

# Substance Use Disorder Treatment Pathway

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# Substance Use Disorder Treatment Pathway Overview

- Due to its history in the state of California and its impact on the use of ALL health related resources, addressing SUD treatment shortages is critical

Impact on primary care is high. SUD is ranked in the top five for clinically preventable burdens and return on investment in health care spending.	
The level of health care services used by addicts before receiving treatment is more than double of non-addicts. Twelve months past intake, levels of service return to almost average for addicts.	
There are severe shortages of SUD counselors statewide and in many geographic locations. There are an estimated 3.5 million persons with diagnosable substance use disorders in California. There are less than 20,000 alcoholism and drug abuse counselors currently certified by private credentialing bodies in California	

# Substance Use Disorder Treatment Pathway Overview

The ACA has made substance abuse treatment a priority.	
The trend away from the profession has reached critical levels.	
Studies show evidence that the quantity and quality of SUD counselors is lacking in California.	
Because the SUD benefit is not generally available under current insurance plans, regional focus groups did not recognize its absence.	
SUD counseling is a single diagnosis specialty. Career preparation can be impacted almost immediately. Quality and quantity can be improved greatly in a relatively short time period.	
Current initiatives aimed at improving the number of counselors and their competency level are primarily addressed by less than five, small non-profit professional associations in California.	
Barriers are easily identified and practical means to overcome them are available.	

# Development of Health Career Pathway for California

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## *Substance Use Disorder* *Treatment*

# SUD Counseling Snapshot

- SUD services are provided by certified counselors, therapists licensed by non-SUD boards, nurses, and physicians in a variety of modalities.
- Because there is no defined SUD profession in California, accurate statistics concerning the workforce are limited. The substance use disorder treatment workforce is undefined, lacks clear parameters and cuts across multiple licensed, certified, and unclassified professions.
- The Department of Alcohol and Drug Programs estimates that less than 20,000 persons are registered or certified as alcoholism and drug abuse counselors.

# Needs Response:

- The scope and scale of the workforce's shortcomings remain unclear. Employment surveys and labor statistics used to draw broad conclusions about the workforce's size and makeup often do not distinguish SUD workers from other behavioral health workers; State data only captures counselors who are certified; and data from recent workforce surveys are of limited utility because they either ask only superficial questions or have very low response rates.
- Perform a thorough and comprehensive SUD workforce needs assessment The workforce needs assessment should differentiate between the needs of the specialty SUD workforce and the SUD workforce that will be integrated into medical settings as behavioral health staff.

# Snapshot Continued

- There is a 50% turnover rate in frontline staff and directors yearly.
- The substance abuse sector faces critical workforce issues, which center on the lack of clear educational and career pathways for workers. This hampers recruitment and contributes to turnover, as many skilled workers leave the sector in the search of upward career mobility.
- There are five certifying bodies and multiple licensing boards that confer some type of credential in the field. Education, training and testing requirements vary tremendously.

# Snapshot Continued

- Consumers, employers and potential professionals lack adequate means to distinguish competency when making decisions regarding patient care, employability or career development.
- Members of the health care delivery system are frequently unaware of how to assess, refer or evaluate SUD treatment options. The benefit is not currently aligned to California's health care provider network.

# Future Need

- California employs significantly fewer SUD counselors per population than the national average (CA 2.01/p100,000, US 2.2/p100,000)
- Only 1 person in 10 persons who has a drug use disorder and 1 person in 20 who has an alcohol use disorder receive treatment for the condition. The workforce implications of these statistics are significant.

# Future Need

- The 2008 Medicare Improvements for Patients and Providers Act (MIPPA), the 2008 Mental Health Parity and Addiction Equity Act (MHPAEA), and the 2009 Children's Health Insurance Program Reauthorization Act (CHIPRA) have brought insurance coverage for substance use conditions in line with that offered for other chronic conditions by reducing co-payments and increasing benefits for SUD treatment.
- The 2010 Affordable Care Act (ACA) will expand Medicaid coverage to between 149,000 and 195,000 previously uninsured Californians who need SUD services access to health care (including SUD treatment)
- A significant number of Californians will be gaining access to SUD services in the near future, and the treatment they receive will be funded by health insurance rather than block grants or other siloed SUD treatment funds. It is anticipated that these shifts will require the SUD treatment workforce in California to grow by between 2,100 and 2,828 FTEs by 2019.

