



Felix Rodriguez, PhD  
James Hu, PhD

December 2014

## Publicly Funded CD Treatment Facilities Serving Youth in Washington State: *Agency and CD Clinical Staff Characteristics*

### Purpose

Adolescent substance use remains a serious challenge in Washington State. In fiscal year 2013, more than six thousand youth patients were admitted into publicly funded chemical dependency (CD) treatment in the state.<sup>1</sup> Maintaining treatment services to meet the needs of youth patients involves the training, recruitment, and retention of qualified clinical staff. Planning for workforce development is thus an integral part of any strategy designed to provide effective substance use treatment, and any attempt at planning should begin with an assessment of the current workforce. This report aims to help policy makers and program planners by focusing on two questions. One, what are the characteristics of agencies that currently provide CD treatment services to youth patients? Two, what are the characteristics of the CD clinical staff employed in these agencies?

### Data Source

To answer these two questions, the report uses data gathered from the 2012 Behavioral Health Treatment Provider Survey.<sup>2</sup> The survey asked directors of behavioral health treatment agencies about the services they provide. Those that provided CD treatment services were asked about the characteristics of their CD clinical staff, such as gender, race/ethnicity, education, salary, multilingual status, Department of Health credentials, and evidence-based practice (EBP) training. A sub-group of the providers that responded to the survey consisted of 139 CD treatment facilities that serve youth, representing nearly 91 percent of the subset of 153 youth-serving CD treatment facilities in the population of 442 behavioral health treatment providers that were asked to participate in the survey. Out of the 139 agencies, 128 provided information about their CD clinical staff, yielding a total of 725 full-time equivalent (FTE) positions.

### Characteristics of CD Treatment Agencies Serving Youth Patients

The tables in Appendix A (pages 6-9) show the characteristics of CD treatment facilities serving youth in Washington State.

- CD treatment agencies serving youth were either an independent community-based organization (41%) or a local branch of a multi-site health care organization (36%).
- Most providers, 80 percent, also served adult patients.

Technical Notes	p. 5
Appendix A	p. 6
Appendix B	p. 10
Endnotes	p. 16

FOR MORE  
INFORMATION, PLEASE  
CONTACT:

Felix Rodriguez, PhD  
360.725.3761  
[felix.rodriquez@dshs.wa.gov](mailto:felix.rodriquez@dshs.wa.gov)

- Ninety-two percent of CD youth treatment agencies reported providing outpatient and 26 percent residential treatment services.
- Ninety agencies (65%) reported providing both mental health (MH) and CD treatment services, and 49 (35%) CD services only.
- If a patient is assessed with co-occurring disorders (COD), 89, or 64 percent of the 139 agencies, reported treating both substance use and mental health disorders at their facility; 79 agencies (57%) indicated providing COD treatment services.
- Of the 90 agencies providing both MH and CD treatment services, 54 percent reported having a separate program or staff and 34 percent single or integrated MH and CD program.
- Seventy percent of the providers reported that they have a process in place to assess the cultural competency of staff at their facility.
- A majority of the agencies reported they provide services especially designed for youth (69%), while a smaller proportion reported offering services specifically for women (35%), men (30%), Native Americans (25%), Hispanics (24%), gay, lesbian, bisexual, transgender, questioning (11%), African Americans (10%), and Asian/Pacific Islanders (10%).
- Overall, 126 agencies (91%) reported that they have staff trained in at least one EBP; 125 agencies (90%) offered at least one EBP; and 48 agencies (38%) offered at least one EBP that is monitored for fidelity. Motivational interviewing (60%) and Relapse Prevention (57%) were the two most common EBPs offered by CD treatment agencies serving youth.

### **Characteristics of CD Clinical Staff**

The 2012 Behavioral Health Treatment Provider Survey defines clinical staff as professionals who provide direct services such as assessment, diagnosis, and treatment to CD patients. The results presented in Appendix B (pages 10-15) reveal the characteristics of the CD clinical staff employed in CD treatment agencies serving youth.

- Sixty-five percent were female; 26 percent were non-White.
- Thirteen percent of the clinical staff were reported to speak a language other than English, with Spanish spoken by 46 percent of multilingual speakers (see Table 5, page 13).
- Overall, a third completed a Bachelor's degree; agencies providing both MH and CD had a significantly higher proportion of clinical staff with a Master's degree compared to those providing CD treatment services only (36% versus 13%).

