

**Survey of Rural, Paraprofessional, Human Service  
Workers in Alaska**

**Final Report**  
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## EXECUTIVE SUMMARY

This study represents a small-scale exploratory survey of rural, paraprofessional, human service workers to obtain an awareness of various aspects of their training, work experience, level of supervision, job conditions, responsibilities, training needs, and career goals. It was requested by the Mental Health Board to seek elaboration of areas of concern voiced to them earlier by paraprofessional workers. Among the areas of concern was the need to integrate their efforts more fully in the delivery of services to consumers, the possible duplication of training activities among various organizations, and the need for improved supervision.

A survey instrument was developed and sent to 271 rural human service organizations in Alaska and 229 were returned representing 20% of the organizations contacted. These organizations were divided into six major fields of practice. They are child welfare, developmental disability, domestic violence, mental health, senior services, and substance abuse.

From the data, profiles of a typical worker representing the aggregate paraprofessional and one for each of the fields of practice are described. The typical paraprofessional has been employed for 30 months and has an additional 30 months of experience in similar agencies. She works 40 hours a week and is paid \$13.61 an hour. Her job description is written and eight hours of supervision are received a month in an individual face to face meeting. She has had some college education and at least one training certificate, views opportunities for advancement as good, plans to work in the agency for another three years and remain in the community for five years or more. Certification or licensing in the future is of interest to her. She primarily provides direct service to clients, serves more than one community, and works with health providers, local government, and other human service agencies. Training has been more information receiving than skills training and future training should emphasize skills used with clients. Training is preferred to be on the job or in the community. The clients themselves, co-workers, and making a difference are benefits of the job whereas; paper work, low pay, and stress make the job most difficult. Future goals are to obtain more formal education leading to a better position.

There are more similarities than differences among the respondents despite their working in such distinct fields. Services provided, training received, and perceived training needs all were quite similar. This supported the earlier testimony of workers to the Mental Health Board regarding duplication of training activities. Differences occurred in the fields of practice regarding the percentage of women employed, length of employment, hours of work, wages, education levels, amount of supervision received, and opportunity for advancement. Tables were created for comparison by fields of practice.

The results of this survey, which invited response from paraprofessionals across six fields of practice, leads one to suggest that combining the resources of the various fields of practice and establishing generalist training for paraprofessionals that may be transferred and applied across fields of practice may be an effective and efficient approach to responding

to the human service needs of rural Alaska. This approach may build upon the existing strengths of the paraprofessional and remove some of the areas of work least liked by them. Having the skills necessary to deal with all the demands faced by the rural human service worker may reduce much of the frustration and burnout experienced. Providing either licensing or certification credentials, cross training, career ladders, along with effective supervision, may provide better employment stability and the satisfaction of “making a difference”. The Alaska Mental Health Trust Authority and its member Boards are in an ideal position to coordinate such an effort to establish rural, paraprofessional human service workers as a distinct career field. Training centers would also join in partnership to design curriculum and teaching modules that may be delivered on the job or to the rural community. Distance education via the Internet, the use of CD-ROM technology, and audio/video teleconferencing, may be among the various models considered.

## **Introduction:**

Early in 1998, the Alaska Mental Health Board (AMHB) asked the Department of Social Work, University of Alaska Anchorage to survey rural paraprofessional workers in human service provider organizations with the following objectives:

1. identify the numbers of rural human services paraprofessionals;
2. identify the training they have received and the work they do;
3. identify the supervision they receive;
4. determine self-assessment of additional training needs;
5. obtain preliminary information related to potential service coordination.

For the purpose of this survey, paraprofessional is defined as an individual with some knowledge and training who performs important service delivery activities but has not had the training required for professional certification or licensing in the area of practice. Paraprofessional positions in the human service field provide opportunities for low-skilled and semi-skilled workers to enter career tracks. Nationally, since the 1960s, the use of paraprofessionals has grown and there is evidence that this model can be effective in the delivery of social services, particularly where professionals are scarce. In 1963, Reisman wrote that the utilization of the paraprofessional can "provide millions of new jobs for the unemployed; create human-service positions that cannot be automated out of existence; rehabilitate the poor through meaningful employment; provide more and 'closer' service for the poor; reduce human power shortages in education, health, and social work; and free the professional for more creative and supervisory roles." Thus began what has been called the "paraprofessional or new careers movement" in United States (Pickett, 1984).

Restructuring in the human service industry is leading to higher skill requirements and more responsibility for paraprofessional workers. These workers are also assuming increased responsibility, and must adapt to an environment that is increasingly complex and demanding, both technologically and interpersonally. Paraprofessionals must also become more involved in client care planning and coordination of care, because frontline workers have valuable information by virtue of their extensive one-on-one interaction with consumers. Paraprofessionals often carry out the interventions determined and supervised by professionals but often, in rural areas, may be the only human service worker available and called upon to carry out complex tasks and deal with severe situations. Increased autonomy and responsibility of paraprofessionals will require more sophisticated training, but it will also require more support and supervision than is currently available, particularly for rural care workers. The Visiting Nurse Service of New York has found that mentor programs and frequent case conferencing are effective in helping paraprofessionals cope (Raphael and Santamaria, 1994).

A core human services problem is how to get providers and services into rural areas and keep them there. Career ladders and an organizational climate of opportunity are needed to ensure upward mobility for those in lower level jobs.

Other strategies for improving career mobility include increased specialization, additional supervisory or "advanced practice" job levels, job restructuring, and cross training. Training beyond the minimum certification requirements can improve one's chances of continued employment (Feldman, 1994).

Some studies of the perception of paraprofessional effectiveness (Edwards, 1990) suggests that conflict and confusion about the paraprofessional's role in an organization may arise due to differences in understanding, poor communication, and inadequate training. A recent study of human service positions in Alaska by Madigan, Cunningham, and Ward(1997) found a one-third per year turnover rate. Factors contributing to the high job turnover and vacancy rates include: low wages and poor benefits, irregular and/or inadequate hours, little advancement potential, and inadequate training. Simply put, much of the current workforce, especially many mid-and lower-level clinical and administrative support staff who are most at risk of displacement, are not prepared for a dynamic human services system that is becoming acutely sensitive to questions of price, effectiveness, customer satisfaction, and quality." (Berliner et al. 1994).

Among the disadvantages in hiring paraprofessionals cited are their limitations in making professional judgment and the legal consequences of using personnel without the proper credentials of competence. Other issues such as quality of life, more challenging work, and opportunities for advancement also place pressure on escalating labor costs. In rural areas, human service providers representing a variety of fields of practice such as mental health, domestic violence, substance abuse, developmental disability, senior services, and child welfare must collaborate more closely and share their resources as much as possible. For example, In the area of domestic violence, the mental health system has been slower to respond than federal and state governments. Wifebeating is still too often regarded as a symptom of the victim's or the couple's pathology rather than as dangerous behavior requiring immediate intervention. Mental health professionals must acknowledge the expertise of paraprofessional staffs in grass-roots agencies working directly with these families; they must abandon distance and neutrality in favor of active engagement and cooperation with the law, victim advocacy groups, and self-help organizations.

Scott and Marum (1992) surveyed Alaska rural human service providers about issues that needed to be considered when preparing village based staff for social service jobs. Among mistakes supervisors make in supervising village-based workers is the lowering of expectations and communication becomes patronizing, condescending, and/or often misunderstood. Supervisors get too "hung up on grant writing and meetings". They are often not available when workers need them. Good supervisor support was described as frequent travel to villages, person to person contact, and training provided not just to workers but also to the community. The community needs to be educated on what to expect from the workers. Problems always seem to evolve around paperwork. Few clients want to sign papers and have records kept because of the lack of trust

existing in the village. Opportunities for personal development and growth for workers were emphasized, particularly handling stress.

The survey report recommended that community development be supported by bringing workers in to do case conferences, presentations, counseling, and lead activities. Elders and the village council must also be engaged. Major job frustrations felt were being underpaid, unclear job expectations, red tape, lack of knowledge and skills to handle problems, too long training sessions, and not being valued.

The Scott and Marum survey consisted of ten human service providers from seven rural communities. It will be interesting to see if similar findings will evolve from this survey.

### **Background of survey:**

The Department of Social Work learned from the Alaska Mental Health Board that over the past several years, the Board has heard testimony from human services workers that indicated significant unrealized opportunities for integration of paraprofessional worker efforts, possible duplication of training activities, and need for direct, especially clinical, supervision. Areas that have particularly come to the attention of the Board included paraprofessional substance abuse counselors, family support workers, Indian child welfare workers, developmental disability staff and school workers. The AMHB has placed considerable emphasis on increased support for paraprofessional workers, especially those trained as Human Services workers through the University of Alaska Fairbanks program. The Board has requested expansion of funding for this program. However it is clear that many other departments, divisions, and agencies support human services paraprofessionals whose duties intersect with those of Rural Human Services (RHS) workers. Some of these workers may have training that is similar to that of RHS workers. Testimony to the AMHB has indicated that some workers feel that their needs for direct supervision, and especially for clinical support, are not addressed.

The results of this survey may find implications beyond the Alaska Mental Health Board. Many agencies train and employ human services workers in rural Alaska. Substance abuse providers, school districts, tribal organizations, health corporations, and senior service providers, The Division of Family and Youth Services, and the Division of Mental Health and Developmental Disabilities are a few of these agencies. It is quite possible that cross training would provide greater opportunities for full-time employment; that some agencies could provide needed clinical supervision or consultation, and that efficiencies in training and employment could be realized. From the University of Alaska's perspective, more targeted training and delivery could be realized. In general, a fuller picture of the numbers of paraprofessional human services workers in rural Alaska, their training, supervision, and other working conditions, as well as preliminary agency coordination opportunities will make for sounder decisions regarding future funding of rural human/social service worker programs.

In summary, the following benefits to beneficiaries of the Trust are anticipated:

- Greater knowledge regarding who is providing services to beneficiaries, the adequacy of their training, supervision, as well as their perceived training needs in order to provide better services.
- For agencies funding direct services, the anticipated benefit of the project will be information about rural paraprofessional workers to assure that funding decisions make maximum use of available workers, coordinate service delivery when possible, and assure that training meets the needs for service beneficiaries.

### **Methodology of survey:**

In order to obtain the desired information, a survey instrument was created to be mailed to all rural Alaska organizations employing human service paraprofessionals. A list of these organizations was compiled from a number of sources. The majority was found on the AK Info Network located on the Internet at <http://www.ak.org/>. It lists approximately 2,000 statewide community programs. Access Alaska Anchorage resource manual was also utilized along with lists of organizations obtained from the Alaska Mental Health Board, the Division of Alcoholism and Drug Abuse, the Division of Mental Health and Developmental Disabilities, the Division of Senior Services, and Indian Child Welfare Act Coordinator. A total of 271 organizations was identified and may be found in Appendix A..

The survey instrument was developed and input was solicited from Margo Waring, Planner with the Mental Health Board, and Nettie Scott, Associate Professor in the University of Alaska Anchorage Department of Social Work and Ms. Scott is a leading developer of the University of Alaska Fairbanks Rural Human Services Certificate Program. The survey consists of 29 questions soliciting information to obtain an awareness of various aspects of the paraprofessional's work experiences, training, participation in service delivery, level of supervision received, training needs, and career goals. A copy of the instrument is Appendix B of this report.

On November 12, 1998, a letter was sent to the program director of the 271 organizations selected, requesting participation in the study. A sample of the survey was included along with a stamped and addressed postcard to be returned by the program director requesting copies of the survey for the paraprofessional staff and a prepaid postage envelope to return the surveys when completed. A contact address, fax number, telephone number and e-mail address were provided for questions and comments. A second letter was mailed to program directors who had not returned a postcard or contacted the project manager on January 5, 1999, requesting participation in the survey. A third and final letter was mailed March 4, 1999, thanking organizations for their participation, urging those who had received the survey to return it, and offering the opportunity of participation to the agencies who had not yet responded to the request. Copies of the three letters may be found in Appendix C.

Surveys that were returned were coded and entered into a data file using the software SPSS-PC. Data entry and analysis were completed in May and June 1999.



## Findings and Analysis

As of June 15, 1999, 229 completed surveys were returned representing 55 organizations. This represents 20% of the organizations contacted. Figure 1 displays the geographic distribution of the main office of organizations responding, as designated by the pushpin in the Figure. Many of the organizations serve other villages in their area. Although limited, there is a good distribution of the organizations throughout the State.

Sixteen of the returned surveys came from workers who were professionally trained and will be excluded from analysis thus reducing the number of paraprofessional respondents to 213 of which 24% are male and 76% female. These surveys will be analyzed in aggregate and then broken into the following fields of practice areas represented by the organizations:

**Table 1. Distribution of Respondents by Field of Practice**

| <b>Field of Practice</b> | <b>Number of Respondents</b> |
|--------------------------|------------------------------|
| Child Welfare            | 42                           |
| Developmental Disability | 24                           |
| Domestic Violence        | 26                           |
| Mental Health            | 51                           |
| Senior Services          | 12                           |
| Substance Abuse          | 58                           |

Each section will describe the “typical respondent” for each field of practice to be followed by descriptive statistics, figures, and tables representing responses to the questionnaire.

### **Total Sample:**

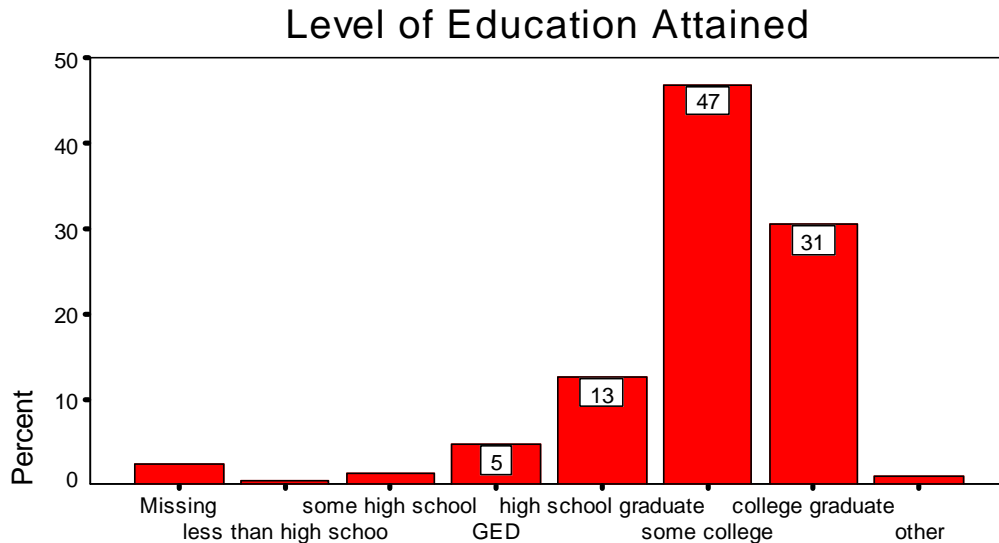
**Typical Respondent.** The median will be used to describe the typical respondent because of the wide variance among the respondents for the questions with numeric responses. The typical paraprofessional has been employed for 30 months and has an additional 30 months of experience in similar agencies. She works 40 hours a week and is paid \$13.61 an hour. Her job description is written and eight hours of supervision are received a month in an individual face to face meeting. She has had some college education and at least one training certificate, views opportunities for advancement as good, plans to work in the agency for another three years and remain in the community for five years or more. Certification or licensing in the future is of interest to her. She primarily provides direct service to clients, serves more than one community, and works with health providers, local government, and other human service agencies. Training has been more information receiving than skills training and future training should emphasize skills used with clients. Training is preferred to be on the job or in the community. The clients themselves, co-workers, and making a difference are benefits of the job whereas, paper work, low pay, and

stress make the job most difficult. Future goals are to obtain more formal education leading to a better position.

**Table 2. Total Sample Findings(n=213)**

| <u>Question</u>                               | <u>Mean</u> | <u>Median</u> | <u>Standard Deviation</u> |
|---|-------------|---------------|---------------------------|
| Months employed in organization               | 45          | 30            | 47                        |
| Months of experience in similar organizations | 62          | 30            | 81                        |
| Hours worked per week                         | 39          | 40            | 11                        |
| Rate of pay per hour                          | \$14.29     | \$13.61       | \$4.50                    |
| Hours of direct supervision per month         | 17.4        | 8             | 37                        |
| Number of years plan to stay on job           | 2.7         | 3             | 13.2                      |

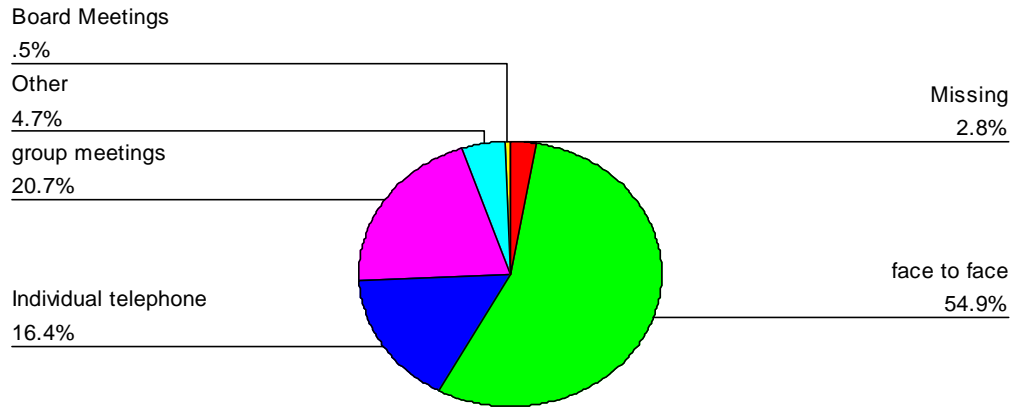
**Figure 2.**



The majority of respondents have less than a college education, however 78% have had some college courses.

**Figure 3.**

### Type of Supervision Received



In terms of supervision, 55% receive it individually and face-to-face, with 21% participating in group meetings and 17% talking with their supervisor by telephone.

**Figure 4.**

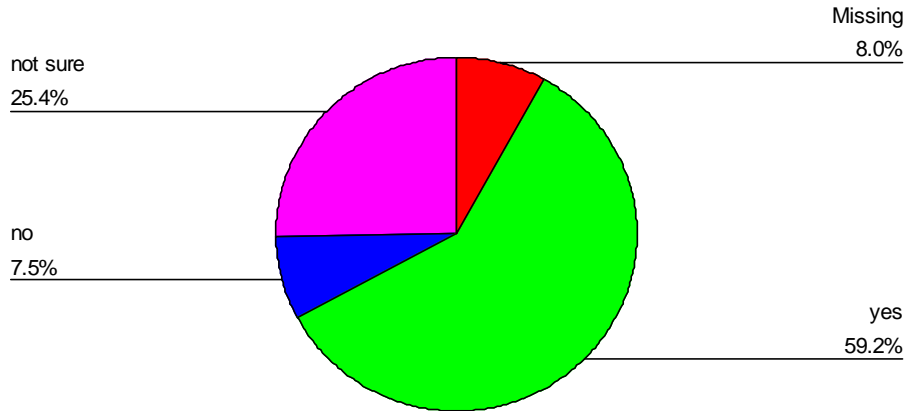
### Opportunity for Advancement in Organization



Moving into higher level positions is excellent to good for 53% of the paraprofessionals, whereas 48% felt their chances were poor to none at all.

**Figure 5.**

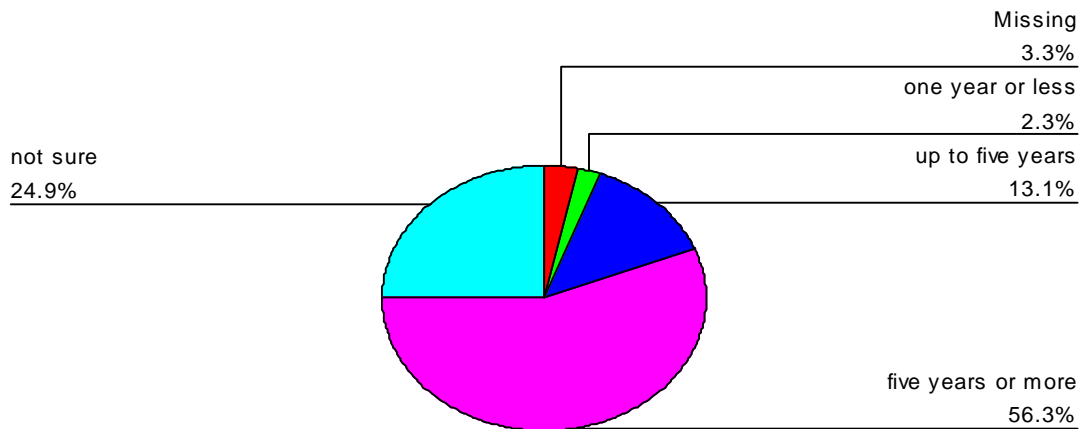
### Interest in Certification/Licensing



Certification and/or licensing of their present position were of interest to 59% with an additional 25% not sure. There was no interest among 8% of the respondents.

