

Challenges in Developing Workforce - Substance Abuse Treatment for Spanish-Speaking Consumers

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Substance Misuse in Durham

- An estimated 19,000-21,000 Durham County citizens are addicted to drugs or alcohol**
- 25% of automobile fatalities are caused by alcohol consumption**
- Alcohol-related offenses are largest cause of prison entries**
- 60% of inmates need substance abuse treatment**
- 1/3 of domestic violence calls to police related to substance use**

Substance Misuse Among Spanish Speaking Populations

- Hispanic/Latino population – 11.6% of county population**
- Leading cause of death – motor vehicle accidents (17% of Hispanic deaths)**
- YRBS data: (Middle School) – 40% report alcohol use (28%-not Hispanic), 11% report cocaine use (nearly 5xs not Hispanic)**
- YRBS data: (High School) – 12% used alcohol on school property (2xs), 16% used heroine (3xs)**
- Hispanic population served by TDC: 2% of consumers in adult SA programs, 4% in adolescent SA programs**

State of Workforce

Estimated # of credentialed professionals living in Durham: 63 (including 10 certified Peer Specialists)

who speak Spanish = ?

(2008 data from The Durham Center) # of credentialed professionals working for providers contracted with Durham Center: 36

who speak Spanish = ? (8 licensed, 7 QP, 4 Other professionals within TDC provider network speak Spanish, don't know how many with credentials to provide substance abuse services)

State of Workforce

Why crisis in workforce?

- Experienced professionals moved to administrative positions within the LME or private agency and are no longer providing direct services
- “Professionalization” of job - Legislative changes in September 2005 requiring greater educational levels & experience
- Medicaid changes require licensed professionals to provide substance abuse services, yet, many are in leadership and supervisory roles and not direct services
- Reduction in funding resulted in non-competitive salaries, loss of ongoing training, and reduction in clinical supervision
- Lengthy amount of time, cost, and investment in credentialing process

Treatment Staff Qualifications

- In 2005, SB 705 passed requiring substance abuse credential to provide substance abuse treatment, NC Substance Abuse Professional Practice Board – statutory authority to award credentials
 - Exception: Professionals licensed by another regulatory board who provide substance abuse services in normal course of practice.
- Credentials available (www.ncsappb.org):
 - CSAC (Certified Substance Abuse Counselor)-6,000 hrs. supervised practice, 270 hrs. training, pass exam
 - LCAS & LCAS-P (Licensed Clinical Addictions Specialist)-Master's degree, 2 yrs. experience (or CSAC), 180 hrs. training, pass exam, Provisional-registered with Board, completed 300 hr. practicum

Treatment Staff Qualifications

CCS & CCS-P (Certified Clinical Supervisor)-LCAS, 8,000 hrs. experience, 4,000 hrs. experience as supervisor, 30 hrs. supervisor training, pass exam

CSAPC (Certified Substance Abuse Prevention Consultant)-3 yrs. Experience (or 2 yrs+Bachelors), 270 hrs. training, 300 hr. practicum, pass exam

CSARFD (Certified Substance Abuse Residential Facility Director)-CSAC, 50 hrs. training

CCJP (Certified Criminal Justice Addiction Professional)-in CJ field, 270 hrs. training (180 hrs. with Master's degree), 300 hrs. practicum, 6,000 hrs. supervised practice (less with college degrees)

Treatment Staff Qualifications

***NCSAPPB requires applicants for all credentials to agree to criminal background check – certain past convictions may disqualify applicant**

Certified SA Peer Support Specialists (thru UNC School of Social Work) – individuals in recovery, provide services as part of team; requirements-6 months paid experience, 40 hr. Peer training, add 20 hrs. training, 1 yr. of recovery time

- Only LCAS & CCS can practice independently & bill 3rd party payers, other credentials operate under supervision of another licensed substance abuse professional

Durham's SA Plan (2006)

Goals

- ❑ Reduce stigma
- ❑ SOC framework
- ❑ Build workforce
- ❑ Develop sustainable provider community
- ❑ Develop effective service continuum

Workforce Development

Strategies

- Ongoing Training

FY08 Outcomes

- In partnership with Duke, offered more than 8 trainings (81 credit hours) to 118 professionals

Improve Clinical Skills

Strategies

- ❑ Teaching Case Conferences
- ❑ Motivational Interviewing practicum

FY08 Outcomes

- ❑ 45 professionals participated for total of 25.5 credit hours
- ❑ Telephone and face-to-face screening and linkage to community providers

Retain Qualified Staff

Strategies

- ❑ Incentives to become certified/licensed
- ❑ Reimbursement for trainings
- ❑ Priority status for trainings
- ❑ Group Supervision

FY08 Outcomes

- ❑ 7 counselors enrolled - 6 still providing services in our community
- ❑ 3 of 7 received or working on certification
- ❑ FY 09 – 1 counselor speaks Spanish

Recruit High-Quality SA Professionals

Strategies

- ❑ Exhibit at Statewide Conference
- ❑ Create email list serve
- ❑ Promote Workforce Development Plan

Create “First Responder” Teams

Purpose

- Community team to identify, intervene and supporting the needs of individuals abusing substances

Strategies

- Developed partnership between Durham public and private agencies, Duke, NCEBPC
- SAY-IT! – focus on adolescents
- DASAARA (Durham Academy for Substance Abuse Awareness & Recovery Advocacy) – focus on adults

Success To Date

36 credentialed/certified or licensed
SA professionals working with contracted
agencies, up from 6 in 2006