substance abuse prevention an important part of Maine's implementation of a new regional public health infrastructure. Strengthening the public health workforce is viewed as a critical part of this new regional infrastructure. Currently there is little quantitative data available relating to the substance abuse prevention workforce, either in the state or on a national level. The University of Southern Maine's Muskie School partnered with the Maine Office of Substance Abuse to conduct a point-in-time survey of the substance abuse prevention workforce in the state to learn more about the skills and knowledge of the workforce. Survey results will be used to help assess the readiness of the substance abuse prevention workforce to make the transition to new and/or to intensify prevention roles within Maine's new regional public health infrastructure.

Major themes from the survey are:

- Most of the agencies where the survey respondents work have a small number (2-4) of SA prevention workers.
- Almost all of the agencies (96%) represented in the survey respondent pool have at least one worker who has training in environmental prevention.
- Most respondents think that environmental prevention is as important or more important than individual prevention in addressing alcohol, tobacco and illicit drug prevention.
- There is a strong interest in improving skills - most frequent responses for most SA Prevention skills were "I know something about this and would be interested in learning more." Answers showed that respondents were less familiar with Public Health competencies but indicated interest in learning more about them.
- Preferred methods for learning new skills were attending continuing education events and/or distance learning.
- Educational background of this workforce is highly varied, with about 25% holding a degree that is unrelated to prevention or human services (e.g. Masters in Library Science, MBA, BA in elementary education, biology, economics, doctorate in Art History).
- A significant portion of the workforce is relatively new to the field, with nearly a third having less than two years of experience in SA prevention.

Maine's substance abuse prevention workforce is in transition with many workers continuing to engage in individual level services, and with a large majority already engaged in environmental prevention. A majority of respondents indicated an interest in acquiring new prevention skills and knowledge in these public health related topics: planning and evaluation, community organization, public and organizational policies, implementing evidence-based strategies, policy development and planning, analysis and assessment, cultural competency, and financial planning and management. A combination of distance education modalities and periodic statewide conferences or workshops is the most preferred way the workforce itself desires to build its capacity in environmental prevention skills.

## **BACKGROUND AND INTRODUCTION**

Many Maine substance abuse prevention professionals are accustomed to delivering programs and services to targeted individuals or groups of youth in schools, counseling centers or other local community settings. There is movement within the substance abuse prevention field to utilize a more population based, public health approach in the delivery of services. This movement has and will involve redefining the role and skills of substance abuse workers in their efforts to help build healthy communities. This transition also creates a need to develop additional strategies that acknowledge entire populations and address known environmental determinants such as availability of substances, enforcement of underage drinking laws, social norms, and cultural factors such as adult role models, attitudes, and behaviors across generations. This change will also help create a new common language for the substance abuse prevention workforce to use in working to address the health of the population as a whole.

Healthy People 2010<sup>1</sup>, The Future of Public Health<sup>2</sup> and numerous other public health reports have identified the need for strengthening the public health workforce as a critical part of infrastructure development. One such report found that four out of five public health employees have no formal public health training.<sup>3,4</sup>

In Maine, unlike most other states, the public health workforce cannot be defined solely as those making up the public health system. With only one full service local public health department in the state, and a newly emerging public health infrastructure through the formation of eight public health districts, it is not clear what “the public health system” means. Our public health workforce is made up of many diverse professions, including health educators, epidemiologists, nurses, environmental health specialists, social workers, health educators, physicians, behavioral health professionals, administrators among others, all of whom work in diverse health, public health, and social service settings.

Currently little quantitative information is available relating to the substance abuse prevention workforce, either in the state or on a national level. The University of Southern Maine, Muskie School partnered with the Maine Office of Substance Abuse to conduct a point in time survey of the substance abuse prevention workforce in the state. The purpose of the survey was to learn more about the skills and knowledge of those working in substance abuse prevention. The gaps identified will assist in guiding the development of appropriate educational opportunities that will enhance their skill-sets and improve interagency coordination of prevention resources and activities. The survey included information concerning the demographics, skills, competencies, needs, and concerns of those working in substance abuse treatment and prevention.