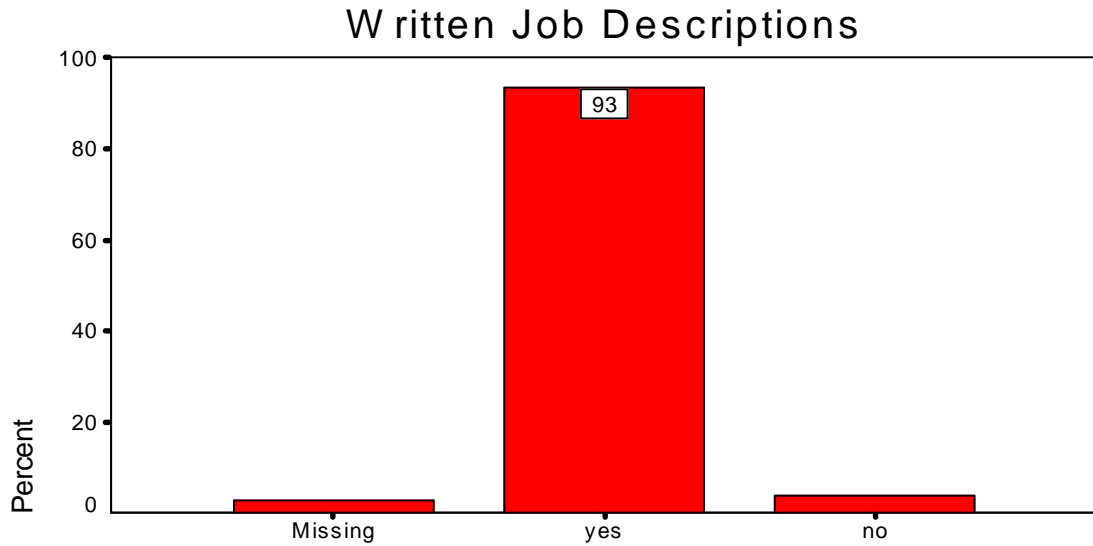
**Figure 6.**

### Expected Length of Stay in Community



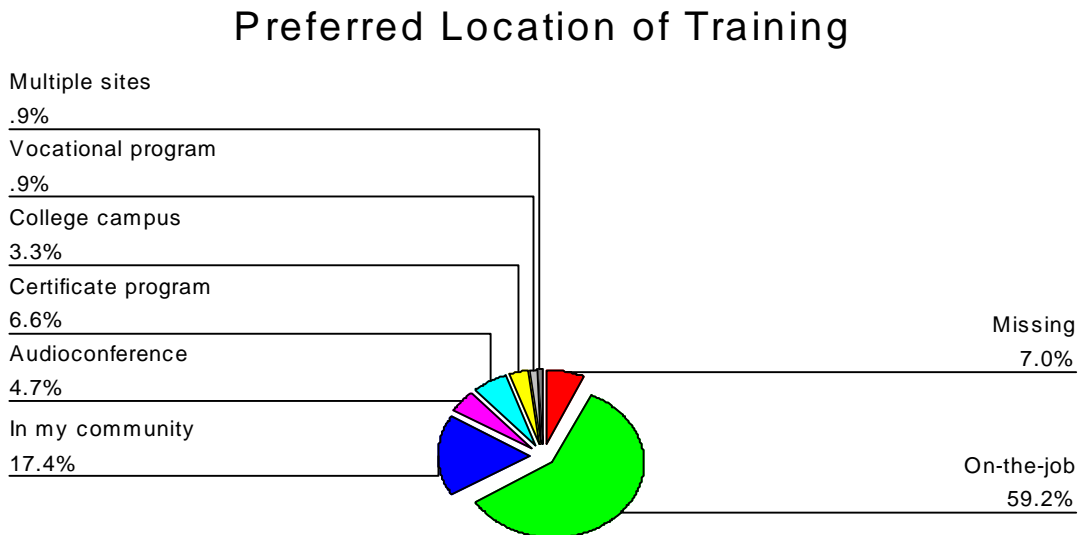
Although the majority planned to remain in the organization for three years, a larger majority (69%) expected to remain in their community up to five years or more. One out of five were not sure of their future plans.

**Figure 7**



Paraprofessionals not being sure of their duties and job expectations have been reported as resulting in much dissatisfaction with their positions. This was not the case with those responding to this survey as evidenced by 93% saying that they had a written job description. The majority also listed up to three job responsibilities.

**Figure 8**



Preference regarding the location for future training was either on-the-job (59%) or in the paraprofessional's community (17.4%). Travel in rural Alaska is very expensive plus many of the respondents often travel to other communities to provide services and list being away from home as a least liked aspect of their job.

## **Child Welfare Paraprofessionals**

Grouped into this category were 42 workers associated with the Division of Family and Youth Services or as Tribal child welfare workers implementing the Indian Child Welfare Act.

**Typical Respondent.** The median will be used to describe the typical respondent because of the wide variance among the respondents for the questions with numeric responses. The typical child welfare worker is a woman (79%) who has been employed for two years in the organization and has an additional 32 months of experience in similar organizations. She works 38 hours a week and is paid \$14.57 an hour. Her job description is written and 8 hours of supervision are received a month, usually by telephone. She has some college education and no certificate training. Opportunities for advancement are good to excellent and she plans to remain with the organization for four years and in the community for five years or more. She plans to seek additional college education. Job responsibilities are primarily direct service to more than one community involving child protection, child custody, family preservation and liaison work with tribal governments, and State agencies.

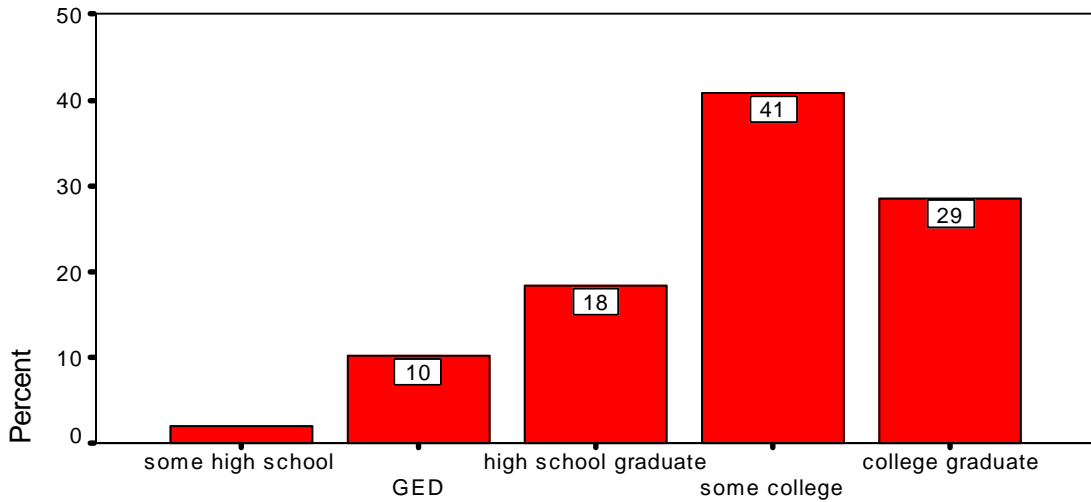
**Table 3. Child Welfare Findings (n=42)**

| <b><u>Question</u></b>                        | <b><u>Mean</u></b> | <b><u>Median</u></b> | <b><u>Standard Deviation</u></b> |
|---|--------------------|----------------------|----------------------------------|
| Months employed in organization               | 39                 | 24                   | 55                               |
| Months of experience in similar organizations | 66                 | 32                   | 83                               |
| Hours worked per week                         | 38                 | 38                   | 135                              |
| Rate of pay per hour                          | \$15.48            | \$14.57              | \$4.34                           |
| Hours of direct supervision per month         | 25                 | 8                    | 61                               |
| Number of years plan to stay on job           | 3.5                | 4                    | 2.5                              |

The following figures and comments represent responses to specific questions in the survey.

**Figure 9.**

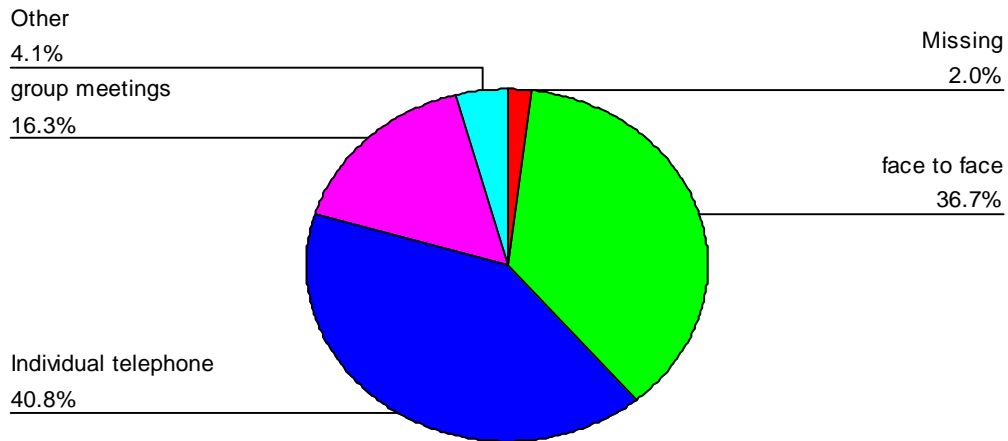
### Level of Education Attained



The majority of respondents have less than a college education, however, 70% have had some college courses.

**Figure 10.**

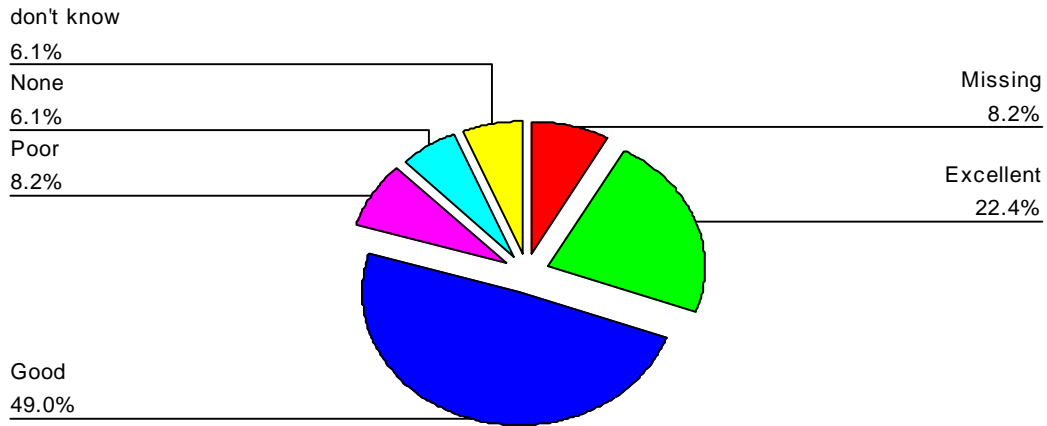
### Type of Supervision Received



In terms of supervision, 41% received it talking with their supervisor by telephone with 37% individually and face-to-face, and 16% participating in group meetings.

**Figure 11.**

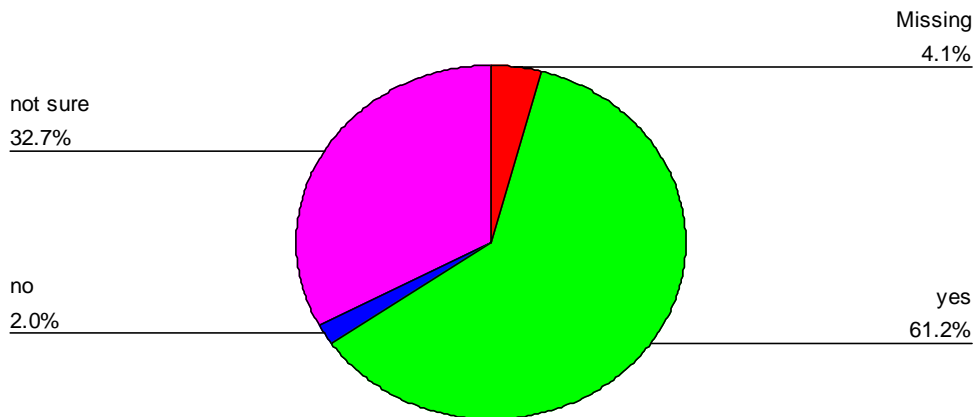
### Opportunities for Advancement in Organization



Moving into higher level positions is excellent to good for 71% of the paraprofessionals, whereas 14% felt their chances were poor to none at all.

**Figure 12.**

### Interest in Certification/Licensing

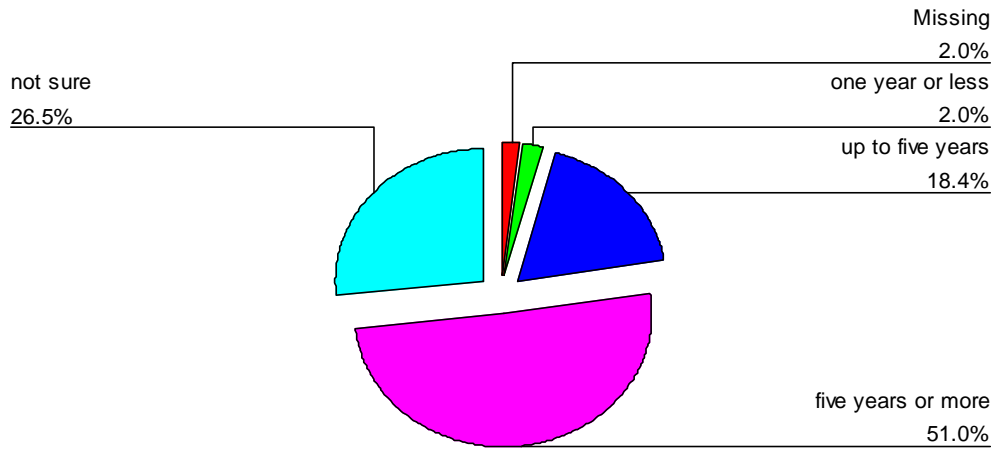


Certification and/or licensing of their present position were of interest to 61% with an additional 33% not sure. There was no interest among 2% of the respondents.



**Figure 13.**

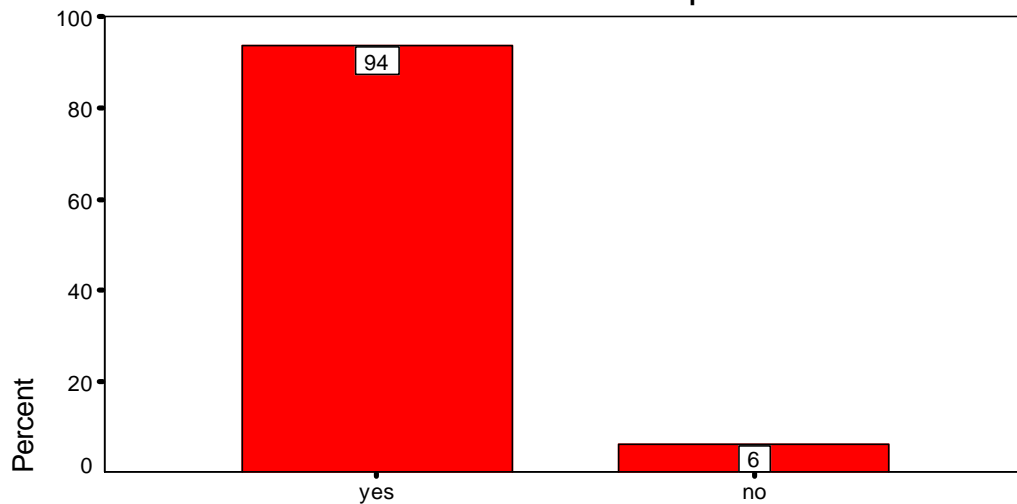
### Expected Length of Stay in Community



Although the majority planned to remain in the organization for four years, a larger majority (69%) expected to remain in their community up to five years or more. One out of four were not sure of their future plans to remain.

**Figure 14**

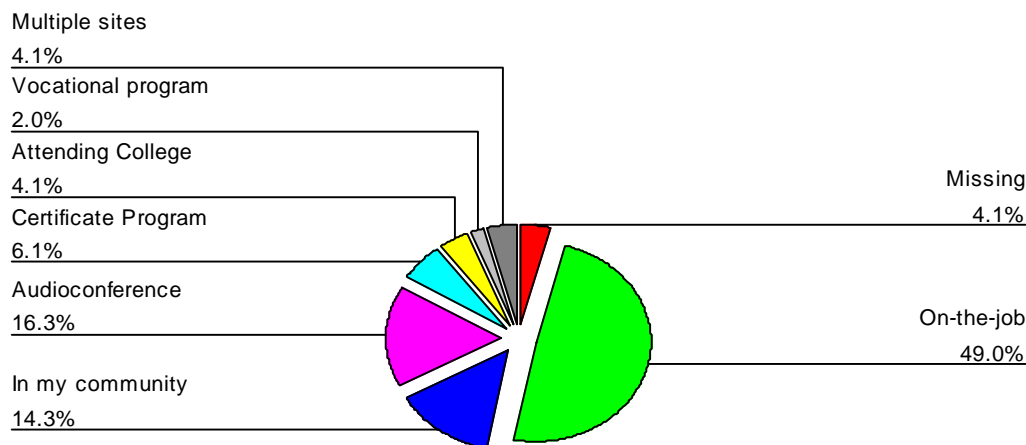
### Written Job Descriptions



Paraprofessionals not being sure of their duties and expectations have been reported as resulting in much dissatisfaction with their positions. This was not the case with those responding to this survey as evidenced by 94% saying that they had a written job description. The majority also listed up to three job responsibilities.

**Figure 15**

**Preferred Location of Training**



Preference regarding the location for future training was either on-the-job (49%), audio-conferencing (16%) or in the paraprofessional’s community (14%). Travel in rural Alaska is very expensive plus many of the respondents often travel to other communities to provide services and list being away from home as a least liked aspect of their job. This group favored more variety of options.

The tables that follow, represent responses to questions asking about training received, training needs, what is liked and least liked about the job, and future goals within five years. The most frequent responses are reported.

**Table 4. Child Welfare Group Training Experiences**

| Training                      | Percentage of Respondents |
|-------------------------------|---------------------------|
| DFYS Core Training            | 32%                       |
| ICWA Training                 | 36%                       |
| Training specific to children | 21%                       |
| Training specific to families | 36%                       |
| Specific problem training     | 28%                       |
| Skills training               | 38%                       |

Table 4 identifies one-third of the respondents receiving training from DFYS and one-third Indian Child Welfare Act training. Child training was more informational such as child development, FAS/FAE, and child welfare law. Family training was more skills oriented and included family preservation, foster parenting, and healthy families. Informational training on domestic violence, substance abuse, bipolar disorders, and health problems are referred to as specific problem training. Skills training included, cultural competency, stress management, ethics, crisis intervention and use of the computer. Only 4 respondents reported minimal training.

**Table 5. Child Welfare Group Training Needs**

| <b>Training</b>                | <b>Percentage of Respondents</b> |
|--------------------------------|----------------------------------|
| Specific administrative skills | 23%                              |
| Direct service skills          | 60%                              |
| Personal development training  | 23%                              |
| Job related information        | 34%                              |
| Court training                 | 13%                              |

Administrative skills requests focused upon supervision, office practices, record keeping, and the use of a computer. Case management, working with FAS/FAE clients, community presentations, home visiting, and counseling represented direct service skills. Personal development was primarily stress and time management. Information was identified as ICWA, child development, foster care licensing, and child welfare law. Some respondents wanted to be more familiar with court procedures and documents.

**Table 6. Child Welfare Group Positive Elements of Job**

| <b>What is Liked</b>   | <b>Percentage of Respondents</b> |
|------------------------|----------------------------------|
| Working with families  | 60%                              |
| Working with children  | 38%                              |
| Co-workers             | 32%                              |
| Training opportunities | 26%                              |
| Community interaction  | 19%                              |

Rural child welfare workers have a positive regard for the clients with whom they work and enjoy co-workers. Training opportunities and work with the community also were frequently mentioned.

**Table 7. Child Welfare Group Negative Elements of Job**

| <b>Least Liked</b>   | <b>Percentage of Respondents</b> |
|----------------------|----------------------------------|
| Work characteristics | 45%                              |
| Work stress          | 19%                              |
| Harm to clients      | 15%                              |

Paperwork, high caseload, travel, limited resources, and unrealistic expectations highlighted characteristics of the job least liked by the respondents. Stress and client resistance along with experiencing the negative effects of family violence and neglect were the most frequent citations. Seven elected not to respond to the question.

**Table 8. Child Welfare Group Future Goals**

| <b>Goals</b>   | <b>Percentage of Respondents</b> |
|----------------|----------------------------------|
| College degree | 47%                              |
| Continue work  | 23%                              |
| No plans       | 13%                              |

Obtaining a college degree was desired by close to half of the respondents. One in five wished to continue their work and 13% did not respond to the question or were unsure.

