

**Office of Drug Control Policy  
Department of Community Health**

**Workforce Development Workgroup Final Report**

**October 2006**

## **Introduction**

Unlike almost all other states, there is no Michigan staff credential or standard with regard to persons working in the field of prevention or treatment for persons with substance use disorders.

Michigan's substance abuse legislation, PA 368 (1978, as amended) Article 6 and Administrative Rules governing substance abuse services are silent with regard to staff qualifications. Licensure requirements for social work, psychology, and counseling permit the provision of substance abuse treatment but also provide licensure exceptions for individuals working in licensed substance abuse programs.

Until fiscal year 2006 (FY06), the state required Substance Abuse Coordinating Agencies (CAs) to assure that individuals providing substance abuse treatment had passed a Fundamentals of Alcohol and Other Disorders Professional (FAODP) (previously FSAC) test. However, by 2003, the FAODP exam was outdated and the associated written test is considered compromised. Correspondingly, the state contractual requirement was dropped and staff qualifications delegated to the CA.

In 2005, the Department of Community Health (DCH), Office of Drug Control Policy (ODCP) reached a tentative decision to support an existing, nationally accepted credential that addressed both treatment and prevention. In order to consider the operational and other implications, a workgroup was established. This workgroup is recommending:

- 1) The International Certification & Reciprocity Consortium (IC&RC) credentialing requirements, specific to substance abuse prevention and treatment, be endorsed by DCH/ODCP. However, that other comparable and equivalent credentials be considered acceptable in lieu of IC&RC credentials if these are comparable with regard to education and experience as well as ethics and certifying board administrative capability.
- 2) The credentialing requirements apply to those individuals who provide clinical services, prevention programs and all supervisors/managers. Staff whose job responsibilities are paraprofessional or specially focused in nature would not require credentialing when working under the supervision of credentialed staff.
- 3) Michigan specific as well as IC&RC reciprocal grandparenting provisions be adopted.
- 4) Consideration in the rate setting process be provided for provider cost implications including access to credentialed staff, supervision, training, and continuing education requirements.
- 5) Complete implementation of credentialing for the CA provider network by October 1, 2008.
- 6) Make training available for staff, and provide recognition to the value of diversity and need for geographic availability. Further, that relationships with universities for development of addiction-specific curricula be fostered.

- 7) Broadly disseminate these recommendations for input and consideration as final decisions are made.

## **Background**

There is no Michigan state staff credential or standard with regard to persons working in the field of substance abuse prevention or in the provision of treatment for persons with substance use disorders. Nationally, 44 states recognize IC&RC credentials (for three, prevention only) and many of these states do so on the basis of state statute or rule.

**State Law and Administrative Rule.** Michigan's substance abuse state law, PA 368 (1978, as amended) Article 6 is silent with regard to staff qualifications, but requires substance abuse prevention and treatment program licensure. The administrative rules governing program licensure are silent as to staff qualification. A second source for guidance is state law regarding health care professionals. Licensure requirements for social work, psychology, and counseling permit the provision of substance abuse treatment but various exceptions were made to these health care profession licensing requirements. State laws, MCL 333.18506(a)(1)(f), MCL 333.18214(5) and MCL333.18115(2)(c) provide exception to the licensure requirements for either persons working in licensed substance abuse treatment programs and/or for trained individuals who do not hold themselves out to be licensed in that profession. Consequently, since program licensure is silent with regard to staff qualifications and professional staff licensure provides substance-use disorder treatment exemptions there is no state requirement. Additionally, there is no state requirement or guidance with regard to the staff qualifications of individuals providing substance abuse prevention services.

**Credentialing History.** State substance abuse law was adopted in 1978 and the Substance Abuse Administrative Rules were promulgated in 1981. At that time, the state substance abuse authority provided funding and actively supported a state specific certification process for substance abuse treatment staff—e.g. counselors. During the late 1970's and early 1980's, the state was a leader in national efforts to develop and adopt a recognized standard for the field. This national effort led in the early 1990's to an international consortium, the IC&RC, which in Michigan continues to be represented by the Michigan Certification Board for Addiction Professionals (MCBAP). In 1998, state funding in support of certification ended.