As Maine’s new regional public health system emerges, the substance abuse prevention workforce may be asked to transition to new prevention roles within the new structure. Some workers who have focused primarily on individual health education and skill development will be asked to also take on population-based, environmental approaches that are increasingly used in public health prevention initiatives for obesity, cardiovascular health, tobacco, and chronic illness prevention. This survey will help to assess the readiness of the substance abuse prevention workforce to make this transition, and their willingness to upgrade their skills and knowledge toward that purpose.

## **METHODOLOGY**

The Maine Office of Substance Abuse and Prevention (OSA) provided a list of 158 names and email addresses from their prevention professional listserv for this research survey. The day before the survey was activated; OSA sent out a preliminary notification email to their listserv subscribers that an email was forthcoming requesting their participation in this research project. These same people were then asked to voluntarily participate via an emailed introductory letter, which explained the purpose of the research and provided a link to the online survey. On the same day of the survey implementation, OSA provided a link to the survey on their Substance Abuse Prevention listserv. Six email addresses bounced back as undeliverable, which produced 152 potential survey respondents contacted. Two weeks after the initial email letter, a second follow-up print letter requesting participation in the survey was mailed to 30 people from the original list, whose U.S. Postal Service address was known. Two additional email prompts about completing the survey were sent during the month the survey was available for answering. A total of 91 people completed the online survey. It should be noted that not everyone answered every question.

The 30-question survey instrument was designed by Muskie research staff in collaboration with prevention staff from OSA. During the year preceding the survey, Muskie staff attended meetings of the Executive Management Team and the SHY (strategies for healthy youth) statewide planning group to solicit ideas for the general purpose of the survey, and for some specific questions. Additional input was provided by Anne Rogers from the Office of Substance Abuse, members of the SPF SIG Advisory Board, Lisa Laflin of the Franklin County Healthy Communities Coalition, Ronnie Katz and Amanda Edgar from Portland Public Health Department, Marion Brown from Healthy Androscoggin, Carol Oliver from Northeast Center of Applied Prevention Technologies, and Sarah Goan from Hornby Zeller Associates. The online survey used Survey Monkey software, which aggregated data results from each question. Answering the survey was voluntary and all email identifiers and data were erased from the USM servers at the completion of the data analysis. In addition, the Survey Monkey Software Company in Portland, Oregon was asked to remove the data and backup files from their servers. This project met the required protocols for the University of Southern Maine's Internal Review Board (IRB).

As the purpose of this survey is exploratory, rather than hypothesis testing, statistical analysis is limited to descriptive summary statistics and crosstabs.

## FINDINGS

Presented here are six tables that summarize the key findings from the workforce survey. Through the survey we sought to understand the following about the substance abuse prevention workforce current level of training, skills and experience:

- Extent to which they are engaged in various types of SA prevention,
- Perceptions of the relative importance of different prevention approaches, and
- Reception to training or other means of improving their knowledge and skills.

We had 91 respondents to the survey out of 152 substance abuse prevention workers who were contacted for an overall response rate of 60 percent. This is generally thought to be a very good response rate for an online survey, however, several respondents chose to skip various questions, and therefore the overall response rate is lower on many questions.

A significant portion of the workforce is relatively new to the field, with nearly a third having less than two years of experience in SA prevention. However, this workforce is generally well-educated with nearly half holding a graduate degree. One interesting finding regarding education is the sizable subset (27 percent) whose education is unrelated to SA prevention, or to human services in general. Also of interest is the fact that nearly half of respondents are in positions dedicated to substance abuse prevention (spending 50 percent or more of their work in this area), and most (52.4 percent) work in agencies with 2-4 people engaged in substance abuse prevention (not shown in table).

