

ALASKA LEGISLATURE COMMITTEE FILES 2007-2008 SL&C 12598

University Data

**TOTAL BEHAVIORAL
HEALTH PROGRAMS**

Enrollments

Fall 01	Fall 02	Fall 03	Fall 04	Fall 05
1110	1167	1242	1353	1374

23.8%

5.1% 6.4% 8.9% 1.6%

Degrees/Awards

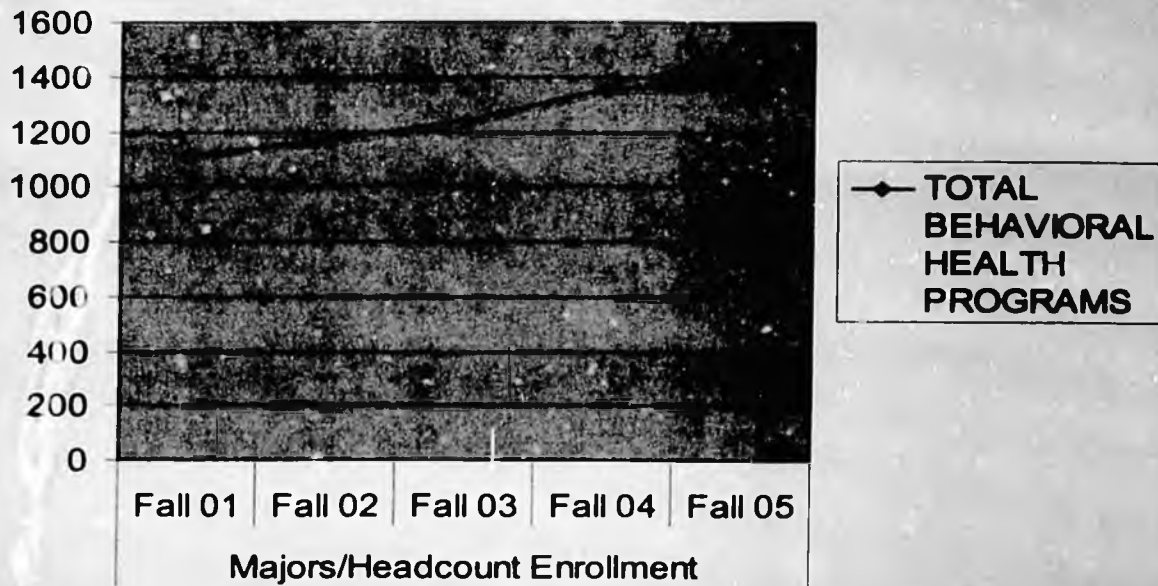
Fall 01	Fall 02	Fall 03	Fall 04	Fall 05
258	260	267	306	306

18.6%

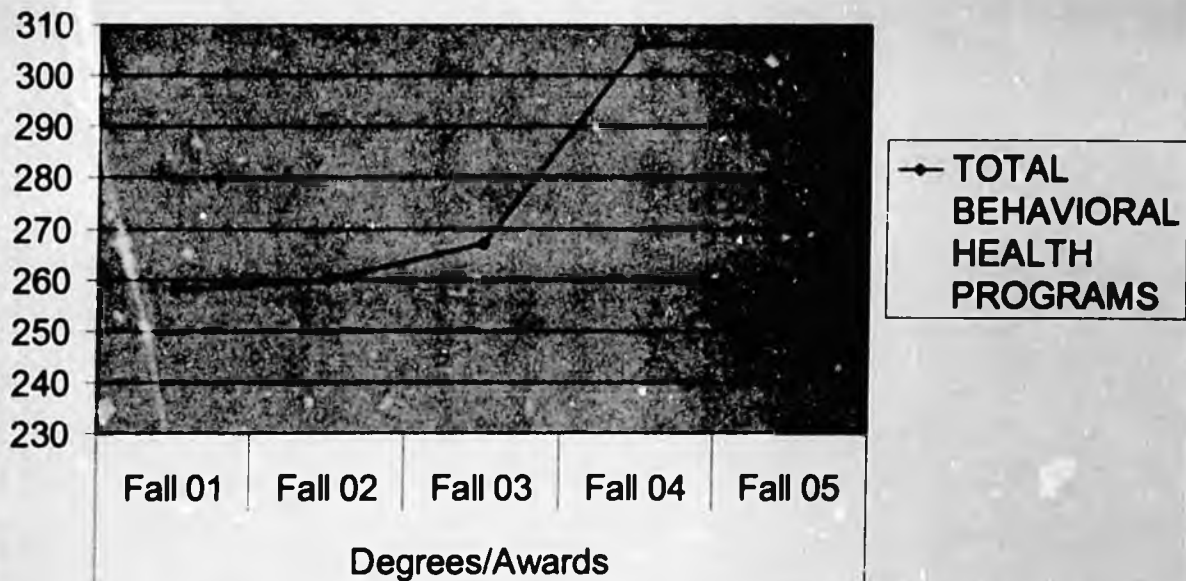
0.8% 2.7% 14.6% 0.0%

- Enrollment in BH programs for UA as a whole has increased 18.6% since 2001 and degrees awarded increased by 23.8%.
- By way of contrast, data for the period 1998 to 2003 indicated that enrollment had increased 8.2% while degrees awarded had actually decreased by 16.1% during that period.
- Trends in overall enrollments and degrees awarded in behavioral health programs leveled off in 2005. However, both saw spikes in the Fall 2003, with enrollments up 14.6% from the previous year and degrees up 8.9% from the previous year.

