Department of Health and Human Services Division of Mental Health and Developmental Services Substance Abuse Prevention and Treatment Agency (SAPTA) Workforce Development within Nevada December 2008

Workforce development issues are complex and linked to almost every challenge facing the addiction treatment field. Like other health care professions, the addiction treatment field has encountered many barriers to effectively maintaining staff recruitment, retention, and competencies. In addition to these common workforce challenges, the treatment and recovery field frequently experiences stigma, lack of public support, under-funding, and misconceptions about treatment and recovery.

Workforce development is also an important issue in the field of substance abuse prevention. According to the *Annapolis Coalition Chapter on Prevention Chapter 19 Substance Abuse Prevention Workforce Issues*, the nation's substance abuse prevention workforce now totals nearly half a million workers. While the advances in scientific knowledge and evidence-based practice have enabled prevention to emerge as a specialty within the public health field, this progress has not been without challenges. The growing emphasis on accountability, performance and effectiveness have added substantial layers of knowledge, skills, and abilities that require specific competencies and training demands on the workforce. The associated workforce development strategies and resources simply have to keep up with the growing demand.

Treatment:

Workforce Development

Traditionally, the substance abuse treatment workforce has attracted older workers with individuals entering the field as a second or third career choice. As aging workers begin to retire, new workers will be needed; thereby increasing turnover rates.

Currently, the Nevada substance abuse treatment workforce is older, unsure about their employment future and comprised predominately with white females. According to the 2001 Mountain West Addiction Technology Transfer Center (MWATTC) workforce study, 76.5% of the substance abuse counseling workforce is over the age of 41. Compared to a national study, (Mulvey, et al. 2003), Nevada's substance abuse treatment workforce is older than the national average (e.g., 76.9% versus 50.5% of workers over the age of 41). Less than 4% of Nevada's substance abuse treatment workforce is between the ages of 21 and 30.

The Center for the Application of Substance Abuse Technologies (CASAT) will provide workforce development by doing on-site training, on-line training and workshops designed specifically to apply evidence-based treatment practices. These will include a complete review of the *Treatment Improvement Protocol (TIP) # 42* entitled "Substance Abuse Treatment for Persons with Co-Occurring Disorders" and *Technical Assistance Publication Series #21* entitled "Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice" published by the U.S. Department of Health and Human Services, Substance Abuse

and Mental Health Service Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT). Other training events would include special topics, training for diagnosis and assessments, treatment planning and supervision.

Evidence-Based Practice Exchange

The Evidence-Based Practice Exchange (EBP) was developed in an effort to enhance treatment service delivery and is sponsored by the CASAT and the MWATTC in conjunction with SAPTA. The EBPE is a group of treatment providers and other interested parties who want to help design training and technical assistance activities for the State of Nevada that will promote the adoption and use of evidence-based treatment practices. EBP Exchange members serve as stakeholders and consultants to CASAT in redesigning its training activities. In addition, the mission of the "Exchange" is to develop procedures that will help providers' document adherence to evidence-based practices (EBP). The Goals for the EBP Exchange are:

- Help prepare treatment providers to deliver evidence-based practices.
- Assist counselors and treatment providers to make changes in the way services are delivered.
- Develop a forum that gives treatment providers a voice in how activities are organized and delivered.
- Assess providers and determine baseline adoption and use of EBPs.
- Provide SAPTA staff with tools to determine how EBPs are being used to provide services to clients.
- Prepare treatment providers to be able to address EBP requirements in the next RFA cycle.
- Develop a menu of technology transfer activities and opportunities for the State of Nevada (in lieu of Summer Institute).

Education and Identifying the Needs of Clinical Supervision

Clinical supervision serves as the fundamental core and bridge for the dissemination of EBPs. Prior to the selection and implementation of EBPs, CASAT will identify current practices surrounding the clinical supervision within substance abuse treatment providers in the State of Nevada. Data collected from the project will aide in determining what technical assistance, trainings, courses and resources will be needed by Nevada treatment and prevention providers as they begin to enhance current clinical supervision practices, adopt and implement Evidence-Based Practices.

SAPTA will review each organization's work plan and work with CASAT to develop tools to monitor organizational fidelity to the selected EBPs. Monitoring will occur on a regular basis. During the monitor, organizational Clinical Directors, Supervisors, and frontline staff will be required to demonstrate proficiency in evidence-based treatment and provide documentation that supervision is occurring on a regular and scheduled basis (audio/video tapes). As programs begin adopting additional EBPs, SAPTA will begin to monitor sustainability of prior practices as

well as the impact current practices are having on clients, staff and organizational components of each program.

Readiness to Implement Evidence-Based Practices

Nevada substance abuse treatment programs selected for funding through SAPTA will be required to participate in a clinical supervision research project developed and implemented by CASAT. The clinical supervision research project will assist in determining a program's current treatment model, clinical supervision structure, utilization of EBPs, and ability to adopt evidence based treatment. Program directors, clinical and medical staff (opioid maintenance treatment (OMT) and detoxification programs) will be required to participate in the clinical supervision project.