**Table 1. Characteristics of Survey Respondents**

Total number of respondents	91
% of respondents with < 2 years in SA prevention field	30%
% of respondents with < 5 years in SA prevention field	41%
% of respondents with < baccalaureate degree	12.2%
% of respondents with baccalaureate degree	40.5%
% of respondents with masters degree (or PhD)	47.3%
Type of college degree. (62 responses)	
Social work, psychology, counseling or similar	32%
Public health, community health or similar	21%
Unrelated to prevention or public health	27%
Percent of respondents spending over half of work day doing SA prevention	49.4%
Percent of respondents engaged in community SA prevention	86.1%
Percent of respondents engaged only in individual SA prevention	13.9%

We approached the question of environmental vs. individual prevention in several ways. Respondents were asked if they had engaged in community-level prevention in the past year (environmental), and also if they had engaged in a variety of individual-level prevention interventions such as screening, treatment and referral. As shown in Table 1, only 13.9 percent were engaged exclusively in these individual-level activities. When asked what portion of staff time at the agency was spent in environmental activities (Table 2), 44 percent indicated that more than 30% of staff time was engaged in environmental prevention, however, 30 percent indicated that ten percent or less of staff time was focused on environmental prevention. This finding would be somewhat disturbing, in view of increased emphasis on environmental prevention, were it not for other findings that suggest a workforce that is willing to change current practice. For example, Table 3 indicates that respondents are aware of the importance of environmental interventions, and see it as more important than individual prevention. These terms were defined in the survey, a complete copy of which is included in the appendix.

**Table 2. What percentage of staff time (including yours) is spent on environmental, individual and other substance abuse prevention activities? (% of 80 responses)**

	Environmental Prevention Activities	Individual Prevention Activities	Other Prevention Activities
10% or less	30%	31%	30%
> 30%	44%	25%	26%

**Table 3. Relative importance of environmental vs. individual prevention for:**

	Environmental prevention is most important	More important	Equally Important	More Important	Individual Prevention is most important
Alcohol	33.8%	23.4%	31.2%	9.1%	2.6%
Tobacco	24.7%	28.6%	37.7%	6.5%	2.6%
Illicit Drugs	19.5%	24.7%	36.4%	13.0%	6.5%
				answered question	77
				skipped question	14

The following tables are focused on the readiness of this workforce to make the transition to a population health approach to prevention. Since that approach is well-articulated by the ten essential public health services, one of our questions addressed the respondent's familiarity with those services. The fact that 22 percent of respondents skipped this question may be an indication of those respondents' lack of familiarity with these services. Of those who did respond, a majority are engaged in surveillance, health education, community organizing and

advocacy, with fewer engaged in community assessment, enforcement, referral, training, and evaluation and research.

Looking more specifically at the recommended essential competencies in substance abuse prevention (Table 5), more than 80 percent of respondents were engaged in all five of these activities, and a majority of respondents are interested in learning more about all five competencies. Similarly, looking at more general prevention skills, we found that respondents are knowledgeable in all areas, but a sizable majority is interested in learning more. Nearly 80 percent of respondents were interested in developing more policy development and planning skills and learning more about implementing evidence-based prevention strategies. The latter priority may indicate an interest in learning more about evidence-based prevention as much as implementation strategies.

**Table 4. Which of the following ten essential public health services are included in your current job description? (Select all that apply)**

Monitor community to identify population based health problems.	57.7%
Diagnose and investigate health problems and health hazards in the community.	19.7%
Inform, educate and empower people about health issues.	87.3%
Mobilize community partnerships to identify and solve health problems.	70.4%
Develop policies and plans that support individual and community health efforts.	64.8%
Enforce laws and regulations that protect health and ensure safety.	28.2%
Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	39.4%
Assure a competent public health and personal health care workforce.	16.9%
Evaluate effectiveness, accessibility and quality of personal and population-based health services.	45.1%
Research for new insights and innovative solutions to health problems.	35.2%

