

NAADAC Outlines Eight Innovations to Improve the Addiction Profession

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With the advent of health reform and the impact it will have on the addiction workforce, Executive Director [Cynthia Moreno Tuohy, NCAC II, CCDC II, SAP](#) , outlined the NAADAC perspective on initiatives that would improve the long-term health of the addiction profession and ultimately improve patient outcomes.

Behavioral Workforce Capacity

Increasing--as well as maintaining--the workforce is critical and new initiatives need to be employed in order to develop this aspect. Underserved areas are only going to be addressed if workers are incentivized to be attracted and remain in the workforce for periods of time. This can be accomplished in a number of ways including tuition reimbursement with contractual payoff arrangement, higher salaries with stronger benefits, increased technology available, as well as relocation opportunities at the end of employment contractual service time. In addition to this, second career opportunities need to be made more attractive to those individuals seeking either a change in life style or careers. This would include job placement assistance, such as relocation expenses, additional education, and training assistance with certification and licensing.

Training and Education Needs

The existing workforce is faced with the dilemma of reduced funds available for new training experiences. With increased caseloads, the emphasis on productivity and shrinking funding for education and personal growth, many providers are locked out of new and innovative training. To counter this, more web-based and on-line trainings need to be made available, as well as earmarked funds coming into agencies for specific and targeted trainings that are evidenced-based. We believe the ATTC's have done an excellent job but they need more resources and funding to push these trainings out nationally within their assigned areas. NAADAC also is an effective national, regional, state, and local distributor of trainings and other initiatives.

The integration of primary care, mental health, and substance use treatment also provides some unique opportunities for training exchanges from all camps. The combination of resources is critical in these times of dwindling funds, and shared co-op experiences for combined staffs are one way to bridge this gap, as well as shared training initiatives.

More financial and general support and endorsement from the federal and state governments is needed for higher education programs specializing in addiction treatment bachelor and master's programs. Funding opportunities for both teachers and employees wanting to further their education needs to be available in much larger portions and on par with other education assistance now available for other disciplines.

Data Needs and Collection Processes

The problem with data collection is that it is as diverse as the agencies and programs collecting it. There needs to be some type of standardized data collection process and reduce the duplication that often occurs between the federal and state requirements and local entities. Data collection is just collecting data if nothing is done with it. Meaningful and timely use of any and all data collected is fundamentally essential when trying to determine trends in the population being treated as well as the success of the outcomes of the care being provided. Systems for data collection are essential to reduce the fear and technical assistance needs of the workforce. Funds for technical assistance and training are essential to meet the expectation of EHR.

Non-Traditional Workforce – Peers, Recovery Coaches, Navigators, Health Educators

There has always been a need for non-traditional workers in the workforce. From the very beginnings of this profession, recovering individuals, as well as those directly affected by addiction have had an adjunctive role in the long-term recovery success of clients. Now more than ever in dealing with long term recovery, recovery coaches and other supportive personnel are critical once more traditional services are no longer needed. More training opportunities need to be developed for individual seeking this type of work experience, which will lead to more availability. At the current time, there are not enough qualified individuals in the workforce to fill roles that currently exist--and that does not account for the need to expand the roles for non-traditional partners in recovery. The current workforce needs to be educated and needs to support this alliance and not feel threatened or feel as though they are being eased out of the continuum of care but assisting in the development of a longer and more successful continuum that will benefit the client. Colleges and universities as well as community colleges in particular need to be encouraged to develop education programs, degrees and certificate programs for the development of this aspect of the emerging workforce.

With the advent of health reform and the impact it will have on the addiction workforce, NAADAC would like to propose a number of workforce initiatives in partnership with SAMHSA. These initiatives are:

1. Recruitment and mentoring students interested in the addiction workforce, creating a national strategy using the foundation laid by the efforts of the Addiction Technology Transfer Center Network and NAADAC for recruitment and mentoring students and interns. Incentives to recruit new professionals would include Minority Fellowship Program, loan forgiveness initiatives, grants and scholarships.
2. Training the current addictions workforce to transition to working within the primary and mental health care fields, including development of transition initiatives within states for credentialing and licensing toward a nationally recognized credential to overlay with the managed care organizations (MCO). This would include a national strategy on SBIRT training and implementation within the Addiction workforce.
3. Training the addictions workforce in the development of systems (clinical and IT billing, data collection and reporting) for Medicaid and MCO reimbursement and quality assurance.
4. Creating a national professional assistance hotline and referral system for the addiction workforce.
5. Partnering in the development of initiatives that increase the wages, benefits as well as other incentives (such as student loan forgiveness) for the addiction workforce.
6. Development of a national training initiative based on the curriculum now in development with Hazelden and NAADAC specifically for the Addiction and Co-occurring workforce.

Student Outreach and Educational Initiatives

NAADAC, working with the Addiction Technology Transfer Centers (ATTC), already developed a national recruitment plan to reach out to educational institutions and communities. As a part of that initiative, the ATTCs and NAADAC developed a workforce video called [Imagine Who You Could Save](#), supported by testimonials, posters, postcards and a website. The funding for this project was limited and therefore the reach was not optimal. We would suggest adding resources to this initiative as a cost-effective means to spur growth in the workforce by utilizing a resource that has already been developed.

At the same time, NAADAC would suggest adding a mentoring component that would help connect students in educational programs with a professionals practicing in the field. NAADAC has discussed this concept and its Student Membership Committee has developed a mechanism for NAADAC state associations to partner with students and local members for training and retention purposes.

Health Reform and its Impact on the Addiction Workforce

Currently, few providers are trained or aware of the mechanics of applying for third party insurer coverage, nor how to prepare internally for the billing, utilization review and record keeping. These skills will be critical for addiction-focused professionals as parity and health reform move from concept to implementation. NAADAC requests funding to help train and prepare the workforce for third party insurance panels, billing and record keeping in order to compete in the primary care workforce. Implementing the National Outcome Measurement System (NOMS) data collection system as a part of this protocol will assist treatment providers in meeting their reporting obligations. Aside from third party billing and NOMS, there are several other areas critical to the profession: SBIRT (alcohol and drug) training, identifying and treating co-occurring disorders in a multi-disciplinary team and other evidence-based education. NAADAC believes that providing effective and comprehensive instruction in these areas will be a great service to its members and others in the addiction workforce. A key component to success in any of these initiatives will be the support and funding from SAMHSA/CSAT.

SAMHSA's role in Shaping National Credentials for the Addiction Workforce

Over the past 20 years, the International Certification & Reciprocity Consortium (IC&RC) has concentrated on state certification with systems in 44 states while NAADAC National Certification Commission (NCC) has concentrated on national credentials that are now used in 36 states. The confusion comes with individual states recognizing their own sets of credentials education and experience levels. At last count, there are over 86 different credentials currently being used in the profession. As health reform and MCOs are looking for a simpler and clearer process of provider user qualification, this situation will have to be remedied. NAADAC-NCC AP has a set of credentials and minimum standards for recovery specialists, non-degreed, bachelor and master's-level counselors and is pleased to discuss its vision for a simplified credentialing system. IC&RC and NAADAC-NCC AP organizations have worked in the past on a model for national certification and will continue to discuss solutions as we move forward.

Improved communication with Practitioners

Finally, to ensure regular communication with the addiction and other helping professions workforce, we invite SAMHSA to submit articles for publication in the new NAADAC magazine to be launched in 2013. This direct line of communication can help keep the nation's addiction-focused workforce apprised of the latest information.