**Current Status.** Until FY06, the state required Substance Abuse Coordinating Agencies (CAs) to assure that individuals providing substance abuse treatment had passed a Fundamentals of Alcohol and Other Drug Problems (FAODP) (previously FSAC) test. However, the FAODP exam, by 2003 was outdated and the written test was considered compromised. Correspondingly, the state contractual requirement was dropped and staffing requirement-related decisions delegated to the CA. With no state standards and 16 CAs setting requirements, provider agencies as well as those seeking or working in substance use disorder programs encounter multiple standards.

From the public's perspective, there is no minimum standard for persons offering substance abuse treatment. From the provider's perspective, multiple different standards deriving from multiple funding and administrative agents create administrative challenges and inefficiencies.

Staff qualifications vary broadly across the state and there is little to no engagement with higher education in developing a future workforce. As standards of practice have evolved since the 1980's, there has not been corresponding assurance of the availability and capability of the workforce.

**Recent Activity.** In the mid 1990's the state substance abuse authority considered a certification requirement for all substance abuse staff. Among the concerns raised at the time were that the proposed requirement had not considered experience and academic achievement by staff in the substance abuse field, resistance from social workers and some licensed health care professions, perceived availability of training, and provider concerns regarding cost implications.

In lieu of re-designing the FAODP exam, a workgroup, convened by the Michigan Association of Substance Abuse Coordinating Agencies (MASACA) in 2004, reviewed various options and recommended that ODCP adopt IC&RC credentialing as the standard/requirement for the CA treatment provider network. Concurrently, a second ODCP workgroup was considering staff qualification and workforce development for prevention staff. In November 2004, it was recommended that ODCP develop an in-house workforce development and training capability for prevention staff and assume these associated responsibilities.

In 2005, ODCP considered the two sets of recommendations. A 'working' decision to support an existing, nationally accepted credential that addressed both treatment and prevention was reached since this represents a national standard with inter-state reciprocity, oversight would be provided through the national body, it would be consistently administered, did not require additional ODCP resources and was more likely to be supported by the profession. Additionally, IC&RC credentialing is currently available in Michigan and an independent administering authority is in place.

In order to consider the operational and other implications, a single workgroup consisting of representation from both of the earlier groups was established by ODCP in late 2005. Participation and notes from the ten meetings may be obtained by contacting Denise Murray, via email at [murrayden@michigan.gov](mailto:murrayden@michigan.gov) or phone at 517-335-0175.

The purpose of this workgroup has been to provide recommendations to ODCP regarding:

- 1) Development of a viable implementation plan and credentialing requirement;
- 2) Barriers to credentialing at the individual, provider and systems levels, and recommendations to address these;

- 3) Critical decisions necessary to establishing a credentialing requirement(s) such as to whom the credential requirement would apply, grandparenting, training and staff development needs; and
- 4) Development of long-term opportunities for substance abuse training through secondary education.

**Principles.** At the first workgroup meeting, principles with regard to a credentialing requirement were identified as follows:

- 1) That the primary purpose of credentialing is setting a statewide standard to assure the competency and quality of the workforce thereby providing common requirements and expectations across the state as well as a level of confidence for the public.
- 2) Recognize that experience as well as education of the workforce and that education degree alone does not ensure addiction-specific knowledge.
- 3) Consideration should be made to support diversity, geographic availability of staff and the availability of assistance for the current workforce in meeting credentialing requirements
- 4) Support for a reasonable and practical credentialing requirement including recognition of the availability of a credentialed workforce and the impact on program provider operations and costs.
- 5) Provision of a career ladder with different credentialing expectations within the substance use disorder-related professions.
- 6) Supporting the development of a closer working relationship with higher education to increase educational and training opportunities
- 7) That the credentialing requirement and process should accommodate future best practice.

### **Recommendations**

This workgroup is recommending the following.

