California’s SUD Workforce Needs: 
Behavioral Health Integration 
Organized System of SUD Care

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OVERVIEW

1) Current SUD Workforce

2) Integrated Behavioral Health and Workforce Implications

3) Changes to Specialty SUD Services and Workforce Implications
1. Current SUD Workforce
California’s Current SUD Workforce

• Approximately 35,000 individuals are registered as alcohol/drug abuse counselors

• Also includes social workers, nurses, psychologists, psychiatrists

• State SUD workforce is “undefined, lacks clear parameters, and cuts across multiple licensed, certified, and unclassified professions”

Office of Statewide Health Planning and Development, Health Workforce Development Council Career Pathway Subcommittee, 2012
California’s SUD Workforce Needs to Grow

• Less SUD counselors per capita than other states

• Very few board certified addiction psychiatrists

• Demand likely to grow due to AB 109 and Affordable Care Act

How the Current Workforce Operates: In a Silo

Medical Care System

MH System

SUD System
How the Current Workforce Operates

There are many “silhouettes” within the SUD “system”
2. Integrated Behavioral Health and Workforce Implications
The Affordable Care Act

- Insurance expansion through Medicaid, Exchanges

- All plans include SUD treatment

- Expect a significant amount of services related to substance use to be delivered in primary care settings (SBIRT)
In primary care, SUD services will become part of Integrated Behavioral Health.
<table>
<thead>
<tr>
<th>Area</th>
<th>SUD Treatment</th>
<th>Integrated Behavioral Health</th>
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<tbody>
<tr>
<td>Environment and pace of work</td>
<td>Scheduled</td>
<td>Spontaneous and hectic</td>
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<td></td>
<td>Long blocks of time</td>
<td>Brief interactions 3-5 sessions total</td>
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<td>Long recovery process</td>
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<td>Treatment population</td>
<td>Acute SUD</td>
<td>Mental health and/or</td>
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<td>SUD at varying levels of severity</td>
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<td>Treatment focus</td>
<td>SUD</td>
<td>Interrelated medical and behavioral health</td>
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<td>Who provides services</td>
<td>Individual SUD provider</td>
<td>problems</td>
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<td>Billing/Administrative</td>
<td>SUD system (Block Grant)</td>
<td>Many billing structures (Insurance)</td>
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<td>responsibilities</td>
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Integrated Care
Knowledge, Skills, and Attributes (KSA)

Efficiency

– Fast pace of work

– Do assessments quickly and accurately

– Deliver services in a targeted, time-efficient manner

– Communicate with colleagues quickly, effectively
Integrated Care Knowledge, Skills, and Attributes (KSA)

- Interpersonal Communication Skills

  - Make patients feel at ease, comfortable communicating personal issues quickly

  - Strong listening, comprehension, analytic skills to synthesize information from patients and document it

  - Effectively communicate with team members
Screening and Assessment

- Identify which patients need services, at what level, and with which modality
- Well-versed in validated screening and assessment tools
- Knowledge and ability to screen for other behavioral disorders (depression, anxiety, etc)
Integrated Care
Knowledge, Skills, and Attributes (KSA)

• Efficient, clinically targeted Interventions for mental health and SUD
  – Efficient, clinically targeted interventions generally 3-5 sessions, under 15 minutes per session
  – Harm reduction attitudes and approaches will be far more relevant in these settings. “Reduce problem substance use and the negative health consequences”
  – Increased use of approaches geared more toward rapid behavior change and problem solving than personality-centered or insight-oriented care
Integrated Care
Knowledge, Skills, and Attributes (KSA)

• Cultural Competence and Adaptation

  – Most primary care practices see a diverse population

  – Need to be able to adapt communication styles and interventions to be culturally and linguistically appropriate
Integrated Care
Knowledge, Skills, and Attributes (KSA)

• Care Planning and Coordination

  – Collaborate with other providers to determine role that behavioral health services will play in overall treatment plan

  – Adjust behavioral health treatment plan as physical health conditions evolve

  – Coordinate behavioral health services with physical health care
Integrated Care
Knowledge, Skills, and Attributes (KSA)

• Collaboration and Teamwork
  – Will be on a team with other medical and behavioral health providers
  – Need to collaborate on patient care
  – Realize that care is more focused on “whole person” than just SUD outcomes
Integrated Care
Knowledge, Skills, and Attributes (KSA)

• Consultation and Liaison Skills
  – Will serve as consultants for medical providers serving clients with behavioral health conditions
  – Understand impact behavioral health conditions have on physical health (and vice versa)
  – Familiarity with treatments for common medical conditions
  – Understand how behavioral health and medical treatments may interact
  – Coordinate behavioral health services with other medical care
3. Changes to Specialty SUD Services and Workforce Implications

“In times of change, the learners inherit the earth, while the learned find themselves beautifully equipped to deal with a world that no longer exists.”
Change Within Specialty SUD System