answered question 71

skipped question 20



**Table 5. Self assessment of SA prevention competencies**

Answer Options	I'm doing this now and only need to learn about any new advances in the field.	I'm doing this now and would like to advance my skills in this area.	I'm not doing this now but think it might be good to learn about.	I'm not doing this now and don't think it is relevant to my work.
1. Education and Skill Development (e.g. disseminating prevention information, training, capacity building for other SA professionals, etc.)	35.6% (26)	<b>47.9% (35)</b>	11.0% (8)	5.5% (4)
2. Planning and Evaluation (e.g. assessing community needs & resources, strategic planning, integrating evaluation practices into prevention work, etc.)	23.3% (17)	<b>68.5% (50)</b>	5.5% (4)	2.7% (2)
3. Community Organization (e.g. Collaborating with community coalitions & partnerships, cultural competence, etc.)	27.4% (20)	<b>63.0% (46)</b>	6.8% (5)	2.7% (2)
4. Public and Organizational Policies (e.g. using formal & informal processes to influence prevention policies, etc.)	22.2% (16)	<b>61.1% (44)</b>	12.5% (9)	4.2% (3)
5. Professional Growth & Responsibility (e.g. knowledge of current science-based prevention theory & practices, diversity of skills, ethical practices, etc.)	33.8% (25)	<b>58.1% (43)</b>	4.1% (3)	4.1% (3)
			answered question	74
			skipped question	17

**Table 6. What are your general prevention skills?**

	I have no knowledge in this area and am not interested in learning about it.	I have no knowledge in this area and would be interested in obtaining training.	I know something about this area and would be interested in learning more.	I am knowledgeable in this area and don't need any additional training.
1. Analytic or Assessment Skills	1.4% (1)	7.0% (5)	<b>69.0% (49)</b>	22.5% (16)
2. Policy Development & Planning Skills	2.7% (2)	8.2% (6)	<b>71.2% (52)</b>	17.8% (13)
3. Communication Skills (e.g. oral, written, listening, facilitation)	2.7% (2)	1.4% (1)	<b>53.4% (39)</b>	42.5% (31)
4. Cultural Competency Skills (e.g. economic class, sexual orientation, gender, ethnicity, linguistic)	2.7% (2)	10.8% (8)	<b>66.2% (49)</b>	20.3% (15)
5. Community Practice Skills (e.g. collaboration, negotiation, leadership, assessment, team-building)	2.7% (2)	6.8% (5)	<b>62.2% (46)</b>	28.4% (21)
6. Basic Public Health Skills (e.g. disease prevention, population based health prevention, 10 essential services, etc.)	6.8% (5)	13.5% (10)	<b>58.1% (43)</b>	21.6% (16)
7. Financial Planning and Management Skills	4.1% (3)	13.5% (10)	<b>62.2% (46)</b>	20.3% (15)
8. Leadership and Systems Thinking Skills	2.7% (2)	6.8% (5)	<b>64.4% (47)</b>	26.0% (19)
9. Implementing evidence-based strategies	4.1% (3)	5.4% (4)	<b>73.0% (54)</b>	17.6% (13)
			answered question	74
			skipped question	17

**Table 7. What ways would work best for you to enhance your substance abuse prevention competencies? (select all that apply)**

Having an in-house mentor	12.3%
Attending in-service trainings	46.6%
Having my employer monitor my development	13.7%
Having financial support for continuing education	71.2%
Having financial support to attend national conferences, trainings, or classes	58.9%
Paid time off for attending state sponsored conferences or trainings	54.8%
Paid time off for attending national conferences or trainings	50.7%
Being responsible for monitoring my own development	28.8%
Distance learning (webcasts, audio, video)	61.6%
Other	8.2%
Answered question	73
Skipped question	18

Finally, having identified some learning/training priorities, we asked respondents what might be the preferred ways of gaining these new skills and knowledge. Table 7 summarizes those responses, which appear to show a strong preference for distance learning and attending conferences, rather than in-house training or mentoring. Not surprisingly, having the employer pay for these activities is a high priority. It should be noted here, however, that while respondents want their employers to pay for their career development, they prefer to take personal responsibility for choosing that development path, rather than leave that responsibility with the employer.

