

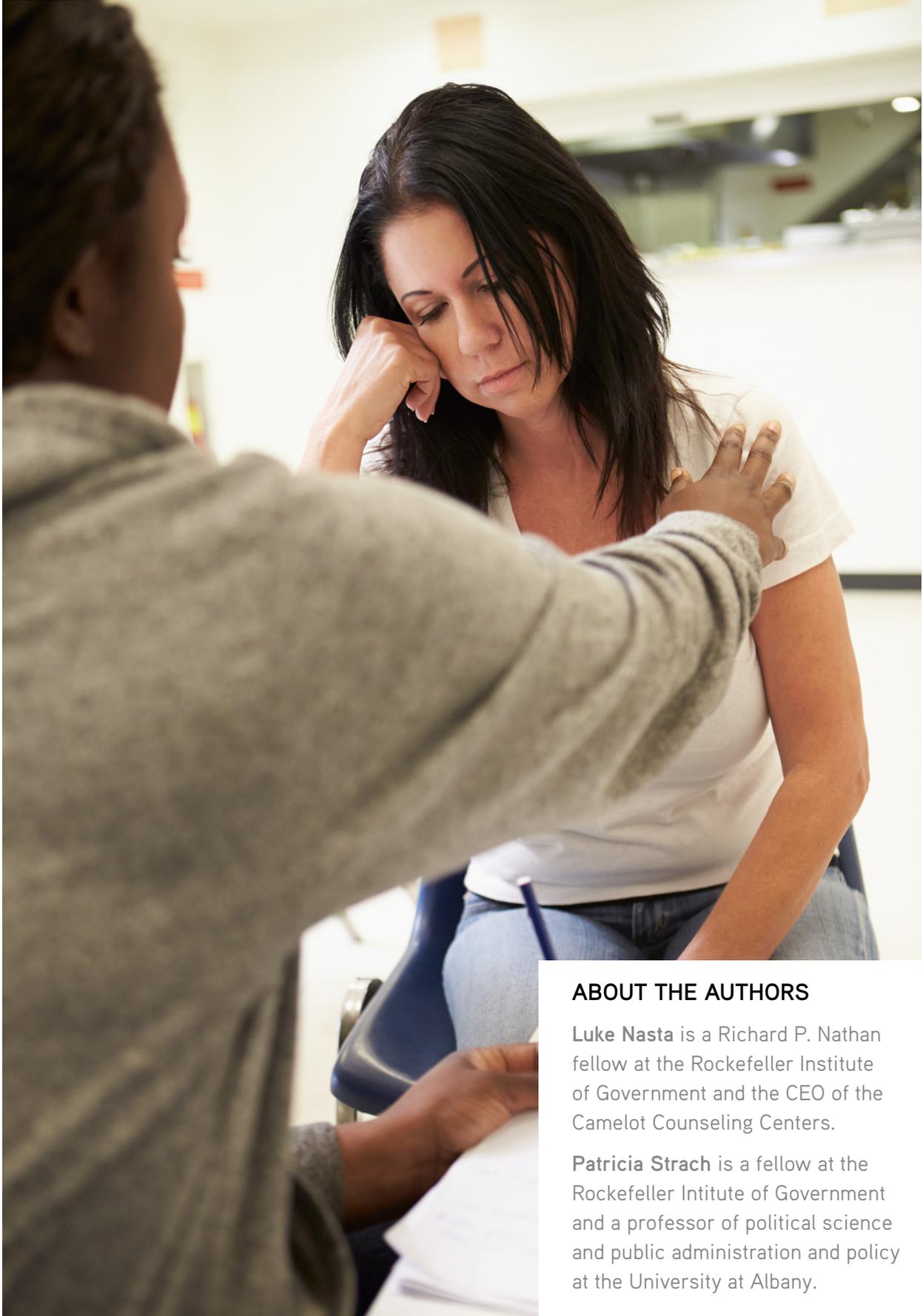
# What Drives Staffing Levels for Substance-Use Disorder (SUD) Services in New York State?

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# What Drives Levels for Substance-Use Disorder (SUD) Services in New York State?

## 1 Executive Summary

Unintentional overdose deaths from drug use have risen dramatically over the past two decades, fueled initially by prescription opioids. In the past year alone, the United States recorded nearly 100,000 drug overdose deaths,<sup>1</sup> an increase of 30 percent compared to 2019. Yet, the United States does not have the substance-use disorder (SUD) workforce to address the problem. Over the past decade, a handful of studies have explored the number of professionals required to address this public health crisis at the national level and found shortages.

To better understand the state of the SUD workforce in New York State, we surveyed Alcoholism and Substance Abuse Providers of New York State (ASAP), the Coalition of Medication-Assisted Treatment Providers and Advocates of New York State (COMPA), and the New York State Office of Addiction Supports and Services (OASAS) licensed counseling service providers' administrators and their direct services staff (counselors) to determine what the workforce looks like in New York State. The findings show that the current workforce is too small to meet the services demand brought about by the opioid-fueled drug overdose epidemic. Key findings of the study include:

- Staff turnover rates are consistent with national estimates of turnover in the health care and social assistance fields. Administrators report that 44 percent of their counseling staff and 38 percent of support staff turn over every one to three years.
- SUD professionals work in the field for extended periods of time. Almost half (47 percent) have worked in SUD services for more than seven years. Twenty-seven percent of counselors reported having worked one to three years in SUD services; 15 percent, three to five years; and 12 percent, five to seven years.

- Nearly all (93 percent) of counselors list “helping others” as something they like about their jobs and a majority enjoy that their job is challenging (51 percent) and collaborative (55 percent). Further, of the job attributes we inquired about, work/life balance was the only attribute that a majority (58 percent) found frustrating.
- An overwhelming majority of counselors surveyed (80 percent) would pursue higher education if they received tuition reimbursement and slightly more (82 percent) would strive to achieve a higher degree if it would lead to greater compensation. This signals a strong willingness for SUD counselors to improve their skill set and stay with their employer if barriers to education were lowered or incentives increased.
- Notably, 64 percent of administrators reported the need for more counselors and 59 percent specifically identified the need for trauma specialists. Counselors identified additional counselors (65 percent) and trauma specialists (72 percent) as the types of staff most needed. More than 40 percent identified that there is a need for both vocational/educational and housing specialists.

## 2

## Introduction

Since 1999, the opioid epidemic has emerged as one of the most severe public health crises New York State, and the United States as a whole, has ever faced. The US Centers for Disease Control and Prevention (CDC) estimates that nearly 95,000 people died from a drug overdose in 2020—the deadliest year on record.<sup>2</sup> Preliminary data from the CDC predicts New York State saw over 5,000 overdose deaths in 2020.<sup>3</sup> Additionally, between January and September 2020, more than half a million people were seen for a suspected drug overdose in emergency rooms nationwide, according to CDC data, even as ER visits were generally down because of the pandemic. In New York State alone, an average of 4,400 patients a month were seen in ERs for a suspected overdose.<sup>4</sup> Simultaneously, roughly 19 million people in the United States who need treatment for a substance-use disorder (SUD)—constituting over 90 percent of all individuals with an SUD—do not receive treatment each year, according to a 2021 survey by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).<sup>5</sup>

Yet, even as these problems grow more acute, the United States has a shortage of workers who are able to treat those with SUD and prevent its spread. A study by SAMHSA found that the country requires more than 2 million additional SUD service professionals to meet current need.<sup>6</sup> A 2016 National Survey of Substance Abuse Treatment Services survey, found there were 197,559 full-time equivalent paid staff and 6,726 unpaid staff at SUD treatment facilities in the United States.<sup>7</sup> Forty-two percent of paid staff were counseling staff. The remainder were medical personnel (19 percent), support staff (21 percent) and administrative personnel (18 percent).

Although a 2010 study of the SUD workforce showed that the national average of behavioral health specialists available to treat patients with SUD was 32 per 1,000 people with the disorder,<sup>8</sup> New York State had roughly 42 providers per 1,000 people.<sup>9</sup> Extrapolating from SAMHSA's findings the ideal number of providers is about 100 per 1,000 people with SUD—more than three times the national average of existing providers today. Based on the most recent SAMHSA data, the ratio of the combined mental/behavioral health-SUD workforce mentioned above to the number of people with an SUD currently sits at only 31 workers per 1,000 people, less than the ratio from 2010. Meanwhile, the actual ratio of SUD-specific workers is likely much lower, meaning it probably has fallen substantially since 2010.

In short, we know that 1.2 million New Yorkers are struggling with SUD, 90 percent of whom are not receiving treatment and we know there is a shortage of providers.<sup>10</sup> However, we do not know what the shortage looks like for substance-use disorder services in New York State. This report provides an overview of the state's SUD workforce from the perspective of SUD service providers administrators and counselors.

## **Overview of the SUD Workforce**

SAMHSA breaks down the SUD workforce into nine occupations: addiction psychiatrists, addiction medicine specialist physicians, psychologists, counselors, social workers, nurses, nurse assistants/techs/aides, prescribers, and peer support specialists. [Table 1](#) provides an overview of these occupations, including the numbers of each type of worker needed, degrees or certifications required to enter the occupation, and a description of the occupation.

Although there are significant shortages across all nine categories, the greatest need is for frontline workers: substance-use counselors, peer-support specialists, nurses, and nurse assistants. These professionals often require degree or certification other than traditional bachelor's degree. While the degree and certification requirements for physicians, psychologists, psychiatrists, and nurses to work in the SUD space are fairly consistent across the country, those required to become a substance abuse counselor, social worker, or peer specialist vary considerably from state to state. For example, the credentialed alcoholism and substance abuse counselor (CASAC) is a certification unique to New York State, though there are similar certifications in other states and reciprocity between states.