TOTAL BEHAVIORAL HEALTH PROGRAMS



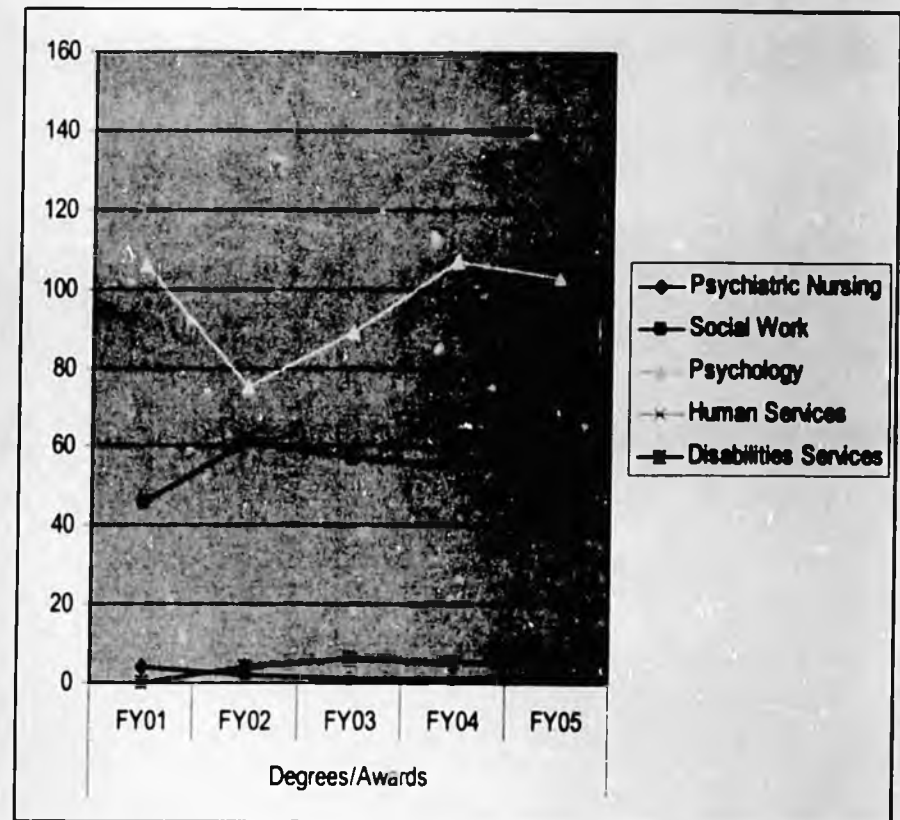
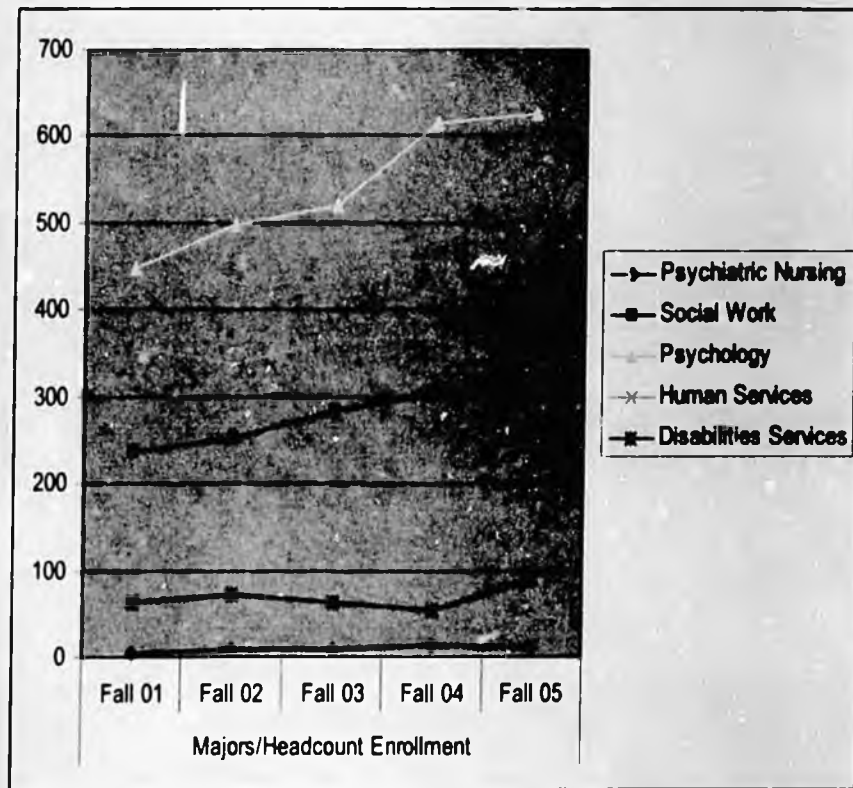
TOTAL BEHAVIORAL HEALTH PROGRAMS



Five behavioral health programs: Psychiatric Nursing, Social Work, Psychology, Human Services, and Disability Services

- In terms of enrollment, all programs but Human Services have net increases during the period from 2001 to 2005.
- Psychiatric Nursing and Disability Services have had the highest percents of increases in enrollment, but are the two smallest programs.
- Psychology and Social Work have both had steady increases in enrollment, with the former up 39.7% and the latter up 35% since 2001.
- The Human Services program had a spike in enrollment in Fall, 2003 but then a drop of in Fall, 2005.

• Three of the five programs had increased percentages of degrees awarded from 2001 to 2003. These were Human Services (36.3%), Disability Services (25%), and Social Work (23.9%).



Contact Information

Scott Adams, Psy.D.
Senior Research Associate
WICHE Mental Health
Program
303-541-0257
sadams@wiche.edu

Mimi Bradley, Psy.D.
Research Associate
WICHE Mental Health
Program
303-541-0288
mbradley@wiche.edu



The **TRUST**

The Alaska Mental Health
Trust Authority

Delisa Culppepper, MPH
CHIEF OPERATING OFFICER

Tel: 907-269-7965

Fax: 907-269-7966

delisa@mhtrust.org

www.mhtrust.org



3745 Community Park Loop Ste 200
Anchorage, AK 99508

Alaska Mental Health Trust Workforce Development Initiative

At-A-Glance

The Mental Health Trust Authority ("The Trust"), the State Divisions of Behavioral Health and Senior and Disabilities Services, the University of Alaska System, the Alaska Native Tribal Health Consortium, Trust Advisory groups, numerous provider organizations and the WICHE Mental Health Program (WICHE MHP) partnered to develop a comprehensive workforce plan, serving all Trust beneficiary areas and to address The Trust beneficiary workforce needs. To inform the committee who authored the strategic plan, a comprehensive report with supporting data was compiled on Alaska's health workforce, population and needs related to The Trust's beneficiaries. This At-A-Glance document is merely a summary of the strategic plan—the problems that it aspires to address and recommended strategies for action. For a comprehensive understanding of the issues affecting The Trust's beneficiaries workforce needs and the strategic planning process, please refer to the report.

OVERVIEW

Access to health services in Alaska is seriously challenged by shortages across the professional and paraprofessional workforce. Alaska shares this problem with other rural and frontier States, but the challenges are magnified by the diversity of populations and their wide dispersion across the vast landmass of Alaska.

The Mental Health Trust Authority ("The Trust"), Trust Advisory groups, the State Divisions of Behavioral Health and Senior and Disabilities Services, the University of Alaska System, the Alaska Native Tribal Health Consortium, Trust Advisory Groups, provider organizations and the WICHE Mental Health Program (WICHE MHP) partnered to develop a comprehensive workforce plan, serving all Trust beneficiary areas and to address related workforce needs. The Beneficiaries include Alaskans who experience mental illness; developmental disabilities; chronic alcoholism; or Alzheimer's disease and related dementia. While the individuals in these beneficiary areas often experience unique issues and require different approaches to treatment, workforce concerns span all areas.

The purpose of this strategic plan (and the process to develop it) is to increase communication between systems and initiatives to foster a more coordinated strategy that maximizes resources and decreases duplication and expands current workforce efforts. *The intent is real and significant: to make lasting changes to systems that will positively affect the behavioral health workforce in Alaska.*

WORKFORCE DEVELOPMENT VISION: BY 2015, BENEFICIARIES OF THE ALASKA MENTAL HEALTH TRUST SHALL HAVE ACCESS TO A CAPABLE, CULTURALLY COMPETENT WORKFORCE TO SUPPORT THEIR COMMUNITIES AND FAMILIES ACROSS THE LIFE SPAN.

WHY SHOULD WE BE CONCERNED?

- *Alaska's current workforce is aging.* The projected average percent of persons 65 and older (i.e., retirement age) leaving the workforce in Alaska is a staggering 222.5%
- *Alaska will need a larger workforce.* Alaska is projected to have a net decrease in their workforce of 10,384 by 2025.

State	% Change Pop. Ages 18-64 2000 to 2025	% Change Pop. Ages 65+ 2000 to 2025	Net People Entering or Leaving the Workforce
Alaska	17.2	222.5	-10,384

- *Alaska's demographics are changing.* From 1995 to 2025, the non-Hispanic Asian and Pacific Islander population is expected to grow by 641.1%, leading to a projected increase from 4.3% to 21.5% of the state population
- *Alaska's health services industry continues to grow.* The Department of Labor in Alaska reported that the health services industry is the fastest growing, and one of the larger sectors of Alaska's economy.
 - According to a Health Resources and Services Administration (HRSA) workforce profile on Alaska,¹ health services employment in Alaska grew 74% between 1988 and 2000.
 - In the period between 2002 and 2012, Alaska is projected to have an increase of 5,454 professionals across 30 healthcare occupations. This equates to a 28% increase.
- *Vacancy rates are high.* A study including 32 facilities (hospitals and nursing homes) and 256 other Alaska health care organizations found that four of 21 occupations listed having a 20% or higher vacancy rate, with village counselors having the highest rate at 36%.

