

**Enhancing the Alcohol and Other Drug
Addiction Treatment Workforce in Ohio:**

Long-Term and Strategic Recommendations

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**Ohio Alcohol and Other Drug Addiction
Treatment Workforce Taskforce**

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The Taskforce also recognizes the dedication and commitment of its members who have worked to create these recommendations. With participation across the spectrum of services, including providers, boards, funders and state associations, this workgroup provided diverse and crucial input into the process.

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Introduction

The Ohio Department of Alcohol and Drug Addiction Services (ODADAS), Ohio Workforce Development Project, Ohio Council of Behavioral Health Care Providers and Ohio Association of Alcohol and Drug Abuse Counselors convened the Ohio Alcohol and Other Drug Addiction Treatment Workforce Taskforce on October 27, 2006. (From this point forward, this group will be referred to as the “Taskforce”). Sponsors charged members of the Taskforce with **“developing a plan with action steps to support workforce development related to the provision of alcohol and other drug addiction treatment services in Ohio.”**

The Ohio Department of Alcohol and Other Drug Addiction Services defines “alcohol and other drug addictions treatment” as:

professionally provided and structured processes and activities designed to minimize or arrest the harmful effects of alcohol and other drug abuse and/or addiction thereby improving physical, psychological and social levels of functioning

Through a structured strategic planning process, members of the Taskforce identified several issues that must be addressed over the next three to five years in order to bolster the treatment workforce in Ohio. Analyses by Taskforce members yielded the following general problem statement with respect to the current status of the treatment workforce in Ohio. Recommendations summarized in this report are designed to address this issue.

The treatment addiction workforce is aging and mechanisms are not in place (i.e. higher education programs or accredited training programs) to train the number of professionals needed to meet the projected shortfall.

The Strategic Planning Process

The Center for Learning Excellence (CLEX) assisted Taskforce members in developing the strategic planning recommendations summarized in this report. The Center for Learning Excellence is a unit within the College of Education and Human Ecology at The Ohio State University. The planning process used to support the work of the Taskforce was based on several unique features. Perhaps, most importantly, Taskforce members distinguished between long-term and strategic planning issues. Long-term issues focused on problems that must be addressed over a three to five year time frame while strategic issues focused on problems that should be addressed over a 12 to 18 month period beginning when this report is issued.

The planning process used to support the development of the Taskforce strategic plan can be summarized in terms of four basic steps. These steps and corresponding questions addressed during each phase of the strategic planning process are summarized below:

1. **Background information**-What is the current status of the treatment workforce in Ohio?
2. **Specification of “guiding principles”**-What principles or values should guide the Taskforce’s effort to develop planning recommendations?

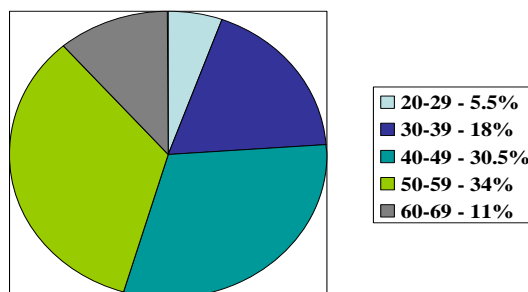
3. **Development and prioritization of long-term and strategic issues**-What long-term and strategic issues must be addressed in order to bolster the treatment workforce in Ohio?
4. **Identification of problem statements and action steps**-What action steps must be taken in order to implement key strategies designed to enhance the treatment workforce in Ohio?

Background Information

Analysis suggests several critical challenges facing the treatment field over the next several decades. Respondents to surveys and participants in focus groups in Ohio¹ indicate that there is a lack of standardized educational pathways available to potential treatment staff; high turnover rates among existing staff members; and low compensation and benefit packages compared to other fields. Other issues that must be addressed in Ohio include licensure/certification, training related to addiction competencies and involvement of the recovery community in treatment services.

Ohio data suggest that many current treatment staff will be lost to retirement in the coming decade (44% of the Ohio treatment workforce is over age 50²). The problem is critical because it takes eight years³ to educate and train an individual to secure Ohio's highest level of licensure. Key data related to the current status of the treatment workforce are illustrated in the pie charts below. These facts suggest that action must be taken to address the potential shortage of qualified treatment professionals that is likely to emerge over the next several decades.

