CPWI Workforce Survey

This anonymous survey was designed by the CPWI Advisory Committee's Workforce Subcommittee. It is intended to collect information about the prevention workforce across Washington State, and is specifically focused on understanding the roles of the "Coalition Coordinator" and "Student Assistance Professional" who are involved in the Community Prevention and Wellness Initiative (CPWI).

The Workforce Subcommittee is collecting data about compensation, duties and retention factors, as well as strengths and challenges related to each position.

After analyzing the data, the subcommittee plans to:

- 1. Identify factors that increase job satisfaction and equity, as well as job specific challenges.
- 2. Publicly disseminate our findings while preserving participant's anonymity.
- 3. Present recommendations to the Washington State Health Care Authority and other organizations, including fiscal agents.

This survey has 38 questions for Coalition Coordinators, 36 questions for Student Assistance Professionals, and will take about 10 minutes to complete. You will only be shown questions for your role.

| * 1. Please select your role. (Your title may be different.) |
|---|
| Student Assistance Professional (SAP) |
| Coalition Coordinator |
| Something else fits better. |
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| CPWI Workforce Survey |
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| Student Assistance Professional (SAP) |
| Student Assistance Professional (SAP) These survey questions are designed for Student Assistance Professionals. |
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CPWI Workforce Survey

Student Assistance Professional (SAP)

These survey questions are designed for Student Assistance Professionals.

The following questions ask about you.

| * 3. What is your ger | nder? | |
|---------------------------------|----------------------------------|---------------------|
| | | |
| * 4. What is your rac | ee? (Select all that apply) | |
| American Indian/Al | | |
| Asian | | |
| Black | | |
| Native Hawaiian/O | ther Pacific Islander | |
| White | | |
| Two or more races | | |
| Something else fits | better | |
| I prefer not to answ | | |
| | | |
| * 5. What is your eth | nicity? | |
| | | |
| | | |
| | (s) do you use most often? (Sele | ect all that apply) |
| English | | |
| Spanish | | |
| Chinese | | |
| Vietnamese | | |
| Tagalog | | |
| Russian | | |
| Korean | | |
| Amharic or Somali | | |
| Hindi | | |
| Arabic | | |
| Marshallese | | |
| A different languag | e than these | |
| I prefer not to answ | ver | |
| | | |
| * 7. What is your hig | hest level of education? | |
| | | |
| k Q Mhat tyma of cor | nmunity do you work in? | |
| o. what type of cor | minumity do you work iii: | |
| | | |
| . Work setting | | |
| | Number of buildings served? | Grade-level served? |
| Where does your work happen? | | |

| * 10. Time at your current Site S | School | |
|---|---------------------|--|
| | Years | Months |
| How many years and months have you been the SAP for your CPWI Site School? | | |
| * 11. Were you a member of y * 12. How confident are you in y | | |
| 12. How dominated and you in y | our ability to do y | at job! |
| 0 - Not at all confident | Average | 100 - Exceptionally confident |
| * 13. Please explain why you sel * 14. Including yourself, how Professional for your coalition | many people have | held the role of Student Assistance |
| * 15. Have you ever had a pre Professional (CPP) or Associa | | on, such as the Certified Prevention essional (APP) credential? |
| Yes, currently | | |
| Yes, but it expired | | |
| No, but I'm working toward or | ne | |
| ○ No | | |
| Other (please specify) | | |
| | | 4 |

CPWI Workforce Survey

The following questions are about your work schedule and compensation.

| * 16. Tell us about you | r typical work sched | lule. | |
|------------------------------------|-------------------------|---------------------|-----------------|
| | Hours per Day | Hours per Week | Months per Year |
| In a typical year, I work | | | |
| Other (please specify) | | | |
| | | le le | |
| * 17. What is your h | ourly wage? | | |
| * 18. What is your y | rearly wage? | | |
| * 19. In addition to | your wage, do you r | eceive benefits? | |
| CPWI Workforce * 20. What benefits | | eck all that apply) | |
| Sick Leave | | | |
| FMLA or Military | Leave | | |
| Bereavement leav | e | | |
| Vacation Time (pa | id time off) | | |
| 7 or fewer paid ho | lidays per year | | |
| 8 or more paid ho | lidays per year | | |
| Remote Work | | | |
| Flexible Schedulin | ng | | |
| Medical Insurance | ; | | |
| Dental Insurance | | | |
| Vision Insurance | | | |
| Life Insurance | | | |
| Employee Assistar | nce or Wellness Program | | |
| Retirement benefi | ts | | |
| Other (please spec | cify) | | |
| | | | |

The following questions ask you to assess the core competencies of the SAP program being implemented in your school(s).

