

The Substance Abuse Workforce

NC Institute of Medicine

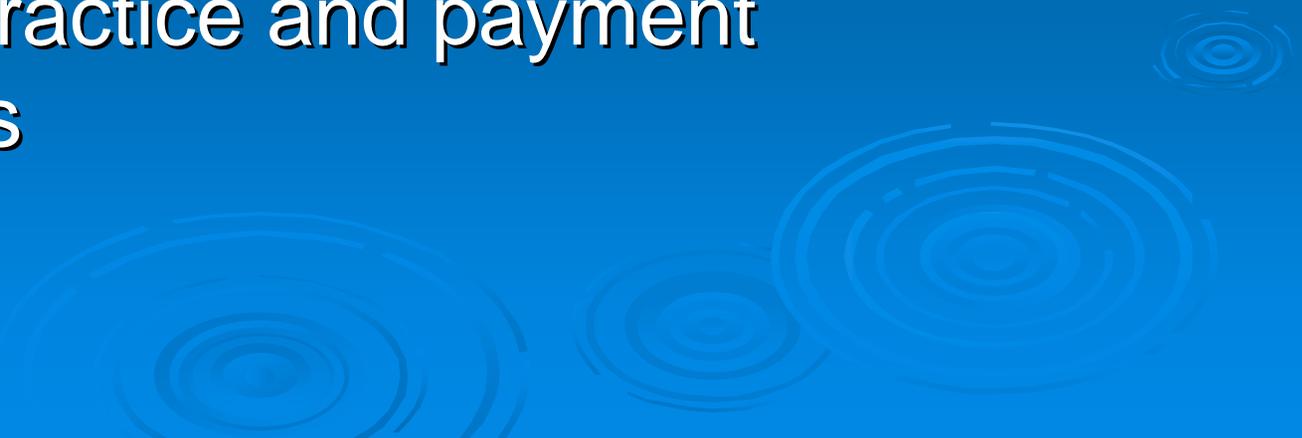
September 26, 2008

Flo Stein

NC Division of MHDDASAS



The NC Vision

- Develop a Qualified Workforce
 - Establish a career ladder
 - Honor all of the specialties
 - Include the recovering practitioner
 - Create a demand for qualified workers
 - Enhance practice and payment possibilities
- 



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North Carolina Substance Abuse Professional Practice Board

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NC Substance Abuse Professional Practice Board

P.O. Box 10126, Raleigh, N.C. 27605

- ICRC Member
- NAADC has membership on the Board
- Offers deemed status with other professions offering SA specialty credentials in nursing, social work, psychology, rehabilitation counseling, Licensed Professional Counseling.

CREDENTIALS OFFERED

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)

Certified Criminal Justice Addiction Professional (CCJP)

The Professional Practice Board

- The Board became a duly chartered corporation in August 1984 and was granted statutory status by N.C.G.S. 90-113.30 of 1994

- To establish standards for professional practice in the alcoholism and addiction service delivery systems,
- To provide a means by which individuals certified under these standards may be recognized and identified as possessing the necessary competencies as professionals in the field of alcoholism and addictions counseling,
- To establish a means by which alcoholism and addiction professionals may demonstrate their integrity and credibility to the general public and to other health care professionals,

- On August 28, 1997, the North Carolina House of Representatives passed Senate Bill # 712, the "Certified Clinical Addictions Specialist Bill" which added to the 1994 statute, and specifically established the North Carolina Substance Abuse Professional Practice Board as the credentialing body in the state for all substance abuse professionals.
- On September 2, 2005, Governor Easley signs Senate Bill 705 which makes the substance abuse credential mandatory for all substance abuse professionals.

Independent Practice

- **North Carolina Substance Abuse Professional Practice Act
SB 705 Article 5C**
- **Created a masters level Licensed Clinical Addictions Specialist (LCAS) and masters level Certified Clinical Supervisor. Both can practice independently and are approved to bill Medicaid.**
- **<http://www.ncsapcb.org/boardsteve/statutesnew.htm>**

What is the status of our credentialed workforce today? March 2008

- Mental Health Systems Transformation has increased the need for credentialed addiction professionals.
- For the past two years the Division has tracked the location and availability of credentialed professionals from a geographic perspective. Twenty LCAS are being approved for practice each quarter in 2007-2008.

