WAYNE STATE UNIVERSITY
SCHOOL OF SOCIAL WORK

The Center for Social Work Practice and Policy Research

Workforce Development Scan

For the

State Prevention Enhancement Grant

Submitted to: Michigan Department of Community Health Bureau of Substance Abuse and Addiction Services: Prevention Section

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Bureau of Substance Abuse and Addiction Services: Prevention Section

Substance Abuse Prevention Workforce Development Survey

Introduction

This survey is one part of an environmental scan of substance abuse prevention employees in five coordinating agencies (CAs) in Michigan. These CAs are members of a pilot project which is part of a grant to enhance capacity in the state. In addition to capacity enhancement, the project seeks to lay some groundwork for further collaboration between substance abuse prevention, treatment, mental health and primary care systems in an effort to build the Recovery Oriented System of Care in Michigan. The information will be used to assist in the development of workshops, trainings, and technical assistance opportunities for the substance abuse prevention workforce.

Methods

The survey was developed by Wayne State University School of Social Work with direction from staff at the Bureau of Substance Abuse and Addiction Service Prevention Section, and with review and input from the members of the State Prevention Enhancement Workgroup. The survey was programmed into Zoomerang, an online survey software program. To ensure anonymity and confidentiality, little identifying information was collected and the survey was approved by the Wayne State Institutional Review Board and also by the Michigan Department of Community Health IRB.

A hotlink to the Zoomerang survey was generated and sent out with an introductory letter via email from the Bureau of Substance Abuse and Addiction Services. The email was sent to directors of the five coordinating agencies for distribution to their network of providers and coalitions. Reminder emails were sent after two weeks, the survey was open for three weeks. 63 completed responses were collected.

Prevention Activities

The first set of questions provided a definition of three types of prevention activities and asked respondents to estimate what percentage of staff time was spend on each of the strategies. Environmental strategies were 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 strategies were 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 strategies were defined as: activities including identification, referral and alternative activities.

Time spent	Environmental Strategies	Individual Strategies	Other prevention
1-10%	32%	24%	38%
11-30%	19%	31%	43%
31-50%	21%	21%	8%
Over 50%	27%	19%	5%
Unknown	2%	5%	6%

The data seems to suggest across all respondents overall time is fairly evenly spent on environmental strategies and individual strategies. The slight advantage in time spent on environmental strategies may correspond to the data below which notes more people report engaging in indirect services such as coalition, community education, etc. and slightly less report performing direct services such as counseling and strengthening protective factors. Most spend less than 30% of their time on other prevention strategies such as identification and referral. The distribution of time spent on prevention may change as more agencies and coalitions engage in new approaches designed to work across sectors to promote general mental health promotion or if the other sectors engage more in identification and referral as opposed to environmental change strategies.

5. How many people in your organization have specific training or expertise in environmental substance abuse prevention? (select one answer below) (N=63)	
None	6%
One	25%
2-4	37%
5-10	11%
All staff	16%
Unknown	5%

Just over 80% of respondents indicate that there is at least one person within their organization that has specific training or expertise in environmental substance abuse prevention. 16 of the agencies report having all staff trained, while only 6% say no one has received specific environmental strategies training. This information suggests that there is still room at many agencies for more training on environmental strategies if this method is to be more widely utilized as a prevention strategy.

6. Beyond substance abuse prevention, do you provide prevention services targeted at other problems? (select all that apply) (n=135)	
Health	58%
Violence	40%
Suicide	35%
Child Abuse	33%
HIV/AIDS	25%
Delinquency	29%
Domestic Violence	19%
Crime	10%
Other, please specify • Anger Management and Parenting (n=3) • Teen Pregnancy Prevention (n=3) • Bullying (n=2)	35%

Respondents report that their organizations provide prevention services targeting a variety of other problems in addition to substance abuse prevention. The most commonly reported prevention services include health services (58%) and violence prevention (40%).The prevention services provided least include crime and domestic violence. As there is a great deal of overlap in contributing factors for many of these problem areas, this data also suggests opportunities for organizations to network with others around the prevention of suicide, child abuse, and delinquency which would have the greatest likelihood of commonality in building a strong service network.

7. Please check the primary age group of the people you serve (select one). (N=60)	
0 to 5 years	0%
5 to 10 years	3%
10 to 17 years	68%
18 to 24 years (specifically young adults)	5%
18 and over (general adult population)	22%
60 and over (older adults)	2%

Almost three-fourths (71%) of the participants indicate they primarily work with school-age children. There are very few organizations that focus on serving young children, 18 -24 year olds, or those over 60. The lack of service specifically targeting young adults and older adults however, may be offset by the organizations that primarily serve the general adult population,

which would include these groups. While the preponderance of work is with adolescents and teens, the more holistic Prevention Prepared Communities approach supports more broad-based community wide efforts. This information also suggests that additional specialization for 18 – 24 year olds and seniors over 60 are in need in these areas.

Career/Workplace Attributes

8. What is your primary role in prevention services? (select only one) (N=61)	
Prevention Specialist providing direct services (working directly with program participants)	25%
Prevention Specialist providing indirect services (coalition, community education, etc.)	33%
Management (supervisor, administrator, etc. without direct service)	25%
Management (supervisor, administrator, etc. with direct service responsibilities)	18%

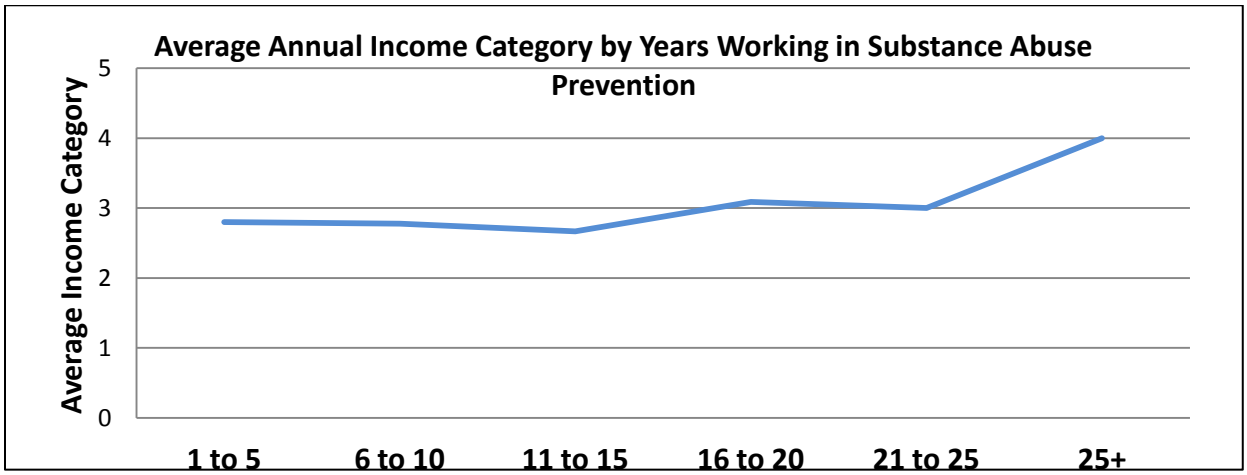
About 43% of respondents indicate that they provide at least some direct prevention services to clients, 33%% provide indirect services and 25% are managers. These results show that while one-third are already well suited to performing the networking, coalition building, and advocating for the issues surrounding substance abuse and mental health, many more are prepared for direct service. This may suggest that they are prepared for integration with others who conduct individual level strategies for other problems.