- 1) **ODCP/DCH endorse the IC&RC credentialing requirements specific to substance abuse prevention and treatment including the Certified Criminal Justice Professional (CCJP) credential. However, that other recognized credentials comparable and equivalent to the Certified Addiction Counselor (CAC), Certified Clinical Supervisor (CCS), Certified Prevention Specialist (CPS) and/or Certified Prevention Consultant (CPC) be considered as acceptable in lieu of these IC&RC credentials. For example, recognition that the Certified Health Education Specialist (CHES) credential demonstrates competence in core prevention skills or state licensed professionals along with their national association having a specialty in addiction.**

**and**

- 2) The credentialing requirement applies to those individuals who provide clinical services, prevention programs, and supervisors/managers. Staff whose job responsibilities are paraprofessional or specially focused in nature, such as, for example, residential aides, prevention staff whose responsibilities are specific to the application of specific practices, or generalist case managers would not require credentialing when these staff work under the supervision of credentialed staff.**

These recommendations apply to the CA provider network that is funded with state and federal Substance Abuse Prevention and Treatment Block Grant funds. In recognition of the large number of shared CA and Medicaid providers, consistency with regard to staff qualifications for both the CA and the Medicaid provider panel requirements is recommended.

Applicability to Medicaid funded substance abuse services would require Medicaid policy promulgation. Application of the credentialing requirement for all applicable staff working in licensed substance abuse prevention and treatment services would require either legislation, or Administrative Rule development and adoption. The workgroup recommends consideration to broader application of the credentialing requirements as a long-term strategy. This is not, however, addressed in these recommendations.

There was considerable workgroup discussion with regard to the acceptance of credentials other than IC&RC and how such decisions about alternative credentials should be made. Generally, ODCP decisions about alternative credentials should include incorporation of ethics-related requirements including associated ethics investigation processes, credential monitoring and verification capability as well as education, experience and continuing education comparable to IC&RC as well as comparability with regard to core competencies and skills. And, that monitoring through the alternative credentialing related national board or similar authority is available.

The workgroup reviewed the nature of both the prevention and treatment workforce roles and responsibilities. In that regard, universal credentialing requirements were not considered to be feasible, practical or necessary. Instead, priority was placed on supervisory staff credentialing requirements and for those staff responsible for clinical and prevention programming. It was recognized that some local flexibility would be needed for unique situations such as small prevention services located within and supervised by treatment staff. The following general categories and associated credentialing expectations were identified:

<b>Staffing Category</b>	<b>Prevention</b>	<b>Treatment</b>
Administration/ Management	Not addressed; no certification required	Not addressed; no certification required
Program Supervisory Staff	General prevention program oversight and staff supervision responsibilities-consultant certification required	Clinical and program oversight and staff supervision responsibilities-supervisory certification required

<b>Staffing Category</b>	<b>Prevention</b>	<b>Treatment</b>
Specialist//Professional	Prevention staff with responsibilities for development and implementation of plans and services with responsible service areas at regional or local levels-certification required	Clinical staff providing substance use disorders treatment; counseling, and responsibility for provision of treatment programs and services-certification required
Specially Focused Staff	Individuals responsible for implementing a specific EBP curriculum or carrying out prevention related activities under the direction of other staff. Certification not required	Individuals responsible for carrying out specific activities relative to treatment programs but not responsible for clinical activities. May include case managers or AMS staff. Staff work under the direction of specialists or professionals. Certification not required
Resident Aides, support staff (inc. administrative)	Certification not required	Certification not required
Community group activist/recovery or other volunteer	Not recognized as a credential category; responsibilities determine credentialing requirement	Not recognized as a credential category; responsibilities determine credentialing requirement

**3) That Michigan specific grandparenting provisions as well as IC&RC reciprocal grandparenting provisions be adopted.**

The workgroup recommends two types of grandparenting provisions. The first is a Michigan specific non-reciprocal credential for the existing workforce that acknowledges current staff education and experience. The second grandparenting provision is IC&RC reciprocal. Subsequent to the time-limited grandparenting opportunity, new work force entrants to the job categories identified would be required to meet credentialing requirements. A summary of the proposed provisions is contained in Appendix A.

**4) That provision for cost implications to the provider network for access to credentialed staff, supervisory requirements and training/continuing education requirements on billable service time are considered in the rate setting process.**

The provider network concerns with regard to credentialing are identified primarily as follows:

- a) Workforce availability and ‘price’ given the educational and credentialing requirements.
- b) Impact on agency operations with regard to training and continuing education requirements.
- c) Impact on agency revenue given ‘lost billing or service time’ resulting from credentialing-related requirements in fee-based reimbursement models.
- d) Availability of staff with appropriate credentials and applicability to part-time, contract staff positions.

