

About the CSAP NAC

The Center for Substance Abuse Prevention (CSAP) National Advisory Council advises, consults with, and makes recommendations to the Secretary of the Department of Health and Human Services (HHS); the Administrator, Substance Abuse and Mental Health Services Administration; and the Director of CSAP, concerning matters relating to the activities carried out by and through the Center and the policies respecting such activities.



Current CSAP NAC Members

- Anton Bizzell, MD
Bowie, MD
- M. Dolores Cimini, PhD
Albany, NY
- Pamela Drake
Farmington, NM
- Scott Gagnon, MPP, PS-C
Augusta, ME
- Dianne Harnad, MSW
Willington, CT
- Stefano "Steve" Keel
Boston, MA
- Michael Lindsey, PhD,
MSW, MPH
New York, NY
- Valerie Mariano, MA, CPS
Honolulu, HI
- Craig PoVey
Salt Lake City, UT
- Kathleen Reynolds
Ypsilanti, MI
- Ruth Satterfield
Newark, OH

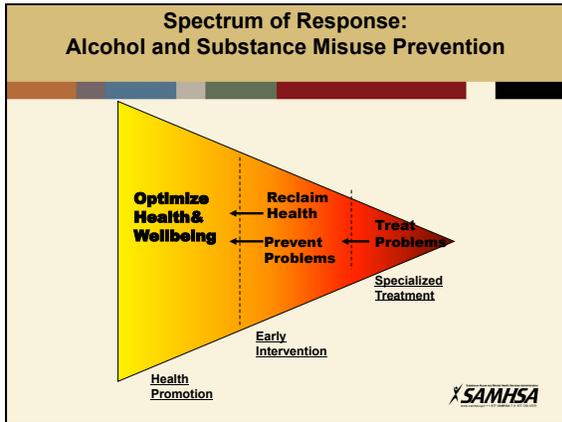


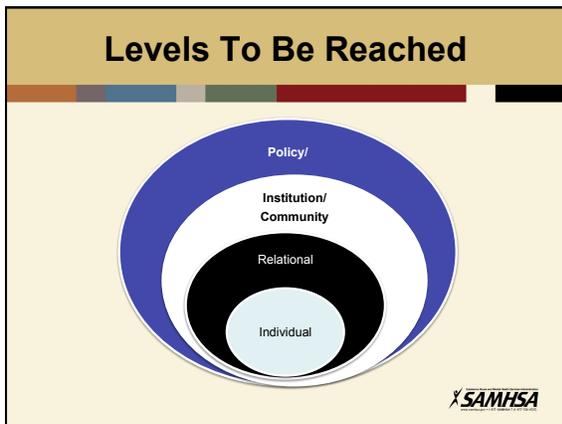


Prevention Outreach Workgroup Update

NAC Discussion
August, 2017







- ### Activities Since February
- **Literature Review**
 - Where are prevention activities conducted?
 - What are workforce outreach needs?
 - What do professions and accreditation bodies say about role of prevention?
 - **Data Collection**
 - Current college students, recent college alumni
 - Staff of college career centers
 - **Conference calls with workgroup members to continue to refine recommendation**
 - **Further review and integration of information from data, literature, and input from NAC members**
 - **Conference call with full NAC for feedback and further refinement**
- SAMHSA

Findings and Considerations

#1: A specialized, highly trained, robust prevention workforce is essential in promoting and supporting the behavioral and physical health of our nation.

- There is clear evidence that the distinct scope of prevention work is distinct, offers a significant contribution to the health of our nation.
- **How should prevention be universally defined?**
- **How can the message about the importance of prevention be communicated?**
- **To whom should the messages be communicated? How might this differ by audience?**



Findings and Considerations

#2: Opportunities exist for promoting and enhancing workforce development partnerships, training opportunities, and employment focused on the implementation of prevention best practices.

- Prevention practice takes place across a wide range of professions and types and levels of education.
- Many professions appear to be positioned to offer training in prevention as part of their curricula and have developed competencies associated with this scope of practice.
- **How do we know what motivates individuals to enter the field?**
- **How do we know what jobs exist?**
- **How do we identify training and employment settings that will both offer real-life opportunities to develop competencies and foster interest in pursuing prevention careers after graduation?**



Findings and Considerations

#3: Young people should be encouraged and supported to enter prevention fields through exposure to prevention careers, specialized educational programs, and practical training and mentoring opportunities.