9. What is your annual salary at your current position? (N=62)	
Not applicable, volunteer	2%
$15,000-$24,999	7%
$25,000-$34,999	17%
$35,000-$39,999	23%
$40,000-$49,999	15%
$50,000-$74,999	26%
$75,000 or over	3%
Do not wish to answer	8%

The median salary of a mental health and substance abuse worker in Michigan is $39,770 while the national median income is $41,880. Less than a quarter of the participating workers in this survey reported an annual salary between $35,000-39,999 approximating that average. However, this data shows that 15% of respondents earn close to average and approximately 29% earn well above the national average salary. This may be due in part to the fact that 43% of respondents have management responsibilities as shown in Question 8 above. The following

table shows that participants who have spent more years working in substance abuse prevention have higher incomes than individuals who have spent less years doing prevention work.

Income Categories 1- $15,000- $24,999; 2- $25,000- $34,999; 3- $35,000- $49,999; 4-$50,000+



10. Which of the following benefits are provided, partially or fully, through your employment? (select all that apply) (N=226)	
Health insurance	88%
Sick leave	84%
Other paid leave	74%
Retirement contributions by your employer	67%
Disability insurance	56%
Tuition Reimbursement	12%
Other benefits	16%
Dental (n=3) **Vision (n=2)** 403b Life insurance	

Health insurance was reported as the most frequent benefit provided by respondent employers, followed by sick leave, other paid leave, retirement and disability insurance. These benefits seem to be comparable to benefits provided by public and private employers.

11. How many years have you worked in the prevention field? (N=62)	
NA	2% (n=1)
0-4 years	28% (n=16)
5-10 years	27% (n=16)
11-19 years	17% (n=13)
20-25 years	20% (n=13)

26 + years	6% (n=3)

12. How many years have you worked in your current position? (N=61)	
Less than 1 year-7 years	60% (n=37)
8-15 years	19% (n=11)
16-23 years	14% (n=9)
24-35 years	7% (n=4)

Participants were asked how many years have they worked in the prevention field and 55% of the respondents report working in the field for 10 years or less, while 43% report more than 10 years. The majority of the respondents (60%) report working in their current position between 0 and 7 years. 19% of respondents report holding their current position for between 8-15 years, and 21% have been in their job for 16 years or more.

13. How much longer do you anticipate staying in the substance abuse prevention field? (select one) (N=60)	
1-3 years	18%
4-6 years	15%
7-10 years	8%
More than 10 years	35%
Don't know	23%

14. If you selected less than 3 years in the question above, can you provide an explanation for why this might be? (N=11)	
Marriage and Moving out of area	18%
Retirement	54%
Expecting advancement & movement within field	9%
Substance Abuse is not my degree field and I would like to find something in my degree field	9%

35% of respondents noted that they are planning on staying within the substance abuse prevention field for more than 10 years. Individuals who noted that they will be leaving this field within the next three years stated most frequently that they would be retiring (n=6) and second most frequently would be getting married and moving (n=2).

15. Certifications held (select all that apply): (N=76)	
CAADC- Certified Advanced Alcohol and Drug Counselor	5%
CADC- Certified Alcohol and Drug Counselor	14%
CCS- Certified Clinical Supervisor	7%
CPS- Certified Prevention Specialist	43%
CPC-R- Certified Prevention Consultant	21%

CCJP- Certified Criminal Justice Professional	2%
CSAPC- Certified Substance Abuse Prevention Consultant	2%
No response/not applicable (no certifications)	28%
Other certifications • Acupuncture Detox Specialist, Recovery Coach Certification	10%

Many of the respondents hold multiple certifications with almost two-thirds (64%) holding a Certificate as a Prevention Specialist or Prevention Consultant. Agencies should review their staff and encourage appropriate personnel to complete their certification. A review of the prevention certification curriculum may point to skills and knowledge that overlap with prevention of mental health problems, suicide and other health issues, another sign that foundations for integration are present.

16. What is your highest academic degree achieved? (N=61)	
Some college, no degree	2%
Associate Degree	7%
Bachelor's Degree	56%
Master's Degree	30%
Doctoral Degree	2%
Other, please specify	5%

A majority of respondents reported holding a minimum of a Bachelor's Degree with almost a third (30%) holding a Master's Degree. Although, 2% of the workers state that they have no degree they may however, be certified or a volunteer since most states require a license, certification, or registration in order to practice within the mental health and substance abuse field.

17. Have you completed workshops or training (i.e. continuing education, non-academic training, in service trainings) in prevention in the past two years? (N=62)	
Yes	94%
No	6%

Within the past two years 94% of staff members completed workshops or trainings about prevention. However, the source of these workshops or trainings is not clear.

18. If yes, please indicate approximately how many hours you have completed of workshops or trainings in the last two years. (N=55)	
3-20 hours	15%
21-39 hours	9%
40-50 hours	45%
60-100 hours	22%
160 hours or more	9%

Most employees average 20 to 25 hours per year of training, which is a sign of a well-trained workforce. A majority (76%) of the respondents reported completing at least 40 hours in the last two years. Additional expectations for and direction to training resources may be necessary for approximately one quarter of employees who said that they have completed less than 40 hours of workshop or training sessions within the last two years. Yearly training standards should be reviewed and reinforced to ensure that workers are adequately trained. Training opportunities around the state and nation should be organized on one easily accessible website to facilitate participation.

19. Approximately what percentage of the training hours listed above was provided by: (Total should equal 100%) (N=59)			
Your Organization		**Outside sources**	
0-20%	73% (n=43)	0-20%	15.5% (n=9)
21-40%	7.5% (n=4)	21-40%	5% (n=3)
41-60%	3.5% (n=2)	41-60%	7% (n=4)
61-80%	3.5% (n=2)	61-80%	19.5% (n=11)
81%-100%	12.5% (n=7)	81-100%	53% (n=31)

Most of the training provided to staff was conducted by sources outside of the agency. Training sessions conducted outside of the facility are often more expensive and may be a growing barrier given the limits on financial resources. Perhaps efforts to create regional training units to facilitate shared training or a training of trainers approach may be a way to conserve resources.

