

Current Challenges and Issues Facing the Addiction Treatment Workforce

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Order of Presentation

- **CSAT efforts to address workforce issues (environmental scan, meetings with stakeholders)**
- **Contextual conditions of the workforce**
- **Major challenges and cross-cutting issues**
- **Key themes to assist the workforce**

State of the Workforce

- **Addiction treatment is only as good as the workforce that delivers it**
 - **Good treatment is dependent on the quantity and quality of the workforce**
 - **A sufficient number of individuals adequately trained to provide care**

State of the Workforce

- **Instability in the workforce inhibits**
 - **Day-to-day operations**
 - **Quality improvement**
 - **Workforce expansion**

CSAT Efforts to Address Workforce Development Issues

History of CSAT Efforts

- **In 1999, CSAT reviewed workforce issues through the Workforce Issues Panel of the National Treatment Plan (now Partners for Recovery)**
- **Panel recommendations:**
 - **Create national platform within SAMHSA**
 - **Develop and strengthen infrastructure to attract, support and maintain competent and diverse workforce**
 - **Improve workforce competency through education and training**

Current Efforts of CSAT

- **Develop a national workforce strategy**
 - **Environmental scan conducted in 2003**
 - **Nine stakeholder meetings held in 2004**
 - **Strategy in development**

Environmental Scan

- **Document and highlight demographic and system conditions**
- **Examine existing workforce related documents and published articles (Focused on the last 5 years)**

Meetings with Stakeholders

- **To identify the most pressing workforce development issues**
- **To solicit recommendations for SAMHSA and their DHHS partners in developing a national strategy**
- **120 individuals provided input**

Meetings with Stakeholders

- **The nine meetings were:**
 - **Key Leaders**
 - **Professional Associations**
 - **Colleges and Universities**
 - **Federal Agencies**
 - **Clinical Supervisors**
 - **Human Resource Managers**
 - **Recovery Support Personnel**
 - **2 Regional meetings with State Directors, providers, ATTCs)**

Meetings with Stakeholders (cont'd)

- Attendees in these meetings represented
 - Certification Boards
 - Faith-based Providers
 - Marriage and Family Therapists
 - Nurses
 - Physicians
 - Professional Trade Associations
 - Psychiatrists
 - Researchers
 - Social Workers
 - Treatment Providers
 - Others

**Contextual Conditions
of the
Addictions Treatment
Workforce**

Composition of the Workforce

- **In 1996-97, substance abuse treatment workforce**
 - **132,000 full-time staff**
 - **45,000 part-time**
 - **22,300 contract staff (SAMHSA 2003, Landis 2002)**
- **Medical staff**
 - **17% full-time staff**
 - **31% part-time**
 - **47% contract staff (SAMHSA 2003)**

Composition of the Workforce

- **Most programs did not have full time medical staff**
 - **Only 54% had part-time physician on staff**
 - **Outside of methadone programs, fewer than 15% employed a nurse** (McLellan et al 2002)

Demographics of the Clinical Workforce

- **More than 67,000 practitioners provide addiction treatment** (Harwood, 1998)
 - **Gender**
 - Females comprised 50-70% of clinical workforce
 - 70% of new counselors are female (NAADAC study)
 - **Age**
 - Average age of clinical staff (mid 40s to 50 years)
 - 75% of workforce over 40
 - **Race and Ethnicity**
 - 70-90% of workforce is White
 - Private agencies have fewer minority staff than public agencies

Table 1: Comparative Demographics

	Clinicians	Patients
Age	Average age: 45-50 70-90%	50% between ages 25-44 60%
Race	Non-Hispanic Whites	Non-Hispanic Whites
Gender	50-70% Female	70% Male admissions

Source: Kaplan, 2003; TEDS, 2000

Demographics of the Workforce

- **Education Level**
 - 60-80% of direct service staff had a bachelor's degree and
 - 50% had a master's degree (Kaplan, 2003)
 - Treatment staff have degrees in many areas (few have academic courses or degrees in addiction treatment)