LCDC by Age

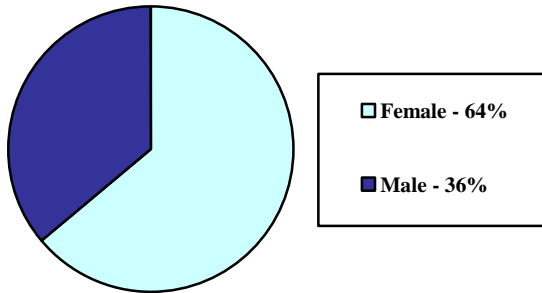


¹ Source: The Ohio Alcohol and Other Drug Addiction Workforce Development Project Executive Summary

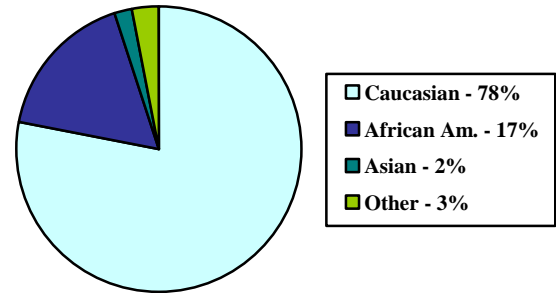
² Source: Ohio Chemical Dependency Professionals Board

³ Source: Ohio Chemical Dependency Professionals Board

LCDC by Gender



LCDC by Race



Guiding Principles

Members of the Taskforce are committed to developing and implementing recommendations that result in a diverse and qualified treatment workforce in Ohio. Taskforce members believe that treatment providers should deliver services that are responsive to consumer input, evidence-based and culturally competent. (For a more detailed statement regarding diversity and cultural competence, see Appendix A). Furthermore, Taskforce members believe that planning recommendations should enhance the credibility of the addiction treatment system and should reduce the stigma associated with treatment. Finally, Taskforce members believe that actions taken in accordance with these guiding principles may serve to address critical issues related to the future development of the addiction treatment workforce in Ohio.

Issue Areas, Problem Statements and Action Steps

The statements below represent critical issue areas identified by members of the Taskforce. Discussion resulted in the identification of several “contributing factors” associated with each critical issue area that Taskforce members felt are likely to contribute to the projected shortfall in the availability of a diverse and adequately trained alcohol and other drug treatment workforce in Ohio. In this phase of the strategic planning process, Taskforce members consolidated issues where appropriate and framed specific problem statements. Taskforce members also developed specific action steps designed to address problem statements for each issue area. These action steps constitute the Taskforce strategic plan. The Taskforce recommends that the action steps summarized below be implemented over the next 12 to 18 months.

Education and Training Issue Area and Contributing Factors

- There is not a recognized national curriculum or higher education standards related to addiction.
- There are few academic training programs available where future/current clinicians can learn the chemical dependency competencies to practice.

- There are few incentives for interested individuals to acquire relevant training.
- Providers have limited access to specific and structured training opportunities linked to academic requirements including trainings focused on providing culturally competent services.
- Directors and staff of treatment provider organizations do not have resources (i.e., time/finances) to participate in or pay for trainings related to the changing needs and characteristics of clients.
- Many treatment professionals have limited training and familiarity with procedures for addressing co-occurring disorders. This is a critical issue since clients are exhibiting more complex problems including addiction and mental illness and complications related to physical illnesses.
- Some provider organization directors including those who have “come up through the ranks” lack administrative training related to such issues as budgeting, leadership and business practices.
- Universities and other training programs are largely unaware of projected workforce needs for the addiction treatment field.
- Data and information related to the projected shortage in addiction professionals have not been widely disseminated.
- Many higher education programs place limited, if any, emphasis on requirements for Ohio’s chemical dependency treatment license/certification.

Problem Statement for Education and Training Issue Area: There is not an Ohio recognized, addiction specific, core curriculum that can be used across disciplines and institutions of higher education that prepares potential professionals for licensure and addiction practice. There are inadequate addiction courses in current training programs (i.e., medicine, counseling, nursing).

Recommended Action Steps:

1. The Ohio Chemical Dependency Professionals Board will research existing curriculums and determine which include competencies pertinent to Ohio chemical dependency licensing requirements.
2. The Ohio Chemical Dependency Professionals Board will write/develop or adopt a core curriculum for pre/post grads consistent with chemical dependency licensing requirements and disseminate this curriculum to institutions of higher education.
3. The Ohio Chemical Dependency Professionals Board will secure regulatory endorsement of the core curriculum from different licensing boards.

4. The Ohio Chemical Dependency Professionals Board will encourage universities, colleges and institutions of higher education to adopt the core curriculum and include core courses in existing professional training programs.
5. The Ohio Chemical Dependency Professionals Board will implement accreditation of academic programs consistent with requirements for licensure and minimum standards in the field as established by the core curriculum.
6. The Ohio Chemical Dependency Professionals Board will provide the opportunity for students to link with prospective treatment professionals while in the classroom and during internships.