20. Is substance abuse prevention included in the mission of your organization/agency? (n=62)	
Yes	73%
No	17%
Unknown	10%

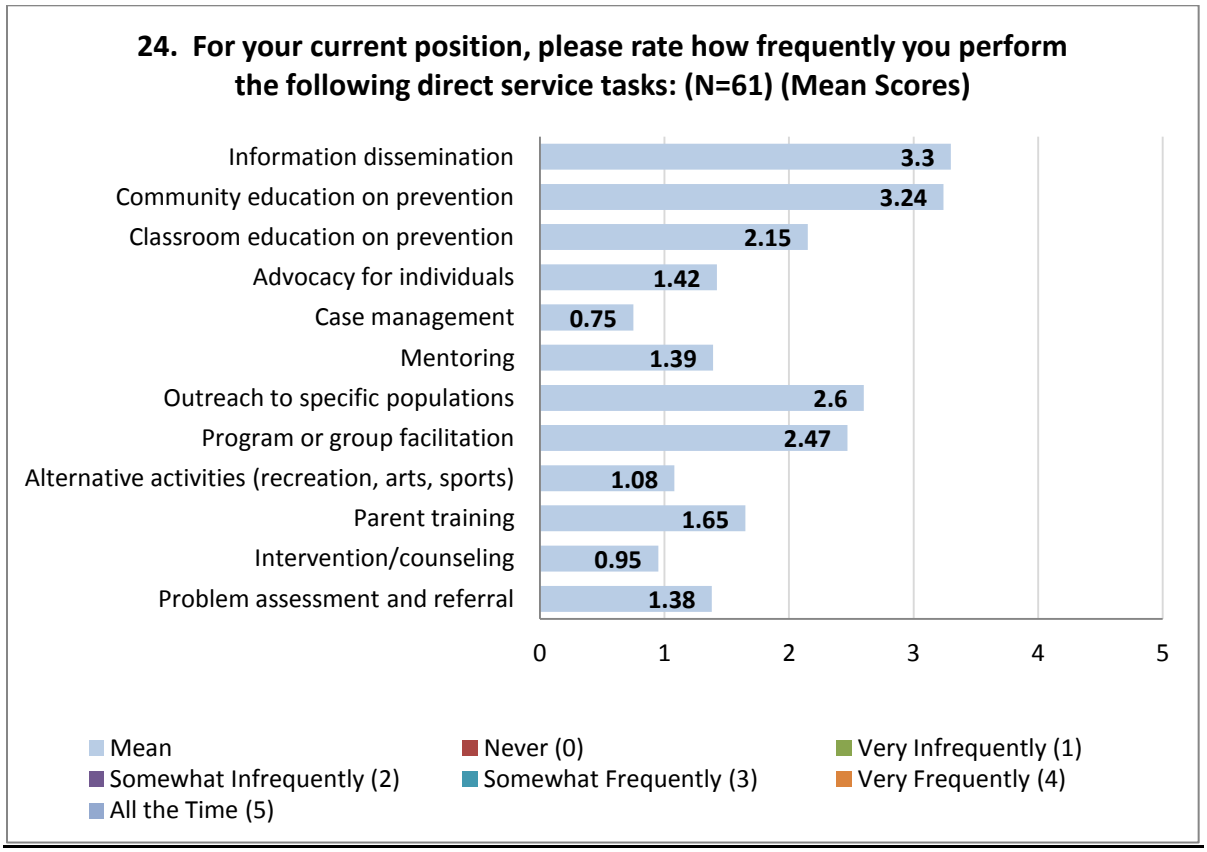
We asked participants if substance abuse prevention is included in the mission of their organization/agency and 73% of the participants said yes. As the survey targeted prevention providers this may be expected, however it is a positive note given the number of agencies who provide multiple services.

21. Please select yes or no for the following license status. Is your agency a...(N=62)		
	Yes	No
Substance abuse treatment provider	50%	50%
Substance abuse prevention provider	88%	12%
Licensed Mental Health services agency	37%	63%
Licensed Early Intervention services provider	26%	74%
Licensed Early Childhood services provider	17%	83%

Few groups do not have a prevention license, and nearly half also have a treatment license. The "siloed" nature of the work can be seen in these figures and that providers who responded are mainly dealing with individuals for substance abuse, rather than more cross-cutting services such as mental health. Agencies should consider advocating or building coalitions across providers to improve mental health prevention services. The most frequently mentioned "other service agency is licensed to provide" was medical and dental service (n=6).

23. In which counties do you most frequently work? (Please list up to 3) (N=96)							
Alger	(n=5)	Comstock	(n=1)	Iron	(n=1)	Northern Bay	(n=4)
Arenac	(n=4)	Delta	(n=2)	Jackson	(n=2)	Oakland	(n=1)
Baraga	(n=4)	Dickinson	(n=4)	Kalamazoo	(n=4)	Portage	(n=1)
Barry	(n=1)	Eaton	(n=2)	Keweenaw	(n=2)	Schoolcraft	(n=1)
Bay	(n=6)	Genesee	(n=1)	Lenawee	(n=2)	Shiawassee	(n=5)
Branch	(n=1)	Gogebic	(n=1)	Luce	(n=1)	St. Joseph	(n=2)
Calhoun	(n=5)	Gratiot	(n=2)	Marquette	(n=8)	Tuscola	(n=1)
Cass	(n=1)	Houghton	(n=4)	Menominee	(n=2)	Van Buren	(n=1)
Chippewa	(n=3)	Huron	(n=1)	Montcalm	(n=4)	Washtenaw	(n=1)
Clinton	(n=1)	Ingham	(n=5)	Newaygo	(n=1)	Wayne	(n=1)

Description of Service Activities



25. For your current position, please rate how frequently you perform the following indirect service tasks: (N=62)							
	Mean	Never (0)	Very Infre-quently (1)	Somewhat In-frequently (2)	Some-what Fre-quently (3)	Very Fre-quently (4)	All the time (5)
Advocacy for policy change	2.42	8%	16%	27.5%	29%	13%	6.5%
Technical Assistance	2.60	19.5%	7%	20%	21%	13%	19.5%
Staff training/Professional development	2.56	6%	10.5%	9%	21%	10.5%	5%
Program planning	2.71	0%	3%	5%	32%	37%	23%
Program/Curriculum development	2.36	15%	13%	25%	21%	18%	8%
Grant writing	2.18	15%	20.5%	20.5%	24%	15%	5%
Community needs assessment	2.60	5%	18%	25.5%	25.5%	18%	8%
Community organizing/coalition building	3.53	2%	10%	8%	23%	30%	27%
Resource acquisition	2.50	10%	15%	18%	36%	18%	3%
Writing/developing prevention materials	2.05	23%	16%	20%	23%	10%	8%
Distribution of prevention materials	3.34	5%	10%	11%	21%	25%	28%
Program management	3.38	11.5%	3%	10%	13%	36.5%	26%
Staff or volunteer recruitment and hiring	2.19	19%	16%	26%	16%	10%	13%
Staff or volunteer supervision	2.62	21%	7%	18%	18%	15%	21%
Program evaluation	3.34	0%	10%	16%	26%	27%	21%
Data analysis and reporting	3.15	3%	11.5%	13%	29%	27.5%	16%
Computer research on prevention topics	3.21	5%	8%	16%	20%	33%	18%