**Developmental Disability Paraprofessionals**

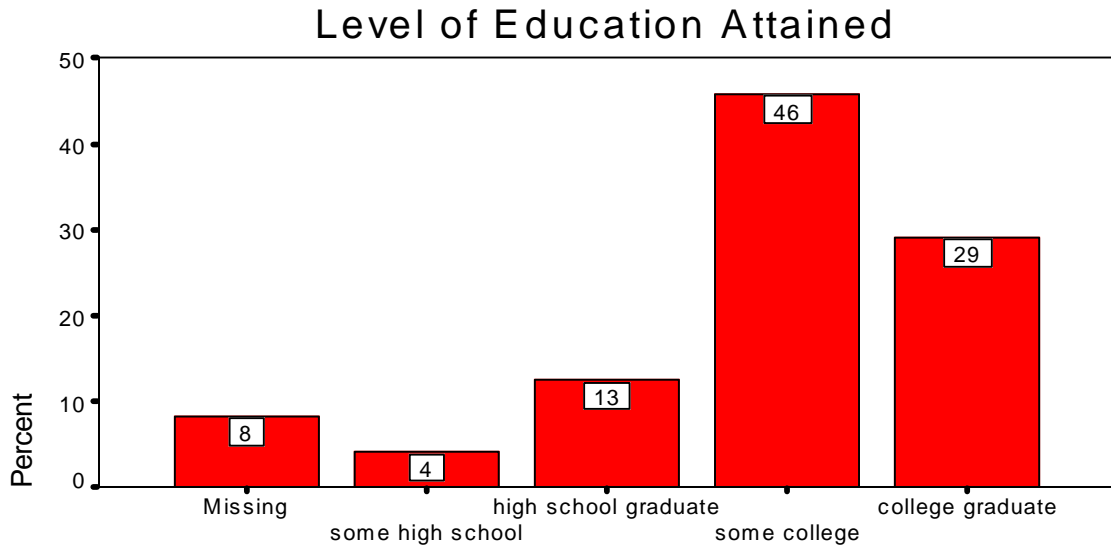
Grouped into this category were 24 workers primarily working in rural Alaska with developmentally disabled clients and their families.

**Typical Respondent.** The median will be used to describe the typical respondent because of the wide variance among the respondents for the questions with numeric responses. The typical developmental disabilities provider is a women (96%) who has been employed for 33 months in the organization and has an additional two years of experience in similar organizations. She works 40 hours a week and is paid \$14.38 an hour. Her job description is written and 7 hours of supervision are received a month in individual face-to-face contact. She has some college education and no certificate training. Opportunities for advancement are poor to none and she plans to remain with the organization for three years and in the community for five years or more. She is not sure about additional college education. Job responsibilities include program administration, supervision, home visits, and case management within multiple communities. A combination of administration with some direct service represented 36% of the respondents, whereas, 64% was primarily direct service.

**Table 9. Developmental Disability Findings (n=24)**

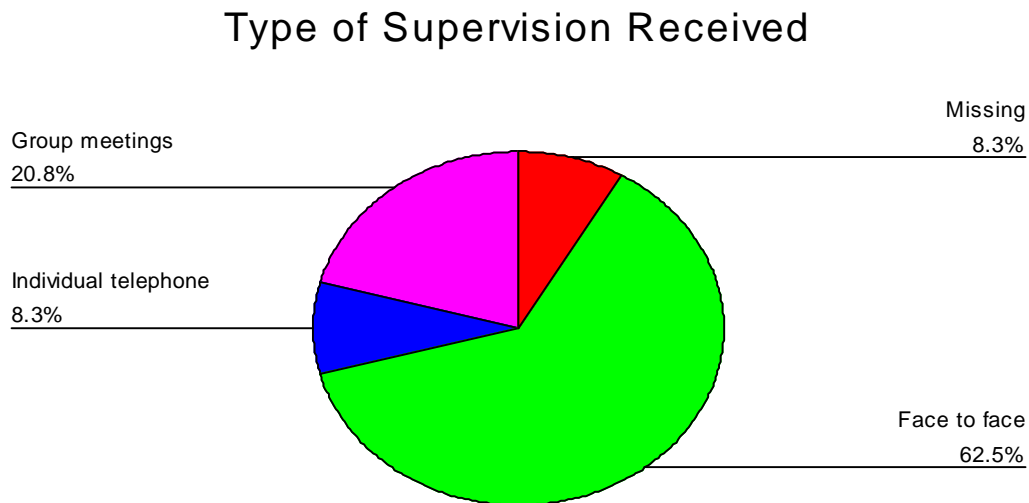
| <b><u>Question</u></b>                        | <b><u>Mean</u></b> | <b><u>Median</u></b> | <b><u>Standard Deviation</u></b> |
|---|--------------------|----------------------|----------------------------------|
| Months employed in organization               | 45                 | 33                   | 48                               |
| Months of experience in similar organizations | 63                 | 24                   | 92                               |
| Hours worked per week                         | 40                 | 40                   | 15                               |
| Rate of pay per hour                          | \$15.18            | \$14.38              | \$5.65                           |
| Hours of direct supervision per month         | 17                 | 7                    | 24                               |
| Number of years plan to stay on job           | 7                  | 3                    | 38                               |

**Figure 16.**



The majority of respondents have less than a college education, however 75% have had some college courses.

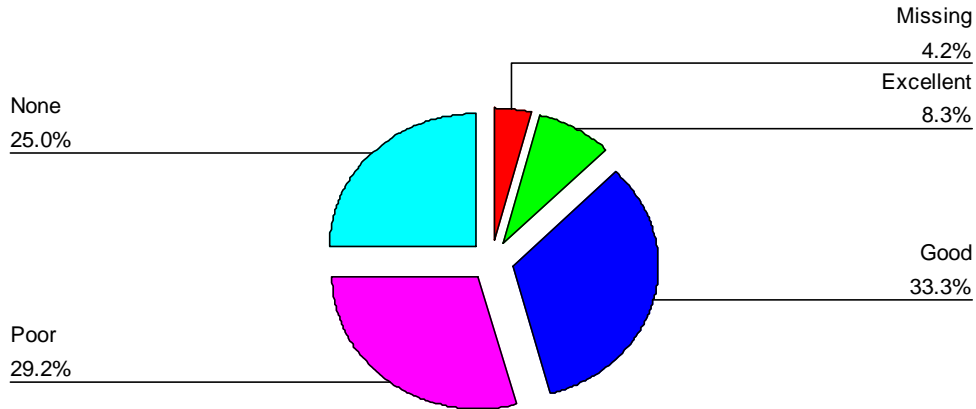
**Figure 17.**



In terms of supervision, 63% received it individually and face-to-face, 21% participating in group meetings, and 8% talking with their supervisor by telephone.

**Figure 18.**

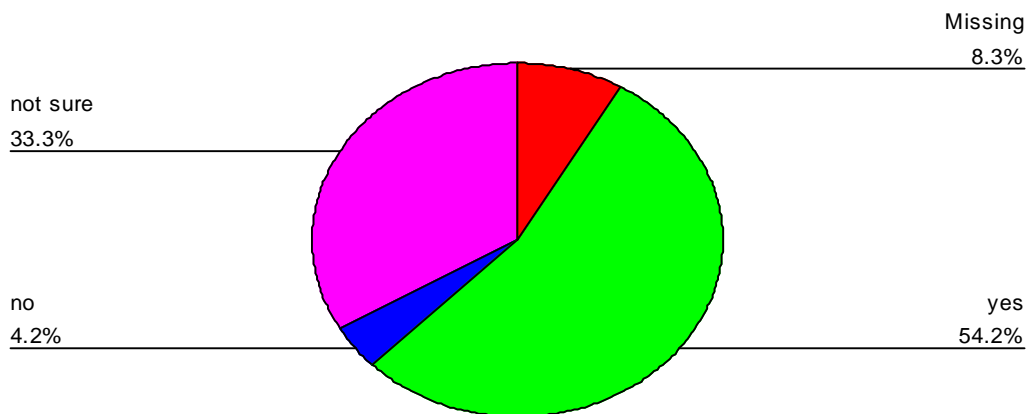
### Opportunities for Advancement in Organization



Moving into higher level positions is poor to none for 54% of the paraprofessionals, whereas 42% felt their chances were good to excellent. A majority of the respondents had the only administrative position in the organization.

**Figure 19.**

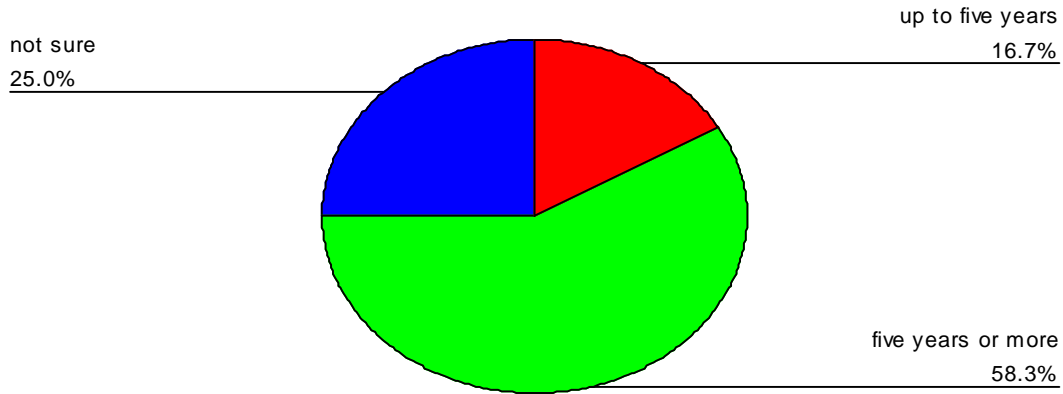
### Interest in Certification/Licensing



Certification and/or licensing of their present position were of interest to 54% with an additional 33% not sure. There was no interest among 4% of the respondents.

**Figure 20.**

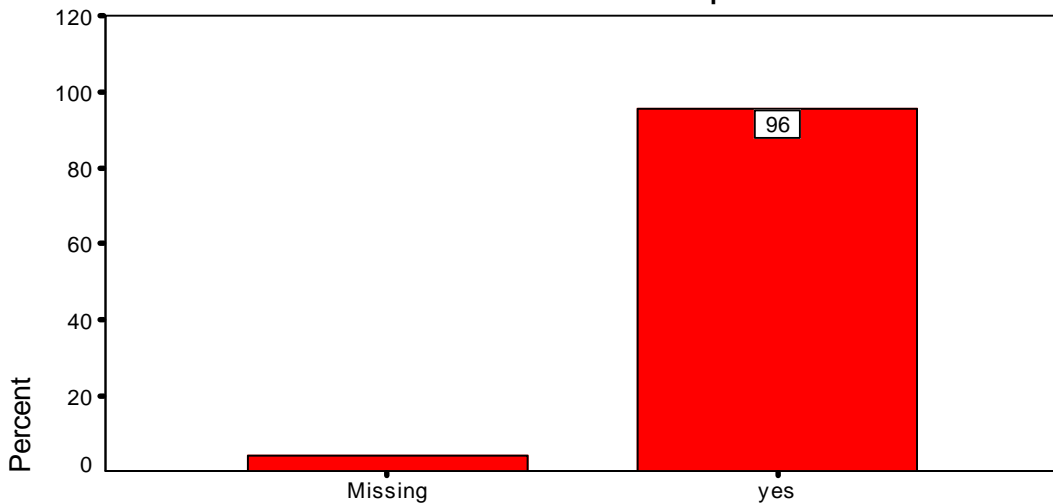
### Expected Length of Stay in Community



Although the majority planned to remain in the organization for three years, a larger majority (75%) expected to remain in their community up to five years or more. One out of four were not sure of their future plans to remain.

**Figure 21**

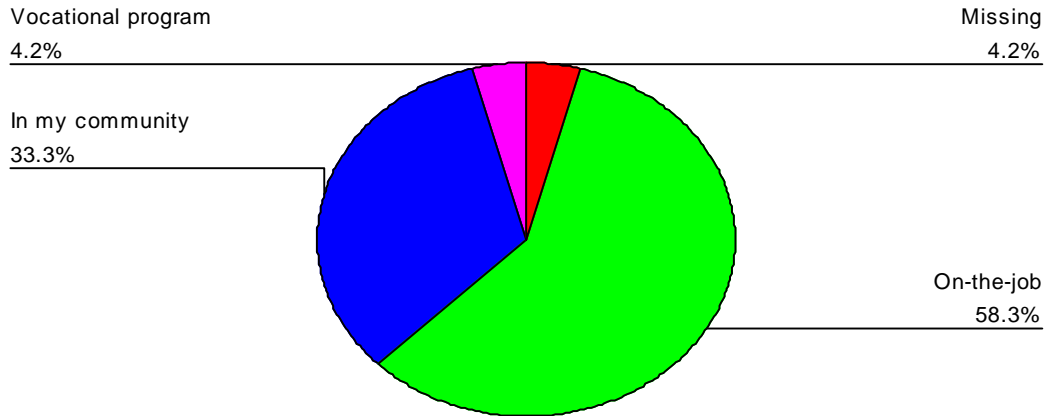
### Written Job Descriptions



Paraprofessionals not being sure of their duties and expectations have been reported as resulting in much dissatisfaction with their positions. This was not the case with those responding to this survey as evidenced by 96% saying that they had a written job description. The majority also listed up to three job responsibilities.

**Figure 22.**

### Preferred Location of Training



Preference regarding the location for future training was either on-the-job (58%), in the paraprofessional’s community (33%), or a vocational program (4%). Travel in rural Alaska is very expensive plus many of the respondents often travel to other communities to provide services and list being away from home as a least liked aspect of their job. The desire for training close to home represented 91% of the paraprofessionals.

**Table 10. Developmental Disability Group Training Experiences**

| Training                   | Percentage of Respondents |
|----------------------------|---------------------------|
| Early Intervention         | 50%                       |
| Health training            | 27%                       |
| Generalized direct service | 23%                       |

Table 10 identifies one-half of the respondents receiving training in early intervention and infant learning. Health training was primarily CPR and First Aid. Direct service skills involved case management, home visits, crisis intervention, and assessment.

**Table 11. Developmental Disability Group Training Needs**

| Training                           | Percentage of Respondents |
|------------------------------------|---------------------------|
| Direct service skills              | 59%                       |
| Skills specific to Infant Learning | 32%                       |
| Administrative skills              | 18%                       |
| Non-response                       | 45%                       |

Direct service skills emphasized counseling, case management, crisis intervention and behavior management. Skills needed for Infant Learning Programs were early childhood education, assessment, sign language, treatment



options, and abnormal development. The use of computers, supervision, office skills, and doing teleconferences comprised administrative skills. Suggesting one general need or not responding comprised 45% of the respondents.

**Table 12. Developmental Disability Group Positive Elements of Job**

| <b>What is Liked</b>                     | <b>Percentage of Respondents</b> |
|--|----------------------------------|
| Experiencing positive results in clients | 63%                              |
| Characteristics of job                   | 59%                              |
| Client work                              | 59%                              |
| Coworkers                                | 23%                              |
| Travel                                   | 18%                              |

Empowering families, seeing positive gain in the client population, and making a difference was cited by 63%. Job characteristics included providing home based services, independence, challenge, and feeling effective. More than half enjoyed the clients with whom they work. Coworkers were appreciated by 23% and traveling as part of the job was enjoyed by 18%.

**Table 13. Developmental Disability Group Negative Elements of Job**

| <b>Least Liked</b>  | <b>Percentage of Respondents</b> |
|---------------------|----------------------------------|
| Lack resources      | 36%                              |
| Job characteristics | 32%                              |
| Paper work          | 23%                              |

Not having sufficient resources to provide services was least liked by the respondents. Low pay, inadequate benefits, and little opportunity for advancement were tied to characteristics of the job. Paper work associated with the job was the third area least liked.

**Table 14. Developmental Disability Group Future Goals**

| <b>Goals</b>   | <b>Percentage of Respondents</b> |
|----------------|----------------------------------|
| College degree | 46%                              |
| Continue work  | 36%                              |
| Not sure       | 18%                              |

Obtaining a college degree in order to advance in the developmental disability field was listed by 46%. Over one-third planned to continue to work in the field and 18% were unsure of their plans.

### **Domestic Violence Paraprofessionals**

Grouped into this category were 26 workers primarily working in rural Alaska in domestic violence shelters.

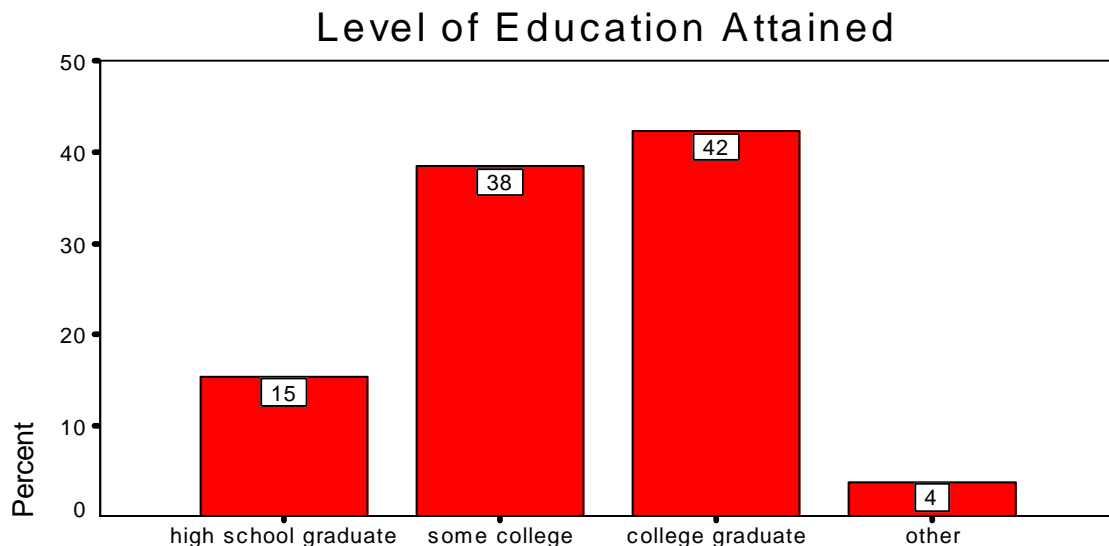
**Typical Respondent.** The median will be used to describe the typical respondent because of the wide variance among the respondents for the questions with numeric responses. The typical domestic violence

paraprofessional is a woman (92%) who has been employed for 14 months in the organization and has an additional 21 months of experience in similar organizations. She works part-time averaging 34 hours a week and is paid \$11.50 an hour. Her job description is written and 10 hours of supervision is received a month in individual face-to-face contact. She has some college education and no certificate training. Opportunities for advancement are good to excellent and she plans to remain with the organization for one year and in the community for five years or more. She is planning to obtain additional college education. Job responsibilities include crisis intervention, advocacy, domestic violence education and childcare, serving multiple communities.

**Table 15. Domestic Violence Findings (n=26)**

| <u>Question</u>                               | <u>Mean</u> | <u>Median</u> | <u>Standard Deviation</u> |
|---|-------------|---------------|---------------------------|
| Months employed in organization               | 28          | 14            | 38                        |
| Months of experience in similar organizations | 36          | 21            | 38                        |
| Hours worked per week                         | 34          | 40            | 10                        |
| Rate of pay per hour                          | \$12.22     | \$11.50       | \$3.30                    |
| Hours of direct supervision per month         | 16          | 10            | 21                        |
| Number of years plan to stay on job           | 2           | 1             | 1.5                       |

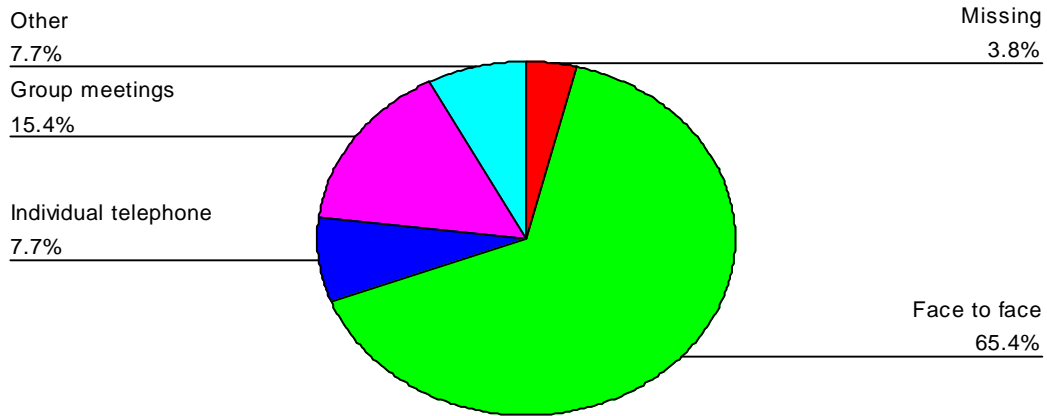
**Figure 23.**



The majority of respondents have less than a college education, however, 80% have had some college courses.

**Figure 24.**

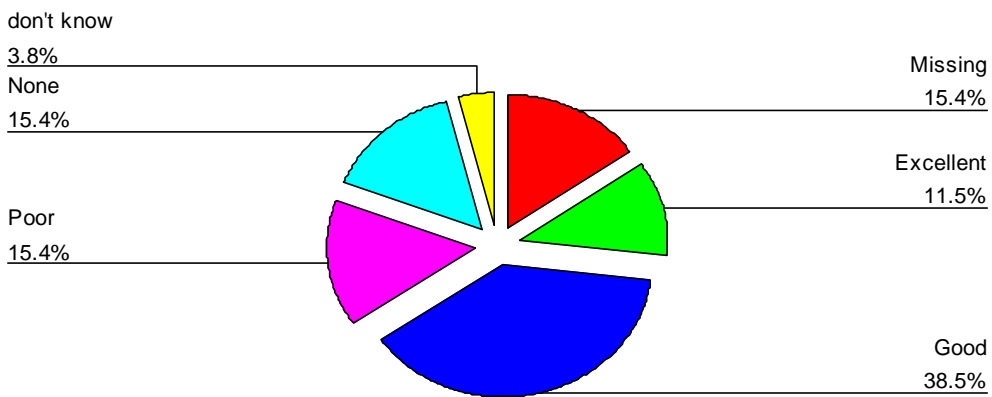
### Type of Supervision Received



In terms of supervision, 65% received it individually and face-to-face, 15% participating in group meetings, and 8% talking with their supervisor by telephone.

