

Substance Abuse Task Force
September 26, 2008
10:00-3:00
NC Hospital Association

Meeting Summary

Attendees:

Task Force/Steering Committee: Patrice Alexander, Dewayne Book, Anne Doolen, Robert Gwyther, Paula Harrington, Carol Hoffman, Verla Insko, Larry Johnson, Kevin McDonald, Phillip Mooring, Marguerite Peebles, William Purcell, Jane Schairer, Anne Thomas, Sara McEwen, Janice Petersen, Martin Pharr, Starleen Scott Robbins, Flo Stein

Interested Persons: Becky Brownlee, Karen Chapple, Tad Clodfelter, Ashley Cox, Sheila Davies, Kathleen Gibson, Sherry Green, Ellen Holliman, Frank Horton, Jeanette Jordan-Huffam, Flay Lee, Tammy Oxendine, Kathleen Thomas, Margaret Weller-Stargell, Helen Wolstenholme

Staff: Pam Silberman, Berkeley Yorkery, Mark Holmes, Thalia Fuller, Jesse Lichstein

RECOGNITION OF RECOVERY MONTH

Ashley Cox, Coordinator of Resource Development, Alcohol/Drug Council of North Carolina

Told his story of addiction and recovery.

THE SUBSTANCE ABUSE WORKFORCE

Flo Stein, Chief, Community Policy Management, NC Division of MHDDSAS

Substance Abuse Treatment as a field is relatively new, developing as a profession over the past 30 years. The vision of the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MHDDSAS) is to develop a qualified workforce, establish a career ladder, honor all of the specialties, include the recovering practitioner, create a demand for qualified workers, and enhance practice and payment possibilities. The challenge for the addiction field is to move to be more integrated into the health profession by having more meaningful credentials.

As of September 2005 the substance abuse (SA) credential is mandatory for all SA professionals. The credentialing body for all SA professionals in the state is the North Carolina Substance Abuse Professional Practice Board (NCSAPPB), established in 1997. The Board offers deemed status with other professions, offering SA specialty credentials in nursing, social work, psychology, rehabilitation counseling, and Licensed Professional Counseling. The Board also offers six stand-alone credentials: Licensed Clinical Addictions Specialist (LCAS), Certified Clinical Supervisor (CCS), Certified Substance Abuse Counselor (CSAC), Certified Substance Abuse Prevention Consultant (CSAPC), Certified Substance Abuse Residential Facility Director (CSARFD), and Certified Criminal Justice Addiction Professional (CCJP). There are additional persons who are "Registered" with the NCSAPPB. "Registered" persons are allowed to practice with some required restrictions but do constitute a part of the qualified clinical workforce who

are well into the process of becoming credentialed addiction professionals. Currently over 4,000 credentialed and “registered” professionals are working in North Carolina, and the number is growing. The question remains whether this is enough. The ability to become licensed has only been available to for two years so the supply has not quite caught up with the demand. However, licensed professionals are highly sought after and are being rewarded in salary and benefits.

Fourteen schools in North Carolina have invested in training the growing SA workforce by offering degrees in substance abuse counseling; there are currently 7 community colleges offering Associates’ Degrees, 6 universities offering Masters’ Degrees, and 1 PhD program preparing for implementation. In addition North Carolina has many workforce development resources, including but not limited to the NCSAPPB, the North Carolina School for Alcohol & Drug Studies, and the Association of Addiction Professionals.

Discussion:

Discussion focused on maldistribution of SA professionals, salary parity for SA counselors, and paperwork issues.

WORK FORCE DEVELOPMENT: THE TIME IS NOW

Flay J. Lee, LCAS, CAS, Chair of the Executive Committee, North Carolina Substance Abuse Professional Practice Board

There is a need to attract new professionals to the SA workforce due to the “graying” of the current workforce, stigma associated with SA disorders, high employee turnover, inadequate compensation, insufficient professional development, and a lack of a defined career path. While more than 100,000 SA professionals nationwide provide or assist in providing SA treatment, prevention, and related services, the National Association of State Alcohol and Drug Abuse Directors predicts that by 2010 the need for SA professionals will increase by 35%.

The North Carolina Substance Abuse Professional Practice Board (NCSAPPB) has done a number of things to help address the workforce issue in the SA field. It has streamlined the credentialing process and shortened the application process for LCAS applicants. An individual can now be considered a LCAS Provisional upon completion of the 300 hour practicum and after obtaining the registration status. The NCSAPPB is an active member of the International Certification Reciprocity Consortium/Alcohol and other Drugs, and the NCSAPPB has increased the number of NCAS applicants. As of September 2008, 76 LCAS’S were registered for the examination (1 year ago only 51 counselors were registered), and there are 57 new CSAC’s, 97 LCAS’s, and 18 CCS’s. There are currently 552 CSAC’s, 1055 LCAS’s and 318 CCS’s

In addition to the efforts already undertaken to expand the SA workforce, the International Certification and Reciprocity Consortium/Alcohol and Drug Abuse (ICRC) and NCSAPPB support: increased state/federal funding for workforce development initiatives; development of marketing strategies aimed at attracting new graduates, persons seeking a second career, and workers in the addictions field; development of a Career Ladder with salary grades equal to other allied health care professions at similar education/credential levels; expanding recruitment of health care professionals in addictions medicine; National Core Competencies as a basis of

curricula; efforts to reduce stigma associated with working in the SA field; and encouraging state/national boards to have at least 10% of licensing questions pertain to addictions.

Discussion:

Discussion focused on establishment of ICRC, recruitment of substance abuse professionals to North Carolina, and effects of the passage of Mental Health Parity.