- Sixty-six percent of the CD clinical staff were reported to have a Chemical Dependency Professional (CDP) and 27 percent a Chemical Dependency Professional Trainee (CDPT) credential (see Table 6, page 14).
- Six percent of the CD clinical staff were reported to be dually certified in MH and CD with agencies providing both MH and CD showing a significantly higher proportion of dually certified staff than CD only agencies (8% versus 2%).
- Seventy-one percent of the CD clinical staff were reported to have received training in at least one EBP. Thirty percent of the staff received training in Motivational Interviewing, 18 percent in four kinds of Cognitive Behavioral Therapy, 11 percent in Dialectical Behavioral Therapy, and 9 percent each in the Matrix Model and Relapse Prevention.
- Nearly a third of the CD clinical staff was reported to have received training in trauma-informed care, but the proportion was significantly higher in agencies providing both MH and CD than in CD only agencies (44% versus 4%).
- The median salary for CD clinical staff was \$38,483, but it was higher in agencies providing both MH and CD treatment than in CD only agencies, \$39,930 versus \$37,080. The national median salary of comparable substance abuse and behavioral disorder counselors was \$38,520.<sup>3</sup>

#### CD Clinical Staff and Youth CD Treatment Population Served<sup>4</sup>

- Males constituted more than two-thirds of the youth treatment population but were only about a third of the CD clinical staff.
- Hispanics comprised at least 20 percent of the youth treatment population but made up only less than seven percent of the CD clinical staff.

	CD Clinical Staff* (n=725)		Youth CD Clients Served in SFY 2013 (n=6,432)	
	Count	%	Count	%
<b>Gender</b>				
Male	252	34.7%	4,349	67.6%
Female	474	65.3%	2,083	32.4%
<b>Race/Ethnicity</b>				
White	485	66.9%	3,182	49.5%
African-American	45	6.2%	360	5.6%
Hispanic	47	6.2%	1,355	21.1%
Native American	31	4.3%	361	5.6%
Asian/Pacific Islander	30	4.1%	114	1.8%
Multiracial	33	4.5%	715	11.1%
Other/Unknown	55	7.6%	345	5.4%

\*The sum of the counts may not equal the total number because of weighting.

## Conclusion

This report shows that most of the publicly funded CD treatment agencies serving youth patients in Washington State also serve adults. A majority provide both MH and CD treatment services. More than two-thirds offer youth-specific programs. Staff-level characteristics show that more than seventy percent have had training in at least one EBP. They also reveal marked differences in education and median salary of CD clinical staff between agencies providing both MH and CD versus CD only agencies.

The data from this report can inform workforce planning and development as youth CD treatment, and CD treatment in Washington State as a whole, responds to changes in national and state policy, for example, the Patient Protection and Affordable Care Act of 2010 and the integration of CD and MH services that is underway. At least two issues deserve attention. Treatment agencies serving youth will have to devote more resources in the recruitment, hiring, and training of a more ethnically diverse clinical staff to address the disparity between CD clinical professionals and youth patients. Another issue concerns the need for policies that would encourage clinical professionals to obtain both MH and CD certification as shown by the relatively low proportion of dually credentialed clinical staff.

## TECHNICAL NOTES

### The 2012 Behavioral Health Treatment Provider Survey

The Division of Behavioral Health and Recovery launched the Web-based survey on December 17, 2012, with data collection ending on May 31, 2013. Prior to the launching, DBHR sent invitations to directors of 442 behavioral health treatment agencies in Washington State asking them to participate in the survey. The number of 442 is a population, not a random sample, of treatment facilities known to DBHR as of October 2012 to be providing publicly funded CD and MH treatment services in Washington State. The invitation explained the purpose of the survey and gave agency directors instructions on how to access the survey using the Internet. Directors were asked to complete the survey for their respective agency. The survey asked questions related to agency characteristics, treatment services, evidence-based practices, and quality improvement efforts. The last part of the survey is a section which applied only to CD treatment facilities and asked directors to list the position or title, not names, of their CD clinical staff and, for each person occupying the position, provide information on the average number of hours worked per week, gross annual salary, highest educational degree, gender, race/ethnicity, multilingual status, language spoken other than English if multilingual, Department of Health credentials, training in EBP, and training in trauma-informed care. Out of the 442 agencies, 387, or 88 percent, completed the survey.

