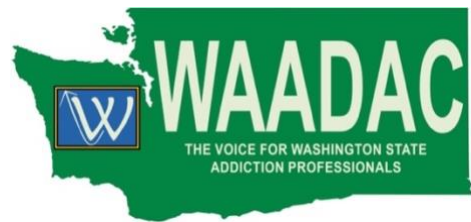


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WAADAC/NAADAC Workforce Summit From Peers to PhDs - Opportunities in Developing Workforce

Executive Summary

WAADAC, the voice for Washington State Addiction Professionals, in partnership with NAADAC, the Association for Addiction Professionals, presented "From Peers to Ph.D. – Opportunities in Developing Workforce" on September 30, 2022, at the DoubleTree by Hilton at SeaTac Airport. The summit brought together the Washington State Health Care Authority, the Northwest ATTC, the Association of Alcoholism and Addiction Programs in Washington State (AAP), and the Washington Consortium of Addiction Studies Educators (WACASE), for a collaborative discussion and presentation of information and resources on the subject of building the addiction professionals' workforce in Washington State. This report organizes the main areas affecting workforce development into categories. It offers suggestions relevant to all stakeholders, including government agencies, managed care organizations, providers, and all levels of addiction professionals.

Significant findings from the summit include the importance of intentional and collaborative efforts to develop the workforce at all entry points into the profession, including educational and apprentice programs, managed care organizations, private treatment providers, private practitioners, governmental agencies, and non-governmental organizations. Stakeholders' objective is to focus on developing interest in the field, increasing understanding of the career map and educational/certification requirements, and providing support, including funding, to navigate the system. Stakeholders need to use incentive programs to obtain and retain employees at all levels of practice. Challenges to addressing these needs include a lack of funding for existing and proposed programs in Washington State. Other barriers to workforce development were identified, including the fragmented system of care, cost of education, challenging certification/ license processes, lack of onsite training or supervision, stressful working conditions, large caseloads, poorly paid workforce, and low reimbursement rates for provider services. Suggestions for accomplishing this include creating a task force of stakeholders and working with governmental agencies to make meaningful changes and progress toward goals.

One positive aspect of the work done at the summit includes the extraordinary individuals and organizations engaged in supporting and advocating for addiction treatment and behavioral healthcare in Washington State. It was apparent that all stakeholders want to work together to create better care systems for Washingtonians.

Education

College

- Associate degree tracks
 - Ideas for recruitment into programs
 - Information on loan repayment
 - HRSA & STAR (see HRSA & STAR section)
 - Minority Fellowship Program (NAADAC)
 - William White Scholarship (NAADAC)
 - High School Recruitment
 - Use of social media to support and generate interest in addiction education
 - TikTok Rap
 - Podcast (mentioned by Laura Cooley, Northwest ATTC) will likely launch in 2023
 - Pilot program – peers to peers.
- Background checks for students
 - When discussing the career with potential students or peers, treatment providers and educators must remember that background checks are needed, and certain charges will disqualify their application.
 - 1-year monitoring program from DOH is supporting workforce development for those with substance use-related charges.
- Questions:
 - Do apprenticeships take away from college tracks?
- Suggestions:
 - Increase funding
 - Streamline education to careers for dual licensing.
 - Reciprocity across colleges and universities for credit transfers is needed.
 - Focus on recruitment efforts into associate degree programs.
 - Bridge the gap between peers and SUDPT through education.

Apprenticeships

- Provider Training is required before becoming a mentor
- Incentives
 - Offer \$1 to mentoring employees per hour with a free mentor training
- 2000-hour program with college credit (currently working to establish a college credit system)
 - Four days on site
 - Teaches specific skills for the field
 - One day in the classroom
 - College teaches general skills
- The employer decides the skills to be learned
- The program is a shorter track than college, plus 2000 hours of experience
- There is an onsite visitor audit with ethics oversight to protect student
- The mentor and apprentice work closely until competencies are met.
- Questions:
 - Do apprenticeships take away from college tracks?

Professionals

Current challenges:

- Maintaining relevance
 - Funding is directed toward mental or behavioral health, which may affect the funding of SUD treatment.
- Pay
 - Retention is low
 - Applications have decreased
 - Across all levels of treatment and professionalism – an increase in wages is needed.
 - Medicaid payment increased.
- Suggestions:
 - Organize efforts of SUDs
 - National credentials and standardization
 - Coordinated Approach
 - (See Systemic Opportunities)
 - Increase pay by mandating a certain percentage of the funding going to counselors providing care.

Barriers to credentialing substance use disorder treatment providers

- Fees
- Timeline to receive credential – 60 days
- Criminal Records (fees and applicant records)
 - Questions:
 - NCC AP pre-checks – too much time and money for DOH to do pre-checks.
 - The application process with DOH is challenging – no pre-review is available, and the review takes 60 days.
 - Suggestions:
 - License and Certification Reimbursement from DOH

Recruitment

- A diverse population of SUDPs needed
 - BIPOC
- Increase dissemination of information to SUDPs
 - Train the trainer
- Suggestion:
 - Create an advisory board to work on these goals.

