

**Treatment and Recovery Supports for Adolescents with
Substance Use or Co-occurring Substance Use and
Mental Health Disorders and their Families:
The Texas Workforce**



AART Alliance for Adolescent
TX  Recovery and
Treatment in Texas

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Purpose of the Report

The Alliance for Adolescent Treatment and Recovery in Texas is an initiative aimed at enhancing the system of care for youth with substance use disorders (SUD) or co-occurring SUD and mental health conditions (COD) and their families. At the heart of the treatment and recovery system are the men and women that make up the behavioral health workforce in Texas. Issues such as access to care, quality of services, and availability of recovery supports are dependent on characteristics of the workforce. Therefore, this report aims to describe the behavioral health workforce in Texas, and when data is available the smaller workforce serving or supporting adolescents with SUD or COD and their families. The information within this report will further inform the state's strategic plan for creating a system that can address the needs of Texas' young people and prevent the negative outcomes associated with long-term addiction.

Methodology

A variety of data sources have been used to inform this report. Information on licensed behavioral health providers was gathered from the Department of State Health Services (DSHS), which serves as the regulatory body for most state health licenses. Information on state certifications was obtained from the Texas Certification Board of Addiction Professionals. Information on training programs within Texas was informed by the South Southwest Addiction Technology Transfer Center. University curriculum requirements and course offerings were gathered, within credential, associate, bachelor's, and graduate degree programs.

A statewide survey was conducted to obtain information on the characteristics of the workforce. The survey included questions on demographics, experience in the field, training, services and supports provided, and knowledge, skills, and abilities for the provision of evidence-based assessment and treatment practices. The survey was launched on July 19, 2016 and distributed to behavioral health providers through a variety of mechanisms. DSHS, the licensing agency, does not collect e-mail addresses for licensees, therefore, indirect strategies were needed to outreach to respondents. AART-TX partnered with state professional organizations, including the Texas Counseling Association, Texas Psychological Association, National Association of Social Workers – Texas, Texas Association of Marriage and Family Therapists, Texas Association of Addiction Professionals, and Texas Association of School Psychologists, to distribute the survey to all members. The Substance Abuse Division within the state office distributed the survey to all contracted providers and requested it be distributed to all staff. Similarly, the Association of Substance Abuse Programs distributed the survey to their membership. The survey was also sent to several large distribution lists, including attendees at the state's behavioral health conference and two conferences focused on trauma-informed care. Lastly, some licensees were targeted through SMS distribution to cell phones. However, technology limited this to 50 messages per day, greatly restricting its reach. Overall, it is estimated that the survey was distributed to an estimated 17,000 individuals with 745 individuals opening the survey and 732 completing some or all of the questions. It is likely that some individuals who received the survey did not respond because they felt it was not relevant to their current professional role, perhaps because they were not involved in service provision for individuals (or adolescents) with SUD or COD.

Overview of Workforce for Serving Individuals with Substance Use Disorders

In Texas, there are a variety of licensed providers eligible to provide behavioral health treatment to adolescents. A summary of each license type is provided in the Table 1, along with the associated licensing board. Licensed professionals in this list are allowed to provide diagnostic or treatment services within the scope of their practice, to the extent they have obtained the appropriate training and supervision.

Table 1. License and Certifications for the Behavioral Health Workforce

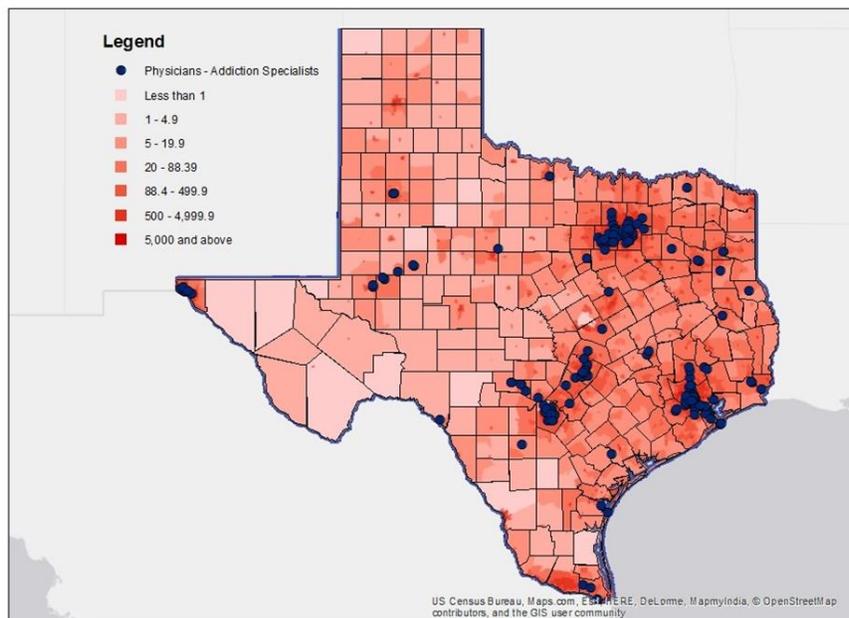
License Type	Licensing Body	Continuing Education Requirements
Physician	Texas Medical Board	48 hours/2 years 24 formal CMEs and 24 informal
Advanced Practice Registered Nurse in Psychiatry	Texas Board of Nursing	20 contact hours/year appropriate for role
Psychologist	Texas State Board of Examiners of Psychologists	20 hours/year
Professional Counselor	Texas State Board of Examiners of Professional Counselors	24 hours/2 years
Marriage and Family Therapist	Texas State Board of Examiners of Marriage and Family Therapists	30 hours/2 years
Clinical Social Worker	Texas State Board of Social Work Examiners	30 hours/2 years
Chemical Dependency Counselor	Texas Department of State Health Services	With Masters: 24 hours/2 years Without Masters: 40 hours/2 years
Certifications	Credentialing Body	Continuing Education Requirements
Advanced Alcohol and Drug Counselor	Texas Certification Board of Addiction Professionals	40 hours/2 years
Alcohol and Other Drug Abuse Counselor	Texas Certification Board of Addiction Professionals	40 hours/2 years
Advanced Certified Prevention Specialist	Texas Certification Board of Addiction Professionals	40 hours/2 years
Certified Prevention Specialist	Texas Certification Board of Addiction Professionals	40 hours/2 years
Associate Prevention Specialist	Texas Certification Board of Addiction Professionals	40 hours/2 years
Certified Chemical Dependency Specialist	Texas Certification Board of Addiction Professionals	40 hours/2 years
Certified Criminal Justice Addictions Professional	Texas Certification Board of Addiction Professionals	40 hours/2 years
Certified Clinical Supervisor	Texas Certification Board of Addiction Professionals	40 hours/2 years