WHAT ARE THE PRIMARY WORKFORCE ISSUES?

Recruitment to the field: There is a need for the recruitment of new employees into fields that support the beneficiary groups. Current recruitment efforts in all areas are costly and vacancies and turnover rates are still high. There is also a lack of awareness and education regarding the current workforce and training opportunities available.

Retention of the workforce: There exists a lack of incentives for the workforce serving Trust beneficiaries and a lack of resources to support the workforce once they are hired.

Training and educating a qualified, competent workforce. There is a lack of education and training particularly in rural areas and/or small agencies for and by leaders, other professionals, direct service workers, paraprofessionals, family members and consumers in the workforce serving Trust beneficiaries.

¹ <http://bhpr.hrsa.gov/healthworkforce/reports/statesummaries/alaska.htm>

HOW DO WE ADDRESS THESE CONCERNS?

By implementing strategies and tactics that address each of these three areas, with an eye toward an attainable goal:

RECRUITING QUALIFIED EMPLOYEES

Goal: Alaska will have 1000 new qualified employees that work with Trust beneficiaries by 2010.

Strategies:

- Form a Credentialing and Quality Standards Steering Committee to support the development and coordination of competencies, credentialing, and standardizations processes for certificate level programs to increase consistency and decrease duplication across programs. (June 30, 2007)
- Develop a comprehensive "grow your own" recruitment strategy for youth specific to: 1) Career options, 2) Rural/urban needs, 3) Cultural background and values. (June 30, 2007)
- Develop comprehensive marketing recruitment strategies in and out of Alaska for beneficiary area service careers. Include strategies to recruit broader populations including Alaska Natives and other minority and non-traditional populations such as seniors and persons with disability. (June 30, 2007)
- Foster a partnership with the Department of Labor & Workforce Development to enhance the collaborative process of recruiting a workforce to support Trust beneficiaries. (January 2007).
- Develop and implement strategies to increase wages and benefits of the workforce serving Trust beneficiaries, such as loan forgiveness programs, and a legislative advocacy campaign that ties wages increases to the credentialing of staff, thereby providing legislators with a tangible return on their investment.
- Work with other health care workforce initiatives to identify common strategies and develop cooperative efforts to achieve the common strategies.

RETAINING QUALIFIED EMPLOYEES

Goal: By June 30, 2011, the Trust, working with its partners, will increase staff retention in the workforce serving Trust beneficiaries by 20% (7% overall).

Strategies:

- Provide loan forgiveness, scholarships and other incentives for recruitment, training, and education.
- Provide technical assistance resources to help provider agencies develop work environments, supervisory support, wages, and benefits that recruit, support, and retain their staff.
- Support direct service personnel through improved supervision practices, and information and referral.
- Elevate the perceived value and support direct service professionals have about their jobs.

EDUCATING AND TRAINING THE WORKFORCE

Goal 1: By July 2008, establish three regional training cooperatives (i.e., providers, universities, post-secondary, state agencies, family members, and consumers) that provide and coordinate training and career development--when and where the need arises.

Strategies:

- Conduct an inventory and needs assessment of existing training programs.

- Provide resources for infrastructure (e.g., staffing on a regional level).
- Identify mutually agreed upon training standards.
- Develop Memorandums of Agreement and how each cooperative will function.
- Develop collaborative agreements among the training cooperatives.
- Facilitate career ladders through the articulation of training received through the regional cooperatives to university degree programs.
- Provide leadership and supervisor training and coaching.
- Provide or arrange technical assistance and consultation.
- Provide and/or arrange the use of technology to provide training.
- Develop an evaluation process to monitor the progress of the training cooperatives.

Goal 2: Support and build upon existing education and training programs.

Strategies:

- Maintain and expand funding for existing education and training programs.
- Support appropriate, effective, and adequate professional development.

SUSTAINABILITY STRATEGY

The Trust cannot be the sole provider of sustainable funding, however, The Trust can provide seed money as a springboard for long-term programming. By May 2007, The Trust will convene public and private funders (e.g., Commission, DOL, ANTHC, DHHS, Rasmuson, Gates, RWJ, Federal – SAMSHA), to develop a coordinated sustainable leverage plan. It will be important to maintain and expand funding for all existing certificate, degree, and training programs by placing general fund/mental funding in the mental health budget bill.

Part of developing a sustainability strategy is to ensure that there is reliable data and a continuous quality improvement process. Good data collection and procedures will increase the ability to evaluate the progress of this project and to revise goals and strategies if necessary. This data collection and management mechanism should be implemented concurrent with the project timeline.

Partners

The Alaska Mental Health Trust Authority, Department of Health and Social Services (DHSS), Division of Behavioral Health (DHSS), Division of Senior and Disabilities Services (DHSS), University of Alaska, Alaska Native Tribal Health Consortium, Governor's Council on Disabilities & Special Education, Alaska Commission on Aging, Alaska Mental Health Board and Advisory Board on Alcoholism & Drug Abuse, Alaska Alliance For Direct Service Careers, Alaska Association on Developmental Disabilities, Department of Corrections, Alzheimer's Disease Resource Agency of Alaska, Alaska Brain Injury Network, Faith-based Community, Community providers, Adult Protective Services, Office of Public Advocacy, Long-term Care Ombudsman, Developmental Disabilities and Senior Care Coordinators, Department of Labor and Workforce Development, Social Security Administration, Rural CAP Homeward Bound, Municipal governments.



Alaska Mental Health Trust
Workforce Development Initiative
An Overview of Workforce Related Data

Scott Adams, Psy.D & Mimi Bradley, Psy.D.

WICHE Mental Health Program

Context: Workforce Components and Trends

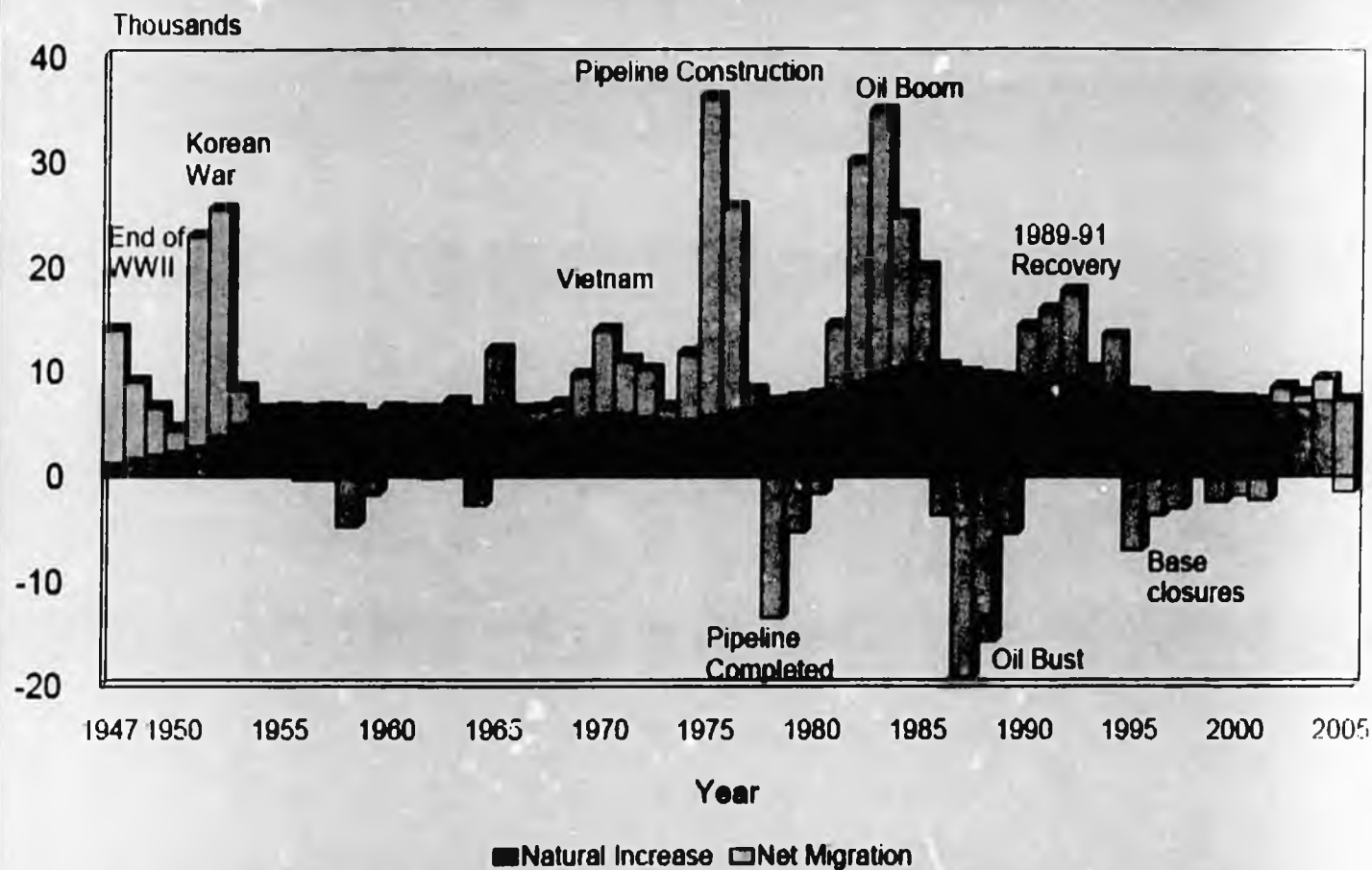
Establishing and sustaining an effective healthcare workforce involves several components:

- A profile of present *population* and demographics;
- An estimation of the *prevalence* of illness;
- An analysis of the professional *occupations* available to serve the community;
- A picture of the *higher education* programs designed to supply well-trained professionals.

Population Data



Components of Population Change for Alaska, 1947-2005



Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section, Demographics Unit.

Alaska Population Data

- By 2025, Alaska is projected to be the 45th most populous with 885 thousand people (up from 48th).
- Alaska's rate of population change, at 46.6%, ranks as the 8th largest.
- Alaska's dependency ratio—number of youth (under 20) and elderly (ages 65+) for every 100 people of working ages—could rise from 65.1 in 1995 to 80.6 in 2025.
- By 2025, non-Hispanic Whites are projected to compose 57.1% of Alaska's population, down from 73% in 1995.
- From 1995 to 2025, the non-Hispanic Asian and Pacific Islander population is projected to grow by 641.1%, an increase from 4.3% to 21.5% of the state population.
- The Hispanic population by 162.7%, over the 30 year period.
- The non-Hispanic Asian and Pacific Islander growth rate ranks 1st largest, while the Hispanic growth rate ranks 11th largest.

US WIC III States	Change Pop. Ages 18-64, 2000 to 2025	Change Pop. Ages 65+, 2000 to 2025	Net People Entering or Leaving the Workforce
California	24.6	102.6	1,473,050
Arizona	68.9	190.5	861,676
Nevada	76.4	201.3	527,136
Washington	28.7	108.5	347,108
Utah	38.9	113.2	299,775
Oregon	25.3	83.9	173,927
Nation	16.5	81.5	148,799
Idaho	36.8	119.4	112,868
Colorado	17.1	109.0	21,191
South Dakota	-1.8	56.9	-69,531
Wyoming	-4.2	122.9	-83,936
North Dakota	-10.9	50.5	-89,836
Hawaii	6.6	87.3	-90,271
Montana	4.2	104.9	-103,982
New Mexico	3.0	134.4	-252,654

Source: U.S. Bureau of the Census, Population Division; higheredinfo.org

Total and Average Annual Domestic Net Migration for Alaska: 1990–2000 and 2000–2004

	Total number		Average annual number	
	1990–2000	2000–2004	1990–2000	2000–2004
Alaska	-30,354	-2,918	-3,035	-730

Source: U.S. Census Bureau, Population Estimates Program, 2004

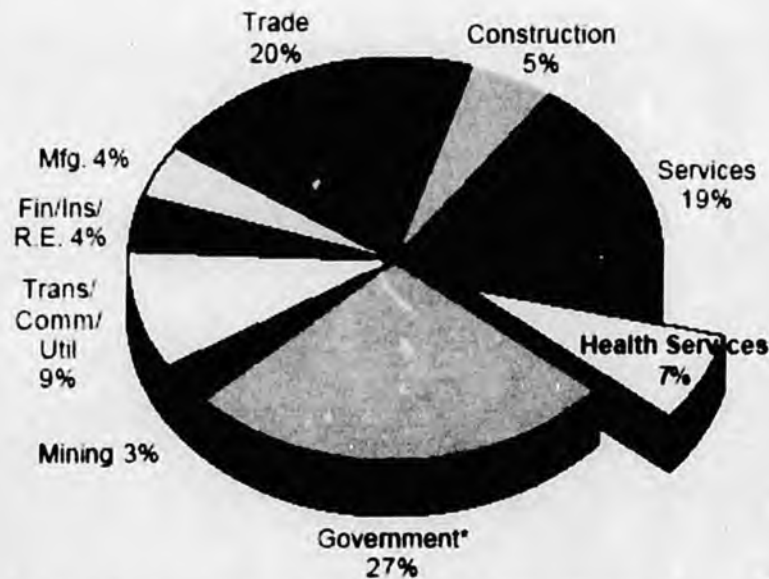
Alaska	Largest inflow was from:	Size of inflow
	California	12,518
Alaska	Largest outflow was to:	Size of outflow
	Washington	16,635

Source: U.S. Census Bureau, Census 2000. <http://www.census.gov/prod/2003pubs/censt8.pdf>



Occupational Data and Trends

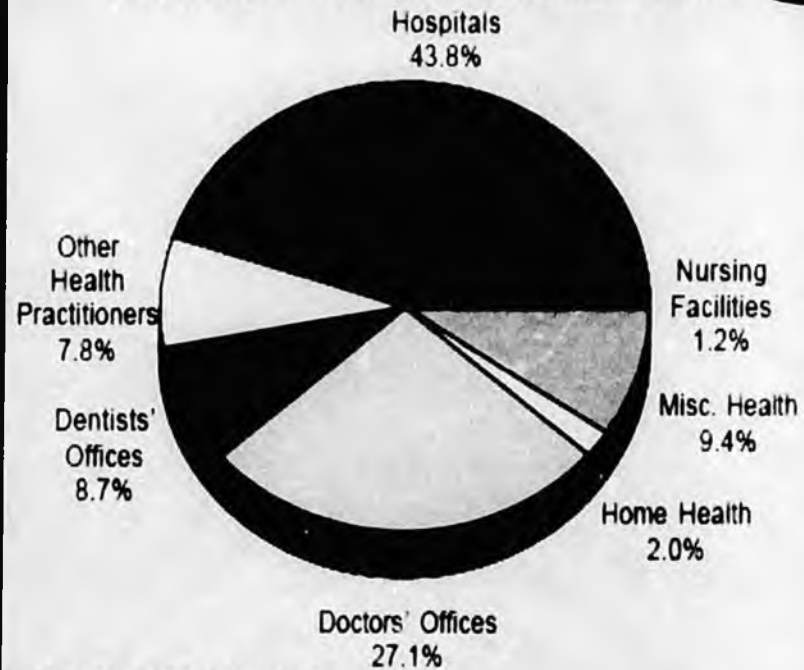
2 Health Services is a Big Player In Alaska's employment picture



*Public health care employment was subtracted from government and added to health services

Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

Where the Jobs Are In Alaska's health services - 2002* 9



*Average of first nine months

Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

- Health services composes 7% of Alaska's Workforce.
- 70.9% of health service jobs are in hospitals and doctor's offices.
- Health services and hospital jobs earn more than the state average.

