

As noted in the preceding chapters, North Carolina should offer community-based prevention programs and early intervention services to prevent people from becoming addicted to tobacco, alcohol or other drugs. In addition, the state needs to develop an accessible recovery-oriented system of care to ensure that the 8.5% of the state's population with addiction disorders can obtain appropriate treatment and recovery supports. The Task Force developed a roadmap that, if implemented, would make significant progress in delaying initiation, decreasing use, and reducing addiction disorders among our population. However, even with increased funding, North Carolina will have difficulties implementing these services and supports without an adequate substance abuse workforce. North Carolina has begun to build a cadre of qualified substance abuse professionals, but more people are needed to expand the supply of licensed and certified substance abuse providers, as well as physicians and other health care professionals, and counselors with addiction training.

Supply Of Substance Abuse Professionals

Various types of professionals are authorized to provide substance abuse services. The North Carolina Substance Abuse Professional Practice Board (NCSAPPB) was given statutory authority in 1994 to credential different types of substance abuse professionals.^a Currently, the NCSAPPB offers seven different types of substance abuse credentials: Licensed Clinical Addiction Specialists (LCAS), LCAS-Provisional (LCAS-Provisional), Certified Clinical Supervisor (CCS), Certified Substance Abuse Counselor (CSAC), Certified Substance Abuse Prevention Consultant (CSAPC), Certified Substance Abuse Residential Facility Director (CSARFD), and Certified Criminal Justice Addictions Professional Credential (CCJP). (See Appendix D). The type of credential varies, depending on the level of educational achievement (i.e. master's degree, other health professional degree, bachelor's degree, or less than a bachelor's degree), hours of supervised experience, practice location, and type of exam taken. These substance abuse professionals have a different scope of practice, depending on the credential. Only LCAS and CCS can practice independently and bill third-party payers. The other substance abuse professionals are authorized to provide direct services to individuals under the supervision of another licensed substance abuse professional. In addition, peer support specialists can provide substance abuse services as part of a larger team that is supervised by a LCAS, CCS, or physician. Peer support specialists are people in recovery who work with people with addiction disorders to promote recovery and provide support. This certification is managed by the Behavioral Health Resource Program at the University of North Carolina at Chapel Hill.



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^a NCGS §90-113.30. Information about the Board available at: www.ncsappb.org.

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The number of qualified substance abuse professionals varies considerably across the state. Although all LMEs have some substance abuse clinicians who can provide services directly to people with addiction disorders (either LCAS, LCAS-P, CCS or CSAC), the availability of these professionals varies considerably across the state. In September 2008, there were eight counties that had no qualified substance abuse clinicians (Anson, Camden, Clay, Graham, Hyde, Pamlico, Tyrrell, Warren), and another 33 counties with five or fewer clinicians (Alexander, Alleghany, Avery, Bertie, Bladen, Carteret, Caswell, Chatham, Cherokee, Chowan, Currituck, Davie, Edgecombe, Gates, Greene, Halifax, Hertford, Jones, Madison, Martin, McDowell, Mitchell, Montgomery, Northampton, Pasquotank, Perquimans, Person, Richmond, Sampson, Stokes, Washington, Yadkin, Yancey).¹ (See Appendix E) However, the total number of substance abuse professionals does not adequately describe the sufficiency of the substance abuse workforce—as less populated counties presumably need fewer clinicians than counties with more people with addiction disorders. The ratio of people who are expected to seek services *in the public system* per substance abuse licensed, credentialed, or certified clinician varies from 1,465 people per one clinician in Pasquotank, to 30:1 in Polk.^b (See Appendix E) Although many people cross county lines to seek services, this wide disparity in the availability of qualified substance abuse counselors suggests a significant workforce shortage in the public substance abuse system in many areas of the state.