- College students may have a strong interest in pursuing careers that focus on helping communities and promoting behavioral health but lack awareness and training and mentorship opportunities
- **How do we offer exposure to careers in prevention as well as mentoring opportunities to our young people as early in their education as possible?**
- **What are the best settings to conduct outreach?**
- **What partners do we need to engage?**



Draft Recommendation

“Engage communities and other stakeholders in efforts to promote prevention careers and expand the prevention workforce across the spectrum of behavioral health, which includes prevention, treatment, and recovery, by supporting activities such as education and marketing campaigns, training within minority fellowship programs and prevention fellows programs, and pre-service recruitment.”



Potential Strategies

Level	Action Step
Individual	• Develop and disseminate marketing materials highlighting prevention careers that consider the characteristics of an individual that influence behavior and behavior change, including knowledge, attitudes, behavior, self-efficacy, developmental history, gender, age, religious identity, racial/ethnic identity, sexual orientation, economic status, financial resources, values, goals, expectations, literacy, and others.
Relational	• Partner with formal and informal social networks and social support systems that can influence individual choices to pursue prevention careers, including teachers/instructors, counselors, family, friends, peers, co-workers, religious networks, and others.
Institutional	• Partner with educational institutions, professional organizations, and coalitions to offer curriculum resources and volunteer and paid training opportunities, including internships and other mentored opportunities, focused on prevention.
Policy	• Work to modify, as indicated, local, state, national and global certification and accreditation standards and funding source parameters that define scope of work.



Prevention Credentialing Workgroup Update

**NAC Discussion
August, 2017**



Aim and Key Issues

Key Issues

1. Understanding the key barriers that states and prevention professionals face in relation to certification/credentialing programs for the prevention field
2. Ensuring certification/credentialing programs build sufficient skills to equip providers with ability to address emerging trends and have an understanding of addiction as a chronic disease and the continuum of care



Workgroup Activities

1. Initial workgroup conference calls to explore key issues and data gathering activities
2. Initial stakeholder discussions with representatives from:
 - International Certification & Reciprocity Consortium (IC&RC)
 - The National Prevention Network (NPN)
 - SAMHSA Center for the Application of Prevention Technologies (CAPT)



Activities Since February

3. Query of National Prevention Network (NPN) members
4. Further review and integration of information from literature
5. Conference calls with workgroup members to continue to refine recommendation
6. Conference call with full NAC for feedback and further refinement



NAC Discussion: Prevention Credentialing and States

What do we know?

- 45 of 50 states have Prevention Certification credentialing.
- Not all states require prevention certification credentials for prevention professionals.
- Information gathered thus far suggests varying degrees of connection between prevention certification boards and NPNs.



NAC Discussion: Prevention Credentialing Standards and Training

What do we know?

- Some state prevention certification boards set standards more rigorous than the IC & RC requirements.
- Inconsistency exists across state prevention certification boards in revisiting their standards for certification/recertification. (IC & RC recommends annual review)



Data from IC & RC

- **IC & RC Demographic Survey – 2016**
- **2016 Data on Number of CPS in the States.**
- **Requirements of Prevention Boards in each of the States.**



Demographics

- 2 out of 3 current CPS are 45 or older.
- 3 out of 4 are female
- Only 1 out of 4 are non- White/Caucasian
- Only 9% fluent in language other than English
- 1 out of 10 self-describe as being in recovery
- 87% have Bachelor's or Master's degree



Other IC & RC data

- **Variability in experience and training hours required:**
 - 12 states require more than 2000 hours
 - 7 require more than 120 training hours
 - 12 states require a degree
- **States with largest amount of CPS' per capita: Delaware, New Hampshire, Maine, Oregon, and South Dakota**
- **22 states have less than 1 CPS per 100,000 population**



Demographics continued

- **Most common fields in which degrees achieved: counseling, education, psychology, and social work**
- **Top 3 places of employment: Prevention coalition, state government, and education**
- **Over 2 out of 3 required to have CPS for employment.**



NPN Query

- **11 question query of NPN Network members**
- **19 responses received**
- **Topics included**
 - *Prevention credentialing, incentives & barriers for states*
 - *Barriers/challenges for individuals seeking credential*
 - *Availability and access of training relative to skill needs and credentialing requirements*