Cultural Competencies

Cultural competency can be defined as a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals that enable them to work effectively in cross-cultural situations. Cultural competence research and experience indicate that cultural issues influence drop out rates, recidivism, cost effectiveness, access, and quality of care. Substance abuse services that are based on assumptions of mono-cultural and universality tend to create a deficit in the delivery of culturally competent services throughout the addictions systems of care. The deficit is of particular concern relative to the rapidly changing composition of Nevada population. Substance abuse treatment systems in Nevada must develop new approaches to address the cultural mix among consumers.

A culturally competent system acknowledges and incorporates the following at all levels:

- Valuing diversity
- Cultural self-assessment
- Vigilance toward the dynamics that result from cultural differences
- Expansion of cultural knowledge
- Adaptation of services to meet culturally unique needs

The Agency assumes that if the statewide substance abuse infrastructure is culturally competent, the providers will foster the self-sufficiency all Nevada citizens' desire when seeking substance abuse treatment to improve their quality of life. The cultures of organizations and treatment systems will respond to the needs and differences of all individuals regardless of their race, gender, religion, physical or mental status, age, sexual orientation, and ethnic or cultural background. (Note: whenever culture and/or ethnicity are mentioned it is a reference to this entire list.)

Methods to advance culturally competent treatment systems of care include the development of culturally competent standards, benchmarks, outcome measures and mechanisms for data collection. The partnerships required to accomplish cultural competencies include those with

community service providers, agencies that have historically been successful in serving ethnically diverse cultures.

Prevention:

Workforce Development

In Nevada the substance abuse prevention workforce is made up of dedicated individuals who enter the field from a number of disciplines and professions. To ensure quality prevention services, providers and prevention professionals need access to formal prevention training and education on an on-going basis. The issues of recruiting and retaining qualified staff are also critical factors for prevention service providers. Through strategies identified in the SAPTA Prevention Five Year Strategic Plan, and efforts being implemented throughout the state, Nevada is working to ensure its prevention professionals are provided with the resources and opportunities necessary to develop and sustain the workforce.

While SAPTA works to meet the needs of prevention professionals, there is the recognition that the issues within the substance abuse prevention workforce are dramatically increasing and evolving. There are rapid and continuing advances in the field, changing conditions in communities, and growing expectation that the prevention workforce address the broader "behavioral health" context and multiple high risk behaviors associated with substance abuse. The prevention workforce must not only be knowledgeable about current research, but also possess the skills needed to apply that research in practical, culturally responsive, and accountable ways with diverse populations. Addressing these challenges will require an increased and sustained focus and commitment to workforce development in the substance abuse prevention field, both in Nevada and nationally.

Training and Education

The Substance Abuse Prevention Specialist Training (SAPST), developed by CSAP's Western Center for the Application of Prevention Technology (Western CAPT), is the foundation of prevention coursework in Nevada. SAPTA contracts with the Western CAPT and CASAT to provide the training. The course offers education on a common set of attitudes, skills, and knowledge that benefit prevention professionals. The curriculum presents an accepted and commonly utilized skill set for prevention service delivery. Training and education programs need to teach this skill set so that programs provide services that are research-based, that utilize best practices and promising practices, and that can support certification for prevention workers. SAPTA is also sponsoring SAPST training of trainers (TOT) for community providers to increase the pool of experts able to teach the SAPST coursework in Nevada.

Other training courses that have been offered through the Western CAPT and CASAT to increase workforce development have included the following:

- How To Manage Your Board of Directors
- Trends in Prescription Drug Abuse

- Signs and Symptoms of Substance Abuse
- Adolescent Brain Research
- Substance Abuse Prevention Ethics
- Environmental Substance Abuse Prevention Strategies
- Prevention & Treatment Summit
- Drug Endangered Children
- Driving Under the Influence
- The Impact of Prenatal Substance Abuse on Treating the Alcoholic and/or Addict

SAPTA worked with CASAT to develop and administer a prevention training needs assessment survey statewide. This survey allowed SAPTA to work with both CASAT and the Western CAPT to design and implement the training courses that are important to the field of prevention in Nevada.

Preliminary data from a workforce development survey that CASAT administered to 40 participants in 2008 show that the Nevada prevention workforce is 70% female and 30% male. The data also showed that the largest age group of prevention workers (31%) is 50-59 years of age. The second largest groups (23% each) are 30-39 year-olds and 40-49 year-olds. The youngest age group (13%) is 21-29 year-olds. The smallest group (10%) was the 60-66 year-olds. More experienced prevention professionals are leaving the field and the amount of entry level professionals is low.