# Major SUD Workforce Challenges

- **Age:** Average age of the SUD counselor is 48.
- **Diversity:** Studies show that 70 to 90 percent of SUD counselors are Caucasian. Among new entrants to the field, 70% are female.
- **Populations:** There are severe shortages for the treatment of children, youth and the elderly.
- **Demand increases:** Implementation of the Affordable Care Act will greatly increase the need for SUD counselors.
- **Supply decreases:** Due to budget reductions, facilities funded by Medicaid and via Proposition 36 (treatment alternative to incarceration) are closing at an alarming rate. Professionals at all levels are exiting the workforce at this time.

# SUD Counselor Workforce Pathway

## Target Groups:

- High School and Post Secondary Students:
  - Community Colleges
  - Adult Education Regional Occupational Programs
  - Private Schools
- Career Changers
- Recovering persons
- Licensed professionals

Five certifying bodies and multiple licensing boards create mass confusion.

Certification and testing fees are prohibitive

Low pay, inadequate training, unsafe work environments, lack of career advancement opportunities, difficult working conditions

Cost and availability of core classes is prohibitive



## Career Pathway Coordination and Support Infrastructure

Low self-esteem, family dysfunction impact basic education

Workplace and "seminar type" education is incongruent and may not contribute to certification goals.

Work experience may not be recognized for certification or licensure

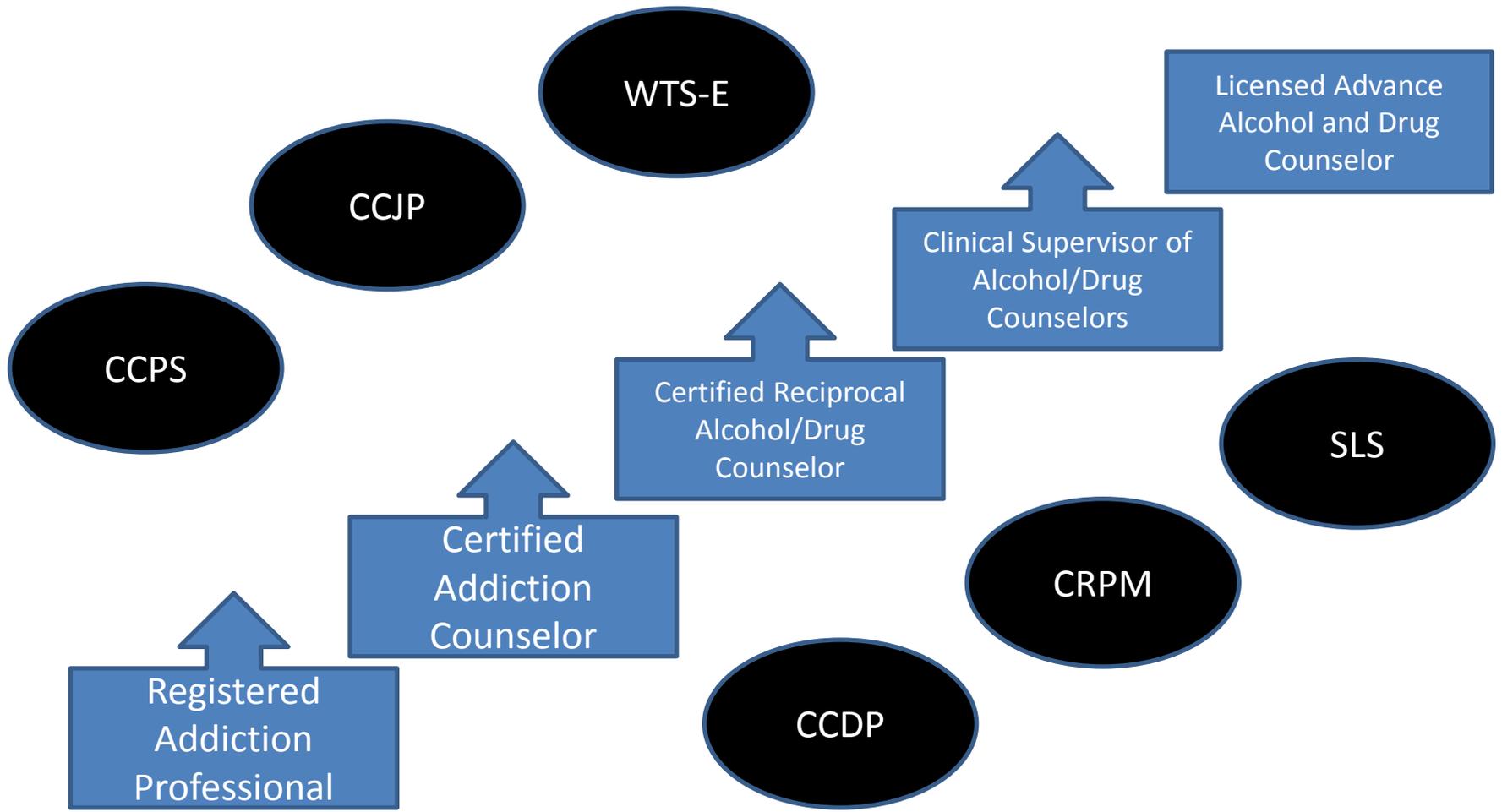
Older workforce makes advanced education difficult