### Identifying Youth CD Treatment Providers and Clinical Staff from the Survey

The survey asked respondents to identify the client population they serve: Adults (18 years and over), Youth (13-17 years old), or Children (under 13 years old). Respondents can select more than one client group. The survey also asked what treatment services they provide, and they can only choose one: Mental health (MH), Chemical dependency (CD), or Both MH and CD. For the purpose of this study, a subsample was created consisting of those that selected youth population, regardless of whether they chose another group, and those that provide CD treatment or both MH and CD. Only those treatment agencies that are DBHR-certified to provide CD services were included in this subgroup, thus eliminating several cases that did not have a DBHR certification number. Of the 387 that completed the survey, 139 facilities were identified as DBHR-certified CD treatment facilities serving youth patients.

*Appendix A* presents the characteristics of the 139 CD treatment facilities serving youth in Washington State. Out of the 139 CD treatment facilities, 128 provided information in the staffing section of the survey. The cases were weighted on full-time equivalency rate (FTE) since the average number of hours worked per week varies across positions. An FTE was calculated as the reported average number of hours an employee worked per week multiplied by 52 weeks and divided by 2088 hours, using the Office of Financial Management definition (<http://www.ofm.wa.gov/policy/25.10.htm>). After weighting the cases by FTE, the 128 agencies yielded a total of 725 full-time equivalents (FTEs). The staff level characteristics are shown in *Appendix B*.

## APPENDIX A – Agency Level Characteristics

Table 1  
Characteristics of CD Treatment Agencies Serving Youth Patients

Agency Characteristics	Count (n=139)	%
<i>Type of Organization</i>		
An independent, community-based agency	57	41.0
A local branch of a multi-site health care organization	50	36.0
The main office of a multi-site health care organization	10	7.2
Other	22	15.8
<i>Population served</i>		
Youth and adult	43	30.9
Youth, adult, and children	68	48.9
<i>Subtotal</i>	<i>111</i>	<i>79.8</i>
Youth only	19	13.7
Youth and children	9	6.5
<i>Treatment Services Provided</i>		
Chemical dependency (CD) only	49	35.3
Mental Health and Chemical Dependency (MH & CD)	90	64.7
<i>If providing both CD and MH treatment services: (n = 90)</i>		
Have a separate program or staff for each service	49	54.4
Have a single or integrated program or staff for both	31	34.3
Some other program	10	11.1
<i>CD Treatment Modalities Provided</i>		
Intensive Inpatient	30	21.6
Recovery House	5	3.6
Long-term residential	1	0.7
<i>Subtotal</i>	<i>36</i>	<i>25.9</i>
Outpatient	128	92.1
Opiate treatment program	9	6.5
Detox services	8	5.8
<i>MH Treatment Services Provided (n=90)</i>		
Crisis services	60	66.7
Freestanding evaluation and treatment	34	37.8
Group treatment services	64	71.1
Individual treatment services	88	97.8
Intake evaluation	84	93.3
Prescribing	61	67.8
Mental health services in residential settings	21	23.3
Peer support	35	38.9

Agency Characteristics	Count (n=139)	%
Special population evaluation	51	56.7
Other mental health treatment services	7	7.8
<i>If a person is assessed with co-occurring disorders at this facility, do you:</i>		
Treat the substance abuse (SA) disorder only and refer to another facility for MH treatment	31	22.3
Treat both SA and MH disorders at this facility	89	64.0
Refer to another treatment facility that specializes in COD treatment	2	1.4
No, we do not assess for COD at this facility	3	2.2
Do something else	13	9.4
<i>Do you provide COD treatment services at this facility?</i>		
Yes	79	56.8
No	52	37.4
Don't know/Not applicable	8	5.7
<i>Do you have a process in place to assess the cultural competency of staff at this facility?</i>		
Yes	97	69.8
No	36	25.9
Don't know/Not applicable	6	4.3
<i>Population-specific services provided at this facility</i>		
Women	49	35.3
Men	41	29.5
Youth	96	69.1
Native American	35	25.2
Hispanic	33	23.7
African American	14	10.1
Asian/Pacific Islander	14	10.1
Gay, Lesbian, Bisexual, Transgender, Questioning	15	10.8
Some other population-specific program	16	11.5
<i>DSHS Region</i>		
Region 1 (Eastern Washington)	41	29.5
Region 2 (North/Central Western Washington)	52	37.4
Region 3 (West and Southwest Washington)	46	33.1