The workgroup recognized these costs and staff availability. Because new funding is not available to address these problems, the reimbursement and rate setting processes must be addressed. To that end, guidance can be offered through ODCP with regard to rate-setting requirements and processes used by CAs. Currently, accreditation requires staff development/education but prevention programs do not generally have such requirements.

It was recommended by the workgroup that rate setting guidance should include:

- a) Incorporating workforce development expectations within program services and reimbursement;
- b) Consideration to acknowledging in-service and other training capacity which satisfies certification requirements within the agency's administrative services; and
- c) Consideration to supervisory time spent within rate-based reimbursement through considerations to direct/supervisory time.
- d) Additionally, reimbursement rates would be expected to reflect workforce costs.

The workgroup did not address wages. However, in distinguishing between various staff types, (e.g. supervisory, specialist/professional, specially focused staff) a range of positions and pay would be expected. No solutions were identified with regard to contractual staff qualifications except that an exception to credentialing requirements was not supported. It was also recognized that the current workforce has a high proportion of part-time and contractual employees.

The workgroup did not recommend that an individual's credentialing fees be publicly funded. The workgroup did agree that staff in a given profession has responsibility to maintain professional requirements associated with their chosen field.

**5) That a sufficient but prompt period of time be provided for individuals, providers and CAs to implement credentialing requirements**

The identification of a proposed statewide implementation date was determined to be dependent on several factors:

- a) Time/experience requirements associated with the credential. For example, eligibility for the supervisory credentials requires experience.
- b) Availability of staff with the appropriate credential and current workforce implications such as displacement of current staff.
- c) Training and continuing education opportunities so that the credential can be obtained within the intervening time period.
- d) Assuring workforce diversity and geographic availability of a workforce.

Some CAs currently require IC&RC credentials within staff qualification requirements. With regard to prevention, the current availability of credentialed prevention staff in the field of substance abuse and use disorders is limited. Further, many prevention programs are

small, operated in conjunction with treatment programs or have budget limitations that preclude obtaining staff at credentialed levels.

With regard to implementation recommendations, the workgroup recommends credentialing requirements be incorporated in the MDCH/CA contract for network providers in both prevention and treatment services for the contract period beginning October 1, 2007 with provider network compliance expected by October 1, 2008.

- 6) That training or other support be made available for staff to meet credentialing requirements with recognition to diversity and geographic availability. Further, that long range, relationships with universities for development of addiction-specific curriculum be developed.**

The workgroup recognized that the major impact of the credentialing requirement would take place over time. However, it was considered important to identify the likely impact of credentialing requirements on the current workforce and to provide consideration to both experience and educational achievement.

Complete information with regard to the characteristics and credentials of the current CA provider network is not available. However, a 2004 survey, conducted by the first treatment workgroup of the CA provider network, provides information for about 1,800 staff. It is estimated that the survey represented approx.60-65% of the network statewide workforce. That survey identified the following:

**Age and Gender of Workforce by Category**

Category	Under 25	26-35	36-54	55 and over	Total	% Male	% Female
Therapist	3% (23)	18% (148)	54% (444)	25% (203)	818	37%	63%
Clinical Supervisor	1% (1)	16% (15)	63% (59)	21% (19)	94	35%	65%
Prevention Professional	8% (16)	25% (47)	52% (99)	15% (28)	190	23%	77%
Prevention Manager	0	30% (7)	48% (11)	22% (5)	23	14%	86%

**Race/Ethnicity Characteristics**

Race Ethnicity	% Michigan age 18+ census	%(#) 2004 all survey participants	%(#) 2004 survey participants -prevention professional & managers	%(#) 2004 survey participants -therapists & supervisors (treatment)	% currently CAC I, CACII, CPC, CPS	% treatment w/master's level	% treatment w/ bachelor's or master's level
White	83%	66% (1,185)	63% (135)	72% (664)	31%	75%	92%
Asian American	2%	1% (22)	.5% (1)	1% (9)	18%	56%	67%

Race Ethnicity	% Michigan age 18+ census	% (#) 2004 all survey participants	% (#) 2004 survey participants -prevention professional & managers	% (#) 2004 survey participants -therapists & supervisors (treatment)	% currently CAC I, CACII, CPC, CPS	% treatment w/master's level	% treatment w/ bachelor's or master's level
African American	13%	27% (481)	27% (58)	23% (210)	30%	37%	59%
Native American	<1%	1% (24)	.5% (1)	.8% (7)	38%	57%	57%
Other	1%	2% (29)	3% (6)	2% (22)	28%	86%	71%
Hispanic (all races)	3%	3% (37)	6% (14)	2% (14)	32%	50%	73%
Total	----	1,778	215	926	31%	65%	83%