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# Typical SUD Career Path

CAS Documents	<ul style="list-style-type: none"> <li>CAS Values Statement</li> <li>CAS Scope of Practice</li> <li>CAS Code of Ethics</li> <li>ADP Code of Conduct</li> <li>CAS Candidate Handbook </li> <li>CAS Policy and Procedure Document</li> </ul>
<a href="#">CAS Registration</a>	CAS Registration Application
CAS Certification	<ul style="list-style-type: none"> <li>CAS Certification Application</li> <li>CAS II Application</li> <li>CAS III Application</li> <li>CRPM Application</li> <li>CAS-S Application</li> </ul>
CAS Examination	<ul style="list-style-type: none"> <li>CAS Study Guide </li> <li>Link to TAP 21</li> <li>Link to order/download TIPS</li> <li>Link to TAP 11</li> <li>Link to TIP 11</li> <li>Link to TIP 19</li> <li>Link to order/download TAPS</li> </ul>
CAS-S Examination	CAS-S Study Guide
CAS Documentation	<ul style="list-style-type: none"> <li>CAS Job Linkages</li> <li>CAS Job-Practice Analysis Report Summary</li> <li>CAS 2010-2011 Annual Report</li> </ul>
CAS Provider Application	CAS Continuing Education Provider Application 

# Integrated Career Ladder:



# Industry Skill Standards

- 155/270/MA levels of approved alcohol and drug formal education
- Supervised Practicum, including classroom participation (45 hours) and completion of 255 hours at an approved agency
- Pass written examination at each level
- Signed Code of Ethics and Scope of Practice
- 2,000 to 10,000 hours of experience depending on level of certification or licensure

# Recommendations to Address Identified Barriers

Barrier	Recommendation
Exposure to addiction reduces self-esteem; addictive family environment equates to low levels of support for education	Establish outreach programs through high school anti-drug anti-alcohol campaigns to promote awareness of substance use disorder careers and the prerequisites for entry

# Recommendations to Address Identified Barriers

Barrier	Recommendation
<p>Workplace and “seminar type” education is incongruent, poorly organized and may not contribute to certification or licensure goals.</p>	<p>Create a central clearinghouse for approved education that relates to certification and licensure</p> <p>Direct financing for SUD education at the junior college and private postsecondary levels.</p>

# Recommendations to Address Identified Barriers

Barrier	Recommendation
<p>Five certification bodies with complex requirements make career planning difficult. Low cost alternatives that are incapable of creating competent counselors attract many students because they are “easy” and inexpensive. Education at this level is not accepted for licensure.</p>	<p>Unify certifying bodies into one state-sanctioned, credentialing body. Create licensure path that incorporates education, training and testing efforts of certification.</p> <p>Create a platform for consumers, employers and individuals for recognizing professional competency in SUD counseling.</p>

# Recommendations to Address Identified Barriers

Most entry-level SUD professionals are older than the average student beginning a career. They generally are self-supporting and work fulltime, making advanced education difficult.