**TABLE 1. Breakdown of Occupations in the National SUD Workforce**

Description of Occupations in the SUD Workforce	Degree(s)/Certification(s) Required	Workforce Need
<b>Substance Abuse Counselors</b> counsel and advise individuals with alcohol, tobacco, or drug addiction. May counsel individuals, families, or groups or engage in prevention programs.	Various, CASAC (specific to New York State)	641,361
<b>Substance Abuse Social Workers or Case Workers</b> assess and treat individuals with mental, emotional, or substance abuse problems, including abuse of alcohol, tobacco, and/or other drugs. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education.	BA/BS, MSW, LMSW (optional), LCSW (optional)	105,615
<b>Peer Support Specialists</b> are workers who have been successful in the recovery process who help others experiencing similar situations.	Varies state by state	349,519
<b>Addiction Psychiatrists</b> focus on the evaluation and treatment of individuals with substance-use disorders, which frequently co-occur with other psychiatric disorders.	BA/BS, MD, certification in addiction psychiatry from the American Board of Psychology and Neurology	44,484
<b>Addiction Medicine Specialist Physicians</b> are certified in the prevention, evaluation, diagnosis and treatment of persons with the disease of addiction, of those with substance-related health conditions, and of people who show unhealthy use of substances.	BA/BS, MD, certification in addiction medicine from the American Board of Preventive Medicine	44,484
<b>Psychologists</b> assess, diagnose, and treat mental and emotional disorders, including SUD, of individuals through observation, interview, and psychological tests.	BA/BS, PsyD or PhD	128,342
<b>Nurses</b> that specialize in the assessment, diagnosis, and treatment of individuals and families with substance-use disorders or the potential for such disorders. They apply therapeutic activities, including the prescription of medication, per state regulations, and the administration of psychotherapy.	AS or BA in nursing, APRN (optional)	354,216
<b>Prescribers</b> are medical professionals such as physicians, physician assistants, or advanced practice nurses that can prescribe medications for the treatment of substance-use disorders.	Various	42,412
<b>Nurse Assistants/Techs/Aides</b> provide or assist with basic care or support under the direction of onsite licensed nursing staff.	CNA, CNT	348,138

*NOTE:* “Substance abuse” is the term used by the Standard Occupational Classification and the Bureau of Labor Statistics. Most other sources, such as SAMHSA, use the term “substance use.”

*SOURCE:* Behavioral Health Workforce: Quality Assurance Practices In Mental Health Treatment Facilities (Rockville, MD: SAMHSA, July 2017), Standard Occupational Classification Manual (Washington, DC: Executive Office of the President, Office of Management and Budget, 2018), [https://www.bls.gov/soc/2018/soc\\_2018\\_manual.pdf](https://www.bls.gov/soc/2018/soc_2018_manual.pdf). 2018 National Sample Survey of Registered Nurses (Washington, DC: US Department of Health and Human Services Health Resources and Services Administration, 2018), <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/nssrn-summary-report.pdf>.

## Recruiting and Retention in the SUD Workforce

It can be challenging to recruit and retain a workforce for SUD services.<sup>11</sup> Even before the global COVID-19 pandemic, researchers found the SUD services workforce had recruitment and retention problems attributed variously to burnout, poor management practices, credentialing and licensing barriers, lack of adequate training, low wages, high caseload, and stigma.<sup>12</sup>

Lack of staffing affects the quality and accessibility of services.<sup>13</sup> In its 2020 annual report, SAMHSA noted: “The ability of Americans to access appropriate treatment and community recovery resources is critical to improving the overall health of our citizens and reducing the impact of mental and substance-use disorders on individuals, families, and communities.”<sup>14</sup>

## Understanding Workforce Challenges

There are numerous challenges to understanding the SUD workforce in New York State: national-only data, inability to distinguish between SUD and other types of mental/behavioral health workers, lack of metrics for turnover rate, worker compensation, and the relationship between compensation and educational attainment. Furthermore, existing data do not capture important qualitative information related to the workforce shortage such as what causes some workers to decide to leave their jobs in the SUD field or why the field struggles to attract enough talent in the first place.

To overcome these issues with the data, we surveyed and received responses from 219 administrators and 442 frontline staff about their experiences with the goal of better understanding and describing the workforce challenges facing New York State. Administrator surveys included questions about stability of staffing patterns and desired capabilities to compensate counselors. While counselor surveys included questions about their perspective on their compensation, their commitment to the SUD services sector, and what would help them to remain in the field.

We find New York, too, has a workforce shortage and cannot offer the breadth of services needed or the quality required to attract and sustain a highly professional frontline workforce.

What can policymakers do to address the growing need? The implications of our study suggest bolstering the state’s SUD workforce by:

1. Creating a desirable career path for a vocation of multidisciplinary counselors (i.e., behavioral, prevention, educational/vocational, housing) to achieve sustainable results.
2. Addressing pay inequities between unionized/state/hospital-based workers and nonunionized (private nonprofit) employees.
3. Forgiving student loans for people entering the field.

# 3

## Methods

To assess the current state of the SUD workforce in New York State and the challenges faced by that workforce, we developed and distributed an online survey in partnership with the Association of Substance Abuse Providers (ASAP).

The survey included two separate questionnaires, one for agency administrators intended to provide an overview of the agency and its workforce and an additional survey for direct-service counselors on their personal experiences and opinions. The administrator survey included questions about the types of services provided, number of employees, number of clients based on services provided, annual budget, and characteristics of counselors and other staff including education, career pathways, benefits, and union status. The counselor survey provides more detailed information on individual members of the workforce and included questions about job tenure, turnover, job satisfaction, working conditions, pay, benefits, education, and service provision. The administrator survey included 23 questions and the counselor survey 37 questions. The full text of questions and responses are found in [Appendices A](#) and [B](#).

The survey was distributed through three different organizations: ASAP, the Coalition of Medication-Assisted Treatment Providers and Advocates (COMPA) of New York State, and the New York State Office for Addiction Services and Supports (OASAS). The survey was sent to 310 ASAP providers, 49 organizations through COMPA, and 392 organizations through OASAS's listed counseling service providers. There was substantial organizational duplication across the three listservs and duplication within the OASAS listserv, which was sent to multiple programs within an organization. When we compared the lists, we found the survey was sent to 469 unique organizations. The survey was conducted from April 5, 2021 to May 7, 2021.

In total, 219 administrator surveys and 442 counselor surveys were returned for a response rate of 47 percent for administrators, which is relatively robust for an optional survey, and an unknown response rate for counselors. To facilitate truthful responses, the survey was fully anonymous for both counselors and administrators, so it is impossible to link an individual counselor survey to an administrator survey. We do believe it is reasonable to assume that administrators would not have passed the counselor survey on to employees without filling out the administrator survey, so the two surveys likely cover the same set of providers.

# 4

## Results

### **Administrators: Characteristics, Turnover, and Compensation in the SUD Workforce**

The results from the two surveys are largely consistent with earlier research on the SUD workforce. Our results depict a workforce that earns low pay with few career benefits and, as such, has a high turnover rate. It also reveals a workforce that enjoys helping others and finds their work to be important. Both administrators and counselors suggest that higher pay, better career incentives, and additional specialists are key in maintaining and growing the workforce. In this section, we primarily discuss the results of the administrator survey including an overview of the services and staffing of the respondent providers as well as the turnover and compensation of SUD service providers.

#### *Overview of the SUD Providers and Services*

The 219 administrator survey respondents represent a wide variety of service providers in terms of the type of services they provide, the number of clients served, the size of the workforce, and their annual budgets. This section will give an overview of the attributes of providers included in the survey responses.

First, the providers surveyed offer a wide variety of service types including both residential (33 percent) and outpatient (61 percent) services. About half (49 percent) provide some form of medication-assisted treatment (MAT) and significant minorities offer harm reduction services (26 percent), recovery services (36 percent), and prevention services (30 percent). Most respondents fall into more than one of the above categories.

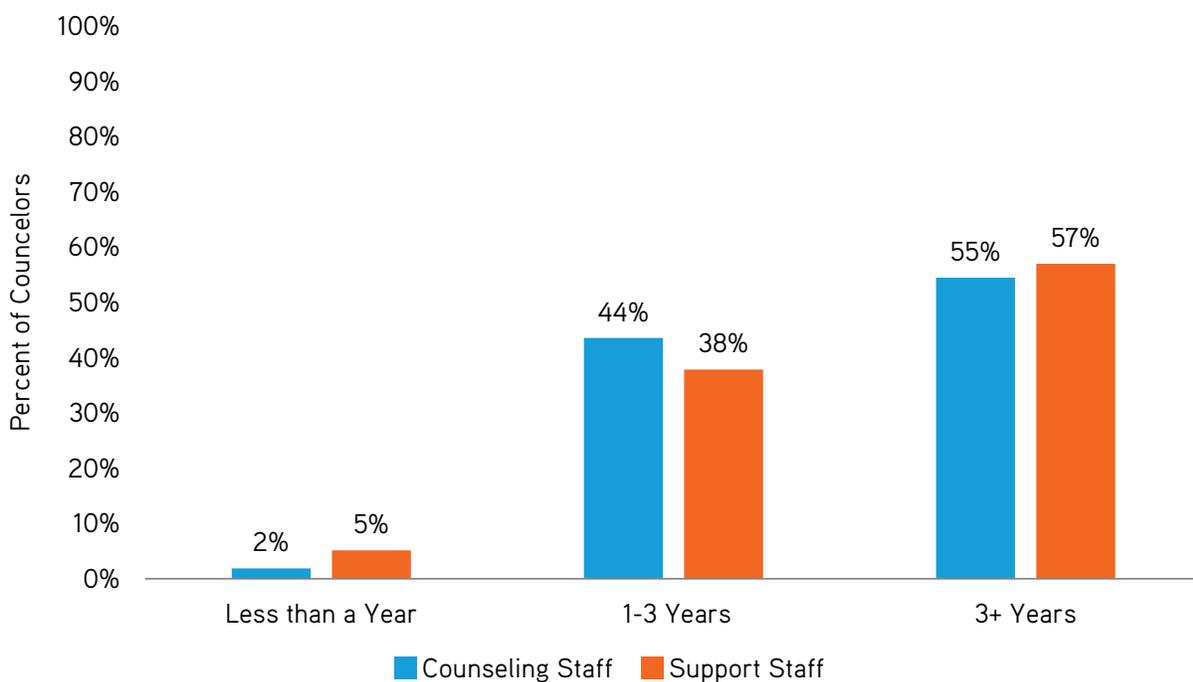
The providers also vary substantially in size with 18 percent of centers serving fewer than 100 clients annually, 24 percent serving 101 to 300 clients, 27 percent serving 301 to 750 clients, and 31 percent serving 751 or more clients. The relative size of providers is likely to affect both the services provided and the workforce. Most of the providers (63 percent) have no residential care and most residential providers are small with 64 percent of residential service providers serving fewer than 300 clients annually. There are significantly more outpatient providers and those providers range in size.