A comparison of responses in questions 24 and 25 show that a considerable portion of the workforce in this assessment appears to perform more indirect services as opposed to direct

services tasks. This is not surprising as 75% of respondents are managers. The four main direct service tasks (question 24) are information dissemination, community education, outreach and program or group facilitation. The least performed direct services tasks by a substance abuse prevention participant include case management, advocacy for individuals, and alternative activities. This may be due to the fact that these tasks are often performed by entry level prevention workers. The top four indirect services (question 25) performed by substance abuse prevention professionals are program planning, staff/volunteer supervision, community needs assessment and technical assistance. Less than 10% of respondents perform case management, advocacy for individuals, mentoring, and intervention and counseling.

26. How frequently do you work with organizations and/or people (N=62)… 27. How frequently do you work with organizations and/or people (N=62)…						
	Mean	Never	Very Infrequently	Somewhat Infrequently	Somewhat Frequently	Very Frequently
in primary care settings?	2.58	23%	27%	15%	24%	11%
in mental health settings?	3.03	16%	29%	10%	26%	19%

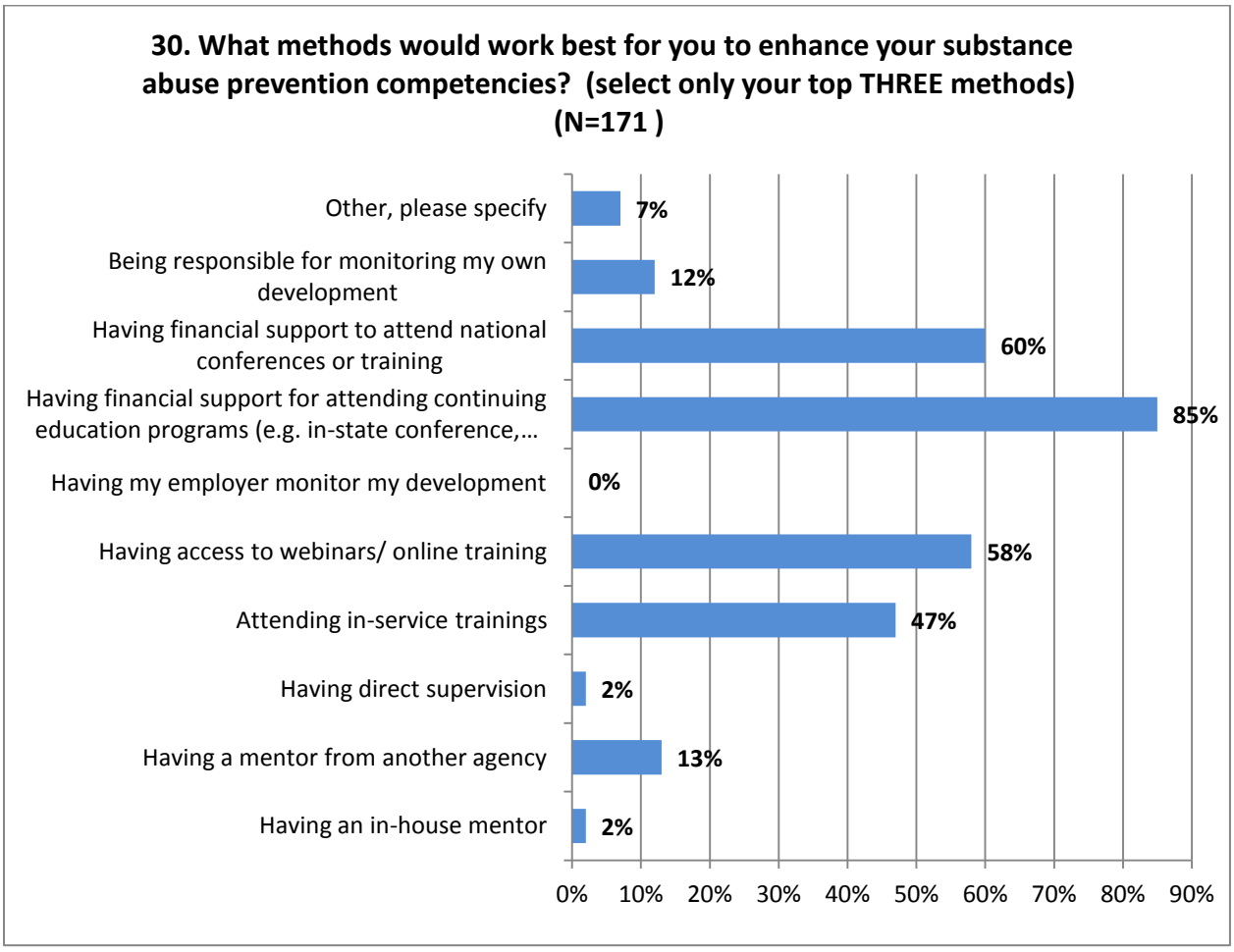
28. How familiar are you with the prevention efforts conducted by (N=61)… 29. How familiar are you with the prevention efforts conducted by (N=61)…					
	Mean	Very Unfamiliar	Unfamiliar	Familiar	Very Familiar
primary care organizations in your community?	2.8	8%	23%	49%	20%
mental health organizations in your community?	2.93	5%	23%	46%	26%

As systems move toward integration it is important to note that approximately half have very little experience working with primary care or mental health organizations. Only 35% work at least somewhat frequently with people in primary care settings. 45% have experience working in mental health setting which is a good indicator. Familiarity with prevention efforts fares somewhat better with 69% noting familiarity with prevention in primary care organizations and 72% noting familiarity with prevention in mental health organizations. As many respondents provide a range of services, this could impact the frequency of working with other organizations, but may still denote a low level of collaboration. 37% of substance abuse agencies are also licensed mental health service agencies which may contribute to why a quarter of the agencies work with organizations and/or people in mental health.