**Figure 25.**

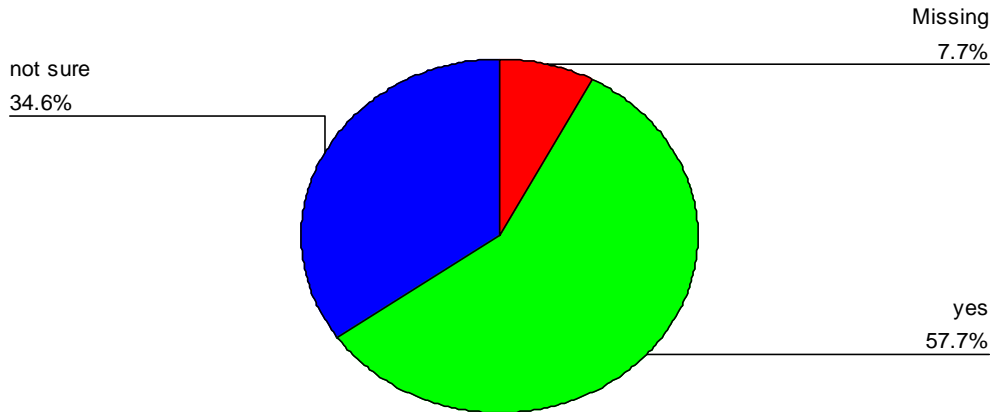
### Opportunities for Advancement



Moving into higher level positions is excellent to good for 50% of the paraprofessionals, whereas 31% felt their chances were poor to none. Not responding and don't know comprised 19% of the respondents.

**Figure 26.**

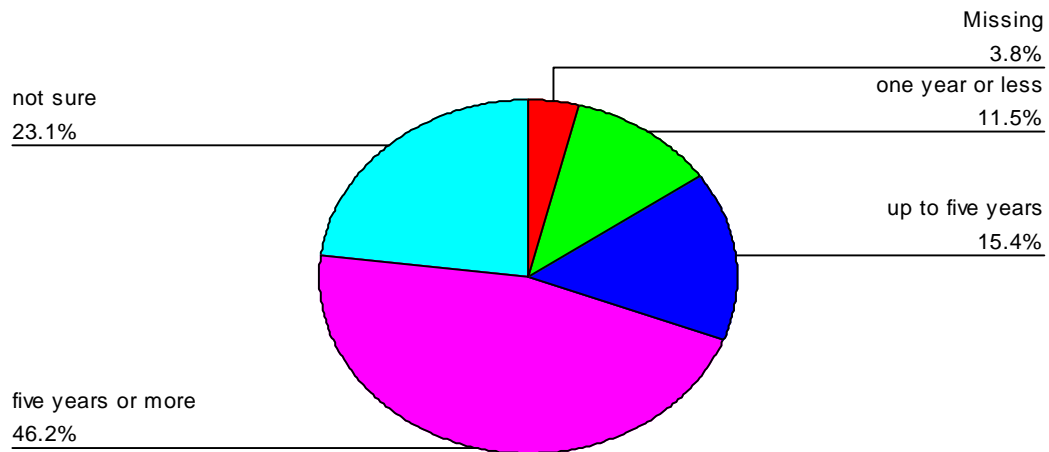
### Interest in Certification/Licensing



Certification and/or licensing of their present position were of interest to 58% with an additional 35% not sure. No response to the question was 8%.

**Figure 27.**

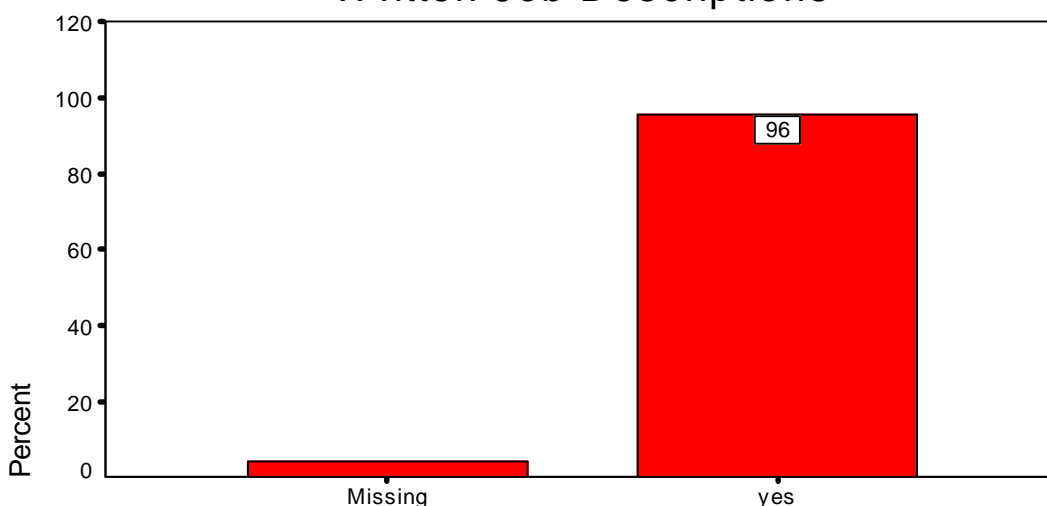
### Expected Length of Stay in community



Although the majority planned to remain in the organization for one year, a large majority (62%) expected to remain in their community up to five years or more. Not sure was 23% and 12% planned to stay one year or less.

**Figure 28**

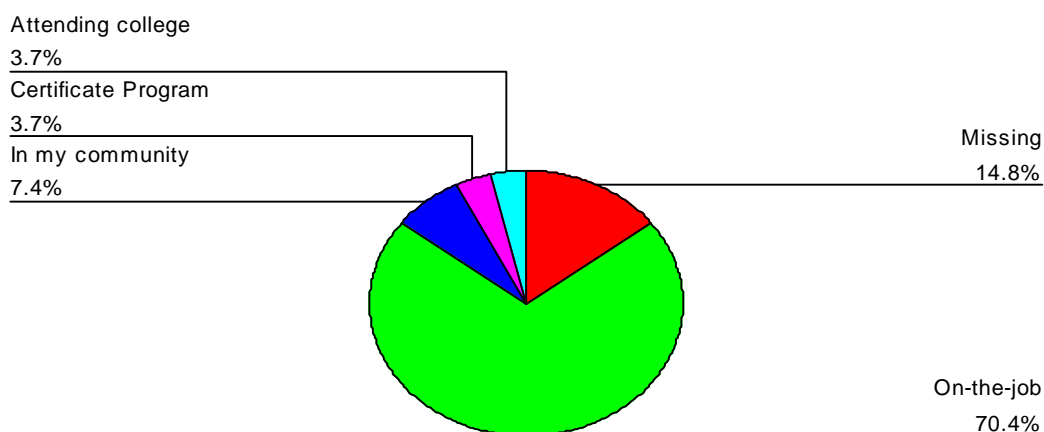
### Written Job Descriptions



Paraprofessionals not being sure of their duties and expectations have been reported as resulting in much dissatisfaction with their positions. This was not the case with those responding to this survey as evidenced by 96% saying that they had a written job description. The majority also listed up to three job responsibilities.

**Figure 29.**

### Preferred Location of Training



Preference regarding the location for future training was either on-the-job (70%), in the paraprofessional's community (7%) Going to college or a certificate program was desired by 4% respectively and 15% preferred not to respond to the question. The desire for training close to home represented 78% of the paraprofessionals.

**Table 16. Domestic Violence Group Training Experiences**

| <b>Training</b>               | <b>Percentage of Respondents</b> |
|-------------------------------|----------------------------------|
| Dynamics of domestic violence | 50%                              |
| Child Abuse                   | 46%                              |
| Substance Abuse               | 19%                              |
| Crisis intervention           | 19%                              |
| FAS/FAE                       | 19%                              |

Table 16 identifies one-half of the respondents receiving training in dynamics of domestic violence. Recognizing child abuse and reporting laws training was experienced by 46%. Training in substance abuse and FAS/FAE knowledge along with crisis intervention skills was taught to near one in five of the respondents.

**Table 17. Domestic Violence Group Training Needs**

| <b>Training</b>       | <b>Percentage of Respondents</b> |
|-----------------------|----------------------------------|
| Direct service skills | 54%                              |
| Administrative skills | 42%                              |
| Court training        | 19%                              |
| Non-response          | 23%                              |

Direct service skills emphasized counseling, case management, crisis intervention and conflict resolution. Grant writing, the use of computers, supervision, office skills, and doing presentations represented the major administrative skills desired. Not responding comprised 23% of the respondents.

**Table 18. Domestic Violence Group Positive Elements of Job**

| <b>What is Liked</b>                     | <b>Percentage of Respondents</b> |
|--|----------------------------------|
| Client work                              | 65%                              |
| Experiencing positive results in clients | 35%                              |
| Coworkers                                | 35%                              |
| Positively impacting the community       | 19%                              |

Working with victims of domestic violence was the most liked by 65%. Seeing positive gain in the client population and coworkers was mentioned by 35% of the workers. Educating the public to be more aware of domestic violence comprised 19% of the responses.

**Table 19. Domestic Violence Group Negative Elements of Job**

| <b>Least Liked</b>              | <b>Percentage of Respondents</b> |
|---------------------------------|----------------------------------|
| Not having sufficient training  | 36%                              |
| Staffing issues                 | 32%                              |
| Viewing the results of violence | 23%                              |
| Stress                          | 23%                              |

The respondents least liked not having sufficient training to adequately provide services. Staffing issues described were high turnover, inconsistent rules and supervision, low pay and poor functioning staff. Viewing the results of family violence and the subsequent stress of responding to it were also frequently mentioned.

**Table 20. Domestic Violence Group Future Goals**

| <b>Goals</b>   | <b>Percentage of Respondents</b> |
|----------------|----------------------------------|
| College degree | 42%                              |
| Self growth    | 27%                              |
| Different work | 19%                              |

Acquiring additional formal education was the main long-term goal mentioned. Emphasizing self-improvement and obtaining work in another area were the other goals mentioned frequently.

### **Mental Health Paraprofessionals**

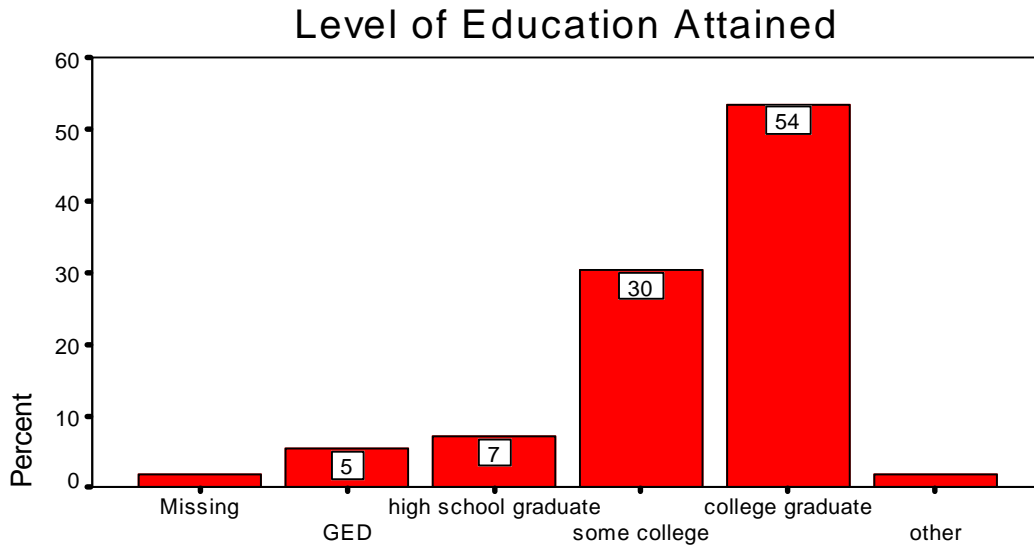
Grouped into this category were 51 workers primarily working in rural Alaska in mental health organizations.

**Typical Respondent.** The median will be used to describe the typical respondent because of the wide variance among the respondents for the questions with numeric responses. The typical mental health paraprofessional is a woman (77%) who has been employed for 5 years in the organization and has an additional 18 months of experience in similar organizations. She works full-time averaging 40 hours a week and is paid \$14.66 an hour. Her job description is written and 5 hours of supervision are received a month in individual face-to-face contact. She is a college graduate and has a training certificate. Opportunities for advancement are poor to none and she plans to remain with the organization for two years and in the community for five years or more. She is planning to obtain additional college education for advancement either within the organization or a similar setting. Job responsibilities are as a case manager in the Community Support Program for severely mentally ill consumers.

**Table 21. Mental Health Findings (n=51)**

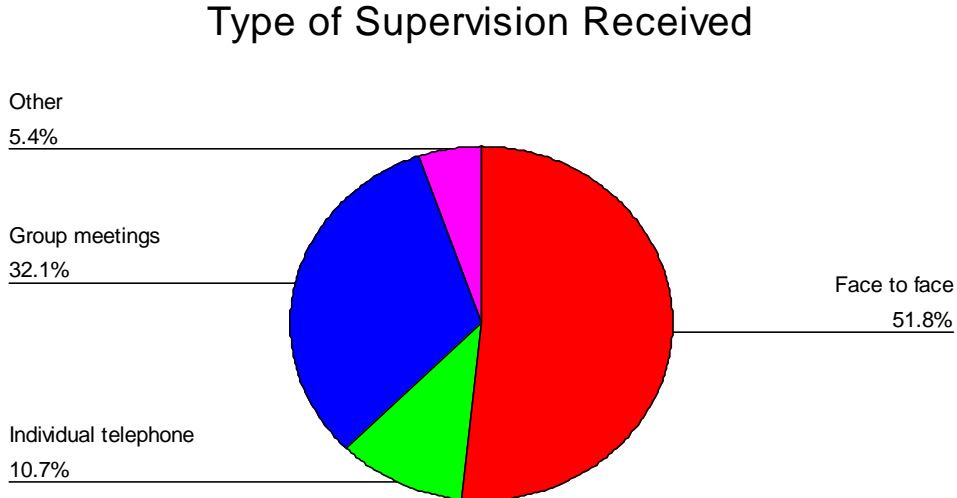
| <b><u>Question</u></b>                        | <b><u>Mean</u></b> | <b><u>Median</u></b> | <b><u>Standard Deviation</u></b> |
|---|--------------------|----------------------|----------------------------------|
| Months employed in organization               | 67                 | 61                   | 44                               |
| Months of experience in similar organizations | 53                 | 18                   | 74                               |
| Hours worked per week                         | 42                 | 40                   | 11                               |
| Rate of pay per hour                          | \$16.35            | \$14.66              | \$5.57                           |
| Hours of direct supervision per month         | 11                 | 5                    | 27                               |
| Number of years plan to stay on job           | 3                  | 2                    | 2.6                              |

**Figure 30.**



The majority of respondents have a college degree and 84% have taken college courses.

**Figure 31.**

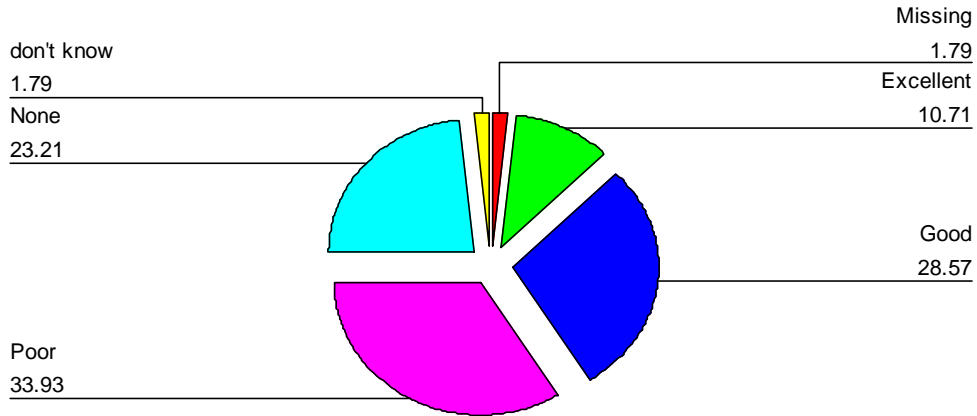


In terms of supervision, 52% received it individually and face-to-face, 32% participating in group meetings, and 11% talking with their supervisor by telephone.



**Figure 32.**

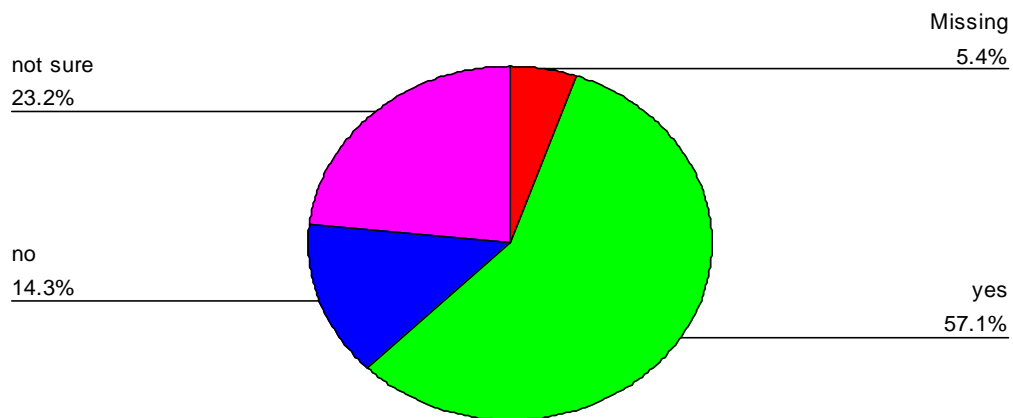
### Opportunities for Advancement



Moving into higher level positions is poor to none for 58% of the paraprofessionals, whereas 39% felt their chances were good to excellent. Not responding and don't know comprised 25% of the respondents.

**Figure 33.**

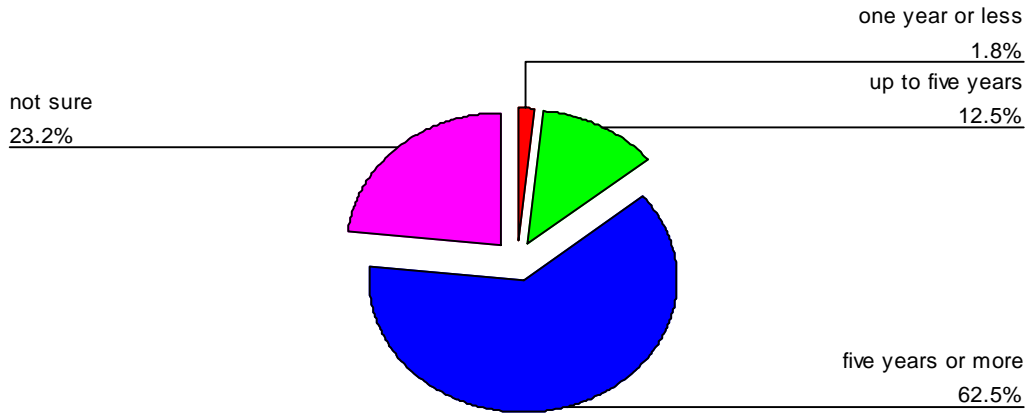
### Interest in Certification/Licensing



Certification and/or licensing of their present position were of interest to 57% with an additional 23% not sure. No interest represented 14% of the responses.

**Figure 34.**

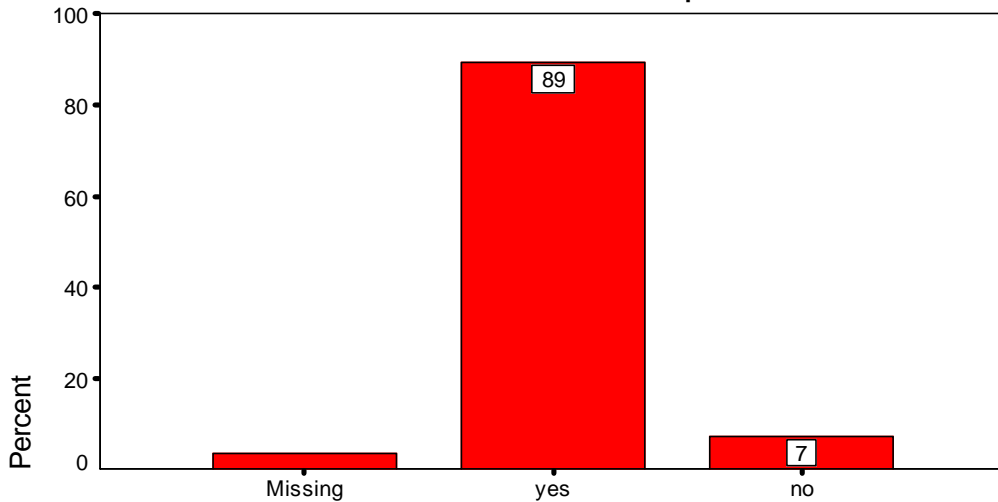
### Expected Length of Stay in Community



Although the majority planned to remain in the organization for two years, a large majority (75%) expected to remain in their community up to five years or more. Not sure was 23% and 2% planned to stay one year or less.