There are also substantial differences in the size of the workforce at these providers. Most providers have very small workforces—39 percent of survey respondents have 10 or fewer employees and only 19 percent have more than 40. The annual budgets are also very different with 24 percent of centers operating on \$500,000 per year or less and only 10 percent of providers operating on more than \$10 million. The modal budget range is between \$1 million and \$10 million with 41 percent of centers falling into that category.

### Turnover and Retention

Administrator survey respondents report turnover rates largely consistent with national estimates of turnover in the health care and social assistance fields (Figure 1). Administrators report that 44 percent of their counseling staff and 38 percent of support staff turn over every one to three years. For context, according to the US Bureau of Labor Statistics (BLS), 34 percent of staff in related fields turnover annually. This turnover rate implies that nearly half of staff are relatively new to the organization; 55 percent of counselors and 57 percent of support staff stay at an organization for more than three years.

FIGURE 1. SUD Staff Retention (Administrator Survey)



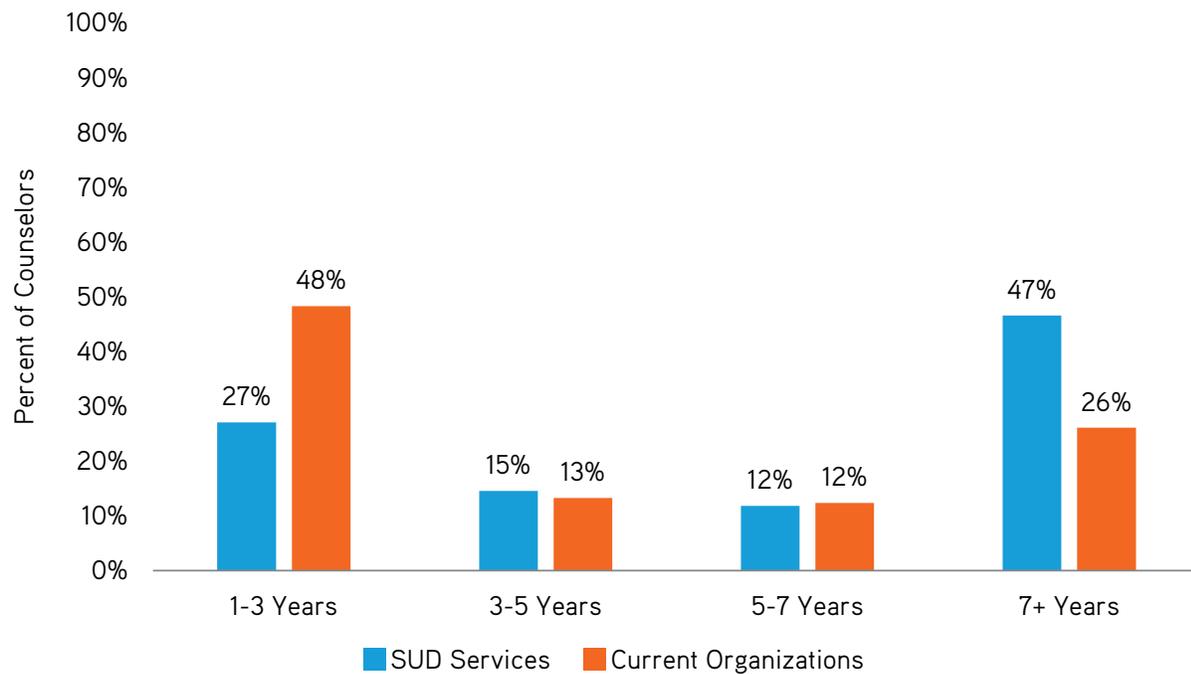
#### Survey Questions:

On average, how long do you retain counseling staff? N=211

On average, how long do you retain support staff? N=214

Results for the counselor survey were predictably similar. When asked how long they had been at their current organization, roughly half of respondents reported three years or fewer. However, counselors reported longer tenures in general SUD services compared to just their current job. Twenty-seven percent of counselors reported having worked one to three years in SUD services; 15 percent, three to five years; 12 percent, five to seven years; and 47 percent have been in SUD services for more than seven years.

FIGURE 2. Counselor Tenure at Current Position and In SUD Services (Counselor Survey)



**Survey Questions:**

How long have you worked in providing SUD services? N=442

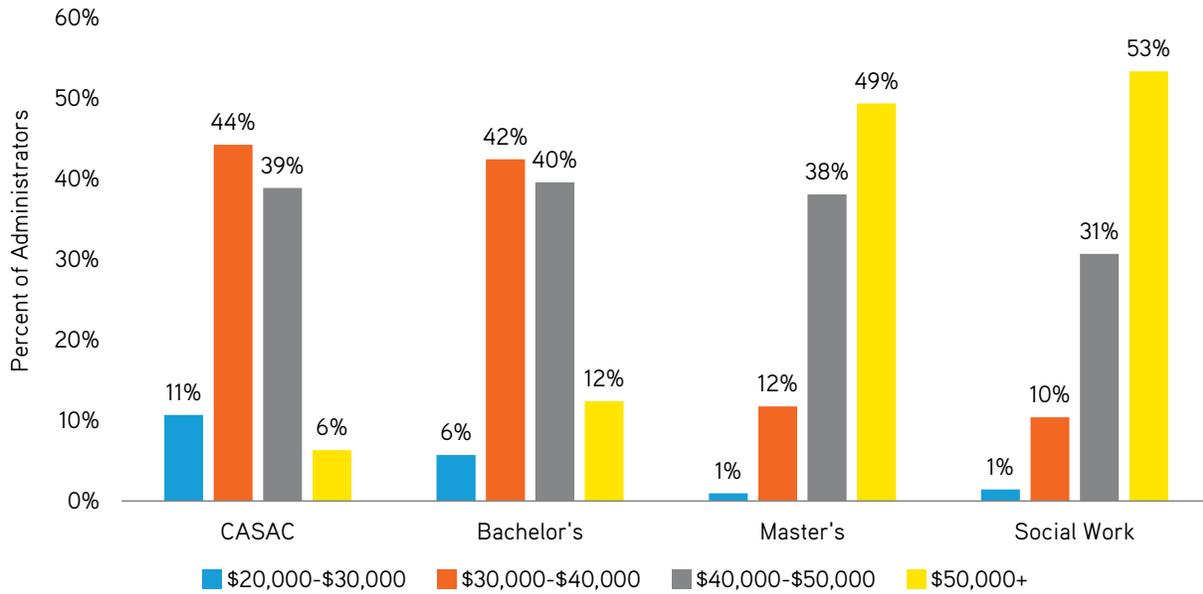
How long have you worked at your current organization? N=437

*Counselor Compensation*

While the surveyed SUD workforce has turnover rates largely consistent with related occupations, compensation appears to be substantially lower. Not all SUD workforce jobs require the same skills and administrators were asked specifically about four types of workers: credentialed alcoholism and substance abuse counselors (CASAC) and workers with a bachelor’s degree, master’s degree, and social work-specific degree. CASACs do not require a postsecondary degree, rather credentialing functions more like an apprenticeship with required education hours, supervised experience hours, and a credentialing examination.<sup>15</sup> CASACs are the lowest paid in the SUD workforce with 55 percent earning \$40,000 per year or less. Staff with a bachelor’s degree earn very similarly with 48 percent earning \$40,000 or less. Bachelor’s degree recipients do seem to have higher earning potential than CASACs with 12 percent earning \$50,000 or above compared to only 6 percent of CASACs. Staff with a master’s or social work degree are the highest paid with 49 percent of master’s degree recipients and 53 percent of social work degree recipients earning more than \$50,000, a dramatically higher rate than the 6 percent and 12 percent of CASACs and bachelor’s degree holders, respectively. By comparison, BLS reports the average salary for a person with a bachelor’s degree is \$67,860, master’s degree is \$80,340, and social work degree is \$51,760.<sup>16</sup>

Compensation varies not only by job title and degree (e.g., CASAC vs. master’s degree) but also by the type of employee.

FIGURE 3. Staff Income Levels by Position and Credential (Administrator Survey)



**Survey Question:**

What are your annual salary ranges for?

CASACs/CASACs in training N=206

Employees with a bachelor's degree N=210

Employees with a master's degree N=213

Employees with a social work degree N=212

FIGURE 4. Compensation by Employee Type (Administrator Survey)