Training needs and preferences

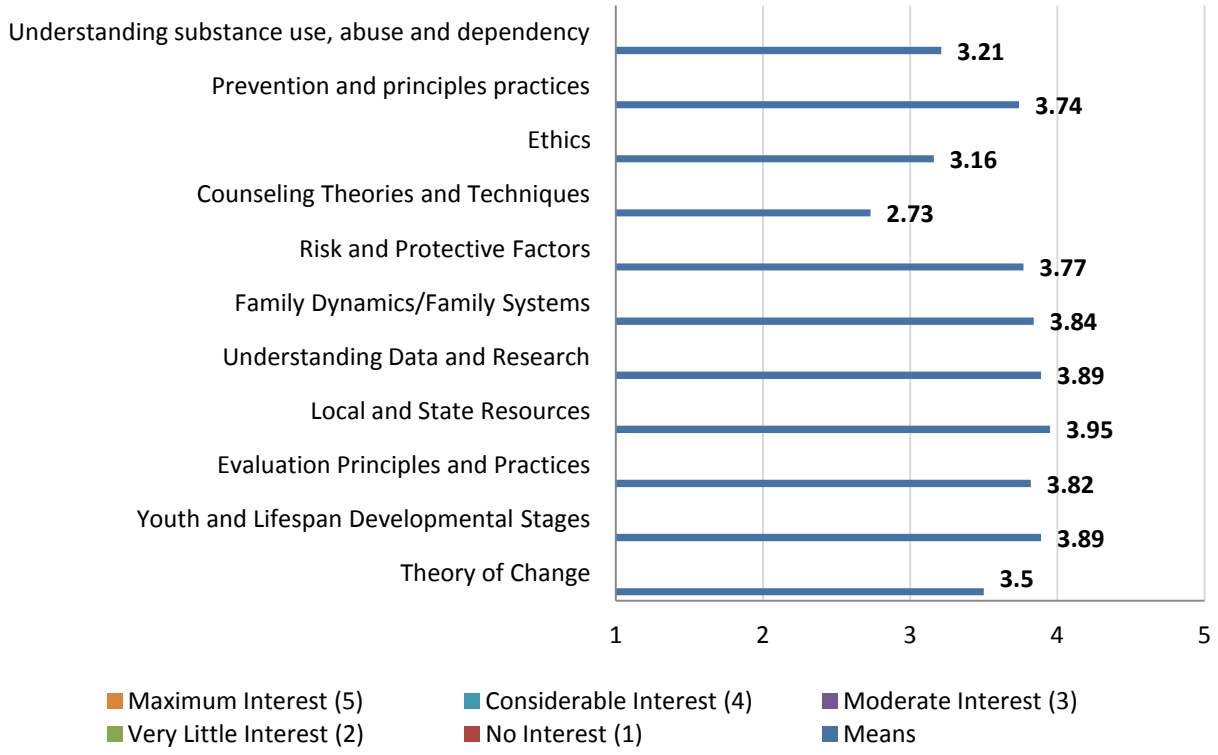
A large portion of questions were devoted to understanding the needs and preferences that respondents have for training. This information will provide a baseline for these areas in terms

of needs and allow for the development of workforce education sessions in a variety of methods to support staff needs. The questions inquired about preferred methods and a variety of knowledge and skills that prevention staff may utilize in their work.

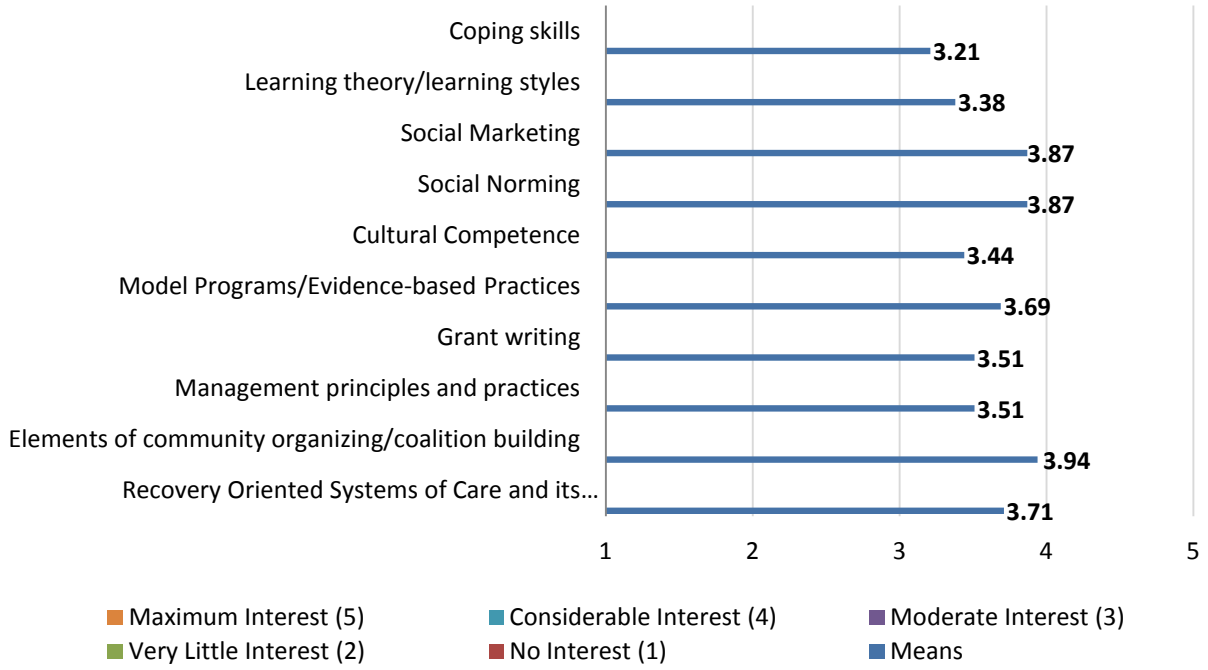


Most respondents would like financial support for attending continuing education programs and national conferences or training to enhance their prevention competencies. Webinars and online training were another popular choice. Respondents were not in favor of forms of supervision and mentoring or employee based monitoring. While not surprising, literature shows that attending training is insufficient for long-term learning and implementation and that reinforcement support through mentoring and dialogue is necessary. Prevention agencies should be encouraged to find ways to provide continuing supports for any training employees receive to ensure its full use. Since training resources are scare, it is important to ensure that training knowledge is shared and used within an organization.