- Affordable Care Act

- California SUD workforce will need to add between 2,100 and 2,800 FTEs between 2012 and 2019

Change Within Specialty SUD System

- Affordable Care Act
  - The SUD field will be held to the same standards and requirements as other parts of the healthcare system
  - The SUD system needs to prepare to document and codify its services and service delivery systems
Change Within Specialty SUD System

• California’s Drug Medi-Cal Waiver
  – Will dramatically change Drug Medi-Cal Services in participating counties
  – Likely to be approved by CMS in March 2015
Changes for Creating an Organized System of SUD Care

• Waiver will expand the following services to DMC Beneficiaries:
  – Residential treatment
  – Physician consultation
  – Outpatient treatment
  – Case management
  – Medication Assisted Treatment
  – Withdrawal Management

• Services will be structured as a continuum of care modeled on ASAM criteria
SUD Services will evolve from silos...

- Outpatient
- Residential
- Detox
- Recovery Supports
- NTP
- MAT
- Harm Reduction
- Abstinence
- Social Model
Patients will step up or down to different levels of evidence-based care depending on their responses to treatment.
### Silos to Continuum: Implications

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<th>Continuum</th>
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Continuum of Care
Knowledge, Skills, and Attitudes (KSA)

- Center for Substance Abuse Treatment’s Technical Assistance Protocol (TAP)
  - Defines KSA needed for addiction counseling, but is incomplete and out of date for current needs
- 4 transdisciplinary foundations
- 8 practice dimensions
Transdisciplinary Foundation: Understanding Addiction

• Understanding and recognition of:

  – Models and theories of addiction

  – Social, cultural, economic, and political contexts of addiction

  – Behavioral, psychological, physical health, and social effects of substances on person using and significant others

  – Potential of SUDs to mimic or co-occur with other medical and mental health conditions
Transdisciplinary Foundation: Treatment Knowledge

• Required KSA:
  – **EBPs for treatment**, recovery, relapse prevention, and continuing care for addiction/SUD
  – **Importance of research and outcome and performance data** and their application in clinical practice and management of the continuum of care.
  – **Value of an interdisciplinary team** approach to addiction treatment
  – Provide culturally and linguistically-appropriate services
Transdisciplinary Foundation: Application to Practice

• Required KSA:

  – Use ASAM criteria to place patients within the continuum of care

  - Have an awareness and acceptance of the value of all evidence-based treatments strategies.

  – Be familiar with and promote the clinically appropriate application of medication-assisted treatments for SUD.

It is no longer an acceptable clinical standard to “not believe in” addiction medications.
Transdisciplinary Foundation: Professional Readiness

• Required KSA:

  – Principles of patient-centered care
  – Ethical and behavioral standards of conduct
  – Importance of ongoing supervision and continuing education
Recent Advances in SUD Treatment: Evidence-Based Practices

- Treatment for individuals with co-occurring mental disorders
- Medication Assisted Treatment (MAT)
- Motivational Interviewing
- Cognitive Behavioral Therapy
- Interventions tailored for women
- Treatment of stimulant use disorders with behavioral interventions
- Management of chronic pain
Change Will Require Major Shifts

• Staff may need training and education to develop KSAs

• A shift in mindset
  – Operating as a part of an organized system of SUD care, not as a standalone program
  – Structuring care around evidence-based approaches, not philosophy or personal experience
Critical New Skills Required

• Use of ASAM Criteria to conduct patient placement. This is an important training need, but far from the only training need.

• Use of utilization management procedures

• Use of a meaningful quality assurance process

• Creation of true community program linkages with all elements of the continuum (including outpatient methadone programs).

• Development of more effective intra and inter program communication (to reduce “siroettes”).
How will the workforce learn the critical KSAs (especially the new KSAs)

• An extensive training effort will be required to prepare the workforce for SUD service integration and for creating a functional organized system of SUD care.

• Without a comprehensive program of training conducted over the next 2-3 years, SUD services will not be integrated with primary care and SUD services will not function as an organized system of care.
Conclusions

• The Affordable Care Act and upcoming Drug Medi-Cal Waiver will have a major impact on SUD service delivery in California

• The SUD workforce will evolve into two distinct workforces:
  – Integrated Behavioral Health
  – Specialty SUD Continuum of Care
Conclusions

• In both systems, the SUD workforce will need to shift towards providing evidence-based care

• Care in both systems will be part of a bigger system of care
  – Integrated Behavioral Health: Part of the overall medical system
  – Specialty SUD care: An Organized System of SUD Care
Conclusions

• Future SUD workforce will need to appreciate they are part of a larger service delivery system: they will no longer be able to provide services in isolation.

• The current and future SUD workforce will need to be trained to develop KSAs, and understanding of their role in the future health care system. This is a priority.
Thank You

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