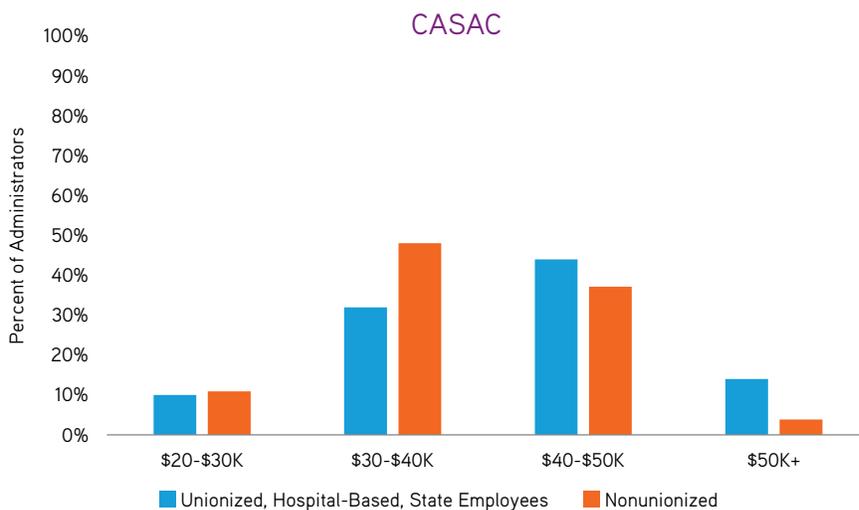
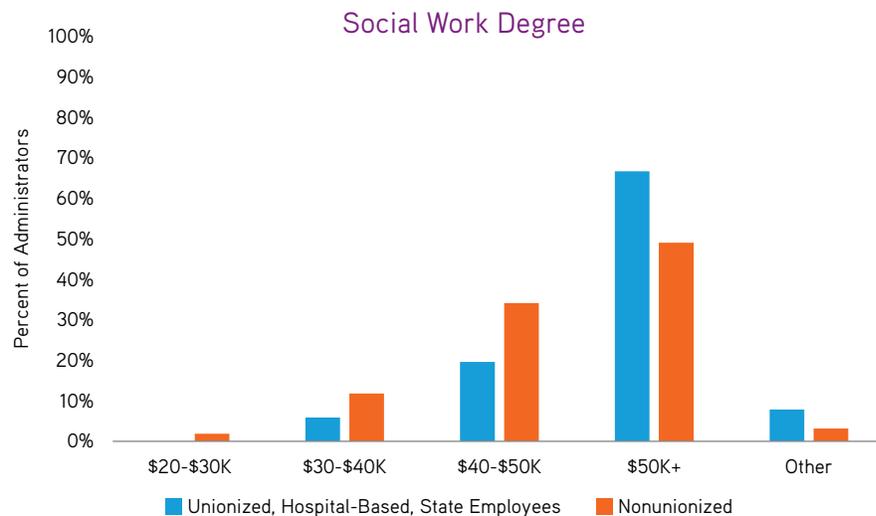
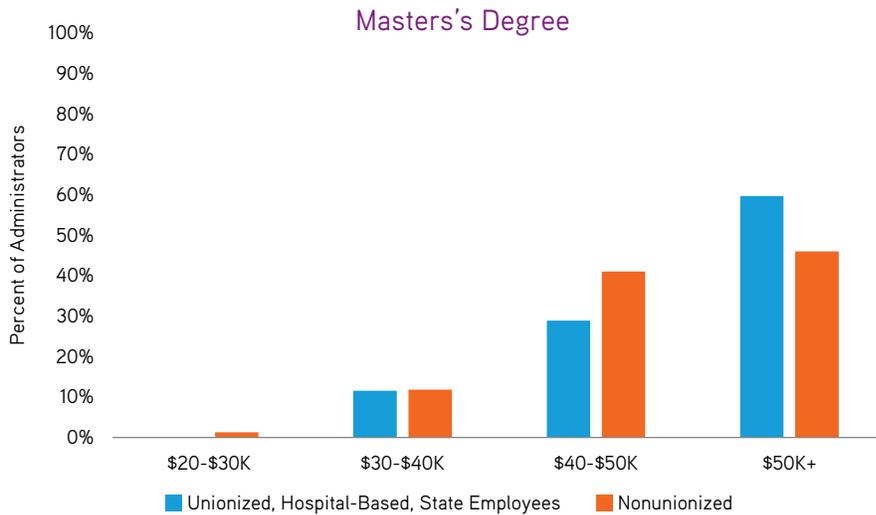
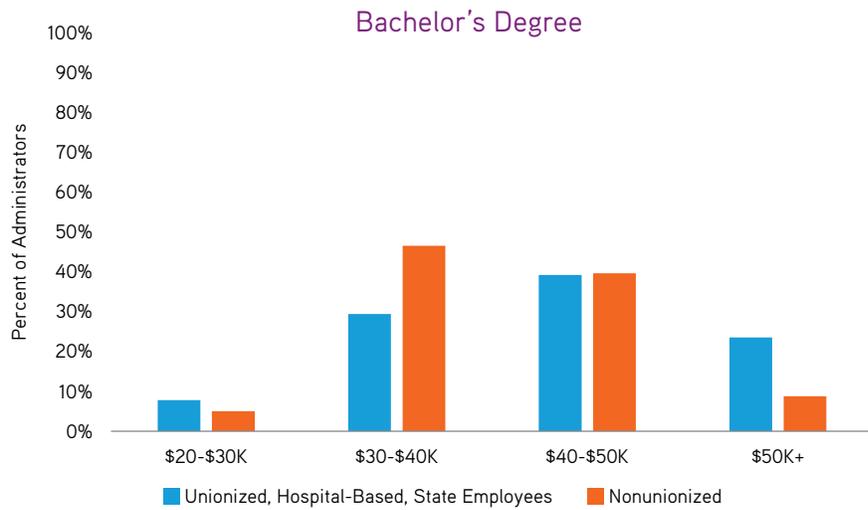


FIGURE 4. Compensation by Employee Type (Administrator Survey), *continued*



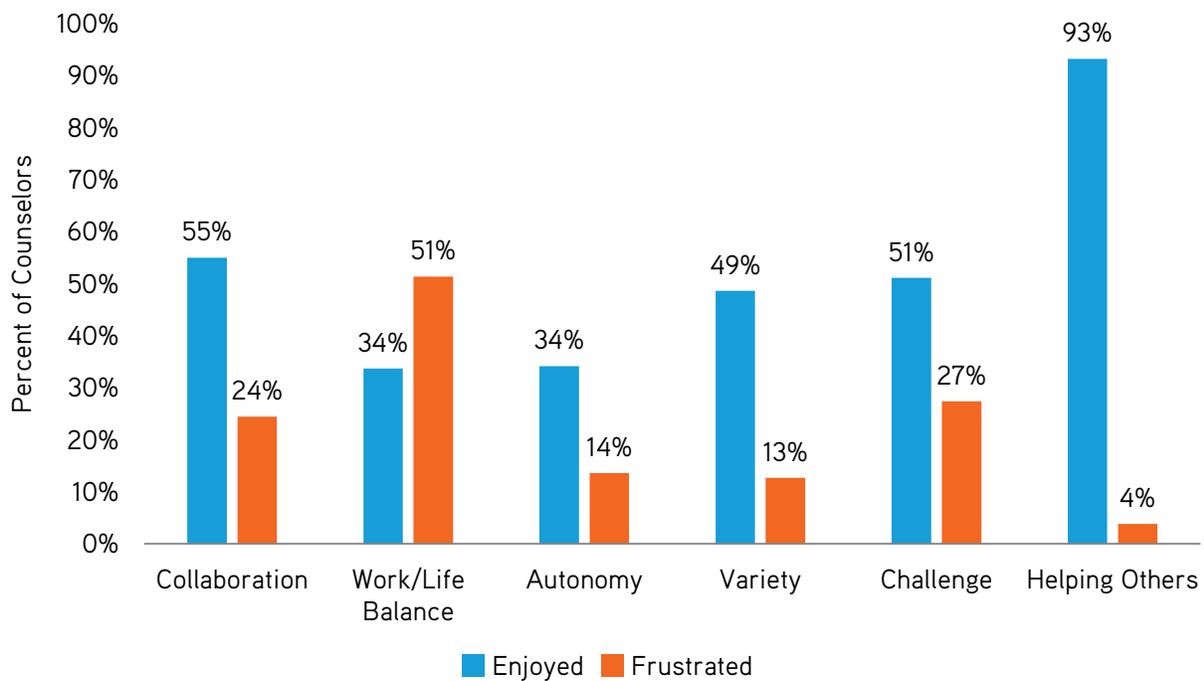
## SUD Counselor Beliefs About Their Careers

The administrator survey focuses primarily on giving a broad overview of the SUD workforce from the perspective of provider administrators. Individual counselors were asked similar questions about overall staffing and service provision but also more detailed questions on how they perceive their jobs, including the benefits and frustrations involved, compensation, and career pathways. This section will begin by discussing counselors' opinions about their jobs, then move to discussions of beliefs about compensation, skill acquisition and education incentives, and additional staffing and support needs.

### *Benefits and Frustrations of Providing SUD Services*

As detailed above, counselors are underpaid relative to workers in other industries with the same postsecondary degrees. Despite this lower pay, counselors are committed to their jobs and enjoy attributes of the work they do. Nearly all (93 percent) of the counselors list "helping others" as something they like about their jobs and a majority enjoy that their job is challenging (51 percent) and collaborative (55 percent). Far fewer counselors list work/life balance (34 percent) and autonomy (34 percent) as enjoyable aspects of their job. Further, of the job attributes we inquired about, work/life balance was the only attribute that a majority (51 percent) found frustrating.

FIGURE 5. Enjoyable and Frustrating Job Characteristics (Counselor Survey)



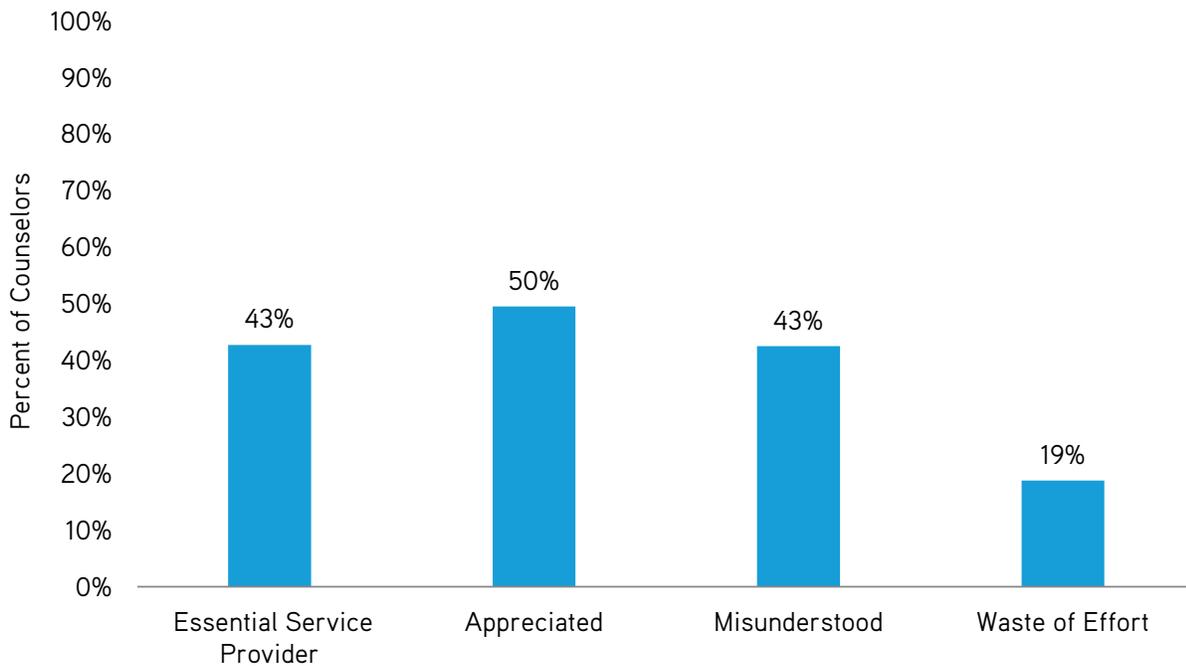
#### Survey questions:

What do you enjoy about your job? (Select all that apply) N=441

What frustrates you about your job? (Select all that apply) N=390

While counselors report that they enjoy attributes of their jobs—especially helping others—they have more ambiguous feelings about how they are perceived by the public. Only half of counselors believe they are appreciated by the public and an even lower fraction (43 percent) believe that the public sees them as an essential service provider with an equal percent believing their jobs are misunderstood by the public. A significant minority (19 percent) go so far as to say they believe the public sees their jobs as a waste of effort.

