Our Vision for the Workforce: 2021 Update

By Cynthia Moreno Tuohy, BSW, NCAC II, CDC III, SAP, NAADAC Executive Director

NAADAC has a vision to re-establish and in some cases, establish and expand the addiction workforce. The thirteen months of struggle during the pandemic yielded loss or reduced client connection, infrastructure beguilement, and workforce deterioration while at the same time, the needs of addiction and co-occurring services increased ever so quickly. Now, more than ever, we need to take steps and petition our lawmakers and government agencies to provide supports to strengthen this vital workforce.

Developing a stronger, more robust addiction workforce is one of NAADAC's highest priorities, and we have identified various avenues and means to provide support and action to initiate growth and developent.

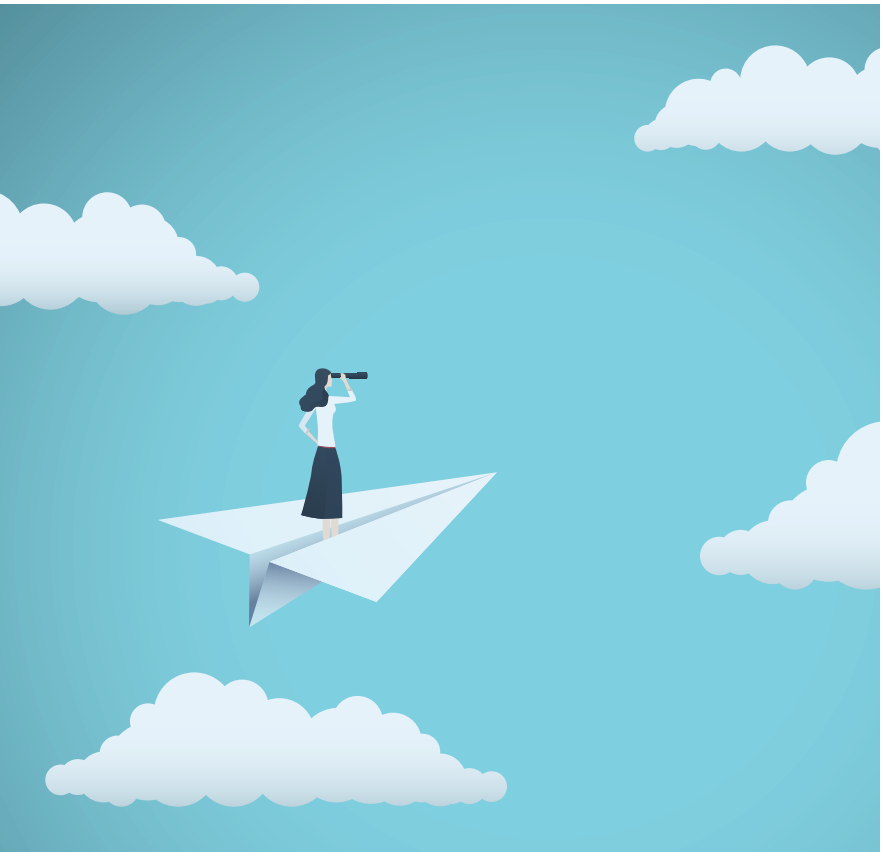
Behavioral Workforce Capacity

Increasing and strengthening the workforce is critical and new initiatives need to be employed in order to sustain a forward momentum. Underserved areas are only going to be addressed if workers are incentivized to join and remain in the workforce for significant periods of time. This can be accomplished in a number of ways, including raising the salaries of those working in publicly funded agencies, paying salaries for those who are not yet credentialed in their state system and need to accrue their hours of experience, increasing technology available (particularly in public funded agencies), and providing relocation opportunities at the end of college programs or employment contracts. In addition to this, second career opportunities need to be made more attractive to those individuals seeking a change in either lifestyle or career.

Non-Traditional Workforce: Peer Support Specialists, Navigators, Health Educators, and Veterans and Their Spouses

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, recovery support specialists and other supportive personnel are considered critical once more traditional services are no longer needed. More training opportunities need to be developed for individuals seeking this type of work experience. Currently, 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. By expending the available training opportunities with quality supervision, more qualified and trained individuals will be able to join the workforce and assume these important and needed roles.

Further, the current workforce needs to be educated and trained and taught how to support this alliance of the peer to the professional counselor. Education regarding the non-traditional workforce is vital so the existing workforce does not feel threatened or feel as though they are being eased out of the continuum of care. Education of administrative staff regarding the scopes of practice for each level of service is necessary to discourage the use of peers in profession positions. Instead, the current workforce should be encouraged to buy in to the use of the non-traditional workforce, in appropriate levels of care, leading to the development of a longer and more successful continuum that will benefit the client.



NAADAC has worked to conceptualize and build programs to create and develop the non-traditional workforce. One such model developed by NAADAC and funded initially by the Substance and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) built the workforce in parts of the Pacific Jurisdiction where college programs in addiction education do not exist. NAADAC has also worked with prison programs in California to support an educational and credentialing model that prepares inmates in addiction counseling education to meet the hours of education to meet the state requirements; the inmates are even able to take the required credential tests while in prison to prepare them to enter the workforce.