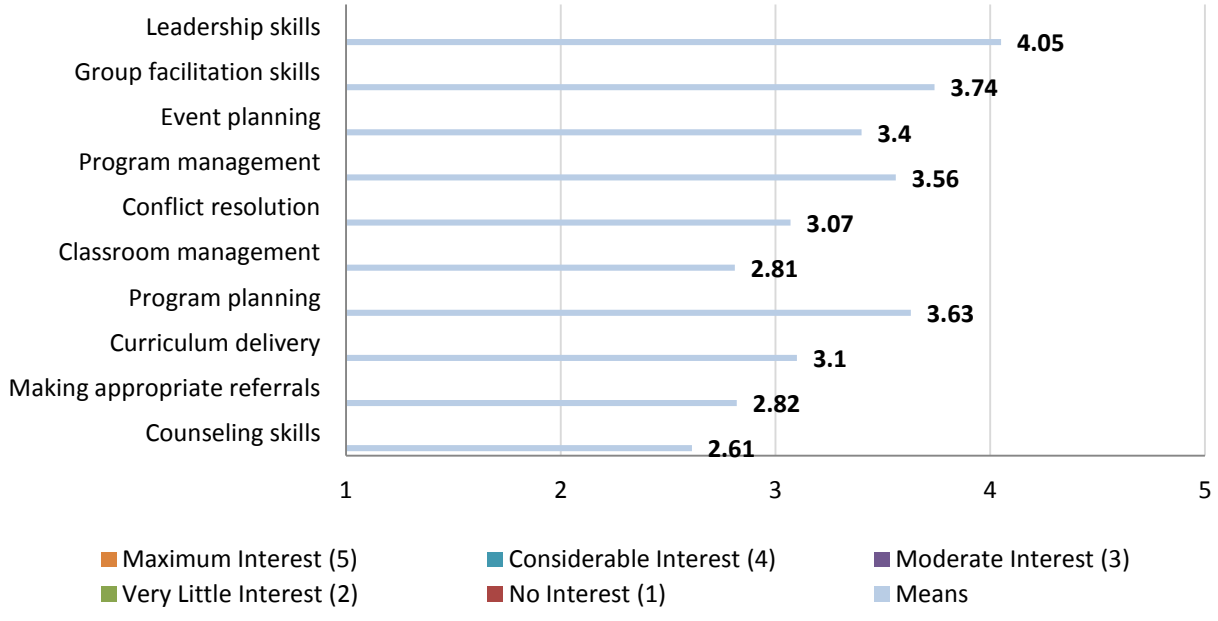
31. Please indicate your interest in participating in a training activity in each of the following KNOWLEDGE areas: (N=61) Mean Scores

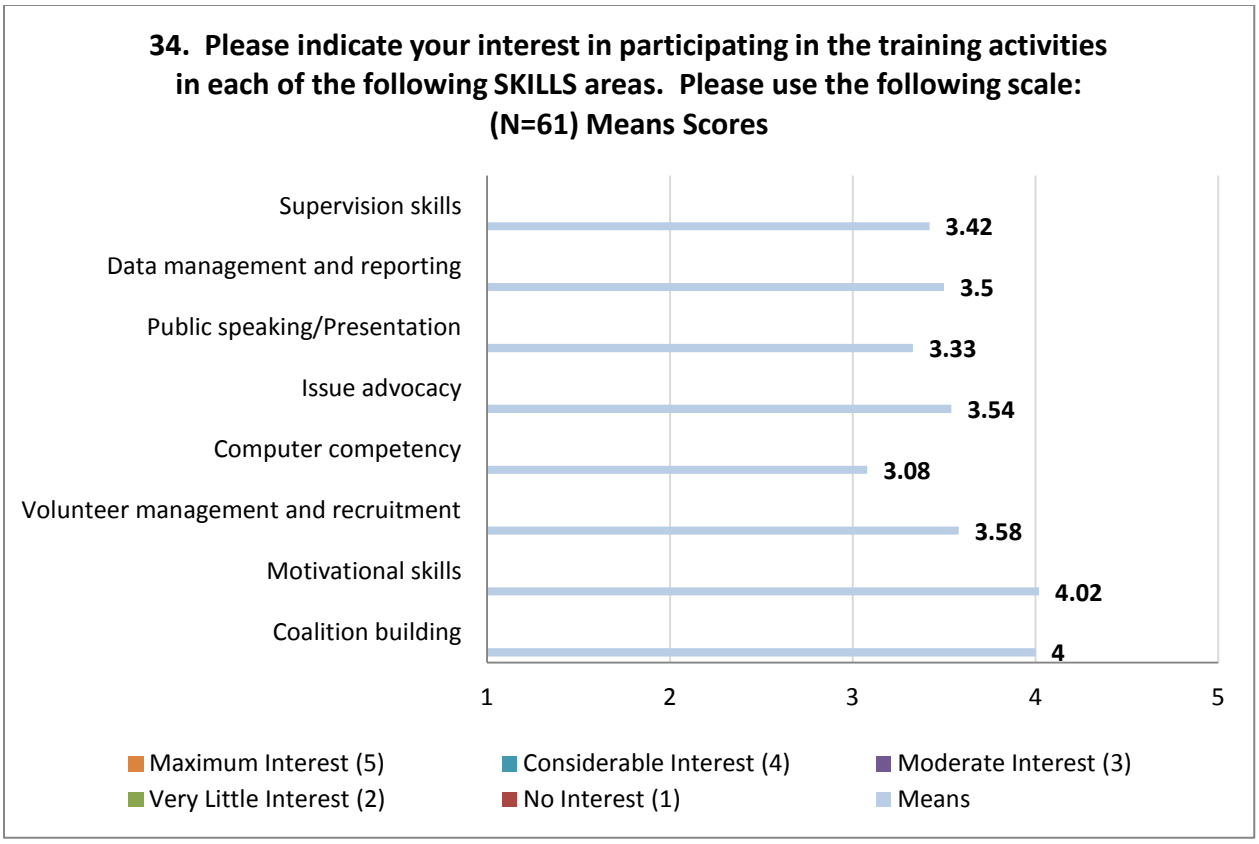


32. Please indicate your interest in participating in a training activity in each of the following KNOWLEDGE areas: (N=62) Mean Scores



33. Please indicate your interest in participating in the training activities in each of the following SKILL areas. Please use the following scale: (N=61) Means Scores





35. Are you interested in participating in a training activity, other than those listed above, if so please specify: (N=5)

- Working with children of addicted parents
- Additional opportunities for cross training involving Mental Health, Public Health, Courts, and Primary Care.
- Motivational interviewing as useful in the prevention field (more so than using it in therapy).
- Utilizing technology for coalition strategies and communications.

Reviewing the information in questions 31- 35 provides insights into knowledge and skill needs of staff respondents. With respect to knowledge (31-32) respondents were most interested in local and state resources, the use of data and research, and understanding youth development. These last items underscore that prevention work is often focused on young people and the importance of continued training and education for knowledge and best practices for working with teens and their families. Other knowledge development topics include organizing/coalition building, social norms and social marketing.

With respect to skills training the options were mainly macro-level skills. Respondents rated many items highly, perhaps acknowledging a desire for more workforce development opportunities. The three highest average scores included leadership skills, group facilitation and

program planning. The three highest means for other skill building included motivation, coalition building, and volunteer management.

Overall, the most highly rated items are indirect services that related to program development and management. Traditional direct service skills were less endorsed as training needs. The skills and knowledge that are highly rated have a potential for a good fit with the direct of prevention services. Prevention staff with higher level skills and knowledge will be well positioned to engage in the transformation to more collaboration with mental health and primary care. Though not specifically covered in this survey, these staff would also benefit from a comprehensive overview of the transformations proposed.

Strategic Prevention Framework

The Strategic Prevention Framework continues to be an important framework for action in substance abuse prevention at the coalition and agency level. The following section assesses need for training in the various components.