FIGURE 6. Perception of SUD Workforce by the Public (Counselor Survey)



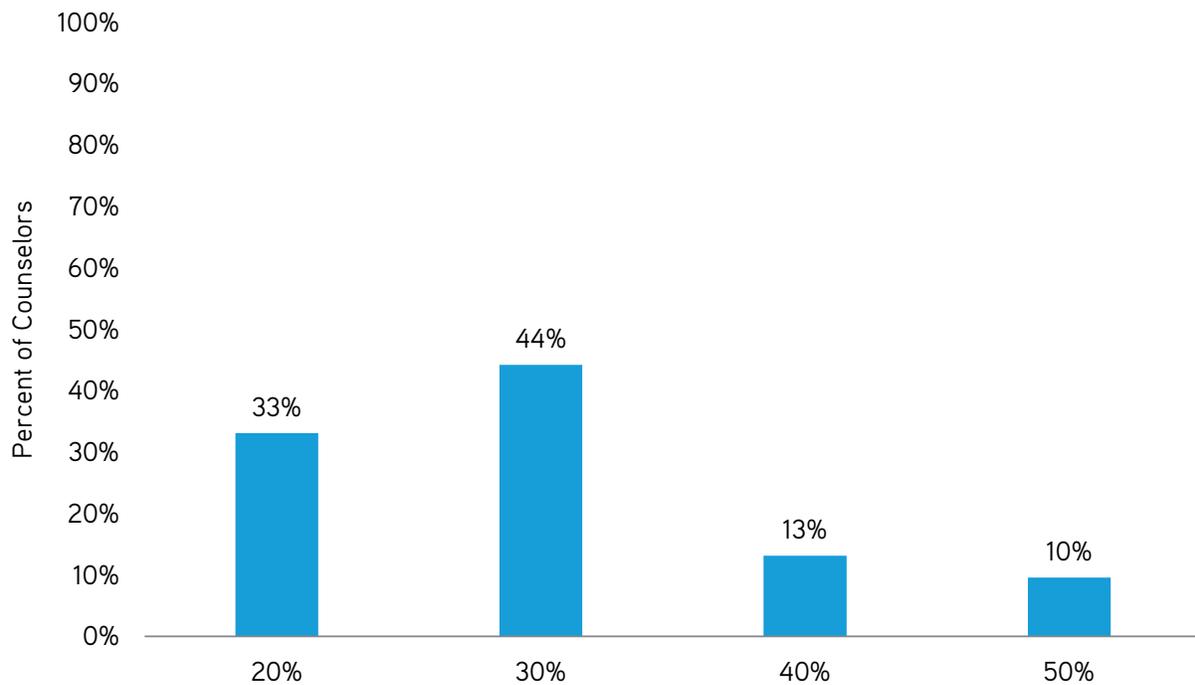
**Survey question:**

How do you think you, as an SUD counselor, are perceived by the public? (Check all that apply) N=440

## Compensation

As discussed above, SUD counselors make less than workers in other fields with the same level of education. A large majority (87 percent) of counselors surveyed believe they are underpaid and that their compensation should increase. Of those who believed it should increase, three-quarters said the increase should be 20 or 30 percent and a quarter thought it should be 40 percent or more.

FIGURE 7. Beliefs on Appropriate Salary Increase (Counselor Survey)



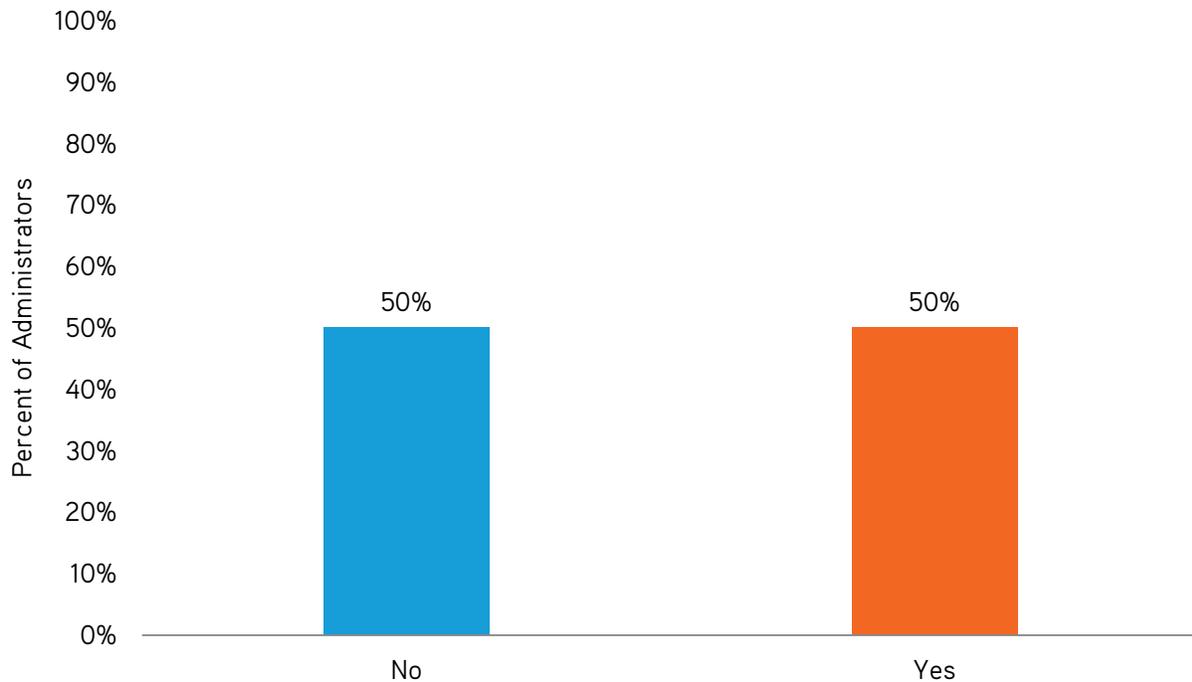
### Survey question:

If you selected yes to the above, what percentage of increase in salary and benefits would be appropriate for your work and credentials? N=396

### Career Pathways and Education Incentives

One proposed method to improve retention of experienced SUD counselors is to provide a career track within SUD services that allows workers to gain skills and, as a result, improve their compensation over time. These pathways generally focus on learning skills internally. A different system to retain and improve the skills of the SUD workforce is provision of incentives to complete external education, such as additional postsecondary degrees. Despite the perceived importance of offering a career track or education incentives, neither is particularly common. Only half of administrators report that they offer a career path that begins at the entry level and has opportunities for advancement.

FIGURE 8. Career Track Provision (Administrator Survey)

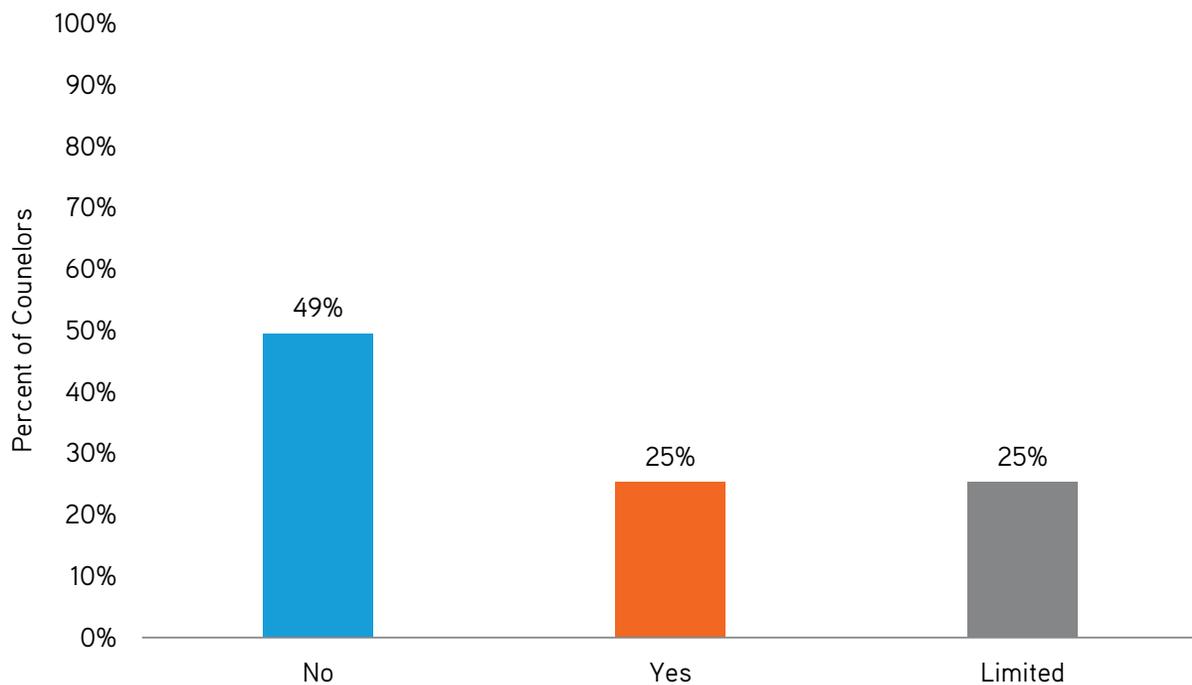


**Survey question:**

Does your organization have a counselor career path, which begins at an entry level with opportunities for advancements? N=218

As would be predicted by surveying the same pool of organizations, counselors also report that roughly half of their organizations offer opportunities for career advancement. Furthermore, half of the counselors report that the offered career path is “limited” in that it does not meet the criteria for beginning at the entry level with opportunities for advancement. There are multiple explanations for this limited career path and with these data, we cannot determine if career paths are limited because they require a degree before hiring so they are not truly “entry level” or because there is a prescribed ceiling on how far an employee can advance.