NAADAC has presented to SAMHSA a model to develop the workforce among returning military and their spouses. This model would educate and train veterans and their spouses in a 282-hour addiction education course that would satisfy the education requirements at the state and national levels for

a position as a Level 1 addiction counselor; only their work experience hours would remain outstanding to complete the requirements. NAADAC's National Certification Commission for Addiction Professionals (NCC AP) is developing a national credential, based on the work in the prison programs in California, to add a level to the career ladder for a person with at least 270 training hours who has passed the test and is working toward their experiential hours. This could dramatically build the workforce and employ the veterans returning to civilian service. This model is transferrable to other populations as well.

NAADAC has also proposed several other workforce initiatives to SAMHSA that can be undertaken in partnership. These initiatives include:

- Recruitment of and mentoring students interested in the addiction workforce by creating a national strategy using the foundation laid by the efforts of the Addiction Technology Transfer Center (ATTC) Network and NAADAC for recruitment and mentoring students and interns.
- Training the current addictions workforce to transition to working within the primary and mental health care fields, and the mental health workforce to transition to working within the substance use disorder workforce. This would include education and clinical supervision. NAADAC is currently working with the American Mental Health Counselor Association (AMHCA) on a series of webinars to educate the mental health workforce in substance use disorders as well as build a bridge between both disciplines. This could be expanded to develop each discipline's workforce and to develop transition initiatives within states for credentialing and licensing toward a nationally recognized credential for co-occurring disorders.
- Training the addiction workforce in the development of systems (clinical and IT billing, data collection and reporting) for Medicaid and MCO reimbursement and quality assurance.
- Creating a national professional assistance hotline that would include clinical supervision and a referral system for the addiction workforce.

Training and Education Needs

The existing workforce is faced with the dilemma of reduced funds available for new training experiences. With increased caseloads, an increased emphasis on productivity, and shrinking funding for education and professional and personal growth within treatment agencies, many providers are locked out of new and innovative trainings. To counter this, more web-based and online trainings need to be made available, and funds need to be allocated and earmarked for agencies for specific and targeted trainings that are evidenced-based, and skills based. NAADAC is an effective national, regional, state, and local distributor of trainings and other initiatives, and is providing this education. It has training and education programs that are steeped in skill and competency development, including a robust webinar series with now over 300 continuing education hours of addiction and mental health webinars available on demand.

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 to 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 all data collected is 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 technical assistance needs of the workforce. Funds for technical assistance and training are essential to meet the expectation of electronic health records (EHR) as well as funds to help support EHR development within the publicly funded agencies.

The Need for National Standards and Credentials

Licensure and credentialing requirements for addiction professionals vary greatly from state to state and serve as a barrier to entry, advancement, and retention for this key segment of the workforce. The COVID-19 pandemic has also accelerated the advancement of telehealth as an acceptable form of assessment and treatment, so it is more important than ever that we have standardized credentials that are able to cross state boundaries and offer the support that a mobile society of people in recovery needs to have in their lives.

Further, new members of the addiction profession have historically been forced to navigate without a distinct roadmap or career ladder to guide their development. In response to this issue, NAADAC, SAMHSA, and other key stakeholders developed a model scope of practice and career ladder for the addiction workforce in 2011. The model outlines reasonable and realistic scopes of practice for each level and provides clear gateways into the profession's ranks.

Adopting a standard, recognizable set of addiction professional credentials would provide clarity for providers and payers, as well as assurance to individuals seeking quality, effective treatment and recovery services for themselves or their loved ones.

While licenses are state-issued authorizations to practice in a specific field, credentials are the standard-bearers for experience and levels of education. Some states require credentials in order to attain a license while others do not grant licenses, and instead rely on various certifications to permit a provider to practice within the state. National credentials would set uniform standards for education, experience, and competency, and could be portable at both state and national levels. These standards of knowledge and competency for treating SUDs was supported by the work of SAMHSA and other key stakeholders and published by SAMHSA in the TAP 21 and 21A.

Enacted together, these elements would create new generations of treatment providers capable of addressing the full range of SUDs and support individuals, families, and communities in the treatment and recovery continuum to address the current opioid crisis and the next addiction crisis yet to come.

We know that these visions and changes will not happen overnight, but we will continue to work to grow and strengthen our workforce so that we can better support and serve those who are in need of our services.

Cynthia Moreno Tuohy, BSW, NCAC II, CDC III, SAP, is the Executive Director of NAADAC, the Association for Addiction Professionals, and has worked as an addiction professional for 48 years. She has been a trainer in Domestic Violence/Anger Management and Conflict Resolution for over 30 years as well as an international, national, and state trainer. Moreno Tuohy is also a curriculum writer in addiction screening and evaluation, counseling methods, conflict resolution, co-occurring disorders, ethics, documentation, and medicated assisted treatment and recovery, and has written articles published in national and other trade magazines. Her book, Rein in Your Brain; from Impulsivity to Thoughtful Living in Recovery, was released May 2014 through Hazelden Publishers. She has served as President of NAADAC, Certification Board Commissioner, International Chair, Treasurer and Legislative Chair for NAADAC.