**Figure 35.**

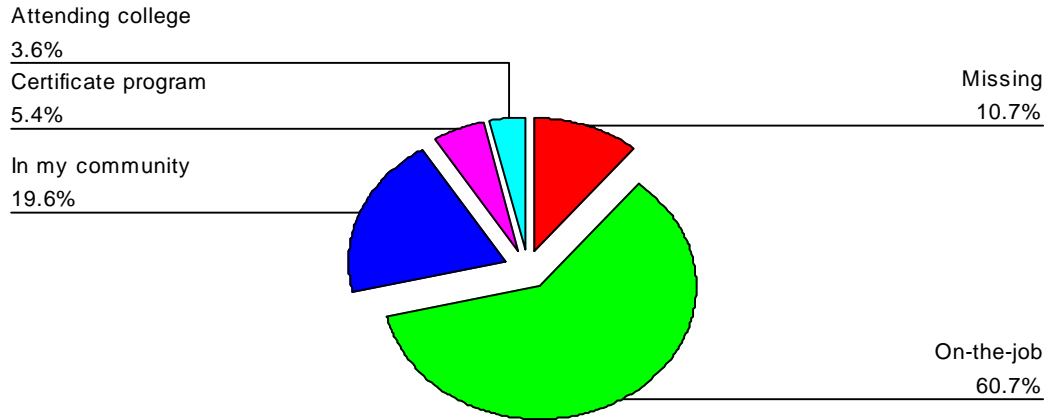
### Written Job Description



The majority of respondents have written job descriptions, however 7% said that they had no job description, which is the largest number for all the groups, studied.

**Figure 36.**

**Preferred Location of Training**



Preference regarding the location for future training was either on-the-job (61%), in the paraprofessional’s community (20%) A certificate program was desired by 5% and 4% wanted to attend college. Not responding to the question was 11%. The desire for training close to home represented 72% of the paraprofessionals.

**Table 22. Mental Health Group Training Experiences**

| Training                  | Percentage of Respondents |
|---------------------------|---------------------------|
| Mental Health Information | 63%                       |
| Direct Service Skills     | 57%                       |
| Specialized Skills        | 21%                       |

Table 22 identifies 63% of the respondents receiving training in mental health information subject areas. Major topics are mental disorders, medication, HUD seminars, children mental health, and the Rural Human Services Program. The acquisition of direct service skills by 57% included case management, suicide prevention, crisis intervention, assessment, alternative counseling. Specialized skill training emphasized specific treatment interventions such as gestalt, rational emotive therapy, and models emphasized by workshop leaders.

**Table 23. Mental Health Group Training Needs**

| Training                  | Percentage of Respondents |
|---------------------------|---------------------------|
| Mental Health Information | 71%                       |
| Direct Service Skills     | 64%                       |
| Administrative skills     | 19%                       |
| Non-response              | 14%                       |

Mental Information was requested by 71% of the respondents. Prominent was attention deficit disorders, substance abuse, medications, Medicaid rules,

eating disorders, changes in public assistance programs, and Alaska Native culture. Direct service skills desired were group therapy, psychosocial rehabilitation, stress reduction, motivational tools, specialized interventions and cross cultural counseling. Administrative skills mentioned frequently were grant writing, supervision, billable treatment, fiscal administration, program development, and computer skills.

**Table 24. Mental Health Group Positive Elements of Job**

| <b>What is Liked</b>                     | <b>Percentage of Respondents</b> |
|--|----------------------------------|
| Client work                              | 71%                              |
| Job characteristics                      | 61%                              |
| Coworkers                                | 41%                              |
| Experiencing positive results in clients | 34%                              |
| Use of skills                            | 34%                              |

Working with consumer groups was the most liked by 71%. Job characteristics such as subsistence activities, home visits, the variety of work, autonomy, flexibility, creativity, and challenges were cited by 61%. Coworkers and the team building process were listed by 41%. Seeing positive gain in the client population was mentioned by 34% of the workers. Using skills effectively such as crisis intervention, coordinating with other organizations, education, assessment, and being creative were highlighted.

**Table 25. Mental Health Group Negative Elements of Job**

| <b>Least Liked</b>             | <b>Percentage of Respondents</b> |
|--------------------------------|----------------------------------|
| Job characteristics            | 54%                              |
| Work requirements              | 30%                              |
| Unmotivated clients            | 16%                              |
| Relationships with other staff | 10%                              |

An inadequate and inequitable pay scale, lack of time off, caseload size, time limits, no job security, red tape, and lack of coordination were job characteristics least liked by 54%. Requirements of work most cited were paperwork, grant writing, budgets, lack of training opportunities, and driving requirements. The lack of client positive response was the third major area followed by strained relationships with staff and supervisors.

**Table 26. Mental Health Group Future Goals**

| <b>Goals</b>                | <b>Percentage of Respondents</b> |
|-----------------------------|----------------------------------|
| College degree              | 38%                              |
| Improve skills              | 23%                              |
| Different work              | 23%                              |
| Continue present employment | 13%                              |

Obtaining an advanced professional degree was the main long-term goal.

Obtaining skills to improve effectiveness in the mental health field followed this. Finding a different position in another organization was identified by 23% and 13% planned to continue working in their present positions.

**Senior Services Paraprofessionals**

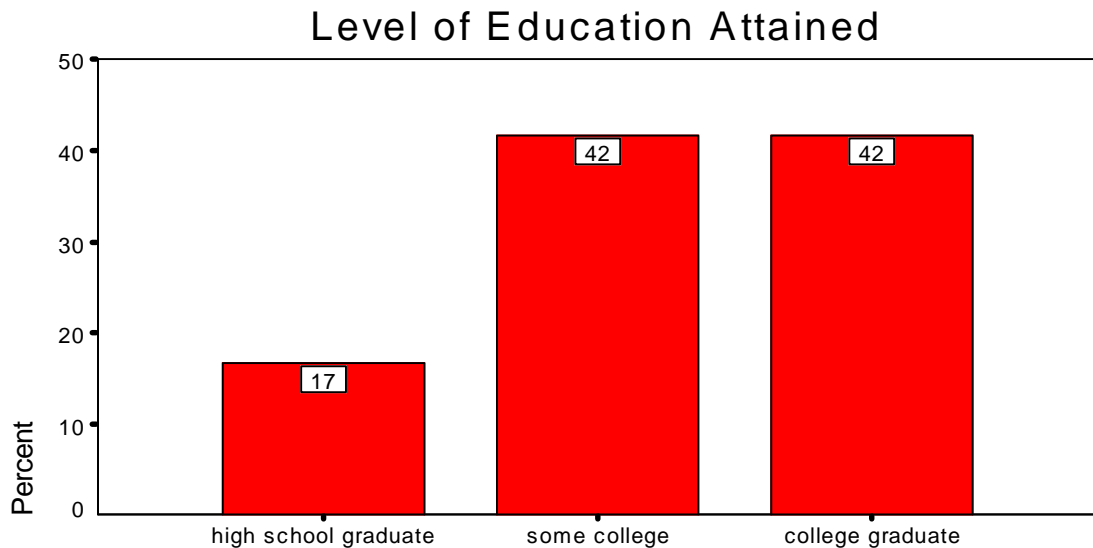
Grouped into this category were 12 workers primarily working in rural Alaska senior centers.

**Typical Respondent.** The typical senior center paraprofessional is a woman (92%) who has been employed for 27 months in the organization and has an additional 4 years of experience in similar organizations. She works part-time averaging 37 hours a week and is paid an average of \$11.78 an hour. Her job description is written and 6 hours of supervision are received a month in individual face-to face meetings. She may be either a college graduate or has some college education. Opportunities for advancement are poor to none and she plans to remain with the organization for three years and in the community for five years or more. She is planning to obtain more training and skills for direct service. Job responsibilities are either as a direct service provider or an administrator.

**Table 27. Senior Services Findings (n=12)**

| <u>Question</u>                               | <u>Mean</u> | <u>Median</u> | <u>Standard Deviation</u> |
|---|-------------|---------------|---------------------------|
| Months employed in organization               | 49          | 27            | 70                        |
| Months of experience in similar organizations | 76          | 48            | 81                        |
| Hours worked per week                         | 36.7        | 40            | 9.88                      |
| Rate of pay per hour                          | \$11.78     | \$11.00       | \$5.11                    |
| Hours of direct supervision per month         | 10          | 6             | 14                        |
| Number of years plan to stay on job           | 3.3         | 3             | 1.5                       |

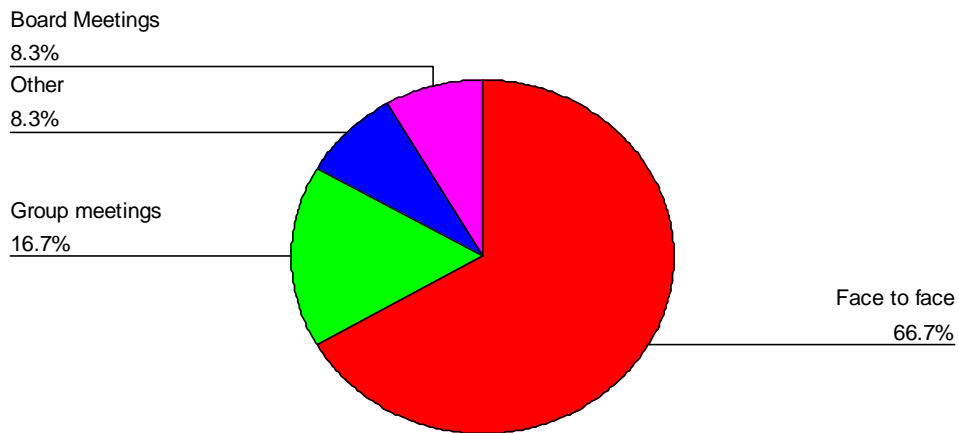
**Figure 37.**



The majority of respondents has either a college degree or have taken college courses and comprise 84% of the 12 respondents.

**Figure 38.**

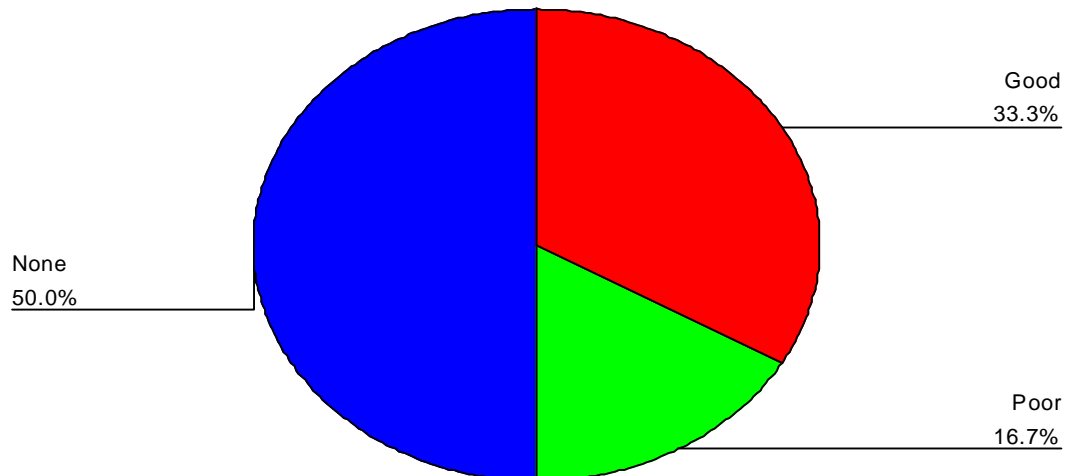
### Type of Supervision Received



In terms of supervision, 67% received it individually and face-to-face, 17% participated in group meetings, and 8% being administrators and answering to a Board of Directors.

**Figure 39.**

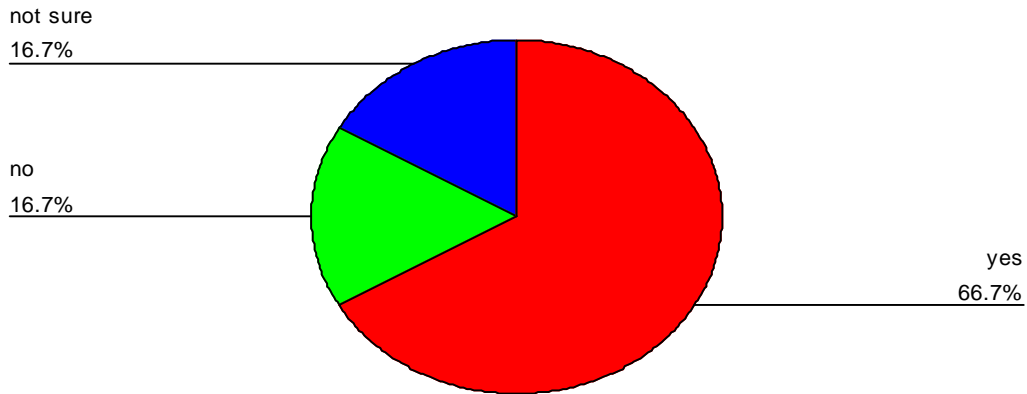
### Opportunity for Advancement



Moving into higher level positions is poor to none for 67% of the paraprofessionals, whereas 33% felt their chances were good.

**Figure 40.**

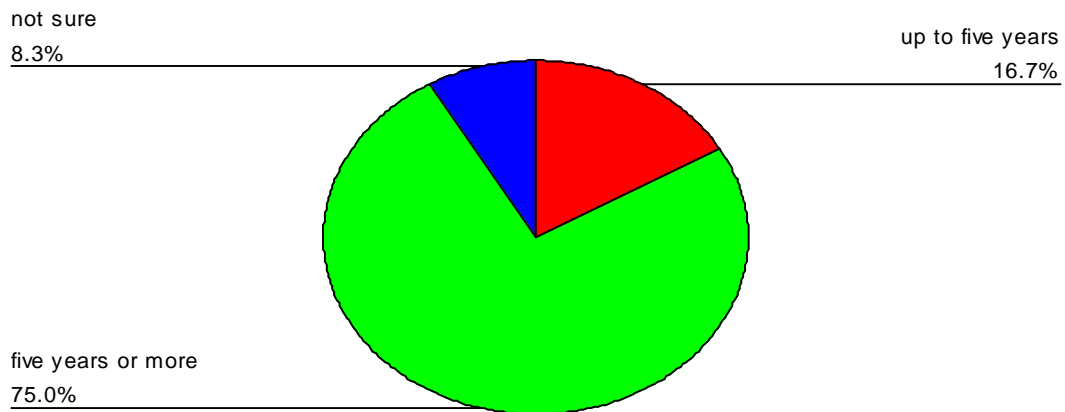
### Interest in Certification/Licensing



Certification and/or licensing of their present position were of interest to 68% with an additional 17% not sure. No interest represented 17% of the responses.

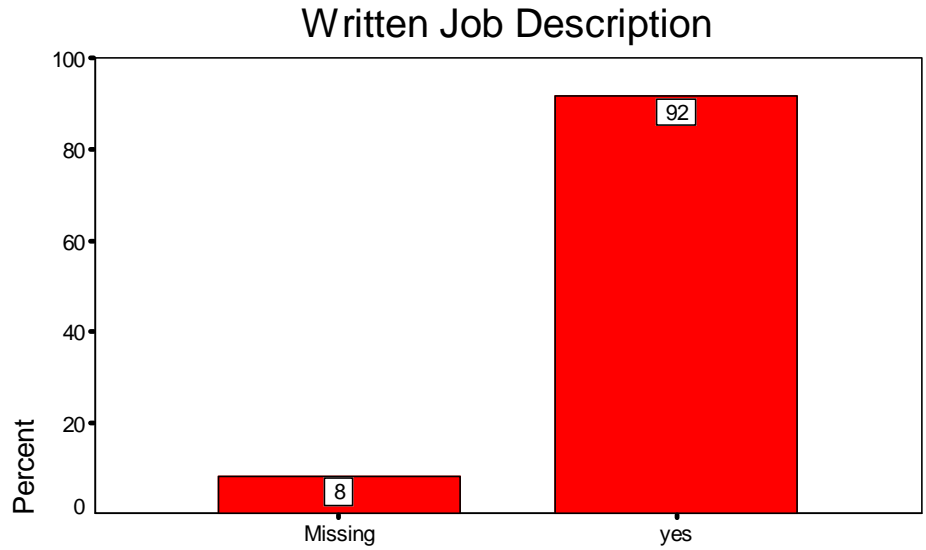
**Figure 41.**

### Expected Length of Stay in Community



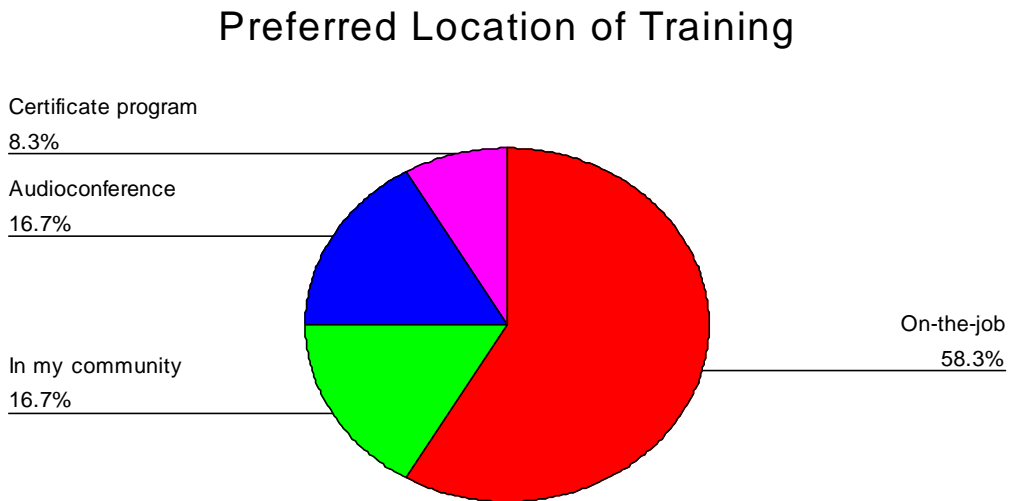
Although the majority planned to remain in the organization for three years, a large majority (92%) expected to remain in their community up to five years or more. Not sure was 8%.

**Figure 42.**



The majority of respondents have written job descriptions (92%).

**Figure 43.**



Preference regarding the location for future training was either on-the-job (58%), in the paraprofessional's community (17%), audio-conference training was (17%) or certificate program (8%).



**Table 29. Senior Services Group Training Experiences**

| <b>Training</b>             | <b>Percentage of Respondents</b> |
|-----------------------------|----------------------------------|
| Senior Services Information | 67%                              |
| Direct Service Skills       | 67%                              |
| Administration Skills       | 50%                              |

Table 29 identifies 67% of the respondents receiving training in senior services information and direct service skills. Major information topics are senile dementia, geriatrics, aging dynamics, nutrition, and health. Direct service is care coordination, home health, hospice, and CPR. Administrative skills involved grant writing, supervision, management, and nonprofit operations.

**Table 30. Senior Services Group Training Needs**

| <b>Training</b>             | <b>Percentage of Respondents</b> |
|-----------------------------|----------------------------------|
| Administration Skills       | 25%                              |
| Senior Services Information | 22%                              |
| Direct Service Skills       | 11%                              |
| Non-response                | 36%                              |

Over one third of the respondents did not respond to the question. Administrative skills were non-profit accounting, computer skills, managing volunteers, and personnel management. Information emphasized knowledge of Social Security programs and health care financing, housing law, and dimensions of geriatrics. Respite training, counseling, referral, and health care represented direct service skills needed.

**Table 31. Senior Services Group Positive Elements of Job**

| <b>What is Liked</b>     | <b>Percentage of Respondents</b> |
|--------------------------|----------------------------------|
| Elder work               | 100%                             |
| Coworkers                | 66%                              |
| Providing direct service | 50%                              |
| Networking               | 33%                              |

Working with consumer groups was the most liked by all of the respondents. Two-thirds liked co-workers and the work environment. Half the respondents listed hands on services meeting basic needs and teaching skills. Networking with other providers and planning activities were featured by 33%.

**Table 32. Senior Services Group Negative Elements of Job**

| <b>Least Liked</b> | <b>Percentage of Respondents</b> |
|--------------------|----------------------------------|
| Low pay            | 26%                              |
| Personnel issues   | 26%                              |
| High work load     | 21%                              |

An inadequate pay scale and no pension were among those mentioned by 26% as well as personnel issues including staff confrontations, insufficient staff, and difficult employees. Reference to a high workload represented 21% of the workers.

**Table 33. Senior Services Group Future Goals**

| <b>Goals</b>          | <b>Percentage of Respondents</b> |
|-----------------------|----------------------------------|
| Professional training | 42%                              |
| Different work        | 33%                              |

Obtaining an advanced professional degree was the main long-term goal for 42%. One-third of the paraprofessionals preferred to seek different work.