Of the seven parts of the Strategic Prevention Framework, respondents were most interested in sustainability, developing capacity and evaluation. These components fit well together as items that are necessary for stability and to be well placed to compete for program funding. The fact that all items received positive scores may indicate that, while respondents are familiar with the model and its components, there still exists a need for training to explore individual components in a more thorough format. It may be possible for short webinars on each topic to be developed with particular attention to how the SPF components can be incorporated into planning and implementing further collaboration and work with mental health and primary care. Also these components could be reviewed as part of the continuing education about the movement to increased use of best practices and cost effective methods of prevention delivery. As agencies and coalitions continue to attract new members, basic training in the entire SPF model will persist as a useful framework for decision making and action that will need to be passed on.

Other comments

When asked if there were any other comments about needs for training, only a few provided comments. These respondents noted the need for help with prevention of prescription drug abuse and suicide in particular. Another pointed out that SPF training is still needed for many new hires and those new to the field. Finally one person said that for those who work in rural areas and those far from most state training attending continuing education sessions is not feasible so training should be offered closer or in online formats.

Respondent Demographics

38. What is your gender? (N=59)	
Male	25%
Female	75%

39. What year were you born? (N=59)	
1940-1950	8%
1951-1960	27.5%
1961-1970	37.5%
1971-1980	10%
1981-1990	17%

40. Are you Hispanic or Latino/a? (N=61)	
Yes	3%
No	97%

41. What is your primary racial identification? (N=60)	
Alaska Native	0%
American Indian	3%
Asian	0%
Black or African American	5%
White or Caucasian	88%
Native Hawaiian or Other Pacific Islander	2%
Multi-racial	0%
Other, please specify	2%

Most respondents were White (88%), females (75%) between the ages of 42 and 60 (65%). The survey respondents point to a low level of diversity in the prevention workforce in these regions. This may be an area that the State and Coordinating Agencies may want to build plans for improving. In particular the CAs may want to compare their workforce demographics to service population demographics to explore needs for increasing diversity and/or providing training to ensure that client needs are adequately met.

Conclusion and Recommendations

These data should provide the Bureau and the Coordinating Agencies with some basis of information for strategic planning and training and technical assistance needs. While there are alternative methods to gathering this type of data, the web-based survey provided an efficient and effective way to capture the perceptions of the current prevention workforce. The data show that staff is well-qualified, have a (time line) and most intend to stay in prevention. This speaks well to the passion and interest of these preventionists. As to their training needs, respondents rated most all knowledge and skill items at moderate interest or higher. This signals a high level of receptivity to training and a desire to learn new knowledge and skills or to build their current base. Below is a summary of several key results.

Each research method brings its own limitation. As the invited respondents only represent a small portion of the staff prevention workforce, the results are not generalizable. The survey may be expanded to gain a more complete picture of the staff workforce. A statewide summary and survey are in preparation to gather perspectives from others about how these results compare to their own perceptions. While instructive, this survey was not designed to capture every nuance or answer every question. However, there is hope that these results may prompt further discussions among CA's to determine other types of information that is needed to provide assistance to their workforce. It may also provide direction for recruiting and maintaining staff by exploring the diversity of respondents and their tenure.

Summary of Results:

Individual and environmental strategies are equally utilized in the respondents' agencies; most work in organizations with at least 1 person trained in environmental change strategies

Over half provide prevention services in health areas - this bodes well for integration efforts.

There is a need to understand how prevention is applicable to adults as few have experience in working with adult populations. This will be a challenge for integration efforts as experience with a wide population range will be required.

Most conduct direct services which may help ease into working together with others who tend to favor individual change strategies. While substance abuse prevention has focused more on environmental change strategies it is unclear how they can be adapted to prevention of mental health problems or primary care, so this may be an area of need for training support.

The workforce is educated and many are committed to staying in the substance abuse field. They are used to attending training but it is unknown if they have a well defined professional development plan which should be encouraged in relation to this transformation.

One quarter of employees who responded have completed less than 40 hours of workshops or training in the last two years.

Respondents prefer conferences, continuing education and webinars as their favorite formats.

Most are doing information dissemination, community education and outreach. Also program planning, supervision, need assessment and technical assistance.

They indicate a need for more training in local and state resources, using data and research, and understanding youth development. For knowledge on strategies they need more on organizing/coalition building, social norms and social marketing.

Needed skills training includes leadership, group facilitation and program planning with specific skill training requested in motivation, coalition building and volunteer management.

Recommendations

1. Despite the ongoing use of the Strategic Prevention Framework, additional training is still needed. In particular, more in-depth work on data collection and evaluation may be in order. As new members and partners are engaged, basic training in the Strategic Prevention Framework will continue to be needed. With respect to data collection, while myriad sources of data are available; more work may be needed in communities on how to use data in selecting and planning programs.

2. Workforce development needs are widely varied but should include trainings that incorporate knowledge building and skill development where possible. Given time and space issues, increasing use of webinars, and multi-site trainings are encouraged.

3. Yearly training standards should be reviewed and reinforced to ensure that workers keep up with current trends and practices.

4. The strategies being used by respondents are traditional (information dissemination, community education, outreach), however training may be needed to assist all prevention workforce in understanding the expanding role for prevention in the development of Prevention Prepared Communities. This includes expanding beyond primary prevention, to skills development more broadly for parents, youth and adults to stem the tide of a range of contributing factors that lead to both mental health issues and substance use disorders.

5. Since CA regions vary in their strengths, a cost effective model may be to encourage case study sharing and peer to peer learning sessions at each meeting where providers are gathered and to tape these sessions for distribution to all prevention staff. These could be brief 15 minute "trainings" on how providers have successfully developed programming, developed collaboration with a key partner, and other topics of shared interest to all staff and CAs.

6. Training opportunities around the state and nation should be organized on one easily accessible website to facilitate participation.