## **CONCLUSIONS AND RECOMMENDATIONS.**

Major themes that emerged from this survey are reported at the beginning of this report. Based on those themes, our general conclusion is that Maine's substance abuse prevention workforce is in transition, with many workers continuing to engage in individual level assessment, education, skill-building, treatment and referral, but with a large majority already also engaged in environmental prevention. Evidence that this workforce is aware of and receptive to this transition can be found in the large number of respondents indicating the importance of environmental prevention, designating an interest in acquiring new prevention skills and knowledge, which signifies a desire to move toward a population-focused approach to prevention. Distance education modalities could be combined with periodic statewide conferences or trainings to respond to this interest in learning new prevention skills.

### **Preliminary Training Topics Identified from Survey**

The following are listed in order of descending priority, based on all survey respondents who indicated a desire to advance skills or obtain training.

- 1. Policy development and planning skills**
- 2. Implementing evidence-based strategies**
- 3. Cultural competency skills** (economic class, sexual orientation, gender, ethnicity, linguistic etc.)
- 4. Analytic or assessment skills**
- 5. Financial Planning and Management Skills**
- 6. Planning and evaluation** (assessing community needs & resources, strategic planning, integrating evaluation practices into prevention work etc.)
- 7. Public and Organizational Policies** – (learning about effective methods of influencing prevention policy)
- 8. Basic Public Health Skills** – (e.g. disease prevention, population-based prevention, 10 essential services, etc.)
- 9. Community Organization** (collaboration with community coalitions, partnerships, cultural competence etc.)

## **Assuring a Competent Workforce: Perspective from OSA**

The Office of Substance Abuse hopes to develop and use a competency-based approach that meets the needs of prevention specialists, the prevention industry, and the populations they serve. We hope to have a system in place that will meet prevention practitioners' needs in a variety of organizational settings and focus on a wide range of problems across the life span.

This survey has helped us to learn more about current needs, interests, and gaps as identified by those working in substance abuse prevention in Maine during the spring of 2008. We intend to use the information from this report along with the identified competencies and domains of the international certification and reciprocity consortium to build, maintain, and strengthen the substance abuse workforce.

While the path that this system takes still remains to be seen, there are several options that OSA will investigate.

Option one is to create a system with varying levels of prevention specialists, where level one may be a very basic, core set of knowledge and skills; level two may be an advanced skills and knowledge level as a generalist in prevention; level three may be advanced skills and knowledge in a specialty (such as Universal strategies, or a specialty in one of the IR&RC domains).

Option two is to create a singular system where all are trained as generalists whose skills and knowledge might cross disciplines.

Option three is to create a tracking sheet or report card where those working in the field attain or update knowledge in pre-identified key areas and keep a personal record of such training.

Option four is a combination of the prior options, leading to certification as a prevention specialist. This option necessitates an organization to assume responsibility for certification and involves the development of an IC&RC board in Maine, or nearby to manage the certification.

## **Recommendations for Action**

Using both the survey results and the direction set forth by OSA to assure a competent workforce, the authors recommend the following actions for consideration.

1. Inventory current training offerings from all OSA contractors, categorize them according to the desired prevention specialist competencies, and assess whether they meet core, advanced, or specialty needs. This approach would support options 1, 3 and 4 described above. The training design could be tailored to meet established competency needs. Trainings could be marketed to the current workforce with explicit information about which competency a particular training is designed to meet.

Completing the inventory allows OSA to then use it to assess current training provider offerings against what trainings are identified as high priority needs by funders, and the workforce itself. This will assure that OSA's Maine TA providers and regional/national TA providers as the NECATP and CECATP are developing and delivering trainings that help meet the goal of assuring a competent substance abuse prevention workforce. The use continued and consistent use of the Maine Prevention Calendar

([www.maine-prevention-calendar.org](http://www.maine-prevention-calendar.org)) will also be a key tool in coordinating trainings through a consolidated training resource.