Table 2a  
EBPs Offered by CD Treatment Agencies Serving Youth

Evidence-Based Practices	Number of agencies with staff trained in this EBP (n=139) [A]		Number of agencies offering this EBP (n=139) [B]		Number of agencies using a manual (n=B)		Number of agencies that monitor fidelity (n=B)	
	Count	%	Count	%	Count	%	Count	%
Anger Management	28	20.1	21	15.1	14	66.7	5	23.8
Behavioral Couples Therapy	5	3.6	4	2.9	2	50.0	1	25.0
Brief Intervention Therapy	34	24.5	25	18.0	4	16.0	3	12.0
Cognitive Behavioral Therapy	77	55.4	65	46.8	17	26.2	15	23.1
Contingency Management	15	10.8	9	6.5	2	22.2	1	11.1
Coping Skills	30	21.6	22	15.8	6	27.3	4	18.2
Dialectical Behavioral Therapy	49	35.3	34	24.5	17	50.0	13	38.2
Integrated Treatment for Co-occurring Disorders	30	21.6	24	17.3	7	29.2	2	8.3
Matrix Model	50	36.0	39	28.1	28	71.8	3	7.7
Motivational Enhancement Therapy	30	21.6	21	15.1	7	33.3	5	23.8
Medication Assisted Therapy	8	5.8	8	5.8	2	28.6	2	28.6
Motivational Interviewing	101	72.7	83	59.7	13	15.7	14	16.9
Relapse Prevention	88	63.3	79	56.8	42	53.2	10	12.7
Seeking Safety	21	15.1	14	10.1	8	57.1	2	14.3
Twelve-step Facilitation	50	36.0	39	28.1	13	33.3	4	10.3
Other EBP*	20	14.4						
Number of agencies with staff trained in at least one EBP	126	90.6						
Number of agencies with at least one EBP offered to adult/youth CD patients			125	89.9				
Number of agencies that use a manual for at least one CD EBP					90	72.0		
Number of agencies that monitor fidelity of at least one CD EBP							48	38.4

\*See the other EBPs specified in Table 2b following.



Table 2b  
Other EBPs Offered by CD Treatment Agencies Serving Youth

Evidence-Based Practices	Number of agencies with staff trained in this <i>other</i> EBP (n=20) [A]		Number of agencies offering this <i>other</i> EBP* (n=15) [B]		Number of agencies using a manual for this <i>other</i> EBP (n=B)		Number of agencies that monitor fidelity for this <i>other</i> EBP (n=B)	
	Count	%	Count	%	Count	%	Count	%
Adolescent Community Reinforcement Approach	1	5.0	1	6.7	1	100.0	1	100.0
Adolescent Community Reinforcement Approach with Assertive Continuing Care	1	5.0						
Contingency Management	1	5.0	1	6.7			1	100.0
Guiding Good Choices <sup>†</sup>	1	5.0						
Moral Reconation Therapy	4	20.0	3	20.0	3	100.0	1	33.3
Medication Assisted Therapy	1	5.0	1	6.7			1	100.0
Rational Emotive Behavioral Therapy	1	5.0						
Strengthening Families <sup>†</sup>	1	5.0						
The Seven Challenges	11	55.0	9	60.0	9	100.0	8	89.0
Some other name but not a known EBP or therapy	4	20.0	2	13.3	2	100.0		

\*The data for these items can be confirmed only for 15 agencies reporting to offer the other EBP specified. When "Other EBP" was selected among the list of EBPs (see Table 2a) under the question, "Check if any staff has been trained in this evidence-based practice", agency directors were then prompted to write in the EBPs as a free-response field. More than one EBP can be specified. The online survey did not have the facility to ask the succeeding questions for each of the EBPs when more than one was reported. Thus, it was not possible to identify which of the EBPs the responses to the succeeding questions referred to. However, this was not a problem when only one EBP was reported, and there were 15 cases where this was true. In these 15 agencies, it can be imputed that the responses did refer to the one EBP specified in the free-response field. This problem will be corrected in the next administration of the survey.