**Bachelor, Master and Above Degrees.** With regard to degrees, Over 65% of individual therapists and clinical supervisors have master's degrees. The number of minorities with masters is lower. In prevention, the percentages for professionals and managers with master's degrees are 23% and 37% respectively. In contrast, the survey identified the following percentage of staff by category without at least a bachelor's degree:

22% clinical supervisors	35% prevention managers
16% individual therapists	28% prevention professionals

Non-degreed staff is more likely to be older—24% of the surveyed workforce in these categories was over age 55. By gender, women are more likely to be degreed. At the master's level, 20% more likely for primary therapists, 13% more likely for clinical supervisors, and 37% more likely for prevention professionals. All nine of the surveyed master's level prevention managers were female. There are similar differences at the bachelor's level.

**Credentials.** Of the survey results, 33% of the prevention managers and 20% of the prevention professional staff reported either a CPC or CPS IC&RC credential. With regard to treatment, 42% of the therapists and 48% of the clinical supervisors reported a CAC I or CAC II credential. Correspondingly, the impact of a certification requirement is expected to affect the remaining individuals. Of clinical supervisors and therapists with CAC I or CAC II credentials about 22% are non-degreed.

**Current CA requirements.** As of August 2006, of the 16 CAs:

- a) For prevention services-- at least one staff person within the prevention program.
  - Four CAs require IC&RC certification.
  - Three CAs strongly encourage IC&RC certification.
  - Three CAs have reported plans to require IC&RC certification.

b) For treatment services:

- Three CAs require IC&RC certification.
- Four CAs have plans to require IC&RC certification.
- Five CAs have degree (bachelors or masters, depending on program) requirements, some of which include CAC certification.

**Training.** The development of opportunities for training or continuing education requirements was discussed, in general, by the workgroup. Discussion included the following suggestions:

- a) Publishing the availability of on-line and other training opportunities.
- b) Designating a portion of the state training contract for specific training addressing regional or statewide credentialing needs.
- c) Seeking support from Great Lake Addiction Technology Transfer Center (GLATTC), Central Center for Application of Prevention Technologies (CAPT), or others sources to provide Michigan training support.
- d) Over time, seek support from public colleges and universities in addiction-specific curriculum development.

**7) That these recommendations be broadly disseminated and resulting input be considered as final decisions are made.**

It was recommended to publicize the plan and solicit input through posting on various websites; dissemination through the CA and provider network and sharing with the state's social work, psychology, and counselor organizations. A panel presentation at the September Substance Abuse Conference has taken place.

### **Implementation-Associated Roles and Responsibilities**

**ODCP/DCH.** Within the proposed framework, the role of ODCP would be to:

- 1) Establish statewide requirements and framework for CAs and their provider network.
- 2) Identify and reduce barriers and address operational concerns.
- 3) Support understanding and implementation.
- 4) Work to identify the impact on service outcomes and quality.
- 5) Assure broad review and opportunities for input to credentialing related decisions.

**Individuals.** Individuals currently (or interested) in substance abuse prevention or treatment jobs would be responsible for seeking and obtaining IC&RC credentials. Since these credentials require experience and education, individuals would also be responsible for their personal development plan that would lead to the credential.

**Licensed Substance Abuse Prevention and Treatment Provider agencies.** Agencies would be responsible for meeting the staff qualification requirements of their funding entities. Variable roles with regard to continuing education or training would be at the discretion of the provider agency or subject to their contractual obligations. Provider agencies would need to identify various staff functions and position descriptions with regard to the applicability of the credentialing requirement.

**CAs.** CAs will be responsible for establishing staff qualification requirements for their provider network and assuring credentialing requirements as outlined in the DCH/CA contract are met.

**Michigan IC&RC Credentialing Body.** MCBAP, as Michigan's IC&RC member board will be called upon to implement credentialing, including 'grandparenting' opportunities, maintaining development plans and related functions. Information about Michigan's credentialed workforce would also be maintained by MCBAP.