Funding/Compensation Issue Area and Contributing Factors

- There is a lack of adequate compensation and benefits for addiction treatment providers.
- There is a need to integrate chemical dependency licensure requirements into higher education curriculums.
- Funding for addiction treatment services has declined in recent years.
- The criminalization of addiction has resulted in less money for treatment and more money needed for jails and prisons.
- Legislators and the general public are largely unaware of the number of people in need of addiction treatment.
- Stigma, managed care practices and state regulations related to reimbursement for services contribute to problems of funding and compensation.
- Diversified funding, such as grants for collaborations, require significant administrative responsibilities and are hard to sustain over time.

Problem Statement for Funding and Compensation Issue Area: There is insufficient revenue for agencies to adequately compensate professionals in the field (compensation includes benefits as well as salaries).

Recommended Action Steps:

1. The Great Lakes Addiction Technical Transfer Center will analyze existing survey results and conduct a comparative salary survey.
2. The Ohio Alcohol and Other Drug Addiction Treatment Workforce Taskforce will develop consensus among ODADAS, boards, providers and professional associations to use a portion of available and/or new dollars for salary support.

3. The Ohio Department of Alcohol and Drug Addiction Services will convene representatives of the field including the Ohio Department of Jobs and Family Services and secure an agreement to raise the Medicaid rate caps and implement “fixed fees” in the public sector at a rate that reflects reasonable increases over time.
4. The Ohio Alcohol and Other Drug Addiction Treatment Workforce Taskforce will identify other sources of funds that might be used for salary support and develop and implement a policy for how to access and use those resources to adequately compensate treatment professionals.
5. The Ohio Association of County Behavioral Health Authorities will develop and secure endorsement from county ADAMH/ADAS boards to provide incentives for continued clinical education for provider agency staff members.
6. The Ohio Department of Alcohol and Drug Addiction Services will endorse the Ohio Alcohol and Other Drug Addiction Treatment Workforce Taskforce to continue to operate and manage the implementation of this strategic plan.

Administrative Practices/ Regulations Issue Area and Contributing Factors

- There is conflict between caseloads and administrative responsibilities (paperwork/productivity standards).
- There are no billing mechanisms for evidence-based practices such as the practice of treatment professionals working with family members.
- There are billing and regulatory obstacles to implementing evidence-based practices.
- Productivity issues interfere with staff attending trainings.
- There is significant duplication in reporting requirements across investors often requiring staff to spend an inordinate amount of time engaged in administrative activities at the expense of providing treatment services.

Problem Statement for Administrative Practices/ Regulations Issue Area: Unnecessary and/or duplicative paperwork and administrative requirements create dissatisfaction and contribute to line-staff turnover and in some cases, prohibit attention to the development of optimal therapeutic relationships with clients.

Recommended Action Steps:

1. The Ohio Department of Alcohol and Drug Addiction Services, Division of Quality Improvement and the Ohio Association of County Behavioral Health Authorities will create a commission to study and document inefficiencies related

to paperwork and administrative requirements across investors. Such a study should document what information clinicians actually use to enhance treatment services and define minimum paperwork requirements to be in compliance with accepted standards in the field.

2. The Ohio Department of Alcohol and Drug Addiction Services will review best practices in outcome reporting and create an outcome reporting process that reduces administrative burden.
3. Ohio Council of Behavioral Health Care Providers will develop automated processes for dealing with paperwork and billing that result in increased time to see clients.

Public Relations/Recruitment Issue Area and Contributing Factors

- There is a high level of negative stigma in working with clients with alcohol and other drug problems that result in less people being attracted to the field.
- The public is not aware of the impact of alcohol and other drug addiction in Ohio.
- Strategies need to be developed to attract a workforce that is diverse, culturally competent and includes individuals in recovery.
- There is no statewide marketing plan related to recruitment of addiction professionals. Such a campaign might focus on success stories and promotion of diversity in the workforce. Such a campaign might also focus on recruiting individuals to the field from technical and community colleges in Ohio.

Problem Statement for Public Relations/Recruitment Issue Area: The number of openings exceeds the availability of appropriately educated, culturally competent and diverse applicants.

Recommended Action Steps:

1. The Ohio Chemical Dependency Professionals Board will develop a licensing structure that is accessible and viable for current professionals and members of recovery community and diverse applicants. The Licensing/certification process should support career pathways and reflect steps or levels of competency in the treatment field.
2. The Ohio Alcohol and Other Drug Addiction Treatment Workforce Taskforce will create recruitment strategies/marketing campaigns that attract applicants from diverse backgrounds. Such campaigns might include loan forgiveness for educational expenses for individuals who become treatment providers and/or earmarked scholarship funds.