### **Substance Abuse Paraprofessionals**

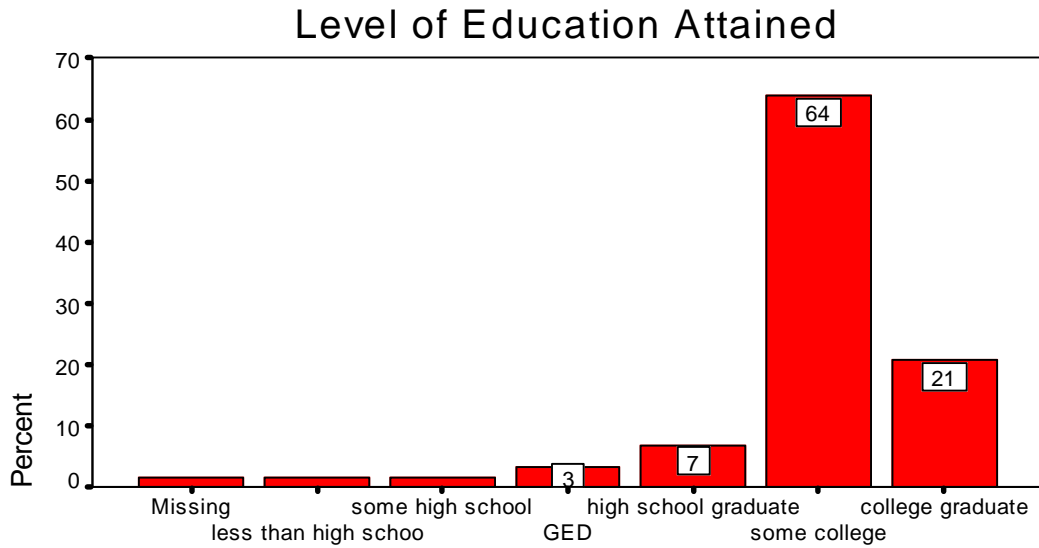
Grouped into this category were 58 workers primarily working in rural Alaska in substance abuse treatment organizations.

**Typical Respondent.** The median will be used to describe the typical respondent because of the wide variance among the respondents for the questions with numeric responses. The typical substance abuse paraprofessional is a woman (64%) who has been employed for 17 months in the organization and has an additional 4 years of experience in similar organizations. She works full-time averaging 40 hours a week and is paid \$13.33 an hour. Her job description is written and 8 hours of supervision are received a month in individual face-to-face contact. She has had some college education and has a training certificate. Opportunities for advancement are good to excellent and she plans to remain with the organization for three and one-half years and in the community for five years or more. She is planning to increase her skills used on the job. Job responsibilities are counseling, assessments, relapse prevention, and education. They are provided to multiple communities involving travel.

**Table 34. Substance Abuse Findings (n=58)**

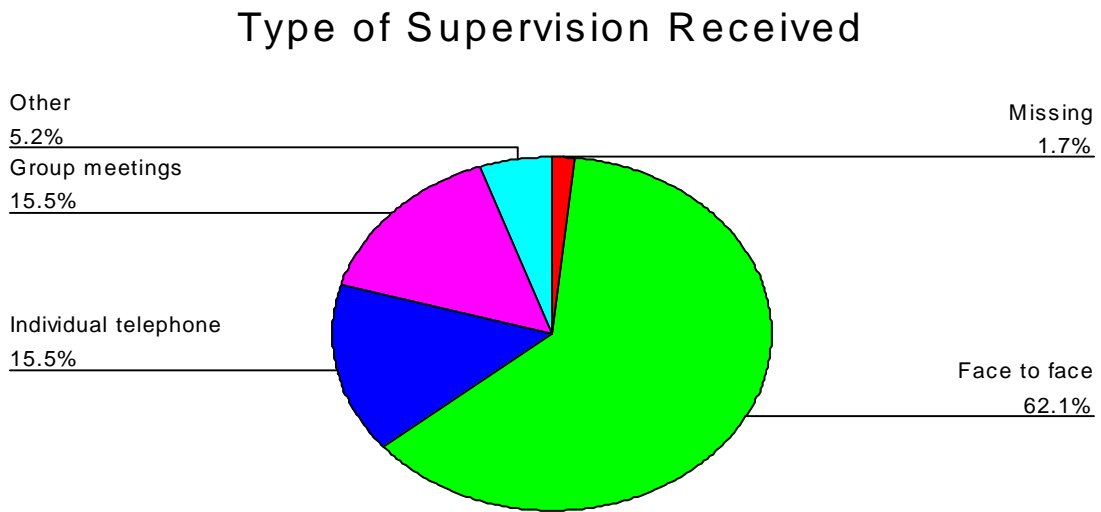
| <b><u>Question</u></b>                        | <b><u>Mean</u></b> | <b><u>Median</u></b> | <b><u>Standard Deviation</u></b> |
|---|--------------------|----------------------|----------------------------------|
| Months employed in organization               | 35                 | 17                   | 45                               |
| Months of experience in similar organizations | 73                 | 48                   | 93                               |
| Hours worked per week                         | 39                 | 40                   | 8.2                              |
| Rate of pay per hour                          | \$13.59            | \$13.33              | \$3.27                           |
| Hours of direct supervision per month         | 17                 | 8                    | 27                               |
| Number of years plan to stay on job           | 5                  | 3.5                  | 5.6                              |

**Figure 44.**



The majority of respondents has taken college courses or are graduates (85%).

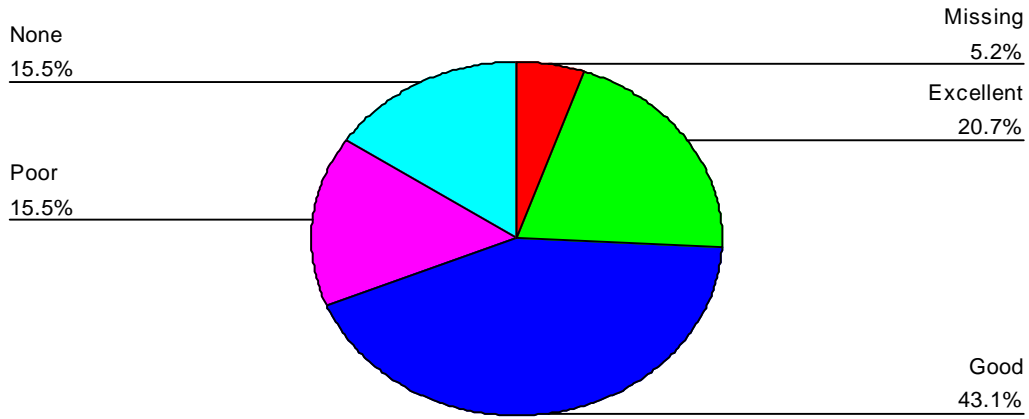
**Figure 45.**



In terms of supervision, 62% received it individually and face-to-face, 16% participating in group meetings, and 16% talking with their supervisor by telephone.

**Figure 46.**

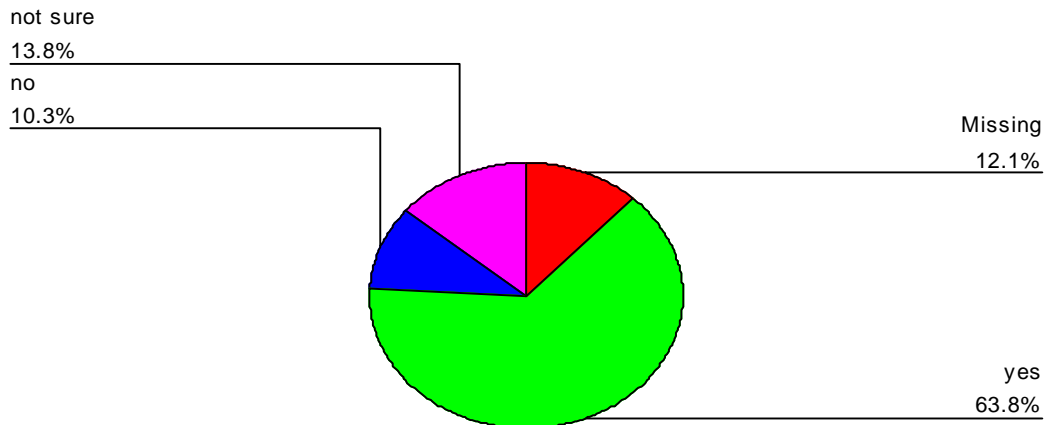
### Opportunities for Advancement



Moving into higher level positions is good to excellent for 64% of the paraprofessionals, whereas 31% felt their chances were poor to none.

**Figure 47.**

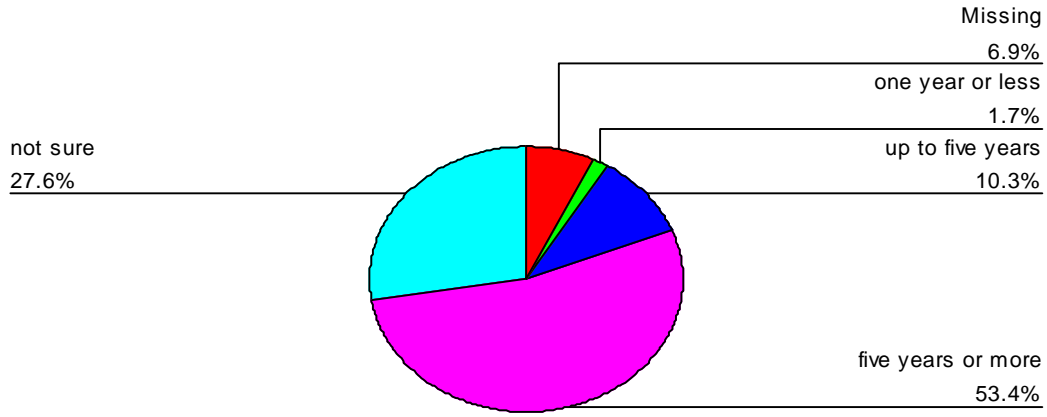
### Interest in Certificate/Licensing



Certification and/or licensing of their present position were of interest to 64% with an additional 14% not sure. No interest represented 10% of the responses.

**Figure 48.**

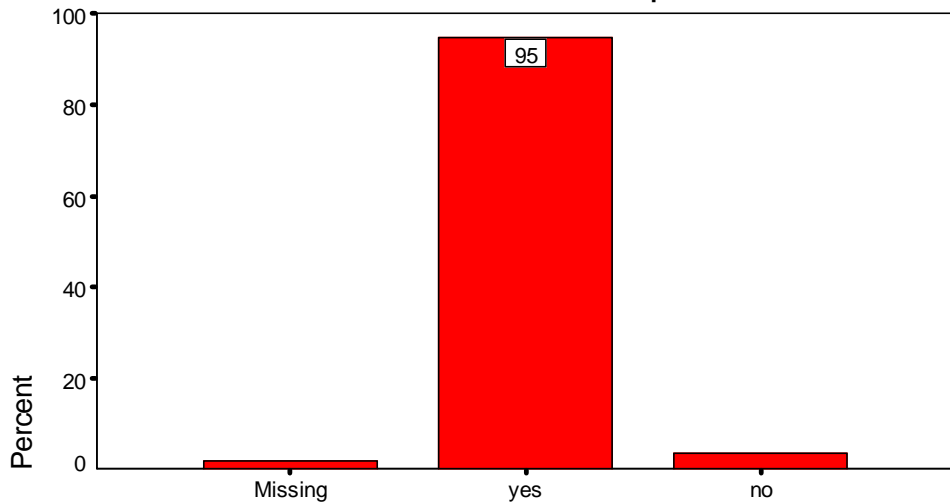
### Expected Length of Stay in Community



The majority planned to remain in the organization for three and one-half years, a large majority (64%) expected to remain in their community up to five years or more. Not sure was 28% and 2% planned to stay one year or less.

**Figure 49.**

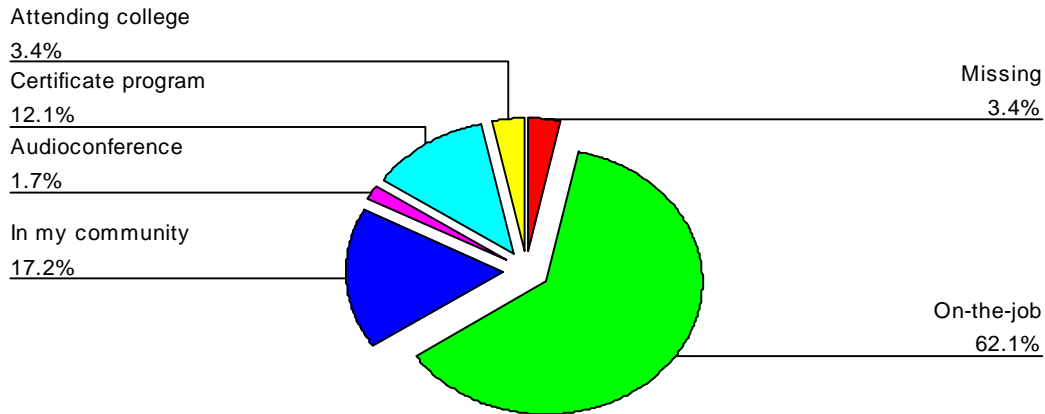
### Written Job Description



The majority of respondents have written job descriptions (95%).

**Figure 50.**

**Preferred Location of Training**



Preference regarding the location for future training was either on-the-job (62%), in the paraprofessional’s community (17%) A certificate program was desired by 12% and 3% wanted to attend college. Not responding to the question was 3.4%. The desire for training close to home represented 79% of the paraprofessionals.

**Table 35. Substance Abuse Group Training Experiences**

| Training                    | Percentage of Respondents |
|-----------------------------|---------------------------|
| Direct Service Skills       | 36%                       |
| Substance Abuse Information | 34%                       |
| General Information         | 26%                       |

Table 35 identifies 36% of the respondents receiving training in direct service skills. Major topics are counseling, case management, crisis intervention, assessment, group skills, and stress management. The acquisition of substance abuse information by 34% included family systems, chemical dependency, the addiction process, HIV/AIDS, and the Annual School. General information received by 26% covered ethics, wellness conference, First Aid and CPR, and child abuse.

**Table 36. Substance Abuse Group Training Needs**

| Training                    | Percentage of Respondents |
|-----------------------------|---------------------------|
| Substance Abuse Information | 49%                       |
| Direct Service Skills       | 46%                       |
| Administrative skills       | 7%                        |
| Non-response                | 18%                       |

Substance abuse Information was requested by 49% of the respondents. Prominent was cultural considerations, ASAM/DSMIV, community development theory, dimensions of substance abuse, and relapse prevention. Direct service skills desired were counseling, case management, stress management, assessment, group counseling, education. Administrative skills mentioned frequently were grant writing, supervision, public speaking, Medicaid, and computer skills.

**Table 37. Substance Abuse Group Positive Elements of Job**

| <b>What is Liked</b>                     | <b>Percentage of Respondents</b> |
|--|----------------------------------|
| Client work                              | 34%                              |
| Use of skills                            | 34%                              |
| Coworkers                                | 17%                              |
| Job characteristics                      | 17%                              |
| Experiencing positive results in clients | 13%                              |

Working with consumer groups was the most liked by 34%. Using skills effectively such as problem solving, networking, advocacy, crisis work, and educating were identified by 34%. Coworkers, staff cooperation, and team work was listed by 17%. The same percentage liked job characteristics like creative freedom, team concept, new learning, and the challenge. Seeing positive gain in the client population was mentioned by 13% of the workers.

**Table 38. Substance Abuse Group Negative Elements of Job**

| <b>Least Liked</b>             | <b>Percentage of Respondents</b> |
|--------------------------------|----------------------------------|
| Job characteristics            | 50%                              |
| Work requirements              | 22%                              |
| Relationships with other staff | 17%                              |
| Unmotivated clients            | 10%                              |

Inadequate training, lower status, lack of an agenda, low wages, burnout, and job stress were job characteristics least liked by 50%. Requirements of work most cited were doing activities, dealing with the court system, weekly teleconferences, and paperwork. Relationships with staff resulting in feeling minimal support, no cultural respect, office politics, staff conflict, and dogmatic positions was the third major area followed by the lack of client positive response.

**Table 39. Substance Abuse Group Future Goals**

| <b>Goals</b>                | <b>Percentage of Respondents</b> |
|-----------------------------|----------------------------------|
| Improve skills              | 43%                              |
| College degree              | 38%                              |
| Continue present employment | 10%                              |
| Different work              | 10%                              |

Obtaining and improving skills to work in the field of substance abuse was selected by 43% of the respondents. Seeking formal education resulting in a

college degree was identified by 38%. At 10% were continuing present employment and seeking a different job.

## **Discussion.**

Surveys returned by paraprofessionals in various parts of Alaska and representing six fields of practice, when analyzed, demonstrate that there are both differences and similarities across the areas selected. Table 40, presents a summary of selected job characteristics for the designated six fields of practice. Differences from this table will be discussed.

More women paraprofessionals are employed in the newer, developing fields of developmental disability, domestic violence, and senior services than traditional child welfare, mental health, and substance abuse. Mental health staff are employed in the organization for a significantly longer time than the other groups. Domestic violence and substance abuse have employees with less longevity. Workers with more experience in similar organizations are in senior services and substance abuse programs. Child welfare, domestic violence, and senior services employ more part-time workers. Lower wages are received in domestic violence, senior services, and substance abuse when compared to mental health, child welfare, and developmental disability. Domestic violence staff received the most supervision and mental health and senior services the least. It is interesting to note that the paraprofessionals receiving less supervision were college graduates. Mental health and substance abuse paraprofessionals receive more certificate training. The opportunity for advancement is good to excellent in child welfare, domestic violence, and substance abuse. With the exception of domestic violence, where the majority of staff said they planned to leave in a year, child welfare and substance abuse staff planned to remain longer in their positions where there is opportunity for advancement. Not planning to stay as long were mental health, senior services, and developmental disability where opportunity for advancement was poor to none. It would seem where career ladders exist, staff may be induced to remain on the job. Child welfare, domestic violence, and mental health staff wished to continue their college education. Senior services and substance abuse wished to obtain more skill training while developmental disability staff were unsure of their plans. Similarities among the six fields of practice were interest in certification or licensing of their position, preferring to receive training on the job or in the community and being attached to their community, planning to remain for 5 or more years.

Tables 41, 42, and 43 will be referenced to discuss other similarities among the six groups. Areas are services provided, training received, and perceived training needs of the paraprofessional. Table 41 identifies the frequent job responsibilities performed by paraprofessionals. The responsibilities in bold designate responsibilities that are shared by more than one field of practice. As may be seen by viewing the table, each field of practice has bolded responsibilities and for the Developmental Disability field of practice, all responsibilities are bolded. Case management is represented in all of the fields



of practice in some form or another. Reviewing the table suggests that many similar responsibilities are shared across the various fields of practice.

Table 42 depicts frequent training received and although there are more informational training areas specific to the field of practice, there are also a good number of trainings of the same type across fields of practice. Case management, assessment, crisis intervention, and stress management are examples. Table 43 identifies frequent training needs listed by the respondents. More than half of the training needs listed are bolded suggesting there is a great deal of similarity among the paraprofessionals. When asked to identify areas of training that would improve work performance, the similarity of responses points out that many workers perform similar tasks in the various organizations.

These similarity findings are not surprising when one considers that in many rural areas of Alaska, the paraprofessional counselor is called upon to perform a variety of functions and specialists are rare. Often the worker is the only human service provider available and consumers, experiencing a variety of problems, seek the provider for help. The provider is called upon to respond to a variety of issues and needs. This requires a level of expertise in numerous areas. The paraprofessional often lacks this ability. This may result in the high levels of stress, burnout, and the frustration of not being able to resolve problems reported by many of the paraprofessionals in the survey. An explanation may be the result of inadequate training, poor working conditions, and lack of resources often reported in the literature as contributing to high job turnover rates.

Historically human service providers have used fields of practice in the delivery of social services to people in need. Consumers are often assessed through the prism of the service provider's field of practice. It is not uncommon for the same problem to be labeled a mental health, child welfare, substance abuse, developmental disability, domestic violence, or aging issue depending upon which field of practice the diagnostician represents. It may also be possible that the consumer may be experiencing a variety of situations requiring interventions that each field of practice provides. The introduction of case management/care coordination in the delivery of human services has evolved partly because of the fragmentation, gaps, and overlap existing among the various fields of practice. Compartmentalizing human needs has proven to be grossly inefficient and often perpetuates problems rather than remedying them. In rural Alaska, the attempt to compartmentalize human needs and problems as is done in urban areas, is folly primarily because of the lack of resources but more importantly because it results in symptom relieving at best and compounding problems at worst. Rural human services may be more effectively provided if the problem determined the intervention rather than the intervention determining the problem. That is to say the compartmentalizing of needs and establishment of fields of practice to provide human services in rural Alaska must be replaced with an integrated service delivery model. The consumer will seek assistance at a single resource and the human service provider will be equipped with generic skills that may be applied in a variety of situations and across systems and fields of practice. The rural, paraprofessional human services worker will be trained as a generalist and supervised by a generalist professional.

Consumer inclusion will result rather than the exclusion characteristic that often exists in specialized fields of practice. A number of established professions, social work being one, are moving toward a generalist approach in the preparation of students for professional careers. This is particularly the case for rural, human service provider.