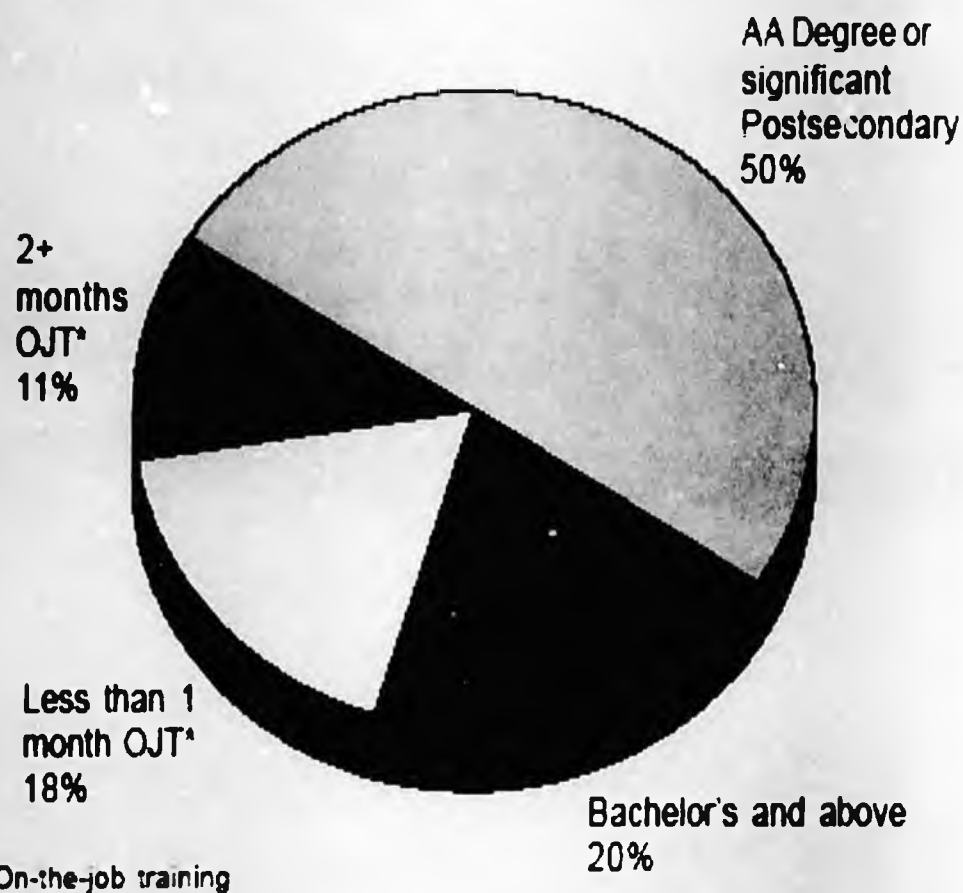
Occupation	Employment Total (2002)	Projected Employment Total (2012) ⁷	Numeric Change	Growth Rate % ¹⁰
Registered Nurses (Only some in BH)	5,004	6,670	1,666	33.3
Personal and Home Care Aides	1,488	2,109	621	41.7
Home Health Aides	1,173	1,646	473	40.3
Nursing Aides, Orderlies, and Attendants	1,704	2,148	444	26.1
Social and Human Service Assistants	1,123	1,501	378	33.7
Mental Health and Substance Abuse Social Workers	469	648	179	38.2
Pharmacists	364	541	177	48.6
Counselors, All Other	683	843	160	23.4
Healthcare Support Workers, All Other	470	614	144	30.6
Substance Abuse and Behavioral Disorder Counselors	513	645	132	25.7

	# of Times in Top 10	Ranks	Avg. Rank
Pharmacists			3.6
Home Health Aides			4.6
Registered Nurses (Only some in BH)			4.8
Social and Human Service Assistants			7.0
Personal and Home Care Aides	3	2,2,4	2.7
Physician Assistants	3	5,9,3	5.7
Nursing Aides, Orderlies, and Attendants	2	4,5	4.5
Mental Health and Substance Abuse Social Workers	2	6,4	5.0
Physician Assistants	2	9,3	6.0
Healthcare Support Workers, All Other	2	9,6	7.5
Licensed Practical and Licensed Vocational Nurses	2	10,5	7.5
Personal Care and Service Workers, All Other	2	7,9	8.0
Pediatricians, General	1	1	1.0
Medical and Public Health Social Workers	1	6	6.0
Clinical, Counseling, and School Psychologists	1	6	6.0
Counselors, All Other	1	8	8.0
Rehabilitation Counselors	1	9	9.0
Substance Abuse and Behavioral Disorder Counselors	1	10	10
Mental Health Counselors	1	10	10.0
Psychiatrists	1	10	10.0

BEHAVIORAL HEALTH VACANCY RATES - HEALTH PROFESSIONS 2005 SURVEY

Behavioral Health	Positions	Vacancies	Vacancy Rate
Village Counselor	28	10	36%
Psychologist	37	10	27%
Psychiatric Nurse Practitioner	15	4	27%
Psychiatrist	20	4	20%
Family Services Worker	7	1	14%
Mental Health Specialist	65	9	14%
Social Worker	169	24	14%
Chemical Dependency Counselor	8	1	13%
Counselor	179	21	12%
Behavioral Health Aide	65	7	11%
Human Services Worker/Personnel	104	10	10%
Psychiatric Nurse	32	3	9%
Psychiatric Technician	16	1	6%
Psychiatric Aide	101	6	6%
Residential Aide	40	2	5%
Behavioral Health Clinician	2	0	0%
Developmental Specialist	1	0	0%
Family Crisis	6	0	0%
Family Service Aide	4	0	0%
Licensed Marital & Family Therapist	1	0	0%
Social Work Assistant	1	0	0%
TOTAL	901	113	13%