<u>Credential</u>	<u>2006</u>	<u>2007</u>	<u>+/-</u>
CSAC	625	619	- 06
LCAS	891	972	+ 81
CJJP	236	244	+ 08
CCS	274	325	+ 51

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 that are well into the process of becoming credentialed addiction professionals. These individuals are in the “pipeline” to become credentialed professionals.

As of February 28th, 2008 the following persons are
“registered” with the NCSAPPB:

Credential

CSAC	1010
LCAS	344
CSS (Intern)	112
<hr/>	
Total	1466

Total Number of Persons available to provide intervention and treatment services

Combined credentialed and registered persons in NC Substance Workforce as of February 2008

	<u>Credentialed</u>	<u>Registered</u>
CSAC	619	1010
LCAS	972	344
CJJP	244	0
CCS	325	112
Totals	2779	1466

There are **4,245** (2779 + 1466) people in the workforce who are credentialed or registered with the NCSABBP.

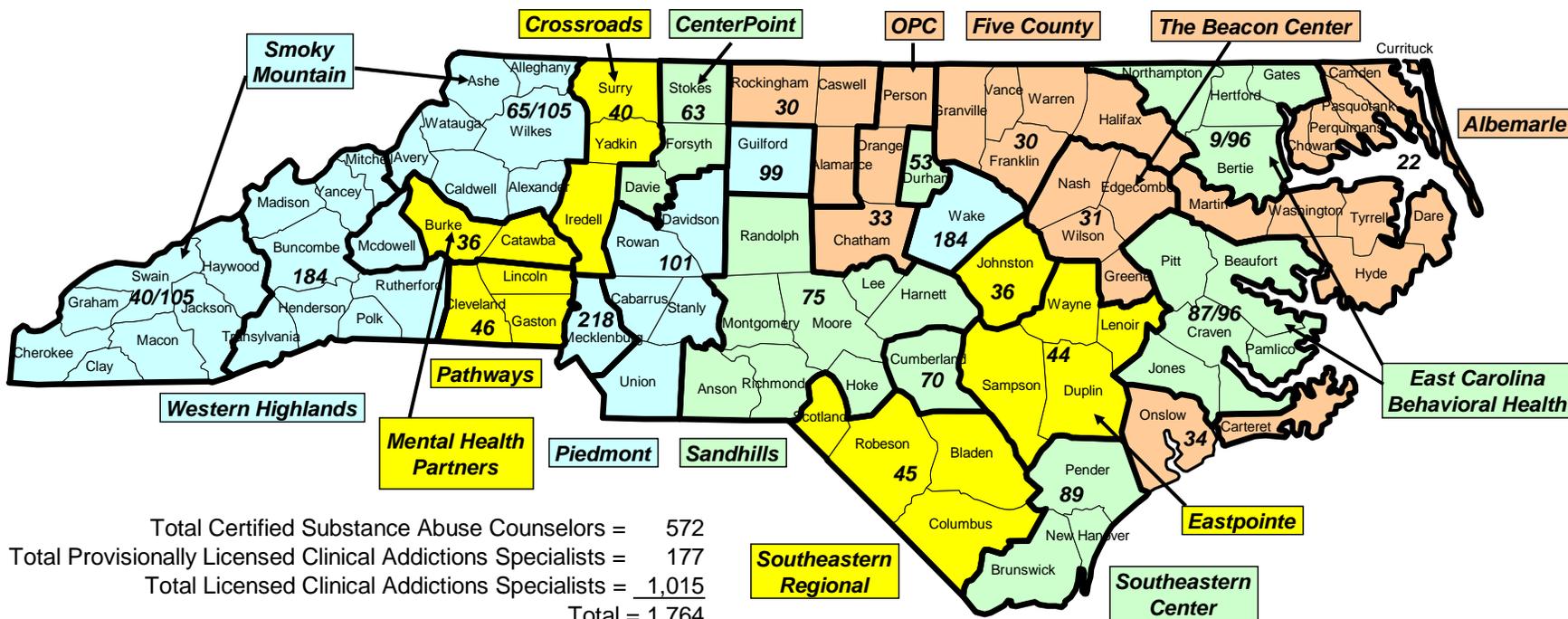
The Certified Substance Abuse Counselor (CSAC)

- The CSAC is the career pathway established for those individuals with experience who are in recovery, those prepared at the Bachelor's level, and those with non-clinical educational backgrounds.
- A CSAC can practice with supervision and bill all state supported billing codes.