FIGURE 9. Career Track Provision (Counselor Survey)

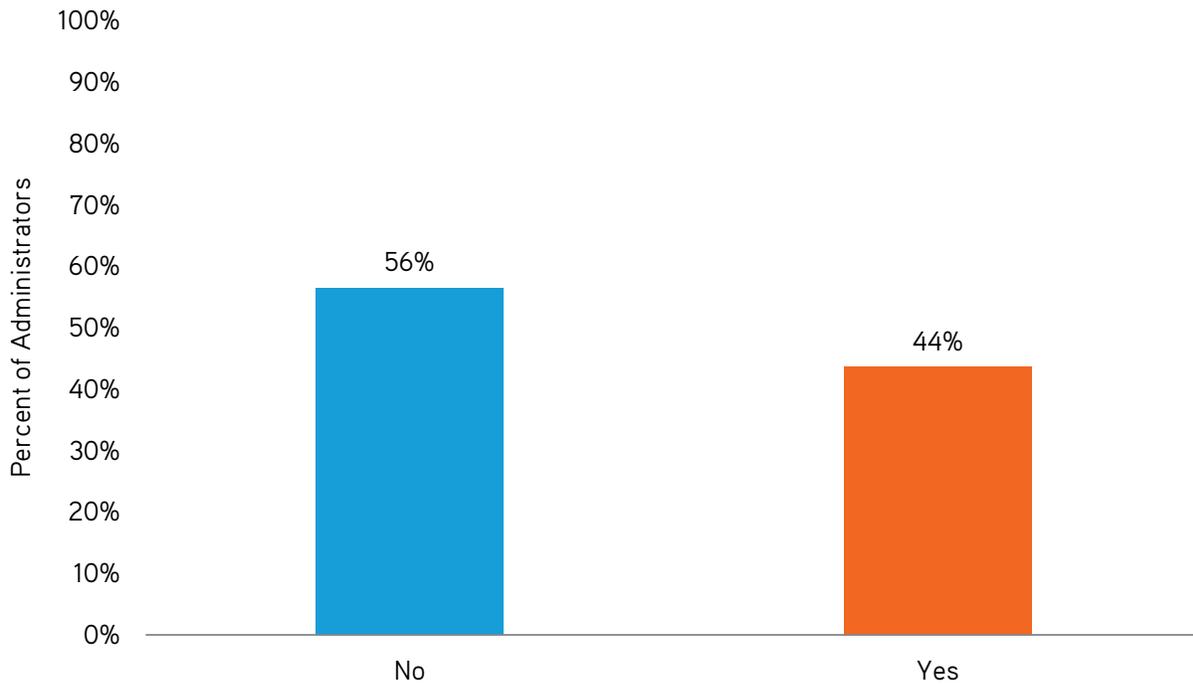


**Survey question:**

Does your organization have a counselor career track, which begins at an entry level with opportunities for advancements? N=439

A parallel pathway for career advancement is additional education. As discussed earlier, SUD providers with more education, specifically those with a master’s or social work degrees, earn more than their coworkers who are CASACs or who hold bachelor’s degrees. Education incentives for the SUD workforce can include tuition assistance, student loan forgiveness, or other forms of scholarships and sponsorships from the employer. Fewer administrators report providing educational incentives compared to offering a full career path. Only 44 percent of all surveyed administrators reported providing any type of education incentive.

FIGURE 10. Provision of Education Incentives (Administrator Survey)

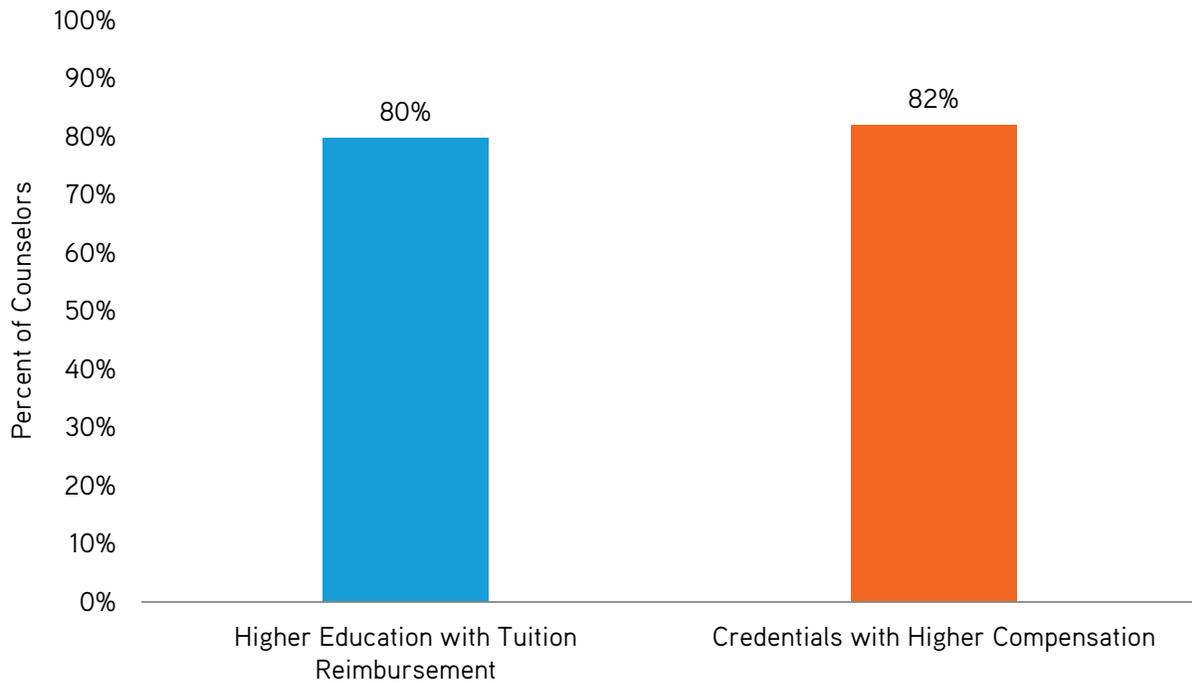


**Survey question:**

Do you offer tuition assistance, student loan forgiveness or other scholarship? N=218

Despite this low level of provision, the surveyed counselors reveal that they are in favor of educational incentives, including both help with paying for school or higher compensation after receiving an additional credential. An overwhelming majority of counselors surveyed (80 percent) would pursue higher education if they received tuition reimbursement and slightly more (82 percent) would strive to achieve a higher degree if it would lead to greater compensation. This signals a strong willingness for SUD counselors to improve their skill set and stay with their employer if barriers to education were lowered or incentives increased.

FIGURE 11. Prospective Education Incentive Take-Up (Counselor Survey)



**Survey questions:**

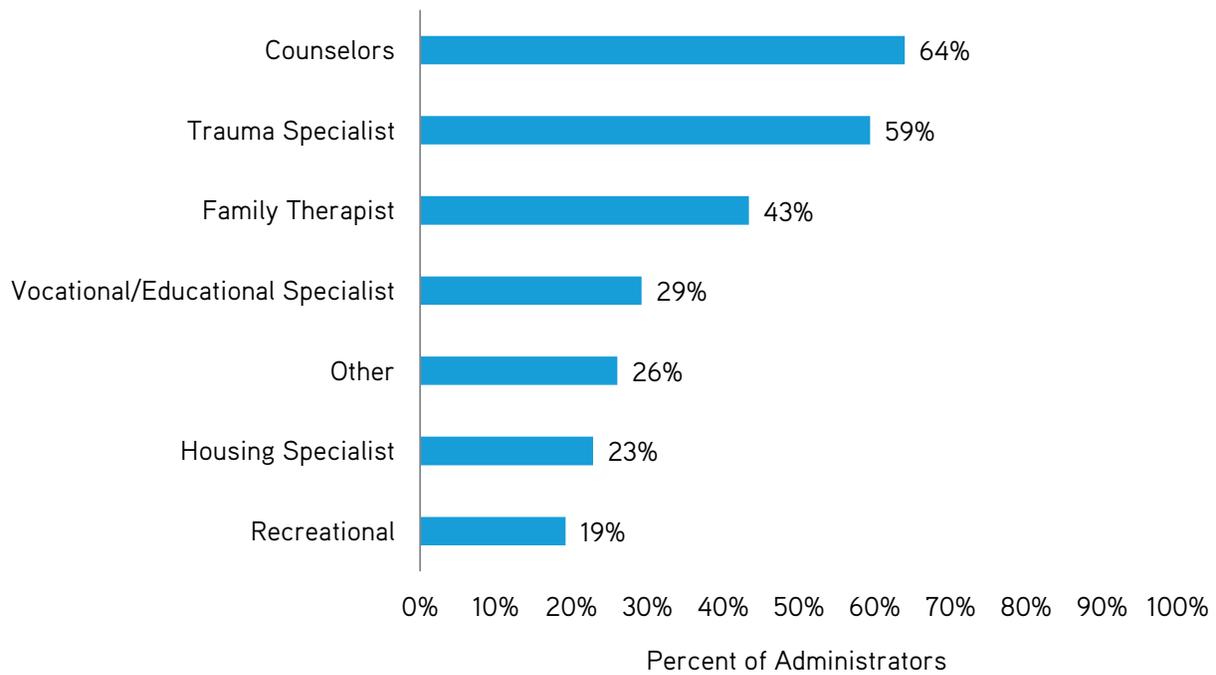
If one of your employment benefits was tuition reimbursement, would you pursue higher education/training? N=440

If increased credentials lead to greater compensation, would you strive to achieve a higher degree? N=439

*Additional Staffing and Support*

Both administrators and counselors agree that their ideal level of SUD staffing is higher than the levels reported in this survey. SUD is a complicated disorder, and it may require many different types of specialists or skill sets to treat. Notably, 64 percent of administrators reported the need for more counselors and 59 percent specifically identified the need for trauma specialists. SUD is often linked to trauma and treating underlying trauma can be crucial for recovery. Administrators reported staffing needs also reflect the fact that SUD spills over into other aspects of individuals' lives: family, work, housing, and positive alternatives to substance use. To provide better services, a substantial minority of administrators reported the desire to hire more vocational/educational specialists (29 percent), housing specialists (23 percent), and recreational specialists (19 percent). As would be expected, administrators from residential treatment centers are more likely to report a need for housing specialists (35 percent) compared to those that do not provide residential treatment (17 percent).