School Collaboration

| * 21. How would you descri counselors, and administrat | = | ol partners, such as school staff, school |
|---|---------------------------------|---|
| 0 - Poor | It's enough to get the job done | 100 - Excellent |
| Other (please specify) | e the amount of training yo | ogram services and the referral process |
| 0 - None | Some | 100 - A lot |
| Services, for my students Other (please specify) | | for services, and increase access to |
| * 25. How would you descri | | ESD Supervisor/Manager? |
| 0 - Not enough | It's perfect | 100 - Too much |
| * 26. How would you descri | be your contact with your | onsite school administrator/evaluator. |
| 0 - Not enough | It's perfect | 100 - Too much |

CPWI Workforce Survey

You're almost done! The following questions ask about your job satisfaction.

* 27. How satisfied are you in your role as a Student Assistance Professional? 0 - Completely Neither Satisfied Nor 100 - Completely Unsatisfied Unsatisfied Satisfied * 28. What contributes to current **satisfaction** with your job? (Choose all that apply) Autonomy, freedom or working independently Variety Professional development opportunities Learning about prevention science Good wages Good benefits Working with youth Utilizing my degree or educational background I love my job Serving my community Community outreach or engagement Contributing to the prevention of future behavioral health disorders Building relationships Mentally stimulating work Camaraderie within my school or community My Coalition's mission Feeling like the work I do is important Other (please specify)

| * 29. What contributes to current dissatisfaction with your job? (Choose all that apply) |
|---|
| Funding restrictions |
| Lack of funding/Budget stress |
| Work scheduling restrictions |
| Poor onboarding or job orientation |
| Lack of prevention knowledge or training |
| Lack of community support or interest |
| Lack of local data/suppressed data |
| Lack of clarity in my job duties/ confusion about my role |
| Jumping through too many hoops |
| Working in isolation |
| Reporting requirements |
| Low wages |
| Inadequate benefits |
| Overwhelm |
| Burnout |
| Poor management or supervision styles |
| Lack of support from school building administrators |
| Lack of support from teachers or counselors |
| Lack of support from my ESD |
| No opportunity for advancement |
| Working with the public |
| Working with youth |
| Coalition conflict |
| Community conflict |
| Other (please specify) |
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| * 30. Do you plan to stay in your current role for at least the next year? |
| |
| * 31. Please explain why you selected the answer you did in the previous question. |
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These final questions ask about your experience working with your collaborative partners.

| * 32. Thinking | about your collaborative partn | ers | |
|------------------------------|--|---|-------------------------|
| | School Building Staff | School or District Administrators | The Community Coalition |
| How satisfied | | | |
| are you | | | |
| working with | | | |
| Other (please spe | ecify) | | |
| | | | |
| | | | |
| | | | |
| * 33. Have vac community? | cancies in the Coalition Coordin | nator position been a challenge for | your |
| 0 - Not at a | all | 100 - A big problem | |
| | | 5.1 | |
| | | | |
| 34. What do yo partners? | ou like best about working with | your Community Coalition and co | nmunity |
| partifers: | | | |
| | | | |
| | | | |
| | rriers (if any) are most challeng community partners? | ging when collaborating with your (| Community |
| | parameter parameter | | |
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| CPWI Wor | rkforce Survey | | |
| Coalition Co | ordinator | | |
| These survey | questions are designed for | Coalition Coordinators. | |
| These first ques | tions ask about your employer, sch | nool district and familiarity with the CP | WI contract. |
| * 26 What t | type of organization is your fisc | ral agent/empleyer? | |
| Jo. What | type of organization is your lise | au agendempioyer: | |
| | | | |
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| require coalitions to have a Memorandum chool district. The next two questions are |
|--|
| Understanding (MOU) or Memorandum |
| |
| place with your school district ? |
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| | you use most often: (36 | elect all that apply) | |
|---|---|-------------------------------------|----------------|
| English | | | |
| Spanish | | | |
| Chinese | | | |
| Vietnamese | | | |
| Tagalog | | | |
| Russian | | | |
| Korean | | | |
| Amharic or Somali | | | |
| Hindi | | | |
| Arabic | | | |
| Marshallese | | | |
| A different language than th | ese | | |
| I prefer not to answer | | | |
| * 44. What is your highest le * 45. What type of communi | | | |
| | | | |
| | | | |
| * 46. Not counting your time w | | | elated fields: |
| * 46. Not counting your time w | vorking in substance ab Years | use TREATMENT or other re | elated fields: |
| | | | elated fields: |
| How many years and months have you worked in substance | | | elated fields: |
| How many years and months have you worked in substance abuse PREVENTION? How many years and months have you been the Coordinator of your CPWI | Years | Months | elated fields: |
| How many years and months have you worked in substance abuse PREVENTION? How many years and months have you been the Coordinator of your CPWI Coalition? | Years | Months | elated fields: |
| How many years and months have you worked in substance abuse PREVENTION? How many years and months have you been the Coordinator of your CPWI Coalition? | Years your ability to do your | job? 100 - Exceptionally | elated fields: |
| How many years and months have you worked in substance abuse PREVENTION? How many years and months have you been the Coordinator of your CPWI Coalition? | Years your ability to do your Average | job? 100 - Exceptionally confident | |