Are these numbers sufficient to address anticipated demand on an annual basis?

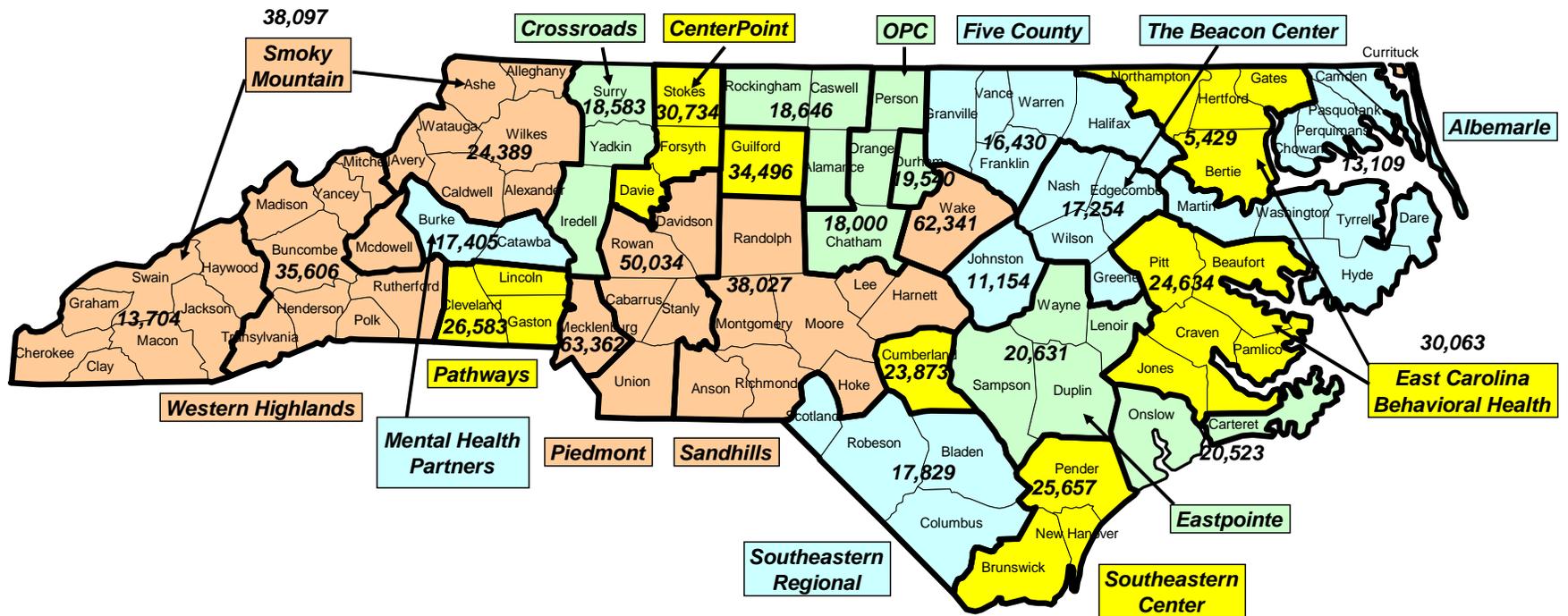
- Using the NC Population data and the Substance Abuse Mental Health Services Administration's Office of Applied Sciences "National Surveys on Drug Use and Health" (2007) data the DMHDDSAS's Quality Management Team indicated that 586,098 persons in NC aged 12+ would need intervention and/or treatment for Substance Use Disorders in any 12 month period (2007).
- While this number could be divided by available credentialed and registered persons to yield a projected caseload of 138 for each addiction professional, this approach is too simplistic and does not account for the actual number of persons who would seek treatment as well as regional geographic differences and other variables statewide.