FIGURE 12. Ideal Staffing Level Additions (Administrator Survey)



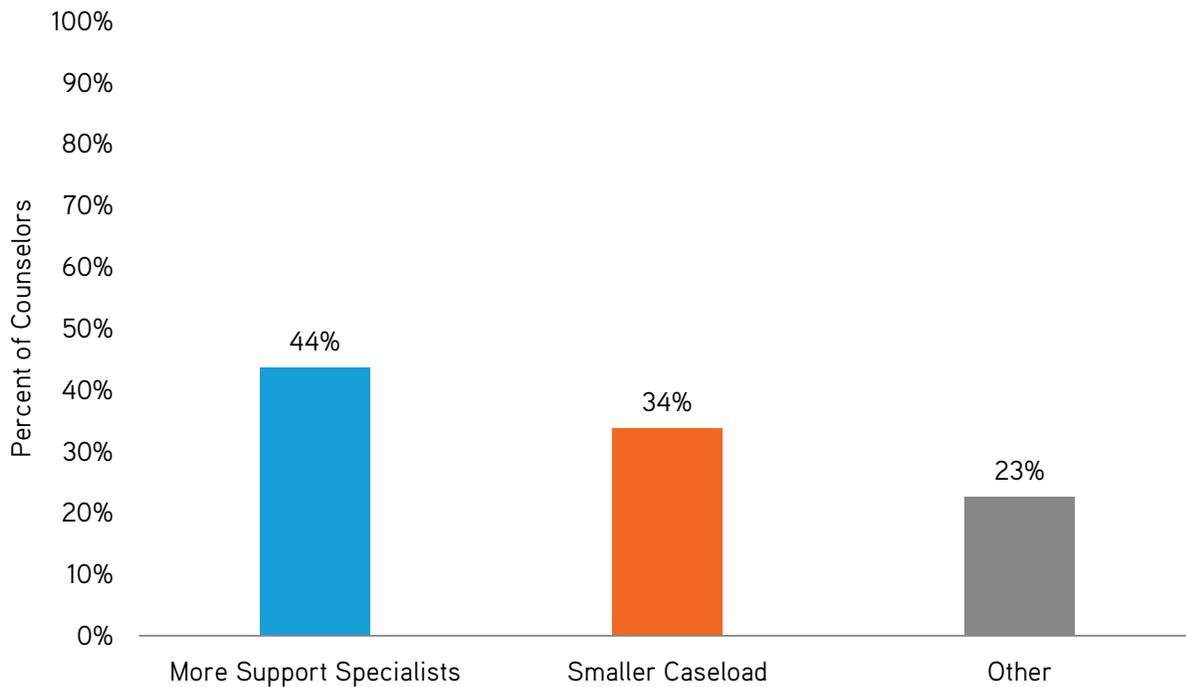
**Survey question:**

If you envision your ideal staffing, which of the following would you want more of? (Check all that apply) N=219

Counselors also identify additional staff as a way to improve their counseling efforts. When asked the same question as the administrators, they provided very similar answers, although a higher percentage of counselors than administrators answered that additional staff in each category was needed. Like administrators, counselors identified additional counselors (65 percent) and trauma specialists (72 percent) as the types of staff most needed. More than 40 percent also identified that there is a need for both vocational/educational and housing specialists.

Additionally, nearly half (44 percent) of counselors believe that their counseling efforts would be improved with more support specialists and a significant minority (34 percent) believes that a smaller caseload would improve counseling efforts. Notably, improving caseload would require hiring additional staff to serve the same number of clients.

FIGURE 13. Counselor Beliefs for Improved Service Provision (Counselor Survey)



**Survey question:**

What would you recommend to your employer to augment your counseling efforts? (Check all that apply)  
N=429

## 5 Conclusion

Prior research has variously attributed the difficulty in recruitment and retention of SUD service providers to burnout, management practices, credential and license barriers, low wages, high caseloads, and stigma. While our survey is largely consistent with many of those barriers with counselors reporting that they are underpaid and far below ideal staffing levels, our results also demonstrate that frontline SUD counselors want opportunities to advance in their careers and enjoy attributes of those careers. This fact is illustrated best by two striking statistics from our survey: 87 percent of counselors report that they are underpaid but 93 percent of them list helping others as something they enjoy about their job.

Similarly, counselors report that they want career pathways and educational incentives as a way to deepen their skills, earn more money, and stay in the SUD workforce. Counselors report that they are underpaid and 82 percent of them would strive to achieve a higher degree in order to earn greater compensation. The counselor survey results also stress the need to fight burnout with most counselors believing that hiring additional support staff and lowering caseloads will improve their counseling ability.

The types of support staff that both administrators and counselors report needing, especially trauma specialists, highlights the complex nature of treating SUD.

We believe that this survey represents a crucial first step in understanding the dynamics and intricacies of the SUD workforce in New York State, as well as why it is important for sources of employment data to specifically report information on the SUD workforce, in addition to the larger mental health services workforce. Through their own survey responses, SUD workers report needing a wide variety of specialty support staff, and many believe that the public do not understand their jobs or see them as an essential service.

Our results suggest that one method to improve recruitment and retention in the SUD workforce is to create more robust and clearly defined career paths within organizations, as well as the educational supports needed for employees to move through those career paths. The credentialed alcoholism and substance abuse counselor (CASAC) pathway provides a baseline for advancement that could be expanded. The program already has pathways for both people without a postsecondary degree to earn the credential and those who do have a degree in approved human services fields.

Similar to the creation of more defined career pathways within the industry, creating systems of student loan forgiveness may incentivize more people with advanced degrees to enter the SUD workforce. The SAMHSA *Behavioral Health Workforce* report suggests that increasing student loan forgiveness programs for behavioral health specialists would encourage entry into the field.<sup>17</sup> The recently revised Public Service Loan Forgiveness (PSLF) program, which allows for the forgiveness of some student loans for people working in federal, state, local, or tribal governments, could also be leveraged by the SUD workforce to achieve more training and subsequent higher wages.<sup>18</sup>

Our survey results reveal an SUD workforce that cares about clients, wants a stable career pathway with access to education and advancement, and wants fair pay for the work they do and the credentials that they hold. It also highlights the importance of different types of staff in the provision of services and the recognition by both direct-service counselors and administrators that there is a need to expand the workforce.

## Appendix A. Survey of Administrators

**Q1. What kind of SUD services do you provide? (select all that apply)**

- Residential
- Outpatient
- MAT
- Prevention
- Recovery
- Harm reduction
- Other (please specify)

**Q2. How many full-time equivalent paid counselors—including Vocational, Housing, Recreational, Trauma, Family, Prevention—do you employ?**

- 1-10
- 11-20
- 21-40
- 41+

**Q3. How many total substance use disorder clients do you serve annually?**

- 1-100
- 101-300
- 301-750
- 751+

**Q4. How many residential SUD clients do you serve annually?**

- 0
- 1-300
- 301-750
- 751+

**Q5. How many outpatient SUD clients do you serve annually?**

- 0
- 1-300
- 301-750
- 751+

**Q6. How many SUD clients do you provide MAT to annually?**

- 0
- 1-300
- 301-750
- 751+

**Q7. How many clients do you provide prevention services to annually?**

- 0
- 1-300
- 301-750
- 751+

**Q8. How many clients do you provide recovery services to annually?**

- 0
- 1-300
- 301-750
- 751+

**Q9. How many clients do you provide harm reduction services to annually?**

- 0
- 1-300
- 301-750
- 751+

**Q10. What other services do you provide to clients that have not been listed above?**

**Q11. What is your approximate substance use disorder annual budget?**

- \$1-\$500,000
- \$501,000-\$1,000,000
- \$1,000,000-\$10,000,000
- \$10,000,000+

**Q12. On average, how long do you retain counseling staff?**

- Less than a year
- 1-3 years
- 3+ years

**Q13. On average, how long do you retain support staff?**

- Less than a year
- 1-3 years
- 3+ years

**Q14. Are your counsellors (check all that apply)**

- Non-unionized
- State employees
- Hospital-based
- Insurance/HMO

**Q15. What are your annual salary ranges for CASACs/CASACs in training?**

- \$20,000-\$30,000
- \$30,000-\$40,000
- \$40,000-50,000
- \$50,000+

**Q16. What are your annual salary ranges for employees with a Bachelor's degree?**

- \$20,000-\$30,000
- \$30,000-\$40,000
- \$40,000-50,000
- \$50,000+

**Q17. What are your annual salary ranges for employees with a Master's degree?**

- \$20,000-\$30,000
- \$30,000-\$40,000
- \$40,000-50,000
- \$50,000+

**Q18. What are your annual salary ranges for employees with a social work degree?**

- \$20,000-\$30,000
- \$30,000-\$40,000
- \$40,000-50,000
- \$50,000+

**Q19. What percentage of your annual budget do you spend on fringe benefits?**

- 0-10%
- 11-40%
- 41% +

**Q20. If you envision your ideal staffing, which of the following would you want more of? (select all that apply)**

- Vocational/Educational specialist
- Housing specialist
- Trauma specialist
- Counselors
- Family
- Recreational
- Other (please specify)

**Q21. Does your organization have a counselor career path, which begins at an entry level with opportunities for advancements?**

- Yes
- No

**Q22. Do you offer tuition assistance, student loan forgiveness, or other scholarships?**

- Yes
- No

**Q23. Although there has been broad public attention to the opioid epidemic, the public knows little about the day-to-day work of frontline counselors in addiction programs. We would like to feature counselors in a short video (produced by the Rockefeller Institute) to bring more attention to this essential work. Would you agree to have counselors in your organization participating in this video?**

Yes

No

## Appendix B. Survey of Counselors

**Q1. How long have you worked providing SUD services?**

- 1-3 years
- 3-5 years
- 5-7 years
- 7+ years

**Q2. How long have you worked at your current organization?**

- 1-3 years
- 3-5 years
- 5-7 years
- 7+ years

**Q3. What is your current title?**

**Q4. What do you enjoy about your job? (select all that apply)**

- Collaboration
- Work/life balance
- Autonomy
- Variety
- Challenge
- Helping others

**Q5. What frustrates you about your job? (select all that apply)**

- Collaboration
- Work/life balance
- Autonomy
- Variety
- Challenge
- Helping others

**Q6. Are your working conditions suitable to a counseling environment (pleasant office, windows, clean, painted, welcome, stable)?**

Yes

No

**Q7. How do you think you, as an SUD counselor, are perceived by the public? (check all that apply)**

Essential service provider

Appreciated

Misunderstood

Waste of effort

**Q8. Is your position underpaid?**

Yes

No

**Q9. If you selected yes to the above, what percentage of increase to your salary and benefits would be appropriate for your work and credentials?**