## Appendix A

### Overview-Credential and Grandparenting Requirements

In addition to the credentials identified below, the workgroup recommends that similar national or state recognized credentials be accepted in lieu of those specified in the table below. The workgroup also recommends consideration to education that demonstrates competence in core skills with substance use disorder specialized knowledge be recognized. This recognition has been incorporated in the Michigan specific requirements outlined below.

Note that the FAODP, previously FSAC, would not be recognized if the workgroup recommendation is implemented. However, there are likely to be opportunities for these individuals for Michigan specific credential depending on their education and experience.

IC&RC grandparenting opportunities are limited to situations in which a state makes a determination to offer the credential for the first time. Consequently, an opportunity for reciprocal IC&RC credentials will only be available for the Certified Advanced Addiction Counselor (CAAC).

The chart below is for summary, descriptive purposes only. For specific requirements and more detail, the MCBAP website, [www.mcbap.com](http://www.mcbap.com), should be consulted.

Credentials available September 2006	New Names/credentials as of October 2006	Summary Description of Requirements
CAC-I: Certified Addiction Counselor	Phases out beginning 10/06	
CAC-II: Certified Addiction Counselor (IC&RC Reciprocal)	CAC-R	<b>Education:</b> 270 contact hours <b>Experience:</b> No degree-6,000 hours; Associates-5,000 hours; Bachelors-4,000 hours <b>Supervision:</b> 300 hours supervised practical training <b>Testing:</b> IC&RC/AODA written and oral
CCS: Certified Clinical Supervisor (IC&RC Reciprocal)	CCS-R	<b>Education:</b> 30 contact hours <b>Experience:</b> 10,000 hours counseling; 4,000 hours clinical supervision <b>Testing:</b> IC&RC/CCS written exam
CPS: Certified Prevention Specialist (IC&RC Reciprocal)	CPS-R	<b>Education:</b> 120 contact hours <b>Experience:</b> 2,000 hours <b>Supervision:</b> 120 hours supervised practical training <b>Testing:</b> IC&RC/CPS written exam

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<b>Credentials available September 2006</b>	<b>New Names/credentials as of October 2006</b>	<b>Summary Description of Requirements</b>
CPC: Certified Prevention Consultant (exceeds IC&RC Reciprocal)	CPC-R	<b>Education:</b> 240 contact hours <b>Experience:</b> No degree-8,000 hours; Bachelors degree-6,000 hours; Masters degree-4,000 hours <b>Supervision:</b> 240 hours supervised practical training <b>Testing:</b> IC&RC/CPS written exam
	CAAC: Certified Advanced Addiction Counselor (will be IC&RC reciprocal at the end of grand parenting period)	<b>Education:</b> Master's Degree required and 180 contact hours <b>Experience:</b> 2,000 hours <b>Supervision:</b> 300 hours supervised practical training <b>Testing:</b> none
	CAC-M: Certified Addiction Counselor (Michigan specific)	<b>Education:</b> 270 contact hours <b>Experience:</b> No degree-8,000 hours; Associates-6,000 hours; Bachelors-4,000 hours. <b>Supervision:</b> 300 hours supervised practical training <b>Testing:</b> none
	CCS-M: Certified Clinical Supervisor (Michigan specific)	<b>Education:</b> 30 contact hours <b>Experience:</b> varies based on formal education: No degree-20,000 hours supervisory including 10,000 hours counseling; Bachelors-10,000 hours supervisory including 4,000 hours counseling; Masters-6,000 hours supervisory including 2,000 hours counseling <b>Testing:</b> none
	CPS-M: Certified Prevention Specialist (Michigan specific)	<b>Education:</b> 120 contact hours <b>Experience:</b> 2,000 hours <b>Supervision:</b> 120 hours supervised practical training <b>Testing:</b> none
	CPC-M: Certified Prevention Consultant (Michigan specific)	<b>Education:</b> 240 contact hours <b>Experience:</b> No degree-8,000 hours; Bachelors-6,000 hours; Masters-4,000 hours <b>Supervision:</b> 240 hours supervised practical training <b>Testing:</b> none

Note- MCBAP also offers the Certified Criminal Justice Professional (CCJP) credential; this is an IC&RC certification and has reciprocity.