11 Future Alaska Health Care Jobs By education level required - 2010

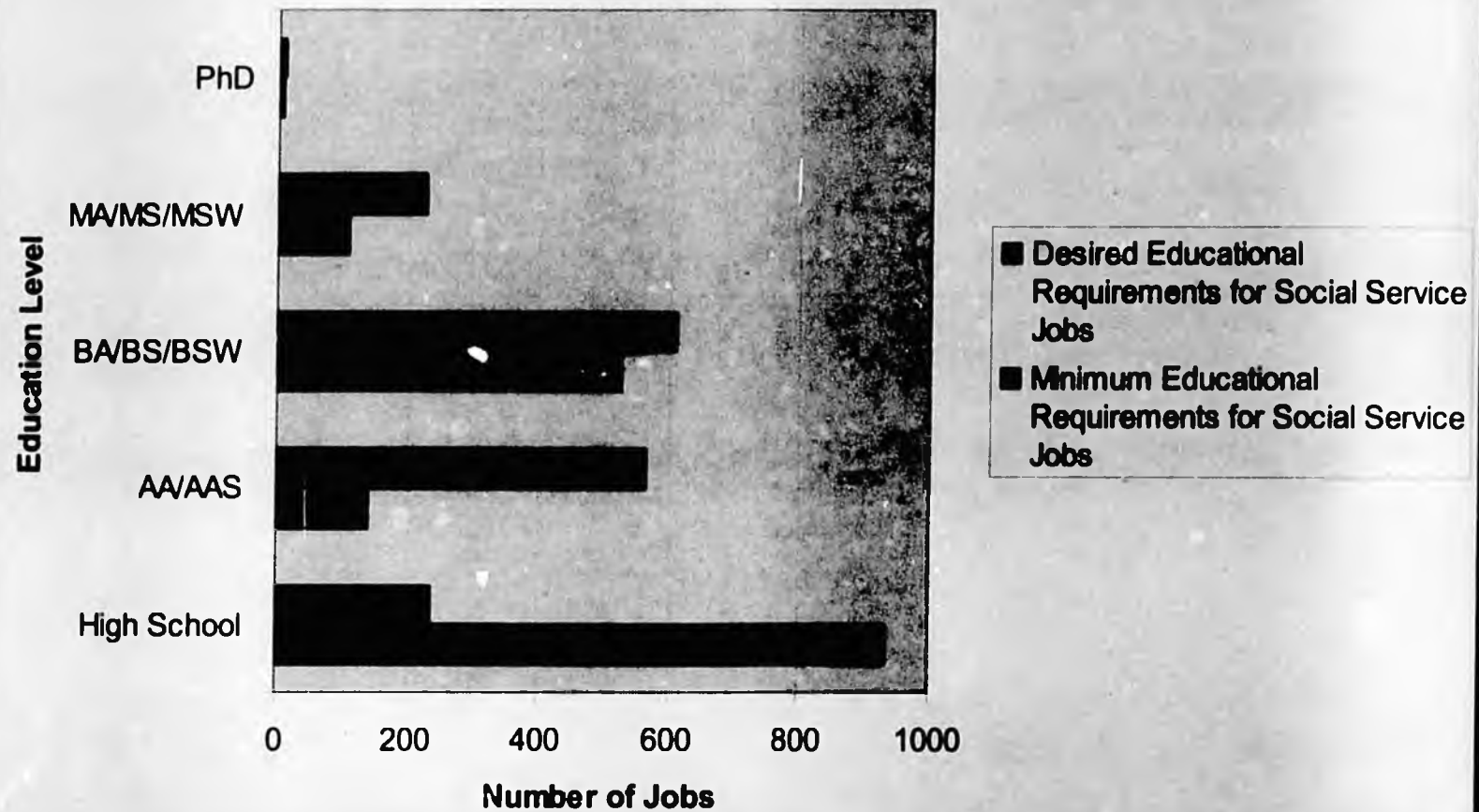


Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

As the pie chart shows, 79% of healthcare jobs require an AA degree or less, but with some on-the-job training.

The remaining jobs require a Bachelor's degree or higher.

Educational Requirements for Social Service Jobs: Minimum vs. Desired



Source: The 2002 Social Services Job Survey (2003)

2002 Social Services Job Survey

Across provider agencies who participated in the study and reported on 25 different professional positions, 59.1% hire below minimum qualifications and 68% allow experience as a substitute for training.

This does not include data regarding clinical psychologists or occupational therapists, as their qualifications and related hiring are fixed.

Profession	Substitute	Falling Below Minimum Qualifications
Advocate		100.0%
Client Evaluator		100.0%
SA Prevention Professional		100.0%
CD Counselor I		87.5%
CD Clinical Supervisor		66.7%
Case Manager/Coordinator		60.0%
MH Clinical Associate		50.0%
CD Counselor II		50.0%
Eligibility Worker		50.0%
Paraprofessional Counselor		33.3%
Team Leader/Coordinator	80.0%	60.0%
Infant Learning Educator	80.0%	60.0%
Program Manager	70.0%	60.0%
Individual Support Worker	66.7%	41.7%
LPN	66.7%	66.7%
Administrator	61.1%	50.0%
RN	50.0%	50.0%
Recreation/Activity Therapist	50.0%	50.0%
Infant Learning Associate	50.0%	75.0%
Clinical Director/Supervisor	40.0%	20.0%
Vocational Specialist	33.3%	66.7%
Respite Worker	28.6%	42.9%
Licensed Clinician	12.5%	37.5%
Clinician/Therapist/Counselor	10.0%	50.0%
Clinical Psychologist	0.0%	0.0%
Occupational Therapist	0.0%	0.0%
Infant Learning Therapist	0.0%	50.0%

Source: The 2005 Survey of the Workforce in Child Welfare

**Recruitment
Retention & Turnover
Data**

SORR

Total Recruitment Strategy Cost Breakdown by Organization Type

	Year 2 All Facilities	Year 2 Urban Facilities	Year 2 Rural Facilities	Year 1 All Facilities (Rural)
Regional Tribal Health Corporation	\$13,160,439	\$3,645,669	\$9,514,770	\$8,238,608
Non-tribal Hospital	\$8,274,817	\$1,899,580	\$3,375,267	\$2,111,385
Behavioral Health Providers	\$1,158,832	\$559,767	\$599,071	\$595,398
Community Health Center	\$1,021,435	\$133,000	\$888,435	\$439,918
Unaffiliated Tribal Health Orgs	\$322,116	\$0	\$322,116	\$395,234
Other Rural Health Providers	\$181,826	\$0	\$181,826	\$270,150
Total	\$24,119,465	\$9,237,980	\$14,881,485	\$12,050,693

SORRAS

Total Recruitment Cost Breakdown by Strategy Type	Year 2 All Facilities	Year 2 Urban Facilities	Year 2 Rural Facilities	Year 1 All Facilities (Rural)
	Total	Total	Total	Total
Cost of locums	\$12,914,085	\$3,926,880	\$8,987,205	\$4,944,266
Staff time	\$3,997,481	\$1,247,444	\$2,750,033	\$3,604,870
Moving expenses (inc. travel)	\$2,751,820	\$1,506,500	\$1,245,320	\$792,156
Recruiting firms	\$1,434,248	\$1,060,000	\$374,248	\$588,164
Advertising	\$1,234,945	\$713,864	\$521,081	\$301,534
Training and orientation	\$837,166	\$466,077	\$371,089	\$258,134
Travel/accommodations on-site interview	\$474,705	\$205,615	\$269,090	\$240,070
Recruitment related staff travel	\$242,616	\$91,000	\$151,616	\$55,681
Other costs	\$118,000	\$8,000	\$110,000	\$1,265,818
Website management	\$91,499	\$5,000	\$86,499	NA
Membership organization	\$22,900	\$7,600	\$15,300	NA
Grand Total	\$24,119,465	\$9,237,980	\$14,881,481	\$12,050,693

SORRAS

Cost Compared to Y1

	Y2 All Facilities	Y2 Urban Facilities	Y2 Rural Facilities	Y1 All Facilities (Rural)
Average recruitment activity costs	\$304,879	\$887,837	\$212,832	\$148,172
Average recruitment related staff time	\$62,461	\$138,604	\$50,001	\$48,714
Average number hired	10.30	57.22	4.35	4.45
<i>Total number hired</i>	824	515	309	285
Average number recruited	13.71	72.33	6.17	4.83
<i>Total number recruited</i>	1083	651	432	338
Mean average cost per hire	\$34,413	\$23,954	\$36,074	\$38,018
Mean average cost per recruit	\$27,927	\$20,514	\$29,162	\$31,353

SORRAS

Average Recruitment Cost Per Hire by Provider Type	Year 2 All Facilities	Year 2 Urban Facilities	Year 2 Rural Facilities	Year 1 All Facilities (Rural)
	Avg.	Avg.	Avg.	Avg.
Clinical Psychologist	\$374,987	\$0	\$357,379	\$34,563
Physician	\$126,782	\$119,307	\$135,752	\$73,739
Psychiatrist	\$106,117	\$65,301	\$177,546	\$237,678
Pharmacist	\$71,322	\$39,852	\$105,939	\$63,886
Dentist	\$35,542	\$33,477	\$36,001	\$27,315
LCSW	\$33,931	\$13,986	\$35,926	\$20,566
Midlevel	\$25,655	\$6,115	\$37,724	\$32,201
Masters Level Therapist	\$22,541	\$3,709	\$28,818	\$16,571
Registered Nurse	\$17,688	\$10,527	\$36,096	\$42,575
Dental Hygienist	\$3,225	\$947	\$7,130	\$40,572

Cost Per Hire: Alaska Versus Continental U.S.