**Table 40. Summary of Typical Respondents by Field of Practice**

| <u>Job Characteristics</u>                         | <b>Child Welfare</b> | <b>Develop. Disability</b> | <b>Domestic Violence</b> | <b>Mental Health</b> | <b>Senior Services</b> | <b>Substance Abuse</b> |
|--|----------------------|----------------------------|--------------------------|----------------------|------------------------|------------------------|
| Percentage of women                                | 79%                  | 96%                        | 92%                      | 77%                  | 92%                    | 64%                    |
| Employment in organization by months               | 24                   | 33                         | 14                       | 60                   | 27                     | 17                     |
| Experience in similar organizations by months      | 32                   | 24                         | 21                       | 18                   | 48                     | 48                     |
| Number of hours worked per week                    | 38                   | 40                         | 34                       | 40                   | 37                     | 40                     |
| Hourly rate of pay                                 | \$14.57              | \$14.38                    | \$11.50                  | \$14.66              | \$11.78                | \$13.33                |
| Is there a written job description?                | Yes                  | Yes                        | Yes                      | Yes                  | Yes                    | Yes                    |
| Hours of supervision per month                     | 8                    | 7                          | 10                       | 5                    | 6                      | 8                      |
| Level of education                                 | Some college         | Some college               | Some college             | College graduate     | College graduate       | Some college           |
| At least one certificate of training               | No                   | No                         | No                       | Yes                  | No                     | Yes                    |
| Opportunity for advancement in organization        | Good to excellent    | Poor to none               | Good to excellent        | Poor to none         | Poor to none           | Good to excellent      |
| Number of years to work in organization            | 4                    | 3                          | 1                        | 2                    | 3                      | 3.5                    |
| Number of years to remain in community             | 5 or more            | 5 or more                  | 5 or more                | 5 or more            | 5 or more              | 5 or more              |
| Interest in certification or licensing of position | Yes                  | Yes                        | Yes                      | Yes                  | Yes                    | Yes                    |
| Location preferred for training                    | OJT or community     | OJT or community           | OJT or community         | OJT or community     | OJT or community       | OJT or community       |
| Future goal in next five years                     | College education    | Not sure                   | College education        | Advanced degree      | More skills training   | More skills training   |

**Table 41. Frequent Job Responsibilities by Field of Practice**

| Child Welfare               | Developmental Disability      | Domestic Violence          | Mental Health           | Senior Services          | Substance Abuse         |
|-----------------------------|-------------------------------|----------------------------|-------------------------|--------------------------|-------------------------|
| Child protection            | <b>**Case management</b>      | <b>Crisis intervention</b> | <b>Case management</b>  | <b>Care coordination</b> | <b>Counseling</b>       |
| Child custody               | Home visits                   | <b>Advocacy</b>            | Crisis intervention     | Administration           | <b>Assessment</b>       |
| Family preservation         | <b>Program administration</b> | DV education               | <b>Counseling</b>       | <b>Supervision</b>       | Relapse prevention      |
| Community liaison           | <b>Supervision</b>            | Child care                 | Treatment planning      | Grant administration     | <b>Education</b>        |
| <b>Case management</b>      | <b>Assessment</b>             | <b>Supervision</b>         | <b>Supervision</b>      | Plan activities          | <b>Administration</b>   |
| Tribal liaison              | <b>Brokering</b>              | <b>Residential care</b>    | <b>Administration</b>   | Assist with ADL          | <b>Supervision</b>      |
| <b>Grant administration</b> | <b>Crisis intervention</b>    | Court work                 | <b>Skills training</b>  | <b>Assessment</b>        | <b>Case management</b>  |
| <b>Assessment</b>           | <b>Home visits</b>            | <b>Documentation</b>       | Active treatment        | Residential care         | <b>Residential care</b> |
| Foster care                 | <b>Residential care</b>       | <b>Education</b>           | <b>Residential care</b> | <b>Documentation</b>     | <b>Skills training</b>  |
| Adoptions                   | <b>Documentation</b>          | <b>Counseling</b>          | Transportation          |                          | <b>Brokering</b>        |
| <b>Home visits</b>          | <b>Counseling</b>             |                            | <b>Assessment</b>       |                          | Outreach                |
| Investigation               |                               |                            | <b>Advocacy</b>         |                          | <b>Aftercare</b>        |

**Table 42. Frequent Training Received by Field of Practice**

| Child Welfare            | Developmental Disability   | Domestic Violence          | Mental Health              | Senior Services          | Substance Abuse            |
|--------------------------|----------------------------|----------------------------|----------------------------|--------------------------|----------------------------|
| <b>***DFYS training</b>  | Early intervention         | Dynamics of DV             | Mental disorders           | Senile dementia          | Counseling                 |
| <b>ICWA training</b>     | Infant learning            | <b>Child abuse</b>         | Medication                 | Geriatrics               | <b>Case management</b>     |
| Child development        | <b>CPR</b>                 | Reporting laws             | HUD seminars               | Aging dynamics           | <b>Crisis intervention</b> |
| <b>FAS/FAE</b>           | <b>First-Aid</b>           | <b>FAS/FAE</b>             | Child mental health        | Nutrition                | <b>Assessment</b>          |
| Child welfare law        | <b>Case management</b>     | <b>Substance abuse</b>     | RHS Program                | Health                   | Group skills               |
| Family preservation      | Home visits                | <b>Crisis intervention</b> | <b>Case management</b>     | <b>Care coordination</b> | <b>Stress management</b>   |
| Foster parenting         | <b>Crisis intervention</b> |                            | Suicide prevention         | Home health              | <b>Substance abuse</b>     |
| Healthy families         | <b>Assessment</b>          |                            | <b>Crisis intervention</b> | Hospice                  | Family systems             |
| <b>Domestic violence</b> |                            |                            | <b>Assessment</b>          | <b>CPR</b>               | Addiction process          |
| <b>Substance abuse</b>   |                            |                            | Alternative counseling     | Grant writing            | HIV/AIDS                   |

|                     |  |  |                  |                      |               |
|---------------------|--|--|------------------|----------------------|---------------|
| Bipolar disorders   |  |  | Gestalt          | Supervision          | Annual School |
| Health problems     |  |  | Rational emotive | Management           | <b>Ethics</b> |
| Cultural competency |  |  | Treatment models | Nonprofit operations | Wellness      |



**Table 42. Frequent Training Needs by Field of Practice**

| Child Welfare            | Developmental Disability   | Domestic Violence          | Mental Health                | Senior Services          | Substance Abuse          |
|--------------------------|----------------------------|----------------------------|------------------------------|--------------------------|--------------------------|
| <b>***Supervision</b>    | <b>Supervision</b>         | <b>Supervision</b>         | <b>Supervision</b>           | <b>Personnel Manage.</b> | <b>Supervision</b>       |
| <b>Computer skills</b>   | <b>Computer skills</b>     | <b>Computer skills</b>     | <b>Computer skills</b>       | <b>Computer skills</b>   | <b>Computer skills</b>   |
| <b>Counseling</b>        | <b>Counseling</b>          | <b>Counseling</b>          | <b>Cross cultural coun</b>   | <b>counseling</b>        | <b>counseling</b>        |
| <b>Case management</b>   | <b>Case management</b>     | <b>Case management</b>     | Motivational tools           | Soc. Sec. Progs.         | <b>Case management</b>   |
| ICWA                     | Teleconferences            | <b>Grant writing</b>       | <b>Grant writing</b>         | Health care              | <b>Grant writing</b>     |
| <b>Presentations</b>     | Behavior management        | <b>Presentations</b>       | Specialized intervention     | Housing law              | <b>Public speaking</b>   |
| <b>Stress management</b> | Child development          | Conflict resolution        | <b>Stress reduction</b>      | Respite training         | <b>Stress management</b> |
| Foster care license      | <b>Crisis intervention</b> | <b>Crisis intervention</b> | Eating disorders             | Geriatrics               | Medicaid                 |
| <b>Office practices</b>  | <b>Office skills</b>       | <b>Office skills</b>       | Administrative skills        | Non-profit accounting    | <b>Assessment</b>        |
| Home visits              | Treatment options          |                            | <b>Substance abuse</b>       | Health care finance      | <b>Substance abuse</b>   |
| Time management          | <b>Assessment</b>          |                            | Medications                  | Referral                 | Community development    |
| Record keeping           | Abnormal development.      |                            | <b>Group therapy</b>         |                          | <b>Group counseling</b>  |
| FAS/FAE                  | Sign language              |                            | Psychosocial rehab           |                          | Education                |
| Child development        |                            |                            | Attention deficit disorder.. |                          | Relapse prevent          |
| Child welfare law        |                            |                            | Medicaid rules               |                          | Cultural consideration   |
|                          |                            |                            | Public assist. program       |                          | ASAM/DSMIV               |

|  |  |  |                       |  |  |
|--|--|--|-----------------------|--|--|
|  |  |  | Billable treatment    |  |  |
|  |  |  | Fiscal administration |  |  |
|  |  |  | Program development   |  |  |

**\*\*\*Cells that are in bold signify that more than one field of practice lists same training.**



## **Recommendations.**

The results of this survey, which invited response from paraprofessionals across six fields of practice, leads one to suggest that combining the resources of the various fields of practice and establishing generalist training for paraprofessionals that may be transferred and applied across fields of practice may be an effective and efficient approach to responding to the human service needs of rural Alaska. This approach may build upon the existing strengths of the paraprofessional and remove some of the areas of work least liked by them. Having the skills necessary to deal with all the demands faced by the rural human service worker may reduce much of the frustration and burnout experienced. Providing either licensing or certification credentials, cross training, career ladders, along with effective supervision, may provide better employment stability and the satisfaction of “making a difference”. The Alaska Mental Health Trust Authority and its member Boards are in an ideal position to coordinate such an effort to and establish rural, paraprofessional human service workers as a distinct career field. Training centers would also join in partnership to design curriculum and teaching modules that may be delivered on the job or to the rural community. Distance education via the Internet, the use of CD-ROM technology, and audio/video teleconferencing, may be among the various models considered.

Further study is also recommended in the form of focus groups being conducted with rural, paraprofessional, human services workers in other parts of Alaska to determine if the findings of this study accurately depict their experiences as well.

## APPENDIX A: List of Organizations Contacted

| Program   | City                   |
|---|------------------------|
| 1. Agdaagux Tribal Council                                | KingCove, AK 99612     |
| 2. Aiding Women in Abuse & Rape Emergencies (AWARE)       | Juneau, AK 99802       |
| 3. Akhiok Clinic  | Akhiok, AK 99615       |
| 4. Akhiok, Native Village                                 | Akhiok, AK 99615       |
| 5. Akiachak Clinic  | Akiachak, AK 99551     |
| 6. ALEUTIAN COUNSELING CENTER A/PIA                       | Unalaska, AK 99685     |
| 7. Allakaket School                                       | Allakaket, AK 99720    |
| 8. Alutiiq Enwia Medical Clinic                           | Kodiak, AK 99615       |
| 9. Ambler Traditional Council                             | Ambler, AK 99786       |
| 10. Anesia Kudrin Memorial Clinic                         | Akutan, AK 99553       |
| 11. Annette Island Service Unit                           | Metlakatla, AK 99926   |
| 12. Arctic Women-In-Crisis                                | Barrow, AK 99723       |
| 13. Association of Village Council Presidents, Inc.       | Bethel, AK 99559       |
| 14. AVCP Receiving Home                                   | Bethel, AK 99559       |
| 15. Barrow, Native Village of                             | Barrow, AK 99723       |
| 16. Bautista House  | Bethel, AK 99559       |
| 17. Behavioral Health                                     | Sand Point, AK 99661   |
| 18. Bering Sea Women's Group                              | Nome, AK 99762         |
| 19. Bering Strait School District                         | Unalakleet, AK 99684   |
| 20. BETHEL COMMUNITY SERVICES                             | Bethel, AK 99559       |
| 21. Bethel Family Services                                | Bethel, AK 99559       |
| 22. BETHEL PREMATERNAL HOME, INC.                         | Bethel, AK 99559       |
| 23. BIA 638 Contract                                      | Valdez, AK 99686       |
| 24. Bristol Bay Area Health Corp. Infant Learning Program | Dillingham, AK 99576   |
| 25. Bristol Bay Mental Health Center                      | Dillingham, AK 99576   |
| 26. Bristol Bay Native Association                        | Dillingham, AK 99576   |
| 27. Buckland, Native Village of                           | Buckland, AK 99727     |
| 28. CAMAI HOUSE   | Bethel, AK 99559       |
| 29. Camai Medical Center                                  | Naknek, AK 99633       |
| 30. Center for Community                                  | Sitka, AK 99835        |
| 31. Center For Community-ILP                              | Sitka, AK 99835        |
| 32. Chalkyitsik Village Council                           | Chalkyitsik, AK 99788  |
| 33. Changing Tides Counseling                             | Petersburg, AK 99833   |
| 34. Chefnak Traditional Council                           | Chefnak, AK 99561-0010 |
| 35. Children & Youth Services (CYS) NSB-DHSS              | Barrow, AK 99723       |
| 36. Children's House                                      | Kotzebue, AK 99752     |
| 37. Chuathbaluk, Native Village of                        | Chuathbaluk, AK 99557  |
| 38. Chugachmuit   | Eagle River, AK 99557  |

|   |                              |
|---|------------------------------|
| 39. Chugiak Childrens Services Inc.                       | Chugiak, AK 99567            |
| 40. Communities Organized for Health Options              | Craig, AK 99921              |
| 41. Community Connections                                 | Ketchikan, AK 99901          |
| 42. Community Counseling Center (CCC) NSB-DHSS            | Barrow, AK 99723             |
| 43. Community Counseling Center                           | Ft Wainwright, AK 99703-7460 |
| 44. Community Integrated Services System (CISS) NSB       | Barrow, AK 99723             |
| 45. COMMUNITY MENTAL HEALTH CENTER - HOMER                | Homer, AK 99603              |
| 46. Community Support Program, Seward                     | Seward, AK 99664             |
| 47. Community Support Program-Wasilla                     | Wasilla, AK 99654            |
| 48. Cook Inlet Council on Alcoholism and Drug Abuse, Inc. | Homer, AK 99603              |
| 49. COOPERATIVE ADVENTURES                                | Sitka, AK 99835              |
| 50. Copper River Community Mental Health Center           | Copper Center, AK 99573      |
| 51. Copper River Infant Learning Program                  | Glennallen, AK 99588         |
| 52. COOPER RIVER NATIVE ASSOCIATION                       | Copper Center, AK 99573      |
| 53. Cordova Family Resource Center                        | Cordova, AK 99574            |
| 54. Council of Athabascan Tribal Governments              | Fort Yukon, AK 99740         |
| 55. Cross Road Medical Center                             | Glennallen, AK 99588         |
| 56. DD Pride Program                                      | Homer, AK 99603              |
| 57. Deering, Native Village of                            | Deering, AK 99736-0089       |
| 58. Denali Borough School District Special Ed Program     | Healy, AK 99743              |
| 59. Developmental Disabilities Program-Bethel             | Bethel, AK 99559             |
| 60. DFYS-Child Protective Services & Licensing            | Palmer, AK 99645             |
| 61. Dillingham City Schools                               | Dillingham, AK 99576         |
| 62. Dillingham Health Center                              | Dillingham, AK 99576         |
| 63. Dillingham Senior Center                              | Dillingham, AK 99576         |
| 64. Div of Family and Youth Services, Kenai               | Kenai, AK 99611              |
| 65. Div of Family and Youth Services, Ketchikan           | Ketchikan, AK 99901          |
| 66. Div of Family and Youth Services, Kodiak              | Kodiak, AK 99615             |
| 67. Div of Family and Youth Services, Unalaska            | Unalaska, AK 99685           |
| 68. Division of Family & Youth Services                   | Cordova, AK 99574            |
| 69. Division of Family & Youth Services                   | Valdez, AK 99686             |
| 70. Division of Family & Youth Services - King Salmon     | King Salmon, AK 99613        |

|   |                           |
|---|---------------------------|
| 71. DIVISION OF FAMILY AND YOUTH SERVICES             | Homer, AK 99603           |
| 72. Division of Family and Youth Services             | St. Paul Island, AK 99660 |
| 73. Division of Family and Youth Services - Haines    | Haines, AK 99827          |
| 74. Division of Family and Youth Services - Nome      | Nome, AK 99762            |
| 75. Division of Family and Youth Services, Aniak      | Aniak, AK 99557           |
| 76. Division of Family and Youth Services- Petersburg | Petersburg, AK 99833      |
| 77. Domestic Violence Sexual Assault                  | Seward, AK 99664          |
| 78. Dot Lake Village Council                          | Dot Lake, AK 99737        |
| 79. Early Intervention Program                        | Ketchikan, AK 99901       |
| 80. Eddie Hoffman Senior Center                       | Bethel, AK 99559          |
| 81. Education Department -ILP                         | Kodiak, AK 99615          |
| 82. Eklutna Native Village of                         | Chugiak AK 99567          |
| 83. Elder Program                                     | Ft. Yukon, AK 99740       |
| 84. Elderly Services Program                          | Dillingham, AK 99576      |
| 85. Emmonak Women's Shelter                           | Emmonak, AK 99581         |
| 86. Euksavik Clinic                                   | Unalakleet, AK 99684      |
| 87. F.O.C.U.S.  | Cordova, AK 99574         |
| 88. Family Infant Toddler Program                     | Bethel, AK 99559          |
| 89. Family R. Cent.                                   | Soldotna, AK 99669        |
| 90. Family Support                                    | Aniak, AK 99557           |
| 91. FAS/FAE INTERVENTION                              | Anchorage, AK 99503-2111  |
| 92. Four Rivers Counseling Services                   | McGrath, AK 99627         |
| 93. Fritz Creek Health                                | Fritz Creek, AK 99603     |
| 94. Frontier Community Services Early Intervention.   | Soldotna, AK 99669        |
| 95. Galena Health Center                              | Galena, AK 99741          |
| 96. Gateway Center For Human Services                 | Ketchikan, AK 99901       |
| 97. Gulkana Village Council                           | Gulkana, AK 99586         |
| 98. Health and Social Services Department             | Anchorage, AK 99508-2891  |
| 99. Healthy Families - Wasilla                        | Wasilla, AK 99654         |
| 100. Homer Children's Services                        | Homer, AK 99603           |
| 101. Homer Senior Center                              | Homer, AK 99603           |
| 102. Hope Cottages, Inc.                              | Anchorage, AK 99518       |
| 103. Horizons Unlimited, Inc.                         | Valdez, AK 99686          |
| 104. Iliuliuk Family and Health Services, Inc         |                           |
| 105. Independent Living Center—Homer                  | Homer, AK 99603           |
| 106. Indian Health Care Services                      | Valdez, AK 99686          |
| 107. Infant learning Program (ILP) NSB-DHSS           | Barrow, AK 99723          |
| 108. Infant Learning Program, Copper River Basin      | Copper Center, AK 99575   |

|  |                         |
|--|-------------------------|
| 109. INMATE SUBSTANCE ABUSE PROGRAM                    | Palmer, AK 99645        |
| 110. JAKE'S PLACE                                      | Dillingham, AK 99576    |
| 111. Johnson O'Malley                                  | Valdez, AK 99686        |
| 112. Kachemak Bay Family Planning Clinic               | Homer, AK 99603         |
| 113. Kake Headstart                                    | Kake, AK 99830          |
| 114. Kake Health Center                                | Sitka, AK 99835         |
| 115. KAMI Consumer Advocacy Office                     | Kodiak, AK 99615        |
| 116. KANA Community Health Department                  | Kodiak, AK 99615        |
| 117. Karluk, Native Village of                         | Karluk, AK 99608        |
| 118. Kasigluk Traditional Council                      | Kasigluk, AK 99609      |
| 119. Kawerak Social Services                           | Nome, AK 99762          |
| 120. Kenai Peninsula Community Care Center             | Kenai, AK 99611         |
| 121. Kenai Peninsula Independent Living Centers        | Soldotna, AK 99669      |
| 122. Kenai Public Health Center                        | Kenai, AK 99611         |
| 123. Kenai Senior Services                             | Kenai, AK 99611         |
| 124. Kenai/Soldotna Women's Resource and Crisis Center | Kenai, AK 99611         |
| 125. Kenaitze Indian Tribe, IRA                        | Kenai, AK 99611         |
| 126. Ketchikan General Hospital Recovery Center        | Ketchikan, AK 99901     |
| 127. Kiana, Native Village of                          | Kiana, AK 99749         |
| 128. KIDS ARE PEOPLE, INC.                             | Wasilla, AK 99654       |
| 129. King Cove Medical Clinic                          | King Cove, AK 99612     |
| 130. Kivalina, Native Village of                       | Kivalina, AK 9975U      |
| 131. Kluti Kaah Headstart                              | Copper Center, AK 99573 |
| 132. Kluti-Kaah, Native Village of                     | Copper Center, AK 99573 |
| 133. Kobuk, Native Village of                          | Kobuk, AK 99751-0039    |
| 134. Kodiak Area Native Association-Family Services    | Kodiak, AK 99615        |
| 135. Kodiak Council on Alcoholism, Inc                 | Kodiak, AK 99615        |
| 136. Kodiak Island Borough Mental Health Center        | Kodiak, AK 99615        |
| 137. Kodiak Island Care Adult Day Care                 | Kodiak, AK 99615        |
| 138. Kodiak Island Hospital and Care Center            | Kodiak, AK 99615        |
| 139. Kodiak Women's Resource & Crisis Center           | Kodiak, AK 99615        |
| 140. Kodiak/Aleutian Support Network                   | Kodiak, AK 99615        |
| 141. Kotzebue Senior Center                            | Kotzebue, AK 99752      |
| 142. Kotzebue, Native Village                          | Kotzebue, AK 99752      |
| 143. Koyuk Health Clinic                               | Koyuk, AK 99753         |
| 144. Kuskokwim Native Association Counseling Center    | Aniak, AK 99557         |