The North Carolina Substance Abuse Professional Practice Board deems other health professionals to be licensed clinical addiction specialists (LCAS) if they have been recognized by their own board as having met the standards of a substance abuse specialist. Many of the health and counseling professions offer additional training and certification for certain specialty areas. For example, the National of Association of Alcoholism and Drug Abuse Counselors (NAADAC) and the National Board of Certified Counselors offers a Masters in Addiction Counseling (MAC) certificate, and the National Association of Social Workers offers an Alcohol, Tobacco, and Other Drug Proficiency (ATOD) certificate. Physicians can become certified with a specialty in alcohol and drug abuse from the American Society of Addiction Medicine. Although the North Carolina Substance Abuse Professional Practice Board (NCSAPPB) will license these health and counseling professionals as LCAS, these professionals do not need to obtain the LCAS licensure to provide addiction services. In fact, only 120 of the 1,105 LCAS in the state are other health or counseling professionals who received their LCAS licensure as a result of a deemed status.^c

Other health professionals—such as physicians, nurse practitioners, physician assistants, licensed clinical social workers, psychologists, licensed marriage or family therapists, or licensed professional counselors—are authorized under their licensure

^b This is a conservative estimate, as DMHDDSAS only anticipates that approximately 40% of youth and 48% of adults who need services will actually seek services through the public system.

^c Misenheimer A. Executive Director, North Carolina Substance Abuse Professional Practice Board. Written communication. November 17, 2008

laws to provide substance abuse services. These professionals can provide substance abuse services directly under their own licensure laws and need not seek deemed substance abuse professional status. Although these health professionals are legally authorized to provide substance abuse services, the available data suggests that most do not do so. Only 88 (0.5%) of the 18,913 non-federally licensed physicians in North Carolina (2007) reported that they practice addiction medicine or psychiatry as their primary or secondary specialty areas.² Similarly, only 8 (0.5%) of the 2,933 Nurse Practitioners, and 16 (0.5%) of the 3,054 Physician Assistants reported addiction medicine as their primary or secondary specialty areas. More registered nurses reported drug or alcohol as their major clinical practice area (171), but this is an even smaller percentage of the 84,820 registered nurses in the state (0.2%). Data about specialties from the other licensed health professionals (clinical psychologists or psychology associates, licensed clinical social workers, licensed marriage or family therapists, or licensed professional counselors) was not readily available. Because there are so few other health professionals with addiction specialties, the availability of these health professionals does little to alleviate the overall substance abuse workforce shortage. There are no health professionals with addiction specialties in the eight counties that lack licensed, credentialed or certified substance abuse professionals. Further, there continues to be a large discrepancy in the availability of all substance abuse clinicians even when including licensed health professionals. Polk County has the highest proportion of licensed, credentialed or certified substance abuse clinicians (including both substance abuse and health professionals) to estimated population *in need of substance abuse services*, with one clinician to every 48 people with a substance abuse disorder.^d Aside from the eight counties with no clinicians, Pasquotank has the fewest clinicians, with one clinician for every 3,092 people estimated to be in need of substance abuse services.

Unfortunately, it is very difficult to know the total number of people providing addiction services, because of the gaps in licensure data and the different types of people who can provide services under the supervision of LCASs, CCSs, Clinical Supervisor Interns (CSI), or physicians. Although data are not available about the total number of licensed health and counseling professionals who provide substance abuse services, anecdotal information presented to the Task Force from organizations that hire qualified substance abuse professionals to provide counseling and other substance abuse services all point to the serious workforce shortage.³⁻⁵ DMHDDSAS commissioned a workforce study to examine the adequacy of the behavioral health workforce and found significant behavioral health workforce shortage in the state.⁶

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d This ratio examines the number of substance abuse or health professionals to population estimated to be in need of substance abuse services. The population figure includes all people who are estimated to have substance abuse disorders, not just those expected to seek services through the public substance abuse system. The clinicians include CSAC, LCAS-P, LCAS, Certified Substance Abuse Peer Specialists, physicians, physicians assistants, nurse practitioners, registered nurses, and licensed practical nurses.

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Currently, there are seven community colleges that offer an Associates Degree in Human Services whose substance abuse courses have been approved by the NCSAPPB.^{c,e} In addition, there are undergraduate programs throughout the state that offer substance abuse courses within a variety of human service departments. Eight universities offer master's degrees in addiction counseling.^f Graduates from these programs meet all the requirements for licensure except supervised work experience and successful completion of the written exam. Additionally, The University of North Carolina at Wilmington has been approved to offer a PhD program in substance abuse.