| Yes | | | |
|---|--|--|---------------------------|
| ○ No | | | |
| Other (please spe | ocify) | | |
| Other (please spe | ecny) | | |
| | | | |
| * 50. Including your coalition over the p | • | e have held the role of Coa | lition Coordinator for yo |
| | - | ification, such as the Certi n Professional (APP) crede | |
| | | | |
| | | | |
| CPWI Workforce | | dule and componentian | |
| 6-11 | are about your work sche | edule and compensation. | |
| | ur typical work schedul | e. | |
| following questions 3. Tell us about you | ur typical work schedul Hours per Day | le. Hours per Week | Months per Year |
| 3. Tell us about you | | | Months per Year |
| 3. Tell us about you n a typical year, I | Hours per Day | | Months per Year |
| 3. Tell us about you n a typical year, I work | Hours per Day hourly wage? | | Months per Year |

| * 57 | . What benefits do you receive? (Check all that apply) |
|-------------|--|
| | Sick Leave |
| | FMLA or Military Leave |
| | Bereavement leave |
| | Vacation Time (paid time off) |
| | 7 or fewer paid holidays per year |
| | 8 or more paid holidays per year |
| | Remote Work |
| | Flexible Scheduling |
| | Medical Insurance |
| | Dental Insurance |
| | Vision Insurance |
| | Life Insurance |
| | Employee Assistance or Wellness Program |
| | Retirement benefits |
| | Other (please specify) |
| | |
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| | WI Workforce Survey lowing questions ask about your regular duties and responsibilities. |
| * 58 | . Billing: A-19s (Choose the most accurate statement) |
| | |
| | |
| * 59 | . Coalition Budget: Tracking (Choose the most accurate statement) |
| | |
| * CO | Collins Body Decision Well to (Change the contract to the cont |
| * 60 | . Coalition Budget: Decision Making (Choose the most accurate statement) |
| | |
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| * 61 | . Coalition Budget: Fiscal Agent (Choose all that apply) |
| | My fiscal agent does not influence the coalition's budget, other than salary and benefits. |
| | My fiscal agent assigns charges outside of the "Admin" line item that are not related to my action plan (blanket charges). |
| | My fiscal agent makes it difficult to spend-down my budget on needed supplies, program materials, and other expenses approved in the coalition budget. |
| | My fiscal agent is a great partner. |

| * 62. Data Entry (Choose the most accurate statement) |
|---|
| |
| Other (please specify) |
| |
| |
| |
| * 63. Program and Strategy Implementation (Choose all that apply to your typical duties) |
| I implement direct services (facilitating or teaching programs and curriculum) |
| I create programmatic flyers |
| I manage media campaigns |
| I work directly with media companies |
| I advise prevention clubs/youth coalitions |
| I take youth to overnight events (such as the Spring Youth Forum, CADCA, etc.) |
| I recruit chaperones for youth overnight events |
| I monitor subcontracts |
| I monitor and report on program fidelity |
| I coordinate and arrange training for coalition members or program facilitators. |
| Other (please specify) |
| |
| |
| |
| * 64. Coalition Operations (Choose all that apply) |
| I facilitate Coalition meetings |
| I make or maintain relationships with key leaders and community partners |
| I recruit new Coalition members |
| I write newsletters or press releases |
| I create content for social media platforms or the Coalition website |
| I create the Coalition Action Plan |
| I analyze Healthy Youth Survey and other data |
| I write subcontracts |
| Other (please specify) |
| |
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| |