	Rural Alaska Hospitals	Continental U.S.¹	All Other Rural Alaska Facilities (Clinics, Mental Health Centers)	Continental U.S. Clinics (Nursing and Specialty Services)¹
Total cost*	\$1,700,245	308,314,688	\$5,406,182	\$20,944,949
Total hires	87	70,753	198	5789
Cost Per Hire	\$19,543	\$4,358	\$27,304	\$3,618

*These figures excludes the cost of locums and new recruit training

¹ Staffing org study

Strategy	SORRAS I		SORRAS II	
	Percentage	Rank	Percentage	Rank
Word of mouth/networking	92%	1	89%	1
Emphasize rural lifestyle	91%	2	88%	2
Introductions/spend time with staff	83%	3	83%	4
Conduct on-site visit	79%	5	81%	5
Emphasize good community	79%	6	79%	7
Positive working environment	79%	7	86%	3

Strategy	SORRAS I		SORRAS II	
	Percentage	Rank	Percentage	Rank
Websites	28%	1	18%	2
Word of mouth/networking	26%	2	18%	1
Newspaper ads	16%	3	10%	4
Emphasize quality of life	11%	4	9%	6
Financial/benefit incentives	9%	5	8%	8
Hiring temp to full-time	8%	6	9%	5

Least Effective Recruitment Strategies

	SORRAS I		SORRAS II	
Newspaper ads	32%	1	18%	1
Websites	16%	2	14%	2
Journals	13%	3	9%	3
Professional Recruiting Firm	7%	4	4%	6

Barriers to Recruitment Overall: SORRAS I

<u>Barrier</u>	<u>% Reporting</u>
Locating qualified candidates	71
Geographic isolation/harsh living	61
Spousal compatibility/job availability	57
Lack of urban amenities	53
Housing availability	51
Competitive salary/benefits	49

Factors That Would Make Recruitment Efforts More Effective

<u>Factor</u>	<u>% Reporting</u>
Offer higher salaries	44
Easier way to identify candidates	14
Bigger recruiting budget	12
Need more candidates	12
More effective use of websites	8
Better marketing of community/facility	8

University Data

**TOTAL BEHAVIORAL
HEALTH PROGRAMS**

Enrollments

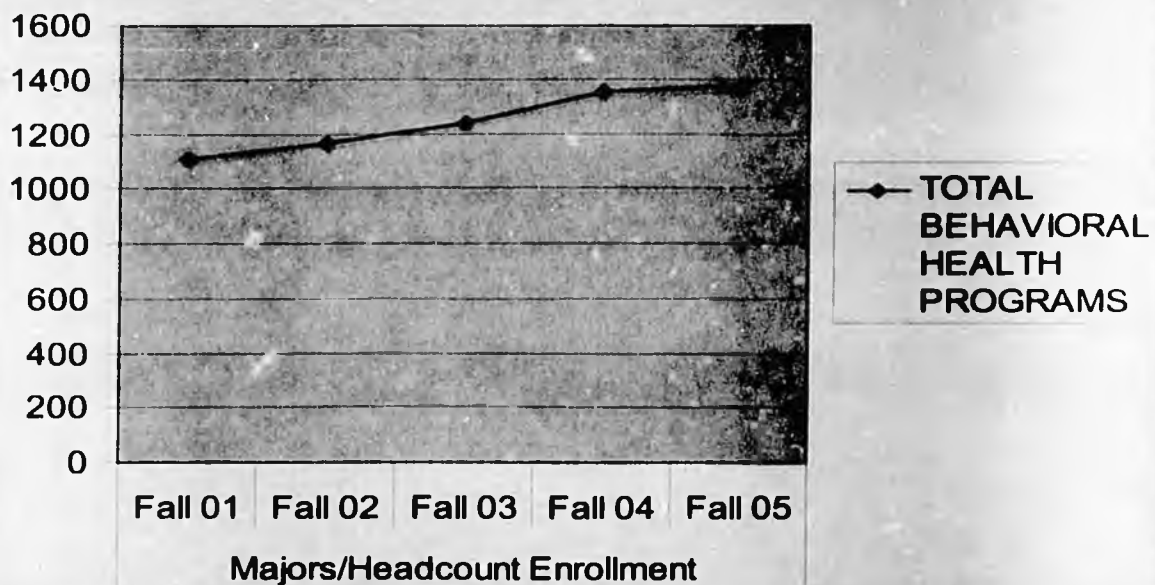
Fall 01	Fall 02	Fall 03	Fall 04	Fall 05	
1110	1167	1242	1353	1374	23.8%
	5.1%	6.4%	8.9%	1.6%	

Degrees/Awards

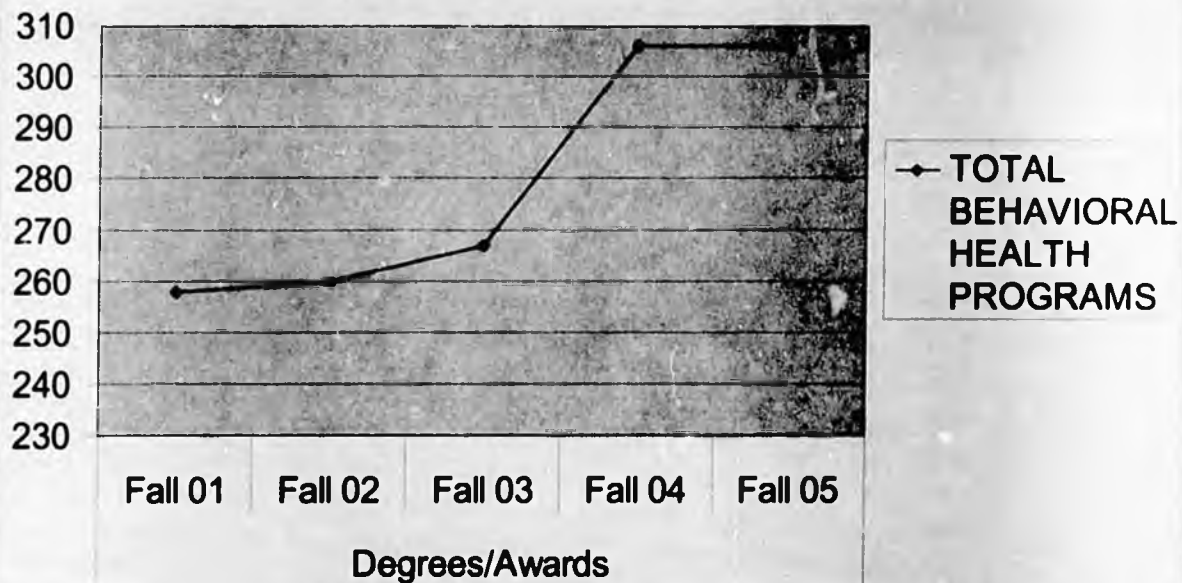
Fall 01	Fall 02	Fall 03	Fall 04	Fall 05	
258	260	267	306	306	18.6%
	0.8%	2.7%	14.6%	0.0%	

- Enrollment in BH programs for UA as a whole has increased 18.6% since 2001 and degrees awarded increased by 23.8%.
- By way of contrast, data for the period 1998 to 2003 indicated that enrollment had increased 8.2% while degrees awarded had actually decreased by 16.1% during that period.
- Trends in overall enrollments and degrees awarded in behavioral health programs leveled off in 2005. However, both saw spikes in the Fall 2003, with enrollments up 14.6% from the previous year and degrees up 8.9% from the previous year.