3. The Ohio Alcohol and Other Drug Addiction Treatment Workforce Taskforce will create model procedures for acquiring group rates for retirement plans and other benefits for members of the treatment workforce in Ohio.

Other Long-Term Issues and Contributing Factors

Lack of Diversity in the Current Workforce

- There is a need to recruit and retain culturally competent alcohol and addiction professionals as clinicians and administrators.
- Members of the recovery community have limited opportunity to advance in the field because of issues related to academic preparation.

Relations with Other Fields

- There is little integration of addiction treatment training into other professional curriculums and/or practice.
- Professionals should be encouraged to obtain chemical dependency licensure and the process should be stream-lined.
- The “scope of practice” for general health professionals entering the addiction field is not defined.

Research and Development

- There is a need for more research in the field conducted by individuals knowledgeable about addiction (i.e., evidence-based practices regarding treatments and medications).
- There is a need for universities to partner with treatment organizations around practical research topics that relate to actual addiction practice.

In Closing

The recommendations presented in this report are intended to assist stakeholders in bolstering the alcohol and other drug addiction workforce in Ohio. Current projections suggest that Ohio will experience an extreme shortage of qualified treatment providers over the next several decades. Members of the Ohio Alcohol and Other Drug Addiction Treatment Workforce Taskforce devoted considerable time to a thorough analysis of current conditions and issues affecting workforce development in Ohio. Based on this analysis, Taskforce members developed several distinct action steps that should be implemented over the next 12 to 18 months to begin the process of adequately addressing the projected shortage of qualified treatment professionals. In both the short-term and long-term, such actions may assist elected officials, treatment

professionals and citizens to address the devastating effects of alcohol and other drug addiction in Ohio.

Glossary

Addiction-Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain—they change its structure and how it works. These brain changes can be long lasting and can lead to the harmful behaviors seen in people who abuse drugs. Addiction is similar to other diseases, such as heart disease. Both disrupt the normal, healthy functioning of the underlying organ, have serious harmful consequences, are preventable, treatable and if left untreated, can last a lifetime (NIDA 2007).

AOD-Alcohol and other drugs.

Chemical Dependence-See addiction.

Cultural Competence-The process of communicating with audiences from diverse geographic, ethnic, racial, cultural, economic, social and linguistic backgrounds. Becoming culturally competent is a dynamic process that requires cultural knowledge and skill development at all service levels (NIDA, 2007).

Culturally Appropriate-Exhibiting sensitivity to cultural differences and similarities, and demonstrating effectiveness in translating that sensitivity to action through organizational mission statements, communication strategies, and services to diverse cultures (Clackamas County Oregon, Office for Children and Families, 2007).

Evidence-Based Service-Interventions that have been rationally designed based on current research, rigorously tested, and shown to produce positive results (NIDA, 2007).

Treatment-Treatment is a structured process of activities designed to minimize or arrest the harmful effects of alcohol and/or other drug abuse and/or addiction thereby improving the individual's physical, psychological and social level of functioning, in the context of abuse and/or addiction (ODADAS, 2007).

Sources:

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ODADAS Continuum of Care & Service Taxonomy: Treatment and Recovery Support. Accessed April 16, 2007 at:
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Appendix A: Cultural Competency Statements

Human differences come out of multi-generational responses to the basic human need to survive and thrive. There is the development of different belief systems (theism) values sets, axiology and ways of knowing (epistemology) and ways of reasoning (logic). Cultural Competence is the ability to extract from others and accept the uniqueness of the problem solving skills, people skills and action oriented skills for product utilization and process. Cultural Competence is the ability to know an issue from the perspective of the consumer, employee or staff. And to implement a set of congruent behaviors, attitudes, practices and policies that come together in a system, agency and staff to work effectively in a multi-ethnic, pluralistic and linguistically diverse workplace (Source: Nichols and Associates).

Ethno-cultural competency can be defined as the ability of a clinician to function effectively in the context of ethno-cultural differences. Ethno-cultural competency has been shown to influence client-clinician communications and trust and is a critical component in the effective provision of addiction services and retention of clients. It includes awareness and acceptance of differences-differences that need to be explored respectfully, non-judgmentally and with curiosity (Source: Dyche & Zayas 1995).

Cultural Diversity-The development of awareness, knowledge and skills that allow individuals and agencies to increase their abilities to provide effective cross-cultural care. To provide competent care, one must be aware of cultural differences and have a working knowledge of and respect for people's history, traditions, values and social organizations such as family, community and political structures (Source: Leshner).