North Carolina has several other scholarship or loan forgiveness programs targeted to produce certain types of professionals who are in short-supply in the state. For example, the North Carolina General Assembly created the Teaching Fellows program in 1986 to encourage more students to enter the teaching profession. Similarly, the North Carolina Office of Rural Health and Community Care administers the federal and state loan forgiveness programs to encourage health professionals to set up practice in underserved areas. The Governor's Institute on Alcohol and Substance Abuse administers the Education for Substance Abuse Professionals (ESAP) scholarship program to assist students in seeking substance abuse training. Since SFY 2005, the program has provided \$163,000 in stipends for higher education courses and scholarships for continuing education programs required for people to obtain substance abuse certification.^g Through ESAP, the Governor's Institute also provides full scholarships for people working on master's degrees. The program targets people who live in geographic areas with a shortage of licensed substance abuse professionals, especially experienced certified professionals who, once they complete a masters degree, can then immediately take the licensure test. The goal of this program is to assist some of North Carolina's most experienced counselors in advancing in their profession and then utilizing them to meet critical workforce needs.^g

To encourage more students to enter the substance abuse profession, the Task Force recommends that the current initiative within the Governor's Institute on Alcohol and Substance Abuse be expanded. To do so, the Task Force recommends:

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- e Seven community colleges offer substance abuse degrees: Central Piedmont Community College, Guilford Tech Community College, Pitt Community College, Sandhills Community College, Southwestern Community College, Wake Tech Community College and Western Piedmont Community College.
 - f The eight universities that offer master's degrees in addiction counseling include: Appalachian State University, East Carolina University, North Carolina A & T State University, North Carolina State University, The University of North Carolina at Chapel Hill, The University of North Carolina at Charlotte, The University of North Carolina at Wilmington, Western Carolina University.
 - g McEwen S. Executive Director, Governor's Institute on Alcohol and Substance Abuse. Written communication. December 2, 2008.

Recommendation 6.1 (PRIORITY RECOMMENDATION)

- a) The North Carolina General Assembly should appropriate \$750,000 in recurring funds in SFY 2010, and an additional \$750,000 in recurring funds in SFY 2011 for a total of \$1.5 million in SFY 2011, increasing to \$2.0 million in SFY 2013 to the Governor's Institute on Alcohol and Substance Abuse to create a scholarship program to increase the number of qualified professionals in the field of substance abuse treatment. Funding should be used to:
 - 1) Pay up to \$3,000 per year for up to two years of community college training for 50 students enrolled in a human services program with the intention to enter the substance abuse field.
 - 2) Pay up to \$5,000 per year for up to four years of undergraduate training for 50 qualified undergraduates who have declared a major in a human services occupation that would meet the requirements for LCAS, CSAC, CSAPC, CSARFD, or CCJP
 - 3) Pay up to \$5,000 per year for up to two years of graduate level substance abuse training to 50 eligible individuals with a bachelor's degree who have been accepted into one of North Carolina's master's level substance abuse programs.
 - 4) Pay up to \$2,000 per year for up to two years to purchase training or supervision hours for 50 qualified individuals with a bachelor's or master's degree in an appropriate field who are working towards CSAC, LCAS, or CCS licensure.
 - 5) Students who receive scholarship funds would be required to work for one year in a public or private not-for-profit substance abuse treatment program for every \$4,000 received in scholarship funds and would be required to pursue substance abuse licensure or certification.
 - 6) Students who do not complete their substance abuse training or licensure, or who fail to meet the work requirements would be required to pay back the scholarship funds with 10% interest with appropriate time standards.
- b) The North Carolina General Assembly should appropriate \$200,000 in recurring funds in FY 2010 to the Area Health Education Centers program to create and incentivize five programs to serve as substance abuse clinical training sites for people seeking CSAC, LCAS, CCS, CCJP, CSARFD or CSAPC credential.

In addition to producing more licensed or certified substance abuse professionals, North Carolina should do more to train physicians in addiction medicine. To accomplish this, the Task Force recommends:

Recommendation 6.2

- a) The Area Health Education Centers Program should work with the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, the North Carolina Psychiatric Association, and other relevant organizations to develop residency rotations for psychiatrists and other physicians in addiction medicine. The goal is to develop clinical training opportunities in existing residency programs in Alcohol and Drug Abuse Treatment Centers and other appropriate settings to improve the substance abuse training of psychiatrists, family physicians, emergency medicine or other physicians likely to enter into the addiction field in both inpatient and outpatient settings.
- b) The North Carolina General Assembly should appropriate \$200,000 in recurring funds in SFY 2010 to the Area Health Education Centers program to develop and support new clinical training rotations for residents in substance abuse.