WHAT DO EAP SERVICES LOOK LIKE IN NORTH CAROLINA?

Frank Horton, President, Frank Horton Associates

Patrice Alexander, Director of Human Resources, Greenville Utilities

Behavioral health problems can lead to issues in the workplace such as absenteeism, diminished productivity, and accidents. Loss of productivity, depression, and alcohol and drug addiction cost billions of dollars each year. In addition many workers cannot afford behavioral health services or co-pays.

Employee Assistance Programs (EAP) are worksite based programs founded on consultation with and assistance for organization leadership seeking to identify and resolve productivity problems with employees and enhance the work environment. EAPs use a combination of problem identification/assessment, constructive confrontation, and referral for diagnosis/treatment. Two EAP models exist: the Medical/Network Model, typically offered by some type of insurance company and focusing on clinical aspects of service, and the Human Resources/Worksite Model, offered by an EAP service organization working closely with the company and visible in the workplace. Worksite Models have greater utilization, received more supervisory referrals, and identified more employee SA cases than the Medical Model, however the Medical Model may cost less.

Human Resources (HR) departments rely on EAP programs to give support through providing consultations for managers and employees, providing prevention and education programming, and aiding in crisis and emergency planning. However in North Carolina there is a challenge to provide EAP services due to lack of trained EAP providers, geographical setting, and resource limitations. In addition many EAPs are being used only as an employee benefit, with no recognition being given to the potential of EAPs as a consultant to the employer. There has also been a decreased emphasis on constructive confrontation and performance-based referrals.

Discussion:

Discussion focused on EAP certification, use of EAPs in LMEs for small businesses and other methods of providing EAP services to small businesses, and the possible increase of demand for EAP services due to recent changes to the Americans with Disabilities Act recognizing SA as a disability.

FUTURE OF THE SUBSTANCE ABUSE WORKFORCE IN NC: BUILDING BLOCKS FROM THE PAST

Becky Brownlee, President, Power Steering, Inc.; Contractor, Governor's Institute on Alcohol and Substance Abuse

Currently in North Carolina there are an inadequate number of mental health and SA professionals to meet service demands and there is a chronic maldistribution of these mental health and SA professionals across the state. To develop the mental health and SA workforce, North Carolina needs to increase the number of students entering SA human services education and the number of workers entering the SA public system and decrease the number of SA workers leaving the public system.

In 1991 the federally funded Professional Addiction Counselor Training (PACT) initiative was launched to recruit and train individuals to become certified substance abuse counselors; it provides stipend awards to individuals pursuing certification as substance abuse counselors. Focus was originally on recruiting and certifying entry-level individuals, but this focus has shifted to individuals with Associates' Degrees and 3 years of experience. Recruitment methods include flyers and applications, website application, coordination with community colleges, and a quarterly newsletter. Between 1998 and 2008 a total of 82 individuals completed 1 or more degrees through the program at either community colleges or universities; most graduates are now working in the public system. However the program has learned that students without work experience, such as those from community colleges, have difficulty finding internships or entry level positions, salaries are not competitive, and, with a few exceptions, a career path is not available with providers

Discussion:

Discussion centered on program funding and how to better invest in developing the mental health/SA workforce.

THE FUTURE OF OUR SUBSTANCE ABUSE WORKFORCE IN NC: INCREASING THE AVAILABILITY OF SUBSTANCE ABUSE COUNSELORS

Ellen Holliman, Director, The Durham Center

There is a need to North Carolina for additional SA professionals. Two programs for North Carolina to consider in developing the mental health/SA workforce are the Scholarship Incentive Program and Durham's Workforce Development Project. The Scholarship Incentive Program would encourage more professionals to qualify as SA counselors by having the North Carolina General Assembly responsible for funding undergraduate and graduate education as well as training and supervision. Applicants would agree to work in a North Carolina non-profit SA treatment program or repay the scholarship plus 10% interest. Durham's Workforce Development Project, created in 2006, aims to recruit, support, and maintain a qualified SA workforce to meet demand through a Workforce Incentive Program, group clinical supervision, provider training, and teaching case conferences. In 2006, Durham County only had 6 providers with services for SA, while now the county has 36 staff in 10 agencies.

Discussion:

Discussion focused on similarities to work at the Governor's Institute, costs of the program, and components of the program. Geographically targeting the program as a means of serving underserved areas and investing in distance learning courses to take advantage of the university system's resources were also mentioned

GENERAL DISCUSSION

- Career ladder is very important to ensuring the development of the substance abuse workforce.
 - Governor's Institute is helping to organize a website that will help address the career ladder; Sara will send something out
 - Future for Kids has a lot of job ladder information for students in high school
- Important component is compensation.
- Pam's summary
- The issues raised today are the most critical piece of the equation, everything else we've talked about depends upon having an appropriately sized and qualified workforce.

IDEAS FOR RECOMMENDATIONS

1. Have Department of Mental Health, Developmental Disabilities, and Substance Abuse Services work with Employer Assistance Programs (EAP) program board to make recommendation back Legislative Oversight Committee about expanding availability of EAP sources across state.
2. Direct Office of State Personnel to increase salaries for LCAS and other qualified SA workforce.
3. Over next X years, move to require public schools, Local Management Entities, etc. to hire Certified Substance Abuse Prevention Consultants to provide prevention services or additional training towards certification.
4. Increase funding to governmental institutions to expand subsidies available to train SA workers
 - a. Put state funds into stipends focused on underserved areas. Need to increase slots and increase stipend pay back in underserved areas (similar to teaching fellows)
 - i. Differential payback depending on underserved areas
 - b. Possible funding for development of online courses (community colleges and UNC system)