Develop education and outreach programs to advise potential counselors of the availability of student loans to assist with education and living expenses.

Create loan forgiveness for counselors who commit to five years in the field.

# Recommendations to Address Identified Barriers

The majority of the SUD treatment workforce is White, female, and in their 40s or 50s. 63% of Californians receiving SUD treatment are male, and 57% of them are non-White (34% are Hispanic, 16% are Black). Almost 60% of individuals who need SUD services are under the age of 35. It is important for clients to receive treatment from individuals who are of a similar age, gender, and racial/ethnic background.

There should be focused workforce recruitment and expansion efforts on adding more men, racial/ethnic minorities (particularly Hispanics and Blacks), and young individuals to California's SUD workforce.

# Recommendations to Address Identified Barriers

Although less expensive than licensing, certification fees and examination costs can reach over \$500. Scholarships and financial aid are not available for these costs.

Create loan programs and scholarships to cover certification and testing fees.

# Recommendations to Address Identified Barriers

There is no coordination between licensure boards and certifying entities regarding approved work experience. Hours of experience are often not credited toward higher professional levels. No license is available in SUD counseling.

Prepare colleges and post secondary institutions for future licensing.

Create a pilot project to develop model curriculum and adopt uniform standards for workplace supervision that allow interns from multiple disciplines to receive credit toward licensure for SUD experience.

Develop a one-time grandparent for SUD specialties under existing licenses.

# Recommendations to Address Identified Barriers

Low salaries dramatically impact longevity in the field. 2006 survey results show that 67% of SUD counselors earn less than \$35,000 annually. 20% in the field do not receive health care benefits as a part of their employment packages.

Develop education campaign aimed at employers and insurers which would demonstrate the comparative value of the SUD counselor, particularly given the new benefit mandated under the ACA.

# Recommendations to Address Identified Barriers

Workplace conditions and low pay discourage longevity. High patient/counselor ratios; conflicting demands from constituents (ie– program philosophy v. criminal justice demands, co-occurring treatment regimes v. rehabilitative approaches; high levels of documentation from multiple agencies; safety issues at the workplace are all common reasons for leaving the field.

Implement systematic recruitment and retention strategies at the state and local levels.

Develop model approaches to reduce “burn out” in the profession.

# Recommendations to Address Identified Barriers

- SUD workers receive particularly low salaries because SUD services are grossly undervalued by third-party payors
- One-half of SUD treatment staff earn less than \$35,000 per year, and over one-fifth earn less than \$25,000 per year. These salaries are not commensurate with the high levels of stress associated with SUD services or the skills required to deliver them well (a direct care worker in a 24-hour residential treatment facility earns less than an assistant manager at a Burger King)

Address the absence of licensure on the career ladder.

Economic incentives drive SUD professionals to become licensed elsewhere or find employment in another field

# Recommendations to Address Identified Barriers

Because there is no license for this category, private practice settings where addiction can be treated in its earlier, less severe stages are not as available as they are in states with licensure for SUD counselors.

California must “grow” its private provider base. The public system of treating addiction is hopelessly underfunded and inadequate at protecting patients. Pilot demonstration projects to assess early intervention and treatment are warranted.

# Recommendations to Address Identified Barriers

Because the SUD benefit has not been included to the degree that it will under the ACA, medical teams at all levels need basic education in screening and referral.

Launch an initiative to ensure that key members of the health workforce develop basic competencies in recognizing and referring SUD patients.

Create a pilot project for an orientation and continuing training on SUD referral.

# Possible Demonstration and Data Collection Projects

- Need for capacity estimation for short and long term
- Need for demonstration project in severity/treatment efficacy
- Need for education consortium project
- Need for retention and recruitment project
- Need for healthcare workforce SUD education demonstration project