TOTAL BEHAVIORAL HEALTH PROGRAMS



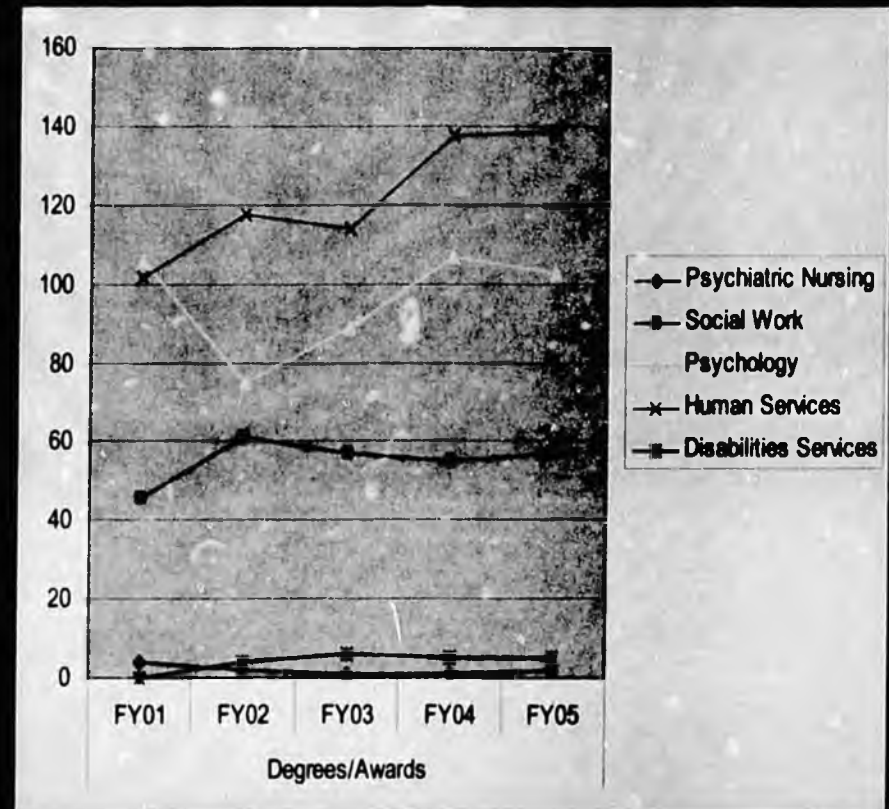
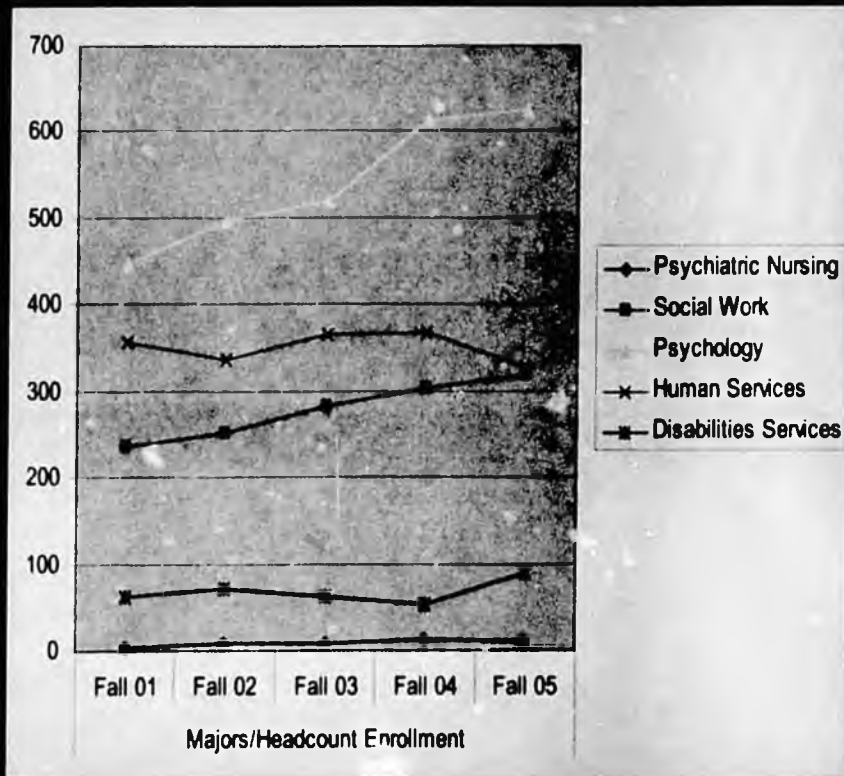
TOTAL BEHAVIORAL HEALTH PROGRAMS



Five behavioral health programs: Psychiatric Nursing, Social Work, Psychology, Human Services, and Disability Services

- In terms of enrollment, all programs but Human Services have net increases during the period from 2001 to 2005.
- Psychiatric Nursing and Disability Services have had the highest percents of increases in enrollment, but are the two smallest programs.
- Psychology and Social Work have both had steady increases in enrollment, with the former up 39.7% and the latter up 35% since 2001.
- The Human Services program had a spike in enrollment in Fall, 2003 but then a drop of in Fall, 2005.

Three of the five programs had increased percentages of degrees awarded from 2001 to 2003. These were Human Services (36.3%), Disability Services (26.7%), and Social Work (23.9%).



Contact Information

Scott Adams, Psy.D.
Senior Research Associate
WICHE Mental Health
Program
303-541-0257
sadams@wiche.edu

Mimi Bradley, Psy.D.
Research Associate
WICHE Mental Health
Program
303-541-0288
mbradley@wiche.edu



2007

CONFIRM-

ATION

HEAR'GS


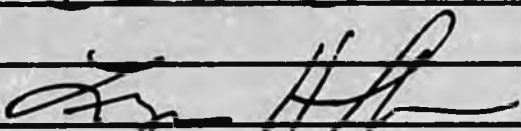
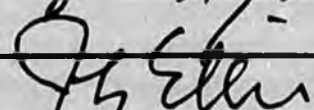
**SENATE
CONFIRMATION COMMITTEE REPORT**

Date: March 22, 2007

In accordance with AS 39.05.080, the Labor and Commerce Committee reviewed the following and recommends the appointment be forwarded to a joint session for consideration:

**Commissioner
Department of Labor and Workforce Development
Clark "Click" Bishop**

This does not reflect an intent by any of the members to vote for or against the confirmation of the individual during any further sessions.

Signature:	Printed Last Name
	STEVE
Better Davis	DAVIS
O'Brien	Bande
	
	
Chair: J. Ellis	Ellis

Please return to the Senate Secretary's Office (Room 213).


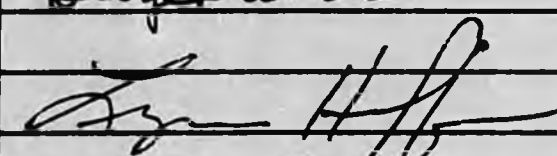

**SENATE
CONFIRMATION COMMITTEE REPORT**

Date: March 22, 2007

In accordance with AS 39.05.080, the Labor and Commerce Committee reviewed the following and recommends the appointment be forwarded to a joint session for consideration:

**Commissioner
Department of Commerce, Community and Economic Development
Emil Notti**

This does not reflect an intent by any of the members to vote for or against the confirmation of the individual during any further sessions.

Signature:	Printed Last Name
	STEVENS
Bunker	Bunker
Betty Davis	DAVIS
	
Chair: 	ELLIS

Please return to the Senate Secretary's Office (Room 213).