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|------|--|------------------------------|
| 145. | Kwigillingok IRA Council                     | Kwigillingok, AK 99622-0049  |
| 146. | Larsen Bay Tribal Council                    | Larsen Bay, AK 99629         |
| 147. | Life Quest                                   | Wasilla, AK 99654            |
| 148. | Lime Village                                 | McGrath, AK 99627            |
| 149. | Lynn Canal Counseling Services               | Haines, AK 99827             |
| 150. | Maniilaq Association                         | Kotzebue, AK 99752           |
| 151. | Maniilaq Family Crisis Center<br>(M.F.C.C.)  | Kotzebue, AK 99752           |
| 152. | MANIILAQ HEALTH CENTER                       | Manley Hot Springs, AK 99756 |
| 153. | Manley Health Clinic                         | Manley Hot Springs, AK 99756 |
| 154. | Manley Hot Springs Village                   | Manley Hot Springs, AK 99756 |
| 155. | Marshall Traditional Council                 | Marshall, AK 99585           |
| 156. | MAT-SU COUNCIL:RECOVERY CENTER               | Wasilla, AK 99654            |
| 157. | Mat-Su Services for Children & Adults, Inc.  | Wasilla, AK 99654            |
| 158. | Mekoryuk, Native Village                     | Mekoryuk, AK 99630           |
| 159. | Mental Health Center, Goodnews Bay           | Dillingham, AK 99576         |
| 160. | Mental Health/Alcohol and Substance Abuse    | Sand Point, AK 99661         |
| 161. | Metlakatla Indian Head Start                 | Metlakatla, AK 99926         |
| 162. | Metlakatla Senior Citizens Program           | Metlakatla, AK 99926         |
| 163. | Metlakatla Social Services - WIC             | Metlakatla, AK 99926         |
| 164. | Midvalley Senior Citizens, Inc.              | Houston, AK 99694            |
| 165. | Minto Senior Services                        | Minto, AK 99758              |
| 166. | Mountain Village, Native Village of          | Mountain Village, AK 99632   |
| 167. | Nenana Tortella Council on Aging             | Nenana, AK 99760             |
| 168. | Ninilchik Senior Center                      | Ninilchik, AK 99639          |
| 169. | Noatak Clinic                                | Kotzebue, AK 99752           |
| 170. | Noatak, Native Village of                    | Noatak, AK 99761             |
| 171. | Nome Adult Day Care Center                   | Nome, AK 99762               |
| 172. | Nome Community Center, Inc.                  | Nome, AK 99762               |
| 173. | Noorvik Native Community                     | Noorvik, AK 99763            |
| 174. | North Pacific Medical Center                 | Kodiak, AK 99615             |
| 175. | North Slope Borough Health & Social Services | Barrow, AK 99723             |
| 176. | North Star Clinic                            | Seward, AK 99664             |
| 177. | Northern Lights Recovery Center              | Nome, AK 99762               |
| 178. | Northway, Native Village of                  | Northway, AK 99764           |
| 179. | Northwest Arctic School District ILP         | Kotzebue, AK 99752           |
| 180. | Norton Sound Community Mental Health Center  | Nome, AK 99762               |
| 181. | Norton Sound Health Corporation ILP          | Nome, AK 99762               |

|      |   |                           |
|------|---|---------------------------|
| 182. | Nugen's Ranch                                       | Wasilla, AK 99687         |
| 183. | Old Harbor, Village of                              | Old Harbor, AK 99643      |
| 184. | Ouzinkie Clinic                                     | Ouzinkie, AK 99644        |
| 185. | Ouzinkie, Native Village of                         | Ouzinkie, AK 99644        |
| 186. | Palmer Senior Center                                | Palmer, AK                |
| 187. | PARENT ADVOCATES FOR<br>VICTIMS OF VIOLENCE         | Valdez, AK 99686          |
| 188. | Petersbburg Council on Alcoholism,<br>Inc.          | Petersburg, AK 99833      |
| 189. | Petersburg Mental Health Services, Inc              | Petersburg, AK 99833      |
| 190. | PETERSBURG YOUTH PROGRAM                            | Petersburg, AK 99833      |
| 191. | Phillips Alcoholism Treatment Center                | Bethel, AK 99559          |
| 192. | Point Hope Native Village of                        | Point Hope, AK 99766      |
| 193. | Port Lyons, Native Village of                       | Port Lyons, AK 99550      |
| 194. | PRIBILOF COUNSELING CENTER                          | St. Paul Island, AK 99660 |
| 195. | Railbelt Mental Health & Addictions                 | Nenana, AK 99760          |
| 196. | Raven's Way   | Sitka, AK 99835           |
| 197. | REACH-Satellite Office Infant Learning<br>Program   | Petersburg, AK 99833      |
| 198. | Rendezvous Day Care                                 | Ketchikan, AK 99901       |
| 199. | Respite "Akiagtit" Program                          | Barrow, AK 99723          |
| 200. | Ruby Tribal Council                                 | Ruby, AK 99768            |
| 201. | Safe and Fear Free Environment<br>(S.A.F.E.)        | Dillingham, AK 99576      |
| 202. | SAIL, Inc (Southeast AK Independent<br>Living Inc.) | Ketchikan, AK 99901       |
| 203. | Sand Point Medical Clinic                           | Sand Point, AK 99661      |
| 204. | SE Alaska Independent Living SAIL -<br>SITKA        | Sitka, AK 99835           |
| 205. | SEARHC Rural Alcoholism Program                     | Sitka, AK 99835           |
| 206. | Second Time Around, Inc.                            | Valdez, AK 99686          |
| 207. | Selawik, Native Village of                          | Selawik, AK 99770         |
| 208. | Seldovia Village Tribe                              | Seldovia, AK 99663        |
| 209. | Senior Citizens of Kodiak                           | Kodiak, AK 99615          |
| 210. | Senior Citizens Program                             | Barrow, AK 99723          |
| 211. | Seward Life Action Council                          | Seward, AK 99664          |
| 212. | Seward Senior Citizens, Inc.                        | Seward, AK 99664          |
| 213. | Sitka Council on Alcoholism & Drug<br>Abuse, Inc.   | Sitka, AK 99835           |
| 214. | Sitka Council on Alcoholism and Other<br>Drug Abuse | Sitka, AK 99835           |
| 215. | Sitka Mental Health Clinic                          | Sitka, AK 99835           |
| 216. | Sitka Prevention and Treatment<br>Services, Inc.    | Sitka, AK 99835           |
| 217. | Sitka Teen Resource Center                          | Sitka, AK 99835           |
| 218. | SITKANS AGAINST FAMILY                              | Sitka, AK 99835           |

VIOLENCE

- 219. SKIAP ALCOHOL PROGRAM Seldovia, AK 99663
- 220. SOA DEPT. OF HEALTH & SOCIAL SERVICES Unalaska, AK 99685
- 221. Social Services Department Barrow, AK 99723
- 222. Soldotna Area Senior Citizens, Inc. Soldotna, AK 99669
- 223. Sound Alternatives Cordova, AK 99574
- 224. South Kachemak, Inc., Alcohol Program Seldovia, AK 99663
- 225. South Peninsula Women's Services Homer, AK 99603
- 226. Southeast Alaska Regional Health Consortium Sitka, AK 99835
- 227. State of AK DHS, Div. of Public Health- Glenallen, AK 99588
- 
- 228. Sterling Senior Center Sterling, AK 99672
- 229. Substance Abuse Treatment Services Barrow, AK 99723
- 230. Sunshine Community Health Center Talkeetna, AK 99676
- 231. Tanana Chiefs Conference Infant Learning Program Fairbanks, AK 99701
- 232. Tanana Regional Elder's Residence Tanana, AK 99777
- 233. TCC Counseling Center Fairbanks, AK 99701
- 234. TCC Developmental Disabilities Program Fairbanks, AK 99701
- 235. TCC Mental Health and Alcohol Programs Fairbanks, AK 99701
- 236. Tlingit & Haida Head Start - Hoonah Hoonah, AK 99829
- 237. Tlingit & Haida Head Start - Klawock Klawock, AK 99925
- 238. Tlingit & Haida Head Start - Petersburg Petersburg, AK 99833
- 239. Tlingit & Haida Head Start - Sitka Sitka, AK 99835
- 240. Tlingit & Haida Head Start - Yakutat Yakutat, AK 99689
- 241. Tlingit & Haida Head Start-Angoon Angoon, AK 99820
- 242. Tlingit & Haida Head Start-Saxman Ketchikan, AK 99901
- 243. Tlingit & Haida Head Start-Wrangell Wrangell, AK 99929
- 244. Tlingit and Haida Head Start-Craig Craig, AK 99821
- 245. Tok Area Counseling Center Tok, AK 99780-0398
- 246. Tok Health Center Tok, AK 99780
- 247. Toksook Bay Traditional Council Toksook Bay, AK 99637
- 248. Tuluksak Native Community Tuluksak, AK 99679
- 249. Tundra Women's Coalition Bethel, AK 99559
- 250. Turnaround Youth Recovery Program Wasilla, AK 99654
- 251. Tyonek, Native Village of Tyonek, Ak 99682
- 252. Unalaska Senior Citizens, Inc. Unalaska, AK 99685
- 253. Unalaskans Against Sexual Assault and Family Viol. Unalaska, AK 99685
- 254. Upper Tanana Alcohol Program Tok, AK 99780
- 255. Upper Tanana Development Tok, AK 99780

Corporation

- |      |  |                     |
|------|--|---------------------|
| 256. | Valdez Counseling Center                           | Valdez, AK 99686    |
| 257. | Valdez Health Center                               | Valdez, AK 99686    |
| 258. | Valdez Native Assoc.                               | Valdez, AK 99686    |
| 259. | Valdez Senior Citizens Center                      | Valdez, AK 99686    |
| 260. | Valley Crisis Pregnancy Center                     | Wasilla, AK 99654   |
| 261. | Valley Women's Resource Center                     | Palmer, AK 99645    |
| 262. | Wasilla Area Seniors, Inc.                         | Wasilla, AK 99687   |
| 263. | Women In Safe Homes                                | Ketchikan, AK 99901 |
| 264. | Women's Resource & Crisis Center                   | Kenai, AK 99611     |
| 265. | Wrangell Council on Alcoholism                     | Wrangell, AK 999929 |
| 266. | Wrangell Mental Health Services, Inc.              | Wrangell, AK 99929  |
| 267. | Yakutat Community Health Center                    | Yakutat, AK 99689   |
| 268. | Youth Advocates of Sitka, Inc.                     | Sitka, AK 99835     |
| 269. | Yukon Kuskokwim Health Corporation-                | Bethel, AK 99559    |
|      | Bethel   |                     |
| 270. | Yukon Tanana Mental Health and<br>Alcohol Programs | Fairbanks, AK 99701 |
| 271. | Yukon-Koyukuk Mental Health<br>Program             | Galena, AK 99741    |

## APPENDIX B: Survey Instrument

### RURAL ALASKA HUMAN SERVICES WORKER SURVEY

This survey is intended to obtain information regarding workers employed in rural Alaska human service organizations. This information will be used by funding organizations and policy makers involved in providing social services to people in need. Please complete this form as completely as possible. The information you provide is most important in assisting with planning for future services.

1. Your name: \_\_\_\_\_

2. Job Title: \_\_\_\_\_

3. For whom do you work? \_\_\_\_\_

\_\_\_\_\_

4. What main services are provided by the organization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Number of years and months you have been employed in the organization:  
\_\_\_\_\_ years \_\_\_\_\_ months

6. Number of years and months of experience you have in similar organization as a worker: \_\_\_\_\_ years \_\_\_\_\_ months

7. Average number of hours you work per week: \_\_\_\_\_ hours

8. What is your rate of pay per hour? \$ \_\_\_\_\_

9. Do you have a written job description? \_\_\_ Yes \_\_\_ No

10. List your three (3) main job responsibilities:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

11. What is the job title of your supervisor? \_\_\_\_\_

12. What is the average number of hours of direct supervision your receive per month? \_\_\_\_\_ hours

13. Place an X next to the kind of supervision you receive the most.

\_\_\_ individual face to face meetings for supervision.

\_\_\_ individual telephone audioconference meetings for supervision.

\_\_\_ group meetings with the supervisor.

\_\_\_ other. What kind? \_\_\_\_\_

14. To what communities do you provide services?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. List three organizations you coordinate with the most.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

16. How far did you go in school? (please place an X next to your category)

\_\_\_ less than high school      \_\_\_ some high school

\_\_\_ GED      \_\_\_ high school graduate

\_\_\_ some college      \_\_\_ college graduate

\_\_\_ other (please specify) \_\_\_\_\_

17. List any certificates you earned (examples are substance abuse, rural human services). \_\_\_\_\_

18. List college/university degrees (associates, bachelors).

\_\_\_\_\_  
\_\_\_\_\_

What was your major? \_\_\_\_\_

19. List three trainings you have received that helped you in your job.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

20. List three types of training you feel you need, to do your job well.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

21. Where do you wish to receive the training?

- On-the-job.
- In my community.
- Through audioconference courses from the university.
- Through a certificate program, such as in substance abuse, rural human services program, health aide training.
- By going to a college campus in a larger community.
- By going to a vocational program in a larger community.
- Other (please specify) \_\_\_\_\_  
\_\_\_\_\_

22. What are three things you like most about your job?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

23. What are three things you like least about your job?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

24. What opportunities for advancement are there for you in your present job?

\_\_\_\_ Excellent      \_\_\_\_ Good      \_\_\_\_ Poor      \_\_\_\_ None

25. How long do you plan to stay in your present job? \_\_\_\_\_

26. How long do you expect to continue to live in the community?

\_\_\_\_ one year or less    \_\_\_\_ up to five years    \_\_\_\_ five years or more    \_\_\_\_ not sure

27. What is your future career goal in the next five years? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

28. Would you be interested in certification and/or licensing of your position by the State of Alaska?

Yes \_\_\_\_      No \_\_\_\_      Not Sure \_\_\_\_

29. Please add additional comments here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for completing this survey.



## APPENDIX C: Letters Sent Requesting Participation

November 12, 1998

Dear Program Director

This letter is to request your participation in a study to be done by the Department of Social Work and supported by the Alaska Mental Health Trust Authority. The Alaska Mental Health Trust Authority is an organization dedicated to improving services for residents of Alaska. Members of this Trust view their beneficiaries as people experiencing difficulties associated with mental illness, developmental disabilities, substance abuse, aging and other problems.

We wish to survey rural, paraprofessional, human services workers in your organization in order to obtain an awareness of various aspects of their work experiences and participation in service delivery that will be useful to the Trust and Department in creating policies and programs to improve services. We are defining paraprofessional as an individual with some knowledge and training who performs important service delivery activities but has not had the training required for professional certification or licensing in the area of practice. We are enclosing a copy of the survey for your information. We wish for each of your paraprofessional staff to complete this survey. If you are an organization with a number of departments, please ask the paraprofessionals in these other departments to complete the survey as well.

Participation in this study is voluntary. If you wish for your organization to participate in this study, please complete the enclosed postcard and mail it to the address listed on the card. Postage has already been paid. We will send you the number of survey copies you have requested along with a prepaid postage envelope for you to return the surveys once they are completed. We view this research as an effort to improve not only services to clients but also to improve the provision of services by paraprofessional staff. Thank you for considering this offer.

If you have any questions please contact Patrick Cunningham at:

Phone: 1(907) 786-6902  
FAX: 1(907) 786-6912  
E-mail: afpmc@uaa.alaska.edu

Sincerely yours,

Patrick M. Cunningham, DSW Associate Professor

January 5, 1999

Dear Program Director,

Happy New Year! During the third week in November you received a letter from me requesting your participation in a study supported by the Alaska Mental Health Trust Authority. This is a survey of rural, paraprofessional, human services workers in your organization. Information from the survey is to be used to develop policies, programs, and services intended to enhance service delivery to people in rural Alaska.

This letter is a follow-up asking you to consider participation in the study if you haven't already done so. We feel your response will provide valuable information and want to include as many organizations as possible. Please contact me if you wish further information before deciding to participate or not. I will be more than happy to answer any of your questions.

If you now have time to participate, please let me know by mail, phone, fax, or e-mail and I will send you the necessary material and pre-paid return envelopes. If I am not available when you call, please leave me a voice mail message and I will respond as soon as possible.

Telephone: 1-907-786-6902  
Fax: 1-907-786-6912  
e-mail afpmc@uaa.alaska.edu

Thank you for re-considering this offer.

Sincerely yours,

Patrick M. Cunningham, DSW  
Associate Professor

March 4, 1999

Dear Program Director,

Thanks to all of you who participated in the survey of rural, paraprofessional, human services workers in your organization, sponsored by the Alaska Mental Health Trust Authority. To those of you who have received copies of the survey and have not yet completed them and wish to, please do so and mail them to me as soon as possible. Any organizations who have not received copies of the survey and a prepaid mailer and wish to participate, may still do so but need to complete and return the survey by March 31, 1999. You may obtain copies by calling me at (907) 768-6902 and leave a message and your mailing address on my voice mail. You may also send a fax to (907) 786-6912, or e-mail me at [afpmc@uaa.alaska.edu](mailto:afpmc@uaa.alaska.edu)

A report of the survey will be submitted to the Alaska Mental Health Trust Authority. Thank you and best wishes to you and your organization.

Sincerely yours,

Patrick M. Cunningham, DSW  
Associate Professor

## APPENDIX D: List of Organizations Responding

| Program   | City                    |
|---|-------------------------|
| 1. Aleutian Counseling Center A/PIA                   | Unalaska, AK 99685      |
| 2. Bethel Community Services                          | Bethel, AK 99559        |
| 3. Bristol Bay Area Health Corp.                      | Dillingham, AK 99576    |
| 4. Bristol Bay Native Association                     | Dillingham, AK 99576    |
| 5. Chalkyitsik Village Council                        | Chalkyitsik, AK 99788   |
| 6. Community Connections                              | Ketchikan, AK 99901     |
| 7. Connecting Ties Inc                                | Valdez, AK 99686        |
| 8. Cooper River Native Association                    | Copper Center, AK 99573 |
| 9. Copper River Community Mental Health Center        | Copper Center, AK 99573 |
| 10. Council of Athabascan Tribal Governments          | Fort Yukon, AK 99740    |
| 11. Dillingham Senior Center                          | Dillingham, AK 99576    |
| 12. Div of Family & Youth Services- Kenai             | Kenai, AK 99611         |
| 13. Div of Family & Youth Services- Unalaska          | Unalaska, AK 99685      |
| 14. Division of Family & Youth Services - King Salmon | King Salmon, AK 99613   |
| 15. Division of Family & Youth Services- Cordova      | Cordova, AK 99574       |
| 16. Division of Family & Youth Services- Valdez       | Valdez, AK 99686        |
| 17. Division of Family & Youth Services- Aniak        | Aniak, AK 99557         |
| 18. Eklutna Native Village                            | Chugiak AK 99567        |
| 19. Frontier Community Services                       | Soldotna, AK 99669      |
| 20. Homer Children's Services                         | Homer, AK 99603         |
| 21. Kawerak Social Services                           | Nome, AK 99762          |
| 22. Ketchikan General Hospital Recovery Center        | Ketchikan, AK 99901     |
| 23. Kiana Native Village                              | Kiana, AK 99749         |
| 24. Kodiak Women's Resource & Crisis Center           | Kodiak, AK 99615        |
| 25. Kotzebue Native Village                           | Kotzebue, AK 99752      |
| 26. Life Quest  | Wasilla, AK 99654       |
| 27. Maniilaq Association                              | Kotzebue, AK 99752      |
| 28. Marshall Traditional Council                      | Marshall, AK 99585      |
| 29. Mat-Su Council: Recovery Center                   | Wasilla, AK 99654       |
| 30. Mat-Su Services for Children & Adults, Inc.       | Wasilla, AK 99654       |
| 31. Noatak Native Village                             | Noatak, AK 99761        |
| 32. North Slope Borough Health & Social Services      | Barrow, AK 99723        |
| 33. Norton Sound Health Corporation                   | Nome, AK 99762          |
| 34. Palmer Senior Center                              | Palmer, AK 99645        |
| 35. Petersburg Mental Health Services, Inc            | Petersburg, AK 99833    |
| 36. Raven's Way                                       | Sitka, AK 99835         |
| 37. Senior Citizens of Kodiak                         | Kodiak, AK 99615        |
| 38. Sitka Prevention and Treatment Services, Inc.     | Sitka, AK 99835         |
| 39. Sound Alternatives                                | Cordova, AK 99574       |
| 40. Southeast Alaska Regional Health Consortium       | Sitka, AK 99835         |
| 41. Sterling Senior Center                            | Sterling, AK 99672      |

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|---|----------------------|
| 42. TCC Counseling Center                                 | Fairbanks, AK 99701  |
| 43. TCC Developmental Disabilities Program                | Fairbanks, AK 99701  |
| 44. Tlingit & Haida Head Start - Klawock                  | Klawock, AK 99925    |
| 45. Tlingit & Haida Head Start - Petersburg               | Petersburg, AK 99833 |
| 46. Tuluksak Native Community                             | Tuluksak, AK 99679   |
| 47. Tundra Women's Coalition                              | Bethel, AK 99559     |
| 48. Unalaskans Against Sexual Assault and Family<br>Viol. | Unalaska, AK 99685   |
| 49. Upper Tanana Alcohol Program                          | Tok, AK 99780        |
| 50. Upper Tanana Development Corporation                  | Tok, AK 99780        |
| 51. Valdez Counseling Center                              | Valdez, AK 99686     |
| 52. Valdez Senior Citizens Center                         | Valdez, AK 99686     |
| 53. Valley Crisis Pregnancy Center                        | Wasilla, AK 99654    |
| 54. Women In Safe Homes                                   | Ketchikan, AK 99901  |
| 55. Yukon-Koyukuk Mental Health Program                   | Galena, AK 99741     |

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