20%

30%

40%

50%

**Q10. If one of your employment benefits was tuition reimbursement would you pursue higher education/training?**

Yes

No

**Q11. If increased credentials lead to greater compensation would you strive to achieve a higher degree?**

Yes

No

**Q12. Does your organization have a counselor career track, which begins at an entry level with opportunities for advancements?**

- Yes
- No
- Limited

**Q13. What would you recommend to your employer to augment your counseling efforts? (check all that apply)**

- Smaller caseload
- More support specialists (i.e. vocational/educational/housing/recreational)
- Other (please specify)

**Q14. Although there has been broad public attention to the opioid epidemic, the public knows little about the day-to-day work of frontline counselors in addiction programs. We would like to feature counselors in a short video (produced by the Rockefeller Institute) to bring more attention to this essential work. Would you like to participate?**

- Yes
- No

**Q15. What kind of SUD services do you provide? (select all that apply)**

- Residential
- Outpatient
- MAT
- Prevention
- Recovery
- Harm Reduction
- Other (please specify)

**Q16. How many full-time equivalent paid counselors—including Vocational, Housing, Recreational, Trauma, Family, Prevention—do you employ?**

- 1-10
- 11-20
- 21-40
- 40+

**Q17. How many total substance use disorder clients do you serve annually?**

- 1-100
- 101-300
- 301-750
- 750+

**Q18. How many residential SUD clients do you serve annually?**

- 0
- 1-300
- 301-750
- 750+

**Q19. How many outpatient SUD clients do you serve annually?**

- 0
- 1-300
- 301-750
- 750+

**Q20. How many SUD clients do you provide MAT to annually?**

- 0
- 1-300
- 301-750
- 750+

**Q21. How many clients do you provide prevention services to annually?**

- 0
- 1-300
- 301-750
- 750+

**Q22. How many clients do you provide recovery services to annually?**

- 0
- 1-300
- 301-750
- 750+

**Q23. How many clients do you provide harm reduction services to annually?**

- 0
- 1-300
- 301-750
- 750+

**Q24. What other services do you provide to clients that have not been listed above?**

**Q25. What is your approximate substance use disorder annual budget?**

- \$1-\$500,000
- \$501,000-\$1,000,000
- \$1,000,001-\$10,000,000
- \$10,000,000+

**Q26. On average, how long do you retain counseling staff?**

- Less than a year
- 1-3 years
- 3+ years

**Q27. On average, how long do you retain support staff?**

- Less than a year
- 1-3 years
- 3+ years

**Q28. Are your counsellors (check all that apply)**

- Non-unionized
- State employees
- Hospital-based
- Insurance/HMO

**Q29. What are your annual salary ranges for CASACs/CASACs in training?**

- \$20,000-\$30,000
- \$30,000-\$40,000
- \$40,000-50,000
- \$50,000+

**Q30. What are your annual salary ranges for employees with a Bachelor's degree?**

- \$20,000-\$30,000
- \$30,000-\$40,000
- \$40,000-50,000
- \$50,000+

**Q31. What are your annual salary ranges for employees with a Master's degree?**

- \$20,000-\$30,000
- \$30,000-\$40,000
- \$40,000-50,000
- \$50,000+

**Q32. What are your annual salary ranges for employees with a social work degree?**

- \$20,000-\$30,000
- \$30,000-\$40,000
- \$40,000-50,000
- \$50,000+
- Other (please specify)

**Q33. What percentage of your annual budget do you spend on fringe benefits?**

- 0-10%
- 11-40%
- Greater than 41%

**Q34. If you envision your ideal staffing, which of the following would you want more of? (select all that apply)**

- Vocational/Educational specialist
- Housing specialist
- Trauma specialist
- Counselors
- Family
- Recreational
- Other (please specify)

**Q35. Does your organization have a counselor career path, which begins at an entry level with opportunities for advancements?**

- Yes
- No

**Q36. Do you offer tuition assistance, student loan forgiveness, or other scholarships?**

- Yes
- No

**Q37. Although there has been broad public attention to the opioid epidemic, the public knows little about the day-to-day work of frontline counselors in addiction programs. We would like to feature counselors in a short video (produced by the Rockefeller Institute) to bring more attention to this essential work. Would you agree to have counselors in your organization participating in this video?**

- Yes
- No



# ENDNOTES

- 1 "Vital Statistics Rapid Release: Provisional Drug Overdose Death Counts," Centers for Disease Control and Prevention, accessed September 3, 2021, <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.
- 2 Ibid.
- 3 Farida B. Ahmad, Lauren M. Rossen, and Paul Sutton, "Provisional Drug Overdose Death Counts," Centers for Disease Control and Prevention, National Center for Health Statistics, 2021, <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.
- 4 "Suspected Nonfatal Drug Overdoses during COVID-19," Centers for Disease Control and Prevention, accessed September 1, 2021, <https://www.cdc.gov/drugoverdose/nonfatal/states/covid-19.html>.
- 5 *2018-2019 National Surveys on Drug Use and Health: Model-Based Estimated Totals* (Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA), January 2021).
- 6 *Behavioral Health Workforce* (Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA), December 2020), <https://annapoliscoalition.org/wp-content/uploads/2021/03/behavioral-health-workforce-report-SAMHSA-2.pdf>.
- 7 Ellen Bouchery and Judith Dey, *Substance Use Disorder Workforce Issue Brief* (Washington, DC: Assistant Secretary for Planning and Evaluation (ASPE), US Department of Health and Human Services, May 31, 2018), <https://aspe.hhs.gov/reports/substance-use-disorder-workforce-issue-brief-0>.
- 8 Christine Vestal, "Many People With Substance Abuse Problems May Find Few To Treat Them," *Kaiser Health News*, April 8, 2015, <https://khn.org/news/the-many-people-with-substance-abuse-problems-may-find-few-to-treat-them/>.
- 9 Christine Vestal, "How Severe is the Shortage of Substance Abuse Specialists?," Pew Charitable Trusts, April 1, 2015, <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/4/01/how-severe-is-the-shortage-of-substance-abuse-specialists>.
- 10 *2018-2019 National Surveys on Drug Use and Health: Model-Based Estimated Totals*.
- 11 Lillian T. Eby, Hannah Burk, and Charleen P. Maher, "How serious of a problem is staff turnover in substance abuse treatment? A longitudinal study of actual turnover," *Journal of Substance Abuse Treatment* 39, 3 (October 2010): 264-71, <https://doi.org/10.1016/j.jsat.2010.06.009>.
- 12 Hannah K. Knudsen, Lori J. Ducharme, and Paul M. Roman, "Counselor emotional exhaustion and turnover intention in therapeutic communities," *Journal of Substance Abuse Treatment* 31, 2 (September 2006): 173-80, <https://doi.org/10.1016/j.jsat.2006.04.003>; Hannah K. Knudsen, J. Aaron Johnson, and Paul M. Roman, "Retaining counseling staff at substance abuse treatment centers: effects of management practices," *Journal of Substance Abuse Treatment* 24, 2 (March 2003): 129-35, [https://doi.org/10.1016/S0740-5472\(02\)00357-4](https://doi.org/10.1016/S0740-5472(02)00357-4); Carrie B. Oser, et al., "Causes, Consequences, and Prevention of Burnout Among Substance Abuse Treatment Counselors: A Rural Versus Urban Comparison," *Journal of Psychoactive Drugs* 45, 1 (February 2013): 17-27, <https://doi.org/10.1080/02791072.2013.763558>; Mark Beitel, et al., "Experiences of burnout among drug counselors in a large opioid treatment program: A qualitative investigation," *Substance Abuse* 39, 2 (December 2018): 211-17, <https://doi.org/10.1080/08897077.2018.1449051>; Erin Pullen and Carrie Oser, "Barriers to Substance Abuse Treatment in Rural and Urban Communities: Counselor Perspectives," *Substance Use & Misuse* 49, 7 (March 2014): 891-901, <https://doi.org/10.3109/10826084.2014.891615>; Thomas L. McNulty, et al., "Counselor Turnover in Substance Abuse Treatment Centers: An Organizational-Level Analysis," *Sociological Inquiry* 77, 2 (May 2007): 166-93, <https://doi.org/10.1111/j.1475-682X.2007.00186.x>; Esra Alagoz, Joyce Hartje, and Maureen Fitzgerald, *National Workforce Report 2017: Strategies for Recruitment, Retention, and Development of the Substance Use Disorder Treatment and Recovery Services Workforce: A National Qualitative Report* (The Addiction Technology Transfer Center Network Coordinating Office, 2017), <https://www.drugsandalcohol.ie/28384/>; Michael A. Hoge, et al., "Mental Health and Addiction Workforce Development: Federal Leadership is Needed to Address the Growing Crisis," *Health Affairs* 32, 11 (November 2013): 2005-12, <https://doi.org/10.1377/hlthaff.2013.0541>; Steven L. Gallon, Roy M. Gabriel, and Jeffrey R. W. Knudsen, "The toughest job you'll ever love: A Pacific Northwest Treatment Workforce Survey," *Journal of Substance Abuse Treatment* 24, 3 (April 2003): 183-96, [https://doi.org/10.1016/S0740-5472\(03\)00032-1](https://doi.org/10.1016/S0740-5472(03)00032-1).

- 13 Ellen Bouchery and Judith Dey, *Substance Use Disorder Workforce Brief* (Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services, May 31, 2018), <https://aspe.hhs.gov/reports/substance-use-disorder-workforce-issue-brief-0>; Patricia Strach, Katie Zuber, and Elizabeth Pérez-Chiqués, "Why Policies Fail: The Illusion of Services in the Opioid Epidemic," *Journal of Health, Politics, Policy and Law* 45, 2 (April 2020): 341–64, <https://doi.org/10.1215/03616878-8004910>.
- 14 *Behavioral Health Workforce*, 30-1.
- 15 "Credentialed Alcoholism and Substance Abuse Counselor (CASAC)," New York State Office of Addiction Services and Supports, accessed September 1, 2021, <https://oasas.ny.gov/credentialing/alcoholism-and-substance-abuse-counselor-casac>.
- 16 "Employment Projections," US Bureau of Labor Statistics, accessed September 1, 2021, <https://www.bls.gov/emp/tables/unemployment-earnings-education.htm>.
- 17 *Behavioral Health Workforce*.
- 18 "Public Service Loan Forgiveness (PSLF)," Federal Student Aid, accessed September 1, 2021, <https://studentaid.gov/manage-loans/forgiveness-cancellation/public-service>.



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