<sup>†</sup>These are prevention programs designed for parents and youth, and are listed in the *National Registry of Evidence-based Programs and Practices*, Substance Abuse and Mental Health Services Administration.

## APPENDIX B – Staff Level Characteristics

Table 3  
Characteristics of CD Clinical Staff in CD Treatment Agencies Serving Youth\*

Staff Characteristics		Treatment Services Provided					
		CD Only (n=263)		Both MH & CD (n=462)		Total (n=725)	
		Count	%	Count	%	Count	%
Gender	Male	91 <sup>a</sup>	34.5	161 <sup>a</sup>	34.8	252	34.7
	Female	172 <sup>a</sup>	65.5	301 <sup>a</sup>	65.2	474	65.3
	Unknown	0 <sup>1</sup>	0.0	0 <sup>1</sup>	0.0	0	0.0
	Total	263	100.0	462	100.0	725	100.0
Race/ethnicity	White	165 <sup>a</sup>	62.6	320 <sup>a</sup>	69.3	485	66.9
	African-American	19 <sup>a</sup>	7.0	27 <sup>a</sup>	5.8	45	6.2
	Hispanic	22 <sup>a</sup>	8.2	25 <sup>a</sup>	5.5	47	6.5
	Native American	8 <sup>a</sup>	3.2	23 <sup>a</sup>	4.9	31	4.3
	Asian/Pacific Islander	4 <sup>a</sup>	1.5	26 <sup>b</sup>	5.6	30	4.1
	Multiracial	6 <sup>a</sup>	2.3	27 <sup>b</sup>	5.8	33	4.5
	Other	1 <sup>a</sup>	.4	1 <sup>a</sup>	.2	2	.3
	Unknown	39 <sup>a</sup>	14.8	14 <sup>b</sup>	2.9	53	7.3
Total	263	100.0	462	100.0	725	100.0	
Race/ethnicity collapsed	White	165 <sup>a</sup>	62.6	320 <sup>a</sup>	69.3	485	66.9
	Non-White	60 <sup>a</sup>	22.6	128 <sup>a</sup>	27.7	188	25.9
	Unknown	39 <sup>a</sup>	14.8	14 <sup>b</sup>	2.9	53	7.3
	Total	263	100.0	462	100.0	725	100.0
Highest educational degree	High school	11 <sup>a</sup>	4.2	9 <sup>a</sup>	1.9	20	2.8
	Some college	31 <sup>a</sup>	11.7	26 <sup>b</sup>	5.5	57	7.8
	Associate's degree	64 <sup>a</sup>	24.3	94 <sup>a</sup>	20.4	158	21.8
	Bachelor's degree	96 <sup>a</sup>	36.3	147 <sup>a</sup>	31.8	243	33.4
	Master's degree	35 <sup>a</sup>	13.4	168 <sup>b</sup>	36.3	203	28.0
	Doctorate degree	0 <sup>1</sup>	0.0	5 <sup>a</sup>	1.0	5	.6
	Other	1 <sup>a</sup>	.4	3 <sup>a</sup>	.6	4	.6
	Unknown	26 <sup>a</sup>	9.7	11 <sup>b</sup>	2.4	37	5.0
Total	263	100.0	462	100.0	725	100.0	
Highest educational degree collapsed	High school / Some college	42 <sup>a</sup>	15.9	35 <sup>b</sup>	7.5	77	10.5
	Associate's degree	64 <sup>a</sup>	24.3	94 <sup>a</sup>	20.4	158	21.8
	Bachelor's degree	96 <sup>a</sup>	36.3	147 <sup>a</sup>	31.8	243	33.4
	Master's / Doctorate degree	35 <sup>a</sup>	13.4	172 <sup>b</sup>	37.3	207	28.6
	Other/Unknown	27 <sup>a</sup>	10.1	14 <sup>b</sup>	3.0	41	5.6
	Total	263	100.0	462	100.0	725	100.0
Multilingual status	Yes	30 <sup>a</sup>	11.3	62 <sup>a</sup>	13.4	92	12.6
	No	193 <sup>a</sup>	73.2	353 <sup>a</sup>	76.4	546	75.3
	Unknown	41 <sup>a</sup>	15.5	47 <sup>b</sup>	10.2	88	12.1
	Total	263	100.0	462	100.0	725	100.0