2. Develop a comprehensive, competency-based Training Plan that reflects OSA-established strategic direction, both OSA and survey respondent desired competencies, and a reasonable schedule for offering the trainings so that provider agency staff are able to complete competency trainings in a timely fashion.

A Training Plan may include a listing of courses/workshops that provide skill building in different categories of competencies. OSA and its training providers may want to negotiate a schedule of offerings that accommodate a prescribed frequency of competency course offerings, e.g. core competency workshops might be offered annually, in multiple regions in different formats, (workshop, distance ed); specialty and advance skill building offerings might be offered less frequently, such as every other year.

3. Work with current training providers to rate their trainings according to competencies (to be established) and level of skills development provided. For example, if categories of competencies are used, they may be classified as follows: **core** - what every worker needs; **advanced** - may include competencies such as budgeting and program management for personnel responsible for managing a grantee agency or program; **specialty** competencies may reflect strategies for working with special populations.

Whether or not certifying prevention specialists occurs, OSA and its prevention service providers may negotiate the frequency and type of continuing education and professional development needed to assure competency. For example, periodic refresher courses may be deemed important, as well as continuing professional development in specialty areas. Workforce development in Maine's Substance Abuse Prevention Specialist field is key to further reduce substance abuse in the state and to continue to build upon the work and evidence-based strategies being implemented across Maine.

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## APPENDIX



## Default Section

The purpose of this online survey is to provide data about the Maine substance abuse prevention workforce. Data from all completed surveys will be aggregated for analysis and compiled into a report for the Maine Office of Substance Abuse and Prevention. Your individual survey and email identifier will be erased at the completion of the data analysis. By completing and returning this survey, you are giving us your consent to use the answers you provide as part of our aggregate research data. The information collected from this survey will be used to further develop appropriate educational opportunities for substance abuse workers like yourself. The survey contains 30 questions and should take approximately 10-15 minutes to complete.

Thank you for participating in our study.

David Hartley, PHD, Principal Investigator  
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Substance Abuse Prevention (SAP) aims to minimize the occurrence of substance abuse. SAP includes actions that reduce susceptibility and exposure to substance abuse and is distinct from treatment. Please answer the following questions with this context in mind.

**1. What percentage of your day is spent on substance abuse prevention separate from your other responsibilities? (Select one answer below)**

- None
- 1-10%
- 11-30%
- 31-50%
- over 50%

**2. Is substance abuse prevention included in the mission of your organization/agency? (Select one answer below)**

- Yes
- No
- Unknown

**3. What percentage of your organization's budget goes to substance abuse prevention activities and/or to other prevention activities such as heart disease prevention? (Make one selection in each of the columns below)**

	Funding Allocated to Substance Abuse Prevention Activities	Funding Allocated to Other Prevention Activities
None	<input type="checkbox"/>	<input type="checkbox"/>
1-10%	<input type="checkbox"/>	<input type="checkbox"/>
11-30%	<input type="checkbox"/>	<input type="checkbox"/>
31-50%	<input type="checkbox"/>	<input type="checkbox"/>
Over 50%	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>

**4. What do you think is the minimal education level for a competent substance abuse prevention worker? (Select one answer below)**

- High school
- Some college
- Associate Degree
- Undergraduate Degree
- Masters Degree

**5. During the past 12 months I have: (Select all that apply)**

- Engaged in substance abuse prevention activities in my community
- Screened individuals for substance abuse disorders
- Treated individuals with substance abuse disorders
- Made referrals for individuals with substance abuse disorders
- Referred individuals with diagnosed substance abuse disorders to a medical clinician regarding other health conditions
- None of the above

**6. How many people in your organization have substance abuse prevention as part of their job description? (Select one answer below)**

- None
- 1
- 2-4
- 5-10
- All staff
- Unknown

**7. What percentage of staff time in your organization is spent on environmental, individual and other substance abuse prevention activities?**

**Definitions:**

**Environmental substance abuse prevention** can be defined as strategies and approaches which create community norms that limit the abuse of alcohol, tobacco and drugs. (e.g. taxes, regulation, public policies, public messages, etc)

**Individual substance abuse prevention** can be defined as strategies and approaches that are directed at changing individual behaviors in connection with potential abuse of a substance(s). (e.g. counseling, strengthening protective factors, etc.)