Appendices

Data Tables not provided in text

24. For your current position, please rate how frequently you perform the following direct service tasks: (N=61)							
	Mean	Never (0)	Very Infrequently (1)	Somewhat Infrequently (2)	Somewhat Frequently (3)	Very Frequently (4)	All the time (5)
Problem Assessment/Referral	1.38	38%	25%	13%	11%	13%	0%
Intervention/counseling	0.95	61%	10%	11%	11%	5%	2%
Parent training	1.65	26%	24%	19%	24%	3%	3%
Alternative activities (recreation, arts, sports)	1.08	46%	26%	11%	8%	7%	2%
Program or group facilitation	2.47	26%	10%	11%	15%	23%	16%
Outreach to specific populations	2.60	19%	16%	6%	16%	27%	15%
Mentoring	1.39	52%	6%	15%	13%	8%	6%
Case management	0.75	75%	5%	7%	3%	2%	8%
Advocacy for individuals	1.42	47%	15%	13%	11%	5%	10%
Classroom education on prevention	2.15	30%	16%	11%	10%	18%	15%
Community education on prevention	3.24	13%	6%	8%	18%	26%	29%
Information dissemination	3.30	7%	11%	10%	21%	20%	31%

26-27. How frequently do you work with organizations and/or people in…? (N=62)						
	Means	Never	Very Infrequently	Somewhat Infrequently	Somewhat Frequently	Very Frequently
Primary Care Settings	2.58	23%	27%	15%	24%	11%
Mental Health Settings	3.03	16%	29%	10%	26%	19%

28-29. How familiar are you with the prevention efforts conducted by…? (N=61)					
	Means	Very Unfamiliar	Unfamiliar	Familiar	Very Familiar
Primary care organizations in your community	2.80	8%	23%	49%	20%
Mental health organizations in your community	2.93	5%	23%	46%	26%

31. Please indicate your interest in participating in a training activity in each of the following KNOWLEDGE areas: (N=61)						
	Means	No Interest	Very Little Interest	Moderate Interest	Considerable Interest	Maximum Interest
Understanding substance use, abuse and dependency	3.21	7%	18%	34%	30%	11%
Prevention and principles practices	3.74	3%	15%	13%	44%	26%
Ethics	3.16	5%	23%	35%	26%	11%
Counseling Theories and Techniques	2.73	13%	37%	24%	16%	10%
Risk and Protective Factors	3.77	0%	15%	16%	47%	23%
Family Dynamics/Family Systems	3.84	2%	11%	21%	33%	33%
Understanding Data and Research	3.89	2%	6%	23%	40%	29%

31. Please indicate your interest in participating in a training activity in each of the following KNOWLEDGE areas: (N=61)						
	Means	No Interest	Very Little Interest	Moderate Interest	Considerable Interest	Maximum Interest
Local and State Resources	3.95	2%	11%	15%	34%	38%
Evaluation Principles and Practices	3.82	0%	10%	29%	31%	31%
Youth and Lifespan Developmental Stages	3.89	2%	8%	16%	48%	26%
Theory of Change	3.50	3%	13%	32%	34%	18%

32. Please indicate your interest in participating in a training activity in each of the following KNOWLEDGE areas: (N=62)						
	Means	No Interest	Very Little Interest	Moderate Interest	Considerable Interest	Maximum Interest
Coping Skills	3.21	3%	23%	31%	37%	6%
Learning Theory/Learning Styles	3.38	3%	18%	28%	39%	11%
Social Marketing	3.87	2%	6%	24%	39%	29%
Social Norming	3.87	2%	10%	18%	41%	30%
Cultural Competence	3.44	3%	15%	36%	25%	20%
Model Programs/Evidence-based Practices	3.69	2%	10%	30%	36%	23%
Grant Writing	3.51	7%	18%	21%	26%	28%
Management Principles and Practices	3.51	5%	16%	30%	21%	28%
Elements of Community	3.94	3%	3%	23%	39%	32%

32. Please indicate your interest in participating in a training activity in each of the following KNOWLEDGE areas: (N=62)						
	Means	No Interest	Very Little Interest	Moderate Interest	Considerable Interest	Maximum Interest
Organizing/Coalition Building						
Recovery Oriented Systems of Care and its Implementation in Michigan	3.71	6%	10%	21%	32%	31%

33. Please indicate your interest in participating in the training activities in each of the following SKILL areas. Please use the following scale: (N=61)						
	Means	No Interest	Very Little Interest	Moderate Interest	Considerable Interest	Maximum Interest
Counseling Skills	2.61	20%	31%	26%	15%	8%
Making Appropriate Referrals	2.82	15%	28%	28%	20%	10%
Curriculum Delivery	3.10	13%	19%	27%	26%	15%
Program Planning	3.63	5%	10%	24%	40%	21%
Classroom Management	2.81	19%	21%	31%	18%	11%
Conflict Resolution	3.07	8%	23%	33%	26%	10%
Program Management	3.56	8%	5%	30%	38%	20%
Event Planning	3.40	11%	16%	18%	30%	25%
Group Facilitation Skills	3.74	5%	13%	16%	35%	31%

34. Please indicate your interest in participating in the training activities in each of the following SKILL areas. Please use the following scale: (N=61)						
	Means	No Interest	Very Little Interest	Moderate Interest	Considerable Interest	Maximum Interest
Coalition Building	4.00	2%	5%	26%	26%	41%
Motivational Skills	4.02	0%	8%	10%	54%	28%
Volunteer Management and Recruitment	3.58	5%	11%	27%	34%	23%
Computer Competency	3.08	16%	19%	19%	31%	15%
Issue Advocacy	3.54	5%	11%	31%	30%	23%
Public Speaking/Presentation Skills	3.33	13%	7%	33%	30%	18%
Data Management and Reporting	3.50	5%	11%	26%	45%	13%
Supervision Skills	3.42	10%	11%	29%	27%	23%

36. We are interested in your perceived need for training in these areas. To what extent do you agree that you need training in the following areas? (N=62)						
	Means	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
ASSESS NEEDS: collection of data to understand community need	3.60	3%	8%	26%	52%	11%
DEVELOP CAPACITY: mobilizing human, organizational, and financial resources to meet project goals	3.80	2%	5%	21%	56%	16%
PLANNING: developing goals, objectives, and strategies for use of evidence based programs	3.40	7%	11%	28%	44%	10%
IMPLEMENTATION: carrying	3.28	5%	15%	33%	40%	7%

36. We are interested in your perceived need for training in these areas. To what extent do you agree that you need training in the following areas? (N=62)						
	Means	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
out prevention plans						
EVALUATION: measuring what they have done well and what areas need improvement.	3.79	5%	7%	16%	49%	23%
SUSTAINABILITY: process through which a prevention system becomes a norm and is integrated into ongoing operations	4.06	2%	2%	15%	53%	29%
CULTURAL COMPETENCE: communicating with audiences from diverse geographic, ethnic, racial, cultural, economic, social, and linguistic backgrounds	3.42	2%	15%	35%	37%	11%

30. What methods would work best for you to enhance your substance abuse prevention competencies? (select only your top THREE methods) (N=171)	
Having an in-house mentor	2%
Having a mentor from another agency	13%
Having direct supervision	2%
Attending in-service trainings	47%
Having access to webinars/ online training	58%
Having my employer monitor my development	0%
Having financial support for attending continuing education programs (e.g. in-state conference, training or credit/certificate classes)	85%
Having financial support to attend national conferences or training	60%
Being responsible for monitoring my own development	12%
Other, please specify	7%

30. What methods would work best for you to enhance your substance abuse prevention competencies? (select only your top THREE methods) (N=171)
• **Having financial support and training in evidenced based practices** • **Having specific Native American prevention trainings** • **Networking forums among coalition leaders**