Staff Characteristics		Treatment Services Provided					
		CD Only (n=263)		Both MH & CD (n=462)		Total (n=725)	
		Count	%	Count	%	Count	%
Dually certified MH and CD**	Yes	5 <sub>a</sub>	1.9	38 <sub>b</sub>	8.3	43	6.0
	No	258 <sub>a</sub>	98.1	423 <sub>b</sub>	91.7	682	94.0
	Total	263	100.0	462	100.0	725	100.0
Trained in at least one EBP	Yes	195 <sub>a</sub>	74.0	316 <sub>a</sub>	68.5	511	70.5
	No	44 <sub>a</sub>	16.7	60 <sub>a</sub>	13.0	104	14.4
	Unknown	25 <sub>a</sub>	9.3	85 <sub>b</sub>	18.4	110	15.1
	Total	263	100.0	462	100.0	725	100.0
Trained in trauma-informed care	Yes	10 <sub>a</sub>	3.8	201 <sub>b</sub>	43.5	211	29.1
	No	147 <sub>a</sub>	55.7	160 <sub>b</sub>	34.6	307	42.3
	Unknown	107 <sub>a</sub>	40.5	101 <sub>b</sub>	21.9	208	28.6
	Total	263	100.0	462	100.0	725	100.0
DSHS Region	Region 1 (Eastern Washington)	68 <sub>a</sub>	26.0	116 <sub>a</sub>	25.0	184	25.4
	Region 2 (North/Central Western Washington)	73 <sub>a</sub>	27.9	231 <sub>b</sub>	50.1	305	42.0
	Region 3 (West and Southwest Washington)	122 <sub>a</sub>	46.2	115 <sub>b</sub>	24.9	237	32.6
	Total	263	100.0	462	100.0	725	100.0

Note: Values in the same row not sharing the same subscript are significantly different at  $p < .05$  in the two-sided test of equality for column proportions. Cells with no subscript are not included in the test. Tests assume equal variances.

\*The unit of analysis is one full-time equivalent (FTE). Cases were weighted on FTE to account for the varying average number of hours worked per week. The sum of the counts may not equal the total number of cases for each group because of weighting.

\*\*Dually certified in MH and CD means a clinical professional has both Department of Health credential in a mental health field and a CDP license.

Table 4  
 Median Gross Annual Salary Reported for CD Clinical Staff  
 in CD Treatment Agencies Serving Youth\*

Staff Characteristics		Treatment Services Provided					
		CD Only (n=185)		Both MH & CD (n=266)		Total (n=451)	
		Median	Count	Median	Count	Median	Count
Gender	Male	38,000	64	40,000	87	40,000	152
	Female	36,660	121	39,000	179	38,000	299
	Overall	37,080	185	39,930	266	38,483	451
Race/ethnicity collapsed	White	37,080	138	39,780	183	38,177	320
	Non-White	36,000	46	40,560	77	40,000	124
	Unknown	48,000	1	30,426	6	33,000	7
	Overall	37,080	185	39,930	266	38,483	451
Highest educational degree collapsed	High school / Some college	35,500	39	30,009	26	34,000	65
	Associate's degree	35,880	47	37,000	76	36,000	123
	Bachelor's degree	37,200	75	38,483	88	38,000	163
	Master's / Doctorate degree	40,000	23	45,000	72	44,000	95
	Other/Unknown		0	37,688	5	37,688	5
	Overall	37,080	185	39,930	266	38,483	451
Multilingual status	Yes	34,103	26	45,000	42	40,000	68
	No	37,200	156	40,000	195	38,864	351
	Unknown	39,000	3	36,000	29	36,000	32
	Overall	37,080	185	39,930	266	38,483	451
Dually certified MH and CD	Yes	45,480	4	51,437	25	50,000	29
	No	37,000	181	38,000	241	38,000	422
	Overall	37,080	185	39,930	266	38,483	451
Trained in at least one EBP	Yes	38,800	123	42,000	167	40,574	291
	No	36,000	40	33,000	47	34,800	86
	Unknown	36,000	22	38,056	52	38,000	74
	Overall	37,080	185	39,930	266	38,483	451
Trained in trauma-informed care	Yes	38,850	10	40,000	84	40,000	94
	No	36,660	120	40,000	122	37,800	243
	Unknown	38,000	55	39,520	59	38,800	114
	Overall	37,080	185	39,930	266	38,483	451
DSHS Region	Region 1 (Eastern Washington)	40,000	66	38,483	81	38,568	147
	Region 2 (North/Central Western Washington)	37,200	64	41,820	101	39,960	165
	Region 3 (West and Southwest Washington)	35,880	55	38,000	84	37,000	139
	Overall	37,080	185	39,930	266	38,483	451