**Other substance abuse prevention** are activities such as smoking cessation classes.

(Choose a percentage of time your staff spends on each of the following three prevention activity areas)

	Environmental Prevention Activities	Individual Prevention Activities	Other Prevention Activities
1-10%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-30 %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31-50%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 50%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. How many people in your organization have specific training or expertise in environmental substance abuse prevention? (Select one answer below)**

- None
- One
- 2-4
- 5-10
- All staff
- Unknown

**9. How many people in your organization have specific training or expertise in individual substance abuse prevention? (Select one answer below)**

- None
- One
- 2-4
- 5-10
- All staff
- Unknown

**10. Rate the following statement: In my opinion, the most competent substance abuse prevention workers are those who are recovering substance abusers themselves. (Select one answer below)**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**11. Please rate your opinion about the relative importance of environmental prevention versus individual prevention efforts for each of the work areas listed. (Rate each of the prevention work areas below)**

	Environmental Prevention Most Important		Equally Important		Individual Prevention Most Important
1. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Illicit Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Prescription Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12. What percentage of the population for whom you provide services are considered dual diagnosis (substance abuse and mental health) individuals? (Select one answer below)**

- none
- 1-25%
- 26-50%
- 51-75%
- 76-100%
- Unknown

**13. What is/are the source(s) of substance abuse prevention funding for your organization? (Select all that apply)**

- Medicaid
- Private Insurance
- Medicare
- Foundation Funding
- State Government Grants
- Federal Grants
- Community Grants
- Private Donors
- Other (please specify)  
\_\_\_\_\_

**14. The following competencies have been proposed nationally for accrediting substance abuse prevention workers. Please rate each of the five competencies below.**

	I'm doing this now and only need to learn about any new advances in the field.	I'm doing this now and would like to advance my skills in this area.	I'm not doing this now but think it might be good to learn about.	I'm not doing this now and don't think it is relevant to my work.
<b>1. Education and Skill Development</b> (e.g. disseminating prevention information, training, capacity building for other SA professionals, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>2. Planning and Evaluation</b> (e.g. assessing community needs & resources, strategic planning, integrating evaluation practices into prevention work, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>3. Community Organization</b> (e.g. Collaborating with community coalitions & partnerships, cultural competence, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>4. Public and Organizational Policies</b> (e.g. using formal & informal processes to influence prevention policies, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>5. Professional Growth &amp; Responsibility</b> (e.g. knowledge of current science-based prevention theory & practices, diversity of skills, ethical practices, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**15. How does your organization currently develop skills and enhance competencies in the substance abuse field? (Select all that apply)**

- No method/program exists
- Offers in-house mentoring program
- Provides in-service training
- Provides direct supervision
- Pays cost of continuing education (e.g. attending state conferences, trainings or credit/certificate classes)
- Pays cost of national conferences and/or trainings
- Supports attending state sponsored trainings
- Supports attending national conferences and/or trainings
- Supports self-responsibility for monitoring my own development
- Unknown

**16. What ways would work best for you to enhance your substance abuse prevention competencies? (Select all that apply)**

- Having an in-house mentor
- Attending in-service trainings
- Having my employer monitor my development
- Having financial support for attending continuing education programs (e.g. in-state conferences, trainings or credit/certificate classes)
- Having financial support to attend national conferences or trainings
- Paid time off for attending state sponsored conferences or trainings
- Paid time off for attending national conferences or trainings
- Being responsible for monitoring my own development
- Other (please specify)

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**17. Which of the following ten essential public health services are part of your current job description? (Select all that apply)**

- Monitor community to identify population based health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate and empower people about health issues.
- Mobilize community partnerships to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Assure a competent public health and personal health care workforce.
- Evaluate effectiveness, accessibility and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems.