The data also shows that the race of the prevention professional sector is mainly made up of whites at 92%. The remaining sectors are Hispanic/Latino at 5%, Asian at 5%, and Multiethnic/Other at 3%. In response to a question on participants' highest level of formal education, two indicated some college but no degree attained (5%), four participants hold Associate's degree (10%), 11 participants attained Bachelor's degree (28%), 20 participants have Master's degree (51%) one participant indicated professional or specialist degree (3%), and one participant holds a doctoral degree (3%). Only a few participants reported being enrolled as a student in any academic coursework (n = 8; 20%) or currently participating in a degree or certificate program (n = 8; 18%). Of those who said they were enrolled in a degree program, none were enrolled in the minor in substance abuse prevention offered by CASAT through UNR.

The number of years an individual had worked in substance abuse prevention ranged from less than one year to 30 year, with a mean of 7 years. Approximately one-third (39%) of participants reported their primary employment position was in administration, followed by prevention program line staff (26%); coalition staff (16%); coalition director (7%); project staff (7%); training/education (3%); and supervisor of prevention program line staff, case managers, and/or counselors (3%).

In addition to the Western CAPT and CASAT, SAPTA has ongoing relationships with federal partners and other substance abuse organizations for training of the Nevada workforce. SAPTA receives technical assistance (TA) and training from the Nevada State Project Officer (SPO), as well as expertise through federal contracts with outside consultants.

The national substance abuse prevention organizations that have been critical to Nevada's workforce development efforts are the National Association of State Alcohol and Drug Abuse Directors (NASADAD), the National Prevention Network (NPN), and the Community Anti-Drug Coalitions of America (CADCA). These organizations have provided invaluable training to the communities and SAPTA on the most up-to-date and evidence-based programs, practices, policies, and strategies.

SAPTA has created a "Minimum Training Requirements for Prevention Coalitions and Program Staff" policy that was adopted and approved by SAPTA Advisory Board in May 2008. The purpose of this policy is to provide guidance to SAPTA and its funded coalition partners and the coalitions' sub-recipients regarding adequate and appropriate training. The policy includes the number of training hours that fulltime staff, part time staff, and volunteers need to complete; staff training plan documentation; and areas of training for professional staff.

While SAPTA works diligently with state, local, and national organizations to provide training and technical assistance to the prevention community, there still exists an absence of comprehensive educational opportunities and clearly defined entry points into the substance abuse profession. This problem has directly contributed to recruitment and retention problems, especially in Nevada's numerous rural areas. While the University of Nevada, Reno and the University of Nevada, Las Vegas have a substance abuse prevention minor, the prevention field would strongly benefit from greater partnerships with colleges and universities, through which consistent academic preparation programs for the prevention specialty can be developed.

SAPTA Prevention Strategic Plan

Workforce development is a critical component of the SAPTA Prevention Five Year Strategic Plan, which was developed by a subcommittee of the SAPTA Advisory Board with staff assistance. The subcommittee of the SAPTA Advisory Board consisted of a wide range of community service providers with representation from diverse regions of the state. The purpose of the strategic plan is to guide the state of Nevada, through SAPTA, in implementing a systematic approach to achieving effective substance abuse prevention results.

The emphasis on prevention workforce development is illustrated by the recommendations and objectives outlined in the strategic plan. One of the recommendations made in the plan is to develop a strong prevention workforce by supporting access to professional skill development, other higher education credentials, and career-sustaining salaries and benefits for prevention professionals. The significance of this recommendation is echoed in the objectives outlined in the plan, one of which is to maintain a collaborative prevention training and workforce development system that is responsive to the needs of prevention professionals and advocates across prevention disciplines and state agencies. This objective also emphasizes the need to ensure that the training offered reflects current needs for prevention professional skill development as well as current prevention research and practice.

The strategic plan also addresses the need to expand and sustain the prevention workforce. One of its objectives is to encourage career-sustaining salaries and benefits for prevention professionals in order to attract and retain trained and skilled workers. This objective is also

reflected in the strategic plan's Prevention Operating and Access Standards (POAS), which are a set of standards, intended to assist prevention providers and coalitions as they work to foster an effective prevention system throughout Nevada.

Cultural Responsiveness

A topic that is given particular emphasis in prevention workforce development is cultural responsiveness. The recipients of substance abuse prevention services and activities are diverse, spanning a wide range of socio-economic sectors, cultures, ethnicities, and age groups. The numbers and complexities of substances that put populations at risk are increasing, exemplified by cyclical use of drugs such as methamphetamine, Ecstasy, and Oxycontin. The varied developmental issues, risk factors, and cultural diversity associated with the expanding target populations for prevention services, combined with the complexity of emerging drugs and related risks, has resulted in an exceptional and ever-increasing demand on today's prevention workforce. SAPTA's strategic plan places great emphasis on cultural responsiveness and efforts to provide training in this area in order to develop robust strategies that can be changed and improved over time to address this need.