\*The unit of analysis is one full-time equivalent (FTE). Cases were weighted on FTE to account for the varying average number of hours worked per week. Note that salary information was reported only for 451 FTEs. The sum of the counts may not equal the total number of cases for each group because of weighting.

Table 5  
 Languages Other than English Reported Spoken by CD Clinical Staff\*

Languages Other Than English	Number of Multilingual CD Clinical Staff Speaking This Language by Treatment Services Provided					
	CD Only (n=30)		Both MH & CD (n=62)		Total (n=92)	
	Count	%	Count	%	Count	%
Chinese			1	1.6	1	1.1
German			2	3.2	2	2.1
Indonesian			1	1.6	1	1.1
Korean	2	6.7			2	2.2
Laotian			2	3.2	2	2.2
Mien			2	3.2	2	2.2
Ojibwe	1	3.4			1	1.1
Polish			1	1.6	1	1.1
Sign language	1	3.4			1	1.1
Spanish	19	64.7	23	37.6	43	46.4
Swahili	1	3.4			1	1.1
Swedish	1	1.7			1	.5
Tagalog				.2		.1
Tongan			1	1.6	1	1.1
Vietnamese	1	3.4	2	3.2		3.3
Italian	1	1.7			1	.5
Thai			2	3.2	2	2.2
Did not specify	4	13.4	28	44.5	32	34.4

\*The unit of analysis is one full-time equivalent (FTE). Note that language other than English applies only to the 92 multilingual FTEs. More than one language can be specified; hence, the sum of the counts does not equal the total number of cases for each group, and the percentages may not equal 100%. The value of the percentages may be influenced by weighting and rounding.

Table 6  
Department of Health Credentials Reported for CD Clinical Staff in  
CD Treatment Agencies Serving Youth\*

Professional Licenses	Number of CD Clinical Staff With This License by Treatment Services Provided					
	CD Only (n=263)		Both MH & CD (n= 462)		Total (n=725)	
	Count	%	Count	%	Count	%
Agency Affiliated Counselor	4 <sub>a</sub>	1.5	56 <sub>b</sub>	12.1	60	8.3
Certified Adviser			1 <sub>a</sub>	.2	1	.1
Certified Counselor			3 <sub>a</sub>	.6	3	.4
Chemical Dependency Professional	183 <sub>a</sub>	69.4	296 <sub>a</sub>	64.1	479	66.0
Chemical Dependency Professional Trainee	60 <sub>a</sub>	22.6	133 <sub>a</sub>	28.8	193	26.5
Marriage and Family Therapist			3 <sub>a</sub>	.6	3	.4
Marriage and Family Therapist - Associate	1 <sub>a</sub>	.4			1	.1
Mental Health Counselor	1 <sub>a</sub>	.4	25 <sub>b</sub>	5.5	26	3.6
Mental Health Counselor - Associate	4 <sub>a</sub>	1.5	8 <sub>a</sub>	1.7	12	1.6
Registered Nurse	17 <sub>a</sub>	6.4	3 <sub>b</sub>	.7	20	2.8
Social Worker Associate Advanced			2 <sub>a</sub>	.4	2	.3
Social Worker			6 <sub>a</sub>	1.4	6	.9
Social Worker Associate Independent	1 <sub>a</sub>	.4	7 <sub>a</sub>	1.5	8	1.1

Note: Values in the same row not sharing the same subscript are significantly different at  $p < .05$  in the two-sided test of equality for column proportions.