**18. What are your general prevention skills? (Please identify your prevention knowledge by rating each of the skill sets on the following chart)**

	I have no knowledge in this area and am not interested in learning about it.	I have no knowledge in this area and would be interested in obtaining training.	I know something about this area and would be interested in learning more.	I am knowledgeable in this area and don't need any additional training.
1. Analytic or Assessment Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Policy Development & Planning Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Communication Skills (e.g. oral, written, listening, facilitation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Cultural Competency Skills (e.g. diversity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Community Practice Skills (e.g. collaboration, negotiation, leadership, assessment, team-building)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Basic Public Health Skills (e.g. disease prevention, population based health prevention, 10 essential services, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Financial Planning and Management Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Leadership and Systems Thinking Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Implementing evidence-based strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**19. If you could choose one thing that would enable you to become more effective as a substance abuse prevention worker, what would it be?**



**20. What is your gender? (Select one answer below)**

- Male  
 Female  
 Other

**21. Are you Hispanic or Latino/a? (Select one answer below)**

- Yes  
 No

**22. How do you identify your ethnicity? (Select one answer below)**

- African American  
 American Indian/Alaska Native  
 Asian  
 Native Hawaiian/Pacific Islander  
 White  
 Multiple ethnicities (please specify)

**23. How many years have you worked in the substance abuse and substance abuse prevention fields? (Choose one time frame for each prevention area below)**

	Less than 2 years	3-5 years	6-10 years	Over 10 years
1. Years I have worked in the substance abuse field	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Years I have worked in substance abuse prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**24. What certifications or licenses do you currently hold? (Select all that apply)**

- None  
 Licensed Alcohol & Drug Counselor  
 Certified Alcohol & Drug Counselor  
 Certified Clinical Supervisor of Alcohol & Drug Counselors  
 Alcohol & Drug Counseling Aide  
 Other (please specify)

**25. What is the highest education level you have completed? (Select one answer below)**

- High school or equivalent  
 College level classes but no degree  
 Associates Degree  
 Undergraduate Degree  
 Masters Degree  
 Doctorate

**26. What are your degrees in? (please specify)**

**27. What is your salary at your current position? (Select one answer below)**

- Less than \$20,000.
- \$21,000. - \$34,999.
- \$35,000. - \$49,999.
- \$50,000. - \$74,999.
- \$75,000. and over
- Confidential

**28. What is the year of your birth? (Select one answer below)**

- 1945 or earlier
- 1946-1955
- 1956-1965
- 1966-1975
- 1976- or later
- Confidential

**29. Where are you employed? (Select one answer below)**

- Community Health Center or FQHC
- 501c3 Healthy Community Coalition
- Self-employed
- Hospital or Hospital Managed Health Center
- County or Local Government
- State Government
- School (elementary, high school, technical or college)
- Law Enforcement/Criminal Justice
- Federal Government
- Mental Health or Substance Abuse Association/Agency
- Behavioral Health Services
- Other (please specify)

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**30. What is your current professional title? (Select all that apply)**

- Public Health Worker
- Substance Abuse Counselor
- Substance Abuse Prevention Coordinator
- Substance Abuse Prevention Specialist
- Mental Health Counselor
- Clinical Social Worker
- Social Worker
- Psychologist
- Nurse Practitioner
- Nurse
- Vocational Health Worker
- Child Welfare Worker
- Primary Care Clinician
- Medical Specialist Clinician
- Physician Assistant
- Adult Criminal Justice Worker
- Juvenile Criminal Justice Worker
- Education/Teacher
- Psychiatrist
- State Government Worker
- Administrator
- Alternative Medicine Worker
- Other (please specify)

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**THANK YOU!**