| * 65. Supervision an | * 65. Supervision and Administrative Tasks (Choose all that apply) | | | | | | |
|--|---|-------------------------------|--|--|--|--|--|
| I meet with DBHR Pr | evention System Managers | | | | | | |
| I meet with ESD man | agers | | | | | | |
| I participate in organizational support or check-in meetings | | | | | | | |
| I meet with my supervisor (if different from above) | | | | | | | |
| I attend required HCA meetings (such as the All-Provider meetings, Coalition Leadership Institute and Learning Community Meetings) | | | | | | | |
| Other (please specify) | | | | | | | |
| CPWI Workforce Su | ırvey | | | | | | |
| You're almost done! The fol | lowing questions ask about your jo | b satisfaction. | | | | | |
| * 66. How satisfied are you in your role as Coalition Coordinator? | | | | | | | |
| 0 - Completely Unsatisfied | Neither Satisfied Nor Unsatisfied | 100 - Completely Satisfied | | | | | |

| * 67. What contributes to current satisfaction with your job? (Choose all that apply) |
|--|
| Autonomy, freedom or working independently |
| Variety |
| Professional development opportunities |
| Learning about prevention science |
| Good wages |
| Good benefits |
| Working with the public |
| Working with youth |
| Utilizing my degree or educational background |
| I love my job |
| Travel opportunities |
| Networking opportunities |
| Flexibility in work schedule |
| Serving my community |
| Community outreach and engagement |
| Contributing to the prevention of future behavioral health disorders |
| Building relationships |
| Mentally stimulating work |
| Camaraderie within my community |
| Camaraderie with other coordinators |
| My Coalition's mission |
| Feeling like the work I do is important |
| Other (please specify) |
| |
| |
| |

| 00. | . What contributes to current dissatisfaction with your job? (Choose all that apply) |
|-------|---|
| | Funding restrictions |
| | Lack of funding |
| | Fiscal agent restrictions |
| | Lack of fiscal agent support |
| | Lack of clarity in my job duties/ confusion about my role |
| | Lack of Healthcare Authority Support |
| | Work scheduling restrictions |
| | Poor onboarding or job orientation |
| | Lack of prevention knowledge or training |
| | Lack of community support or interest |
| | Lack of local data/suppressed data |
| | Jumping through too many hoops |
| | Working in isolation |
| | Reporting requirements |
| | Low wages |
| | Inadequate benefits |
| | Overwhelm |
| | Burnout |
| | Poor management or supervision styles |
| | No opportunity for advancement |
| | Working with the public |
| | Working with youth |
| | Coalition conflict |
| | Community conflict |
| | Fiscal agent conflict |
| ther | c (please specify) |
| | |
| | |
| | |
| 69 | . Do you plan to stay in your current role for at least the next year? |
| | |
| n Di | |
| J. Pl | ease explain why you selected the answer you did in the previous question. |
| | |
| | |

These final questions ask about your experience working with your collaborative partners.

| * 71. Thinking about your collaborative partners | | | | | | | |
|---|--------------------------------|--|-------------------------------------|--|--|--|--|
| | School Building Staff | School or District Administrators | The Student Assistance Professional | | | | |
| How satisfied are you working | | | | | | | |
| with | | | | | | | |
| Other (please specify |) | | | | | | |
| * 72. Have vacancies in the Student Assistance Professional position been a challenge for your community? | | | | | | | |
| 0 - Not at all | | 100 - A big problem | | | | | |
| * 73. What do you like best about working with your SAP and school partners? | | | | | | | |
| * 74. What barrie school partners? | ers (if any) are most challeng | ing when collaborating with your S | AP and | | | | |
| CPWI Workfo | orce Survey | | | | | | |
| The Last Quest | ion! | | | | | | |
| 75. Is there anyth | ning you'd like to share or co | mment about that we didn't ask in iterations of this survey? Please le | | | | | |