Public agencies that provide substance abuse services have greater difficulties than other substance abuse providers in attracting and retaining substance abuse professionals.

Substance Abuse Professionals in the Publicly Funded System

Public agencies that provide substance abuse services have greater difficulties than other substance abuse providers in attracting and retaining substance abuse professionals. Not only is there a low number of qualified substance abuse providers, but public agencies have problems because of the low job classification and salary that can be offered to substance abuse workers. In 2005, the North Carolina General Assembly changed the substance abuse licensure and credentialing laws to require all substance abuse professionals to have appropriate credentials (i.e. licensure, registration or certification).^h The Office of State Personnel recently increased the grade level for certain substance abuse professionals; however, additional increases and flexibility in hiring are still needed.^{7,8}

Under the North Carolina Office of State Personnel, substance abuse clinicians who work for local and state governments can be classified from grade 60 to grade 72 (depending on the job responsibilities). The salary for substance abuse workers with a high school degree and one year of experience begins at \$26,584 (grade 60). A Licensed Clinical Addiction Specialist can be classified as a grade 70, with a starting salary of \$38,174. The highest job classification is a Certified Clinical Supervisor (grade 72) with a salary beginning at \$41,173. The 72 level has only been approved for CCS level substance abuse supervisors who are in very short supply in the state.

^h Session Law 2005-431, NCGS §90-113.30.

One of the major problems for state and local substance abuse agencies is the starting grade level for LCAS. Licensed Clinical Social Workers who have similar education and training requirements as LCAS can start at grade level 72, but LCAS are limited to grade level 70. In addition the two substance abuse professional positions that are a grade 70 and 72 do not allow a trainee progression. This means that it is difficult to hire individuals who are in the process of completing their licensure or supervisory certification. This will continue to cause problems with hiring.

In order to ensure an adequate supply of substance abuse professionals willing to work for public agencies, the Task Force recommended:

Recommendation 6.3

The North Carolina State Personnel Commission should:

- a) Reevaluate and increase the pay grades for substance abuse professionals with a LCAS, CCS, CSAC, CCJP, and CSAPC credentials.
- b) Allow for a trainee progression for LCAS and CCS.

References

- 1 North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services. *Distribution of Certified/Licensed Substance Abuse Professionals in North Carolina*. Raleigh, NC: North Carolina Dept of Health and Human Services; 2008.
- 2 Cecil G. Sheps Center for Health Services Research. North Carolina Health Professionals Data System, special run. Chapel Hill, NC: Cecil G. Sheps Center for Health Services Research; 2008.
- 3 Holliman E. The future of our substance abuse workforce in North Carolina: increasing the availability of substance abuse counselors. Presented to: The North Carolina Institute of Medicine Task Force on Substance Abuse Services; September 26, 2008; Cary, NC.
- 4 Pharr M. Department of Juvenile Justice and Delinquency Prevention. Presented to: The North Carolina Institute of Medicine Task Force on Substance Abuse Services; June 23, 2008; Cary, NC.
- 5 Stein F. The substance abuse workforce. Presented to: The North Carolina Institute of Medicine Task Force on Substance Abuse Services; September 26, 2008; Cary, NC.
- 6 North Carolina Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services; North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. *The Workforce Development Initiative*. Raleigh, NC: North Carolina Dept of Health and Human Services; 2008. <http://www.dhhs.state.nc.us/MHDDSAS/statspublications/reports/workforcedevelopment-4-15-08-initiative.pdf>. Accessed November 19, 2008.
- 7 NC state government job specs. North Carolina Office of State Personnel website. http://www.osp.state.nc.us/CLASS_SPECS/WebPages/SSpecs.htm. Accessed December 12, 2008.
- 8 Compensation. North Carolina Office of State Personnel website. http://www.osp.state.nc.us/CompWebSite/Compensation_Web_Site.html. Accessed December 12, 2008.