NPN Query - results

- **10 of 19: Prevention credential required to implement state-funded prevention programs**
- **Advantages to state for this requirement**
 - *Appropriate and consistent skill levels*
 - *Accountability to taxpayers*
 - *Ensuring professionalism*
 - *Code of Ethics*
- **Reasons for not requiring**
 - *Concern about creating hiring barriers*
 - *Concern about costs to individuals to become credentialed*
 - *Limited capacity in prevention funding to adequately compensate credentialed vs non-credentialed professionals*
 - *Even where not required, still highly encouraged*



NPN Query – barriers/ challenges

- **Barriers/challenges to prevention professionals seeking credential**
 - *Costs to individuals (trainings, application & exam fees)*
 - *Costs to organizations to adequately compensate credentialed professionals*
 - *Available trainings may be less accessible for some due to: geography, costs, time, etc.*



Training availability

- 12 of 19 say agreed/strongly agreed adequate training available in their state to satisfy credentialing requirements
- 10 of 19 agreed/strongly agreed adequate training available to advance the prevention workforce to address emerging trends and changing landscape
- 9 to 10 out of 19 agreed/strongly agreed adequate levels of training available for the individual prevention credentialing domains.



Findings and Considerations

#1. A well-utilized, certified prevention workforce with appropriate skills and access to adequate training inventories is needed to address the changing prevention landscape.

- The credentialed prevention workforce is aging.
- The credentialed prevention workforce lacks cultural and professional diversity.
- A precise census of prevention professionals and training opportunities in the United States does not exist.
- How do we ensure the prevention workforce has the training and skill sets necessary to implement effective prevention initiatives within this context?
- How do we increase the cultural and professional diversify the workforce?
- How do we ensure prevention efforts are grounded in culturally representative approaches?



Findings and Considerations

#2. A significant portion of the prevention workforce in this country that does not have the prevention certification.

- Contributing factors include:
 - Whether or not a state has an active prevention certification board.
 - Whether or not a state requires individuals implementing state-funded prevention programs to have the prevention certification.
 - The rigor of individual state prevention certification boards.
- How can we better understand the barriers to certification for individuals and states?
- How can we determine and enhance the level of awareness among prevention professionals of their states' prevention certification process?
- What might the unintended consequences be of requiring a higher rigor of standards for certification impacts the prevention workforce?



Draft Recommendation

“Collaborate with Single State Authorities (SSA) to develop and utilize prevention workforces that are credentialed and diverse, and within their states, have access to sufficient inventories of training and continuing education opportunities in line with current and emerging skill needs in the changing landscape of prevention.”



Potential Strategies

Strategy 1	Develop and implement a strategy of requiring SSAs to require prevention certification of prevention professionals implementing programs funded by SAMHSA dollars.
Strategy 2	Allow and encourage SSAs to use prevention set aside dollars to conduct assessment and to inventory prevention education and training opportunities accessible to the prevention professionals in their state or territory. The assessment should include a summary of training gaps relative to the skills and training requirements for prevention certification.
Strategy 3	Provide technical assistance to SSAs to implement promotion, outreach, and recruitment strategies to attract more young people to the prevention field, with a focus on increasing gender and ethnic/racial diversity. Technical assistance should include developing measures to gauge and track the impact of programs.

Discussion Question

- **How should SAMHSA engage communities and stakeholders in efforts to promote prevention careers and expand the prevention workforce?**
 - *Marketing regarding prevention careers*
 - *Pre-service recruitment activities*
 - *Partnering with stakeholders to offer training opportunities*
 - *Outreach to professional accrediting bodies*



Discussion Question

- **Should prevention professionals be required to have a certification? Why or why not?**
- **What are the barriers to certification in your state?**



Next Steps

- Gather further input from the field
- Define roles for SAMHSA and other stakeholders in moving the process forward
- Define areas in need of future research
- Refine recommendations and strategies

Our main goal is to assist our country in developing and expanding the prevention workforce.



Acknowledgments

NAC Prevention Outreach Workforce Work Group <ul style="list-style-type: none">• Dolores Cimini (Chair)• Pamela Drake• Michael Lindsay• Kathy Reynolds	NAC Prevention Credentialing Workforce Work Group <ul style="list-style-type: none">• Scott Gagnon (Chair)• Steve Keel• Valerie Mariano• Craig Povey
--	--

CSAP Support Team and Consultants/Contractors