System Issues

- **Changing patient population**
- **Utilization of medications**
- **Application of evidence-based practices**
- **Performance and outcome measures requirements**
- **Capacity pressures**

**Major Challenges and Cross-cutting
Issues
of the
Addiction Treatment Workforce**

Major Challenges of the Workforce

- **Recruitment**
- **Retention**
- **Competency**

Recruitment

- **Estimates are that close to 5,000 new counselors are needed annually for net staff replacement and growth (Lewin 1994)**
- **Most people enter the field in mid-30s and often as a second career**
- **84% of staff and directors said low salaries are #1 reason for recruitment problems (RMC 2003; RMC 2003a; OASAS 2002)**

Recruitment (cont'd)

- **Reasons for entering the field were:**
 - **Work is challenging**
 - **Want to help others**
 - **Concerned about substance abuse**
 - **Person or a family member has had substance abuse problem (NAADAC 2003)**

Retention

- **Turnover rates above national average of 11% ranging from 18.5 - 33% a year (McLellan & Johnson, et al 2002)**
- **Most turnover is voluntary**
 - **People move from one agency to another**
 - **63% of staff have worked in the field six years or more but 68% have been in their jobs less than 5 years (Harwood 2002)**

Retention

- **Low salaries #1 factor in turnover**
- **Other factors:**
 - **Administrative paperwork**
 - **Long hours & large case loads**

Competency

- **“...a measurable human capability that is required for effective performance...”**
- **“...comprised of knowledge, a single skill or ability, a personal characteristic, or a cluster of two or more of these...”**
- **“...are the building blocks of work performance...”**

-- Marrelli et al

Competency

- **Education**
- **Standards**
- **Training**

Competency

- **Variation in educational programs (curricula, degree programs)**
 - **442 addiction studies programs at various degree levels**
 - **18% at graduate level**
 - **13% at undergraduate level**
 - **69% at associates level (Taleff, 2003)**
- **No national academic accreditation process**
- **No national core competency standards**

Competency

- **Training**
 - **Use of evidence-based practices**
 - **Outcome measurement**
 - **New medications**
 - **Addiction treatment (primary health care, allied health professions)**

Competency

Discipline	Workforce	Addiction Specialist Certified
Primary care	700,000	2,790 ASAM Certified
Psychiatry	30,000	1,067 Addiction Psychiatrist
Clinical Social Work	69,800	989 APA Substance Abuse Certified
Nursing	2,200,000	4,100
Physician Assistant	27,500	185
Marriage/Family Therapy	50,000	2,500

Cross-Cutting Issues

- **Stigma**
- **Noncompetitive compensation**

Stigma

- **Negative consequences of stigma associated with addiction**
 - **Difficulty in recruitment and retention**
 - **Addiction professionals considered lower status than other professionals**
 - **Reluctance to enter the field**
 - **Contributes to noncompetitive salaries**
 - **Misconceptions about treatment, and the qualifications of a clinician**

Compensation

- **Low Salaries**
 - In 2002, average salaries in low \$30,000s
 - Majority of counselors (61%) earned between \$15,000 and \$34,000
 - Majority of agency directors (68%) had salaries ranging from \$40,000 - \$75,000
- **Factors associated with higher salaries: graduate degrees, certification, and years in the field**

Compensation

- **Inadequate health care coverage among professional staff**
 - **30% had no medical coverage**
 - **40% no dental coverage**
 - **55% not covered for substance use or mental health services(Counselor, 2004)**

Key Themes to Assist the Workforce

Key Themes

- **Support training for clinical and recovery support supervisors**
- **Investigate loan forgiveness and repayment programs**
- **Develop career paths and establish national core competencies**
- **Develop leadership and management initiatives**
- **Provide support related to relapse in the workforce**
- **Provide education on addiction treatment within other disciplines**