\*The unit of analysis is one full-time equivalent (FTE). Respondents can select multiple responses; hence, the sum of the counts does not equal the total number of cases for each group and the percentages may not equal 100%.

Table 7  
EBPs Specified for CD Clinical Staff Reported to Have Received EBP Training\*

Evidence-based Practices	Number of CD Clinical Staff With Training in this EBP by Treatment Services Provided					
	CD Only (n=195)		Both MH & CD (n=316)		Total (n=511)	
	Count	%	Count	%	Count	%
12 Step Facilitation	22	11.2	15	4.7	37	7.1
Adolescent Community Reinforcement Approach	2	1.0	6	1.9	8	1.6
Adolescent Community Reinforcement Approach with Assertive Continuing Care	1	0.5	5	1.6	6	1.2
Anger Management	2	1.0	2	.6	4	0.8
Brief Intervention Therapy	2	1.0			2	0.4
Brief Risk Intervention	2	1.0			2	0.4
Brief Strategic Family Therapy			1	.3	1	0.2
Cognitive Behavioral Therapy	11	5.6	58	18.2	68	13.4
Cognitive Behavioral Therapy – Trauma Focused	1	0.5	9	2.8	10	1.9
Cognitive Behavioral Therapy Five (CBT 5)	6	3.3	1	0.3	7	1.4
Cognitive Behavioral Therapy Plus (CBT Plus)			5	1.6	5	1.0
Community Reinforcement Approach			1	0.3	1	0.2
Contingency Management	1	0.5	1	0.3	2	0.4
Coping Skills	1	0.5	2	0.6	3	0.6
Dialectical Behavioral Therapy	23	11.6	32	10.1	55	10.7
Eye Movement Desensitization and Reprocessing			2	0.7	2	0.4
Family Intervention for Suicide Prevention			1	0.3	1	0.2
Family Psychoeducation			1	0.3	1	0.2
GAIN Assessment <sup>†</sup>	3	1.5	8	2.6	11	2.2
Guiding Good Choices <sup>§</sup>	2	1.0	1	0.3	3	0.6
Integrated Treatment for Co-occurring Disorders	1	.5	19	6.0	20	3.9
Matrix Model	24	12.3	21	6.8	45	8.9
Medication Assisted Therapy	3	1.3	3	0.9	6	1.1
Moral Reconation Therapy	17	8.9	15	4.6	32	6.2
Motivational Enhancement Therapy	7	3.6	8	2.5	15	2.9
Motivational Interviewing	40	20.7	111	35.0	151	29.6
Multisystemic Therapy			1	0.3	1	.2
Rational Emotive Behavioral Therapy	1	0.5	3	0.9	4	0.8
Relapse Prevention	21	10.8	27	8.5	48	9.4
Seeking Safety	4	2.1	8	2.5	12	2.3
Strengthening Families <sup>§</sup>	2	1.0	1	0.3	3	0.6
The Seven Challenges	14	7.4	17	5.4	31	6.1

\*The unit of analysis is one full-time equivalent (FTE). Note that EBPs specified apply only to the 511 FTEs reported to have received EBP training. More than one EBP can be specified; hence, the sum of the counts does not equal the total number of cases for each group and the percentages may not equal 100%.

<sup>†</sup>GAIN stands for The Global Appraisal of Individual Needs, considered a best-practice assessment tool.

<sup>§</sup>These are prevention programs designed for parents and youth and are listed in the *National Registry of Evidence-based Programs and Practices*, Substance Abuse and Mental Health Services Administration.

## ENDNOTES

<sup>1</sup> Admission data for state fiscal year were taken from The System for Communication Outcomes, Performance & Evaluation (SCOPE-WA), <http://www.scopewa.net>. The unit of analysis is admission episode and, therefore, could possibly include multiple admissions for the same person.

<sup>2</sup> See Technical Notes, page 5, in this report.

<sup>3</sup> See the 2012 national median earnings for substance abuse and behavioral disorders counselors in the U.S. Department of Labor, Bureau of Labor Statistics homepage: <http://www.bls.gov/oes/current/oes211011.htm>. Accessed March 31, 2014.

<sup>4</sup> Data on the number of CD youth treatment population for SFY 2013 were taken from SCOPE-WA. Accessed March 27, 2014.