Total Number of Certified Substance Abuse Counselors, Provisionally Licensed and Licensed Clinical Addictions Specialists In NC By LME (September 2008)



Each color represents one quartile (approximately 25% of the LMEs).
 2 LMEs (Smoky Mountain and East Carolina Behavioral Health) are geographically divided.
 The number for each geographical area is shown first, followed by the overall number for the LME.

Estimated Number of Persons With Substance Abuse Disorders (Ages 12+) In NC By LME (September 2008)



Estimated Number of Persons in Need of SA Services (ages 12+) = 667,974.

Total Persons With SA Per LME	
11,154 to 17,999	(6 LMEs)
18,000 to 22,999	(6 LMEs)
23,000 to 34,999	(6 LMEs)
35,000 to 63,362	(6 LMEs)

Population Data: NC OSBM State Demographics Branch, July 2008 population estimates, 6/27/08.
NC Prevalence Data: SAMHSA, Office of Applied Studies, National Surveys on Drug Use and Health, 2005 and 2006. Table B.20. Published Feb 2008. Persons with a SA Disorder: Ages 12-17 (7.83%), Ages 18-25 (18.87%), Ages 26+ (6.84%), Overall Ages 12+ (8.45%).
Analysis and Map: NC DMH/DD/SAS, Quality Management Team, September 2008.

Each color represents one quartile (approximately 25% of the LMEs).
 2 LMEs (Smoky Mountain and East Carolina Behavioral Health) are geographically divided.
 The numbers for each geographical area are shown along with the total for the LME.

The Certified Criminal Justice Professional (CCJP)

- A workgroup of community and correctional substance abuse practitioners worked for two years to create a specialty justice credential.
- Credential established as part of SB 705-Professional Practice Act in 2005.
- Over 100 counselors were grandfathered based on years of combined justice and substance abuse experience.

Peer Supports

- SA Peer Support Specialists were approved as part of the NC Medicaid State Plan.
- These stable clients or those newly in recovery are part of team based services to promote recovery, provide navigation and supports.
- Peer Supports certification is managed by Behavioral Health Resource Program, UNC-CH.

University Investment in SA Workforce

- Seven community Colleges offer an Associates Degree in SA Counseling.
- Six Universities offer a Masters Degree in Addiction Counseling. Graduates meet all requirements for certification or licensure except supervised work experience.
- One Ph.D. program has been approved by the UNC system and is preparing for implementation.

North Carolina's Workforce Development Resources

- The NC Substance Abuse Professional Practice Board
- The Community College AA Programs and Graduate School MA/MS Programs
- The NC School for Alcohol & Drug Studies
- The Area Health Education Centers – MH/SA Coordinators
- The NC Association of Addiction Residential Facilities
- The Association of Addiction Professionals
- The Project for Addiction Counselor Training (PACT)
- The Governor's Institute on Alcohol & Substance Abuse
- NC TASC Training Institute
- Southeastern Addiction Technology Transfer Center

Additional Practice Areas for LCAS Professionals

- Explore enrollment in Tri-Care for the treatment of veterans and their families
- Pursue statutory change removing the term intern from the Professional Practice statute creating a “provisional” licensure category allowing a practitioner to bill “incident to” a physician in the state Medicaid Plan

What else could DMHDDSAS do?

1. Establish additional scholarships for tuition support and books for counselors seeking licensure.
2. Negotiated agreement with the NCSAPPB to allow the Division to give waivers CSACs with supervision to bill state only codes.
3. Provide clarification to the field regarding services each level of professional can provide.
4. Enhance the demand for Certified Substance Abuse Prevention Consultants (CSAPC).

Conclusions

- The number of qualified substance abuse clinicians in NC is substantial and growing.
- There is a well developed process for the training and credentialing of qualified SA practitioners.
- The Licensure Statute strongly supported by the field was promoted for more than 10 years.
- The ability to become Licensed has only been available to for two years.

Challenges

- The supply has not quite caught up with the demand.
- Licensed professionals are highly sought after and are being rewarded in salary and benefits.
- Additional policy development was necessary to enhance the value of the CSAC.

Acronyms

- Licensed Clinical Addictions Specialist-LCAS
- Certified Substance Abuse Counselor-CSAS
- Certified Clinical Supervisor-CCS
- North Carolina Substance Abuse Professional Practice Board-NCSAPPB