Certification vs. Licensure

- Reciprocity between SUDPs and Mental Health Providers
 - Funding for mental health or substance use treatment goes to mental health.
- Substance use treatment providers are separated from other mental health and healthcare professions.
 - Professionally (Social Workers/Mental Health Workers)
 - Public perception

- SUD Profession continues to be stigmatized
 - Public/professional perception of being less professional and/or in recovery
- We are moving toward greater acceptance through efforts to professionalize, credential, and educate SUDPs.
- Integrated/Co-occurring (comorbid) Program Development
 - Integrated care is not well defined at this time
 - SAMHSA & NAADAC should be consulted
 - We need to move from separate to parallel or integrated, and more training is necessary.
 - National recognition is needed for addiction professionals
 - Suggestions:
 - Increase integration and understanding of SUDP's critical involvement in mental and behavioral health
 - Decrease stigmatization of SUD treatment and professionals being (or not being) in recovery
- Referrals require agencies
- Licensure certification registration – How do we get SUDPs approved? We need legislative change.

Peers

- Peer “counselors” need to be changed to peer support specialists.
 - The title is a funding issue with DOH
- Peers are more employable
 - Need more ethics training for peers
 - Peers don't have a CE requirement
- Peers are looking into independent credentialing.
- There are no private insurance companies funding peers at this time (check on this as Optum was reimbursing).
 - Advocacy is needed to increase awareness of the efficacy of peers.
- Questions:
 - How to advance peers to become counselors? (see Education section)
 - How do we move away from 12 steps into other evidenced-based practices?
 - Use supervision and training on best practices.
- Suggestions:
 - Increase ethics requirements for peers
 - Include CE requirements for recertification
 - Change the title to increase public awareness and understanding

Providers

Medicaid Dollars & Managed Care

The Health Care Authority (HCA) contracts with Managed Care Organizations (MCOs). The MCOs decide how funds are dispersed to providers.

- Meet with MCOs to discuss the burden of documentation.
 - They do this every month.
 - We need a different form and process to accomplish the goal of less documentation.

- SSA is currently working on finding the actual cost of treatment.
 - There is a discrepancy between state funding and the actual cost of treatment – it is double what they are funding.
- Becoming a DOH / State approved Agency is challenging
 - Need education on how to become an agency and technical assistance
 - Support with the \$1000 application fee
 - The state could help navigate independent care (private practitioners)
- Administrative policies don't serve people seeking treatment.
- Tuition Reimbursements
 - Agencies need flexibility in how they allocate tuition reimbursements.
- Agency Evaluations
 - Evaluations for programs are not funded.
 - There are concerns regarding MCOs reimbursements for value-based care.
 - How can treatment centers compete?
- Questions:
 - What is the percentage of Federal and State funds that trickle down to staff?
 - What could get better in this process?
 - What are constituents' needs?
- Opportunity to provide feedback to DOH
 - Professionals need to specify reforms for documentation requirements to guide the policies.
 - Details of what is in the "mountain of paperwork," what can be removed, and what needs to be continued are needed.
 - How can individuals and organizations submit reforms?
- Suggestions:
 - Align governmental, agency, and provider goals to focus on client care.
 - State to reimburse for documentation.

Systemic Opportunities

Fragmented System & Opportunity to Partner

- Create a resource mapping agencies, organizations, and individual providers, outlining what services they provide to what population and including funding types.
- Opportunity to create partnerships
 - Collaborate and align efforts for policy and legislative change
 - Reciprocal support of workforce development
 - Governmental agencies
 - Non-Governmental agencies & treatment centers
 - Individual clinicians
 - Healthcare workers
 - Educators
 - There needs to be alignment between AAP and WAADAC initiatives to give more power and support to these issues.
 - Share a lobbyist at the legislative sessions.
 - Work together for the common goal of supporting clients.
 - Client care versus payment as a goal.

- We need to work together to change policy, not just for funding but for quality client care.
 - Future planning for SUDPs and workforce
 - A clear vision for the profession ten years from now is needed.
 - Designation and plan for all levels: Peer, student, associate, counselor, and supervisor.
 - Peers
 - Peer has a faster educational track and funding
 - Peers need a well-defined scope of practice
 - The profession needs a supervisory model for peers.
 - Needed Infrastructure
 - More detox centers are needed
 - Not enough building space and workers to staff detox
 - Not enough funding for detox centers
 - More warm hand-offs are needed from detox centers to residential
- Suggestions: Create a task force to accomplish goals.

HRSA & STAR Programs

- Technical Assistance available
 - They are available for individual/organizational support
 - They have webinars, and the presentation is on their website
- HRSA
 - There are restrictions to receiving HRSA dollars
 - Residential services are not included in HRSA
- STAR
 - No one has used the STAR program in Washington
 - To get STAR scholarship – the community must have a need, i.e., current SUD related problem.
- Suggestions
 - Decrease qualifications to increase approved agencies
 - Increase awareness of the process of receiving funds
 - Decrease restrictions of funding

Summit Suggestions

- Different avenues for funding substance use disorder treatment
- Managing student loans and loan repayment options
- The process of applying to receive credentials
 - Different levels of certification/licensure
 - Applications
 - Resources
 - Requirements
 - Criminal record expungement
 - Study resources
 - Financial aid to support study tests and licensure/credentialing fees.

Resources

- Washington Sentinel Network: *Washington's Health Workforce*
 - <https://wa.sentinelnetwork.org/>
- Washington State Health Care Authority
 - <https://www.hca.wa.gov/>
- Washington State Department of Health
 - <https://doh.wa.gov/>
- Northwest ATTC
 - <https://attcnetwork.org/centers/content/northwest-attc>
- WAADAC, the Voice for Washington State Addiction Professionals
 - <https://waadac.org/>
- NAADAC, the Association of Addiction Professionals
 - <https://www.naadac.org/>

Sponsors and Event Partners



WACASE

Washington State Consortium of
Addiction Studies Educators

"Providing quality professional education"



Northwest (HHS Region 10)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Association of Alcoholism
and Addiction Programs
in Washington State