Peer Mentor / Recovery Coach	Texas Certification Board of Addiction Professionals	20 hours/2 years
Peer Recovery Support Specialist	Texas Certification Board of Addiction Professionals	20 hours/2 years

The licensed professionals are all regulated by state administrative rules and require maintenance of an active license. Many of these professional groups also have levels that include trainees, allowing the person to provide services while under the supervision of a licensed professional. The certification program is voluntary, and does not exist within state regulations.

Physicians. There are two physician specialties focused on providing services to individuals with SUD. A specialty in Addiction Medicine is bestowed by the American Board of Addiction Medicine. This specialty requires that the licensed physician meets the clinical and educational criteria to sit for and pass a 6-hour written examination, as well as complete continuing education requirements annually. This specialty is not currently recognized by the American Board of Medical Specialty, but is the only specialty available to physicians who have not specialized in psychiatry. The second specialty, Addiction Psychiatry, is limited to psychiatrists and is bestowed by the American Board of Psychiatry and Neurology (ABPN). For a specialty in Addiction Psychiatry, physicians must complete a 1-year addiction

Figure 1. Location of Addiction Physician by Population Density



psychiatry residence, meet the ABPN eligibility requirements, and pass the ABPN certification examination. There are currently 276 physicians with a Texas addiction specialty, including 180 specialists in Addiction Medicine and 96 specialists in Addiction Psychiatry. Only 215 of the physicians are currently practicing in the state; 77 of those are Addiction Psychiatrists. A number of these addiction specialists are practicing within Veterans Administration clinics or

hospitals and may not provide services outside of this setting. The distribution of addiction specialists are presented in Figure 1.

Advanced Practice Registered Nurses (APRN). In Texas, Advanced Practice Registered Nurses (APRNs) specializing in Psychiatry and Mental Health can provide some treatments to individuals with chemical dependency. There are two advanced nursing roles, advanced nurse practitioners and clinical nurse specialists. Advanced Nurse Practitioners can receive prescription privileges and provide medication-assisted treatment, while Clinical Nurse Specialist (CNS) do not. APRNs must complete post-basic

specialty programs of at least one academic year and complete at least 500 clinical hours within their chosen specialty field as a part of the advanced educational program. There are currently 569 advance practice nurses with a specialization in psychiatry/mental health and 216 clinical nurse specialists with a mental health specialization.

Psychologists. The scope of practice for Licensed Psychologists (LPs) specifically includes the diagnosis, treatment and management of substance use disorders. However, the code of ethics requires that psychologists only practice with populations within the boundaries of their competence, based on their education, training, supervised experience, consultation or professional experience. Therefore, only a subset of LPs are likely to be competent to provide services to individuals with substance use disorders and an even smaller subset qualified to provide these services to adolescents. LPs must complete a doctoral degree in psychology, passage of a written psychology and jurisprudence exams, completion of two years of supervised experience (one after completion of doctoral degree), and the passage of an oral examination. Licensed Psychological Associates require practice under supervision of a LP; eligibility requires a master's or doctoral degree, completion of written examinations, and at least 450 supervised practice hours. There are currently 3,680 active Licensed Psychologists and 892 Licensed Psychological Associates.

Professional Counselors. The scope of practice for licensed professional counselors includes the evaluation, assessment, and treatment by counseling methods, techniques, and procedures for mental and emotional disorders, alcoholism and substance abuse, and conduct disorders. Similar to psychologists, professional counselors must practice within the scope of their competence, based upon the coursework, training, supervised practice, and professional experience that they have gained, so only those with competence in counselling individuals with substance use disorders would be able to provide services to this population. Professional counselors must complete a master's or doctoral program in counselling or a related field, complete 300 pre-graduate practicum hours with at least 100 in direct contact, pass a written counselling and jurisprudence exam, and complete 3000 hours of post-graduate supervised practice experience. In Texas, there are currently 18,781 LPCs, although 1,054 reside outside of the state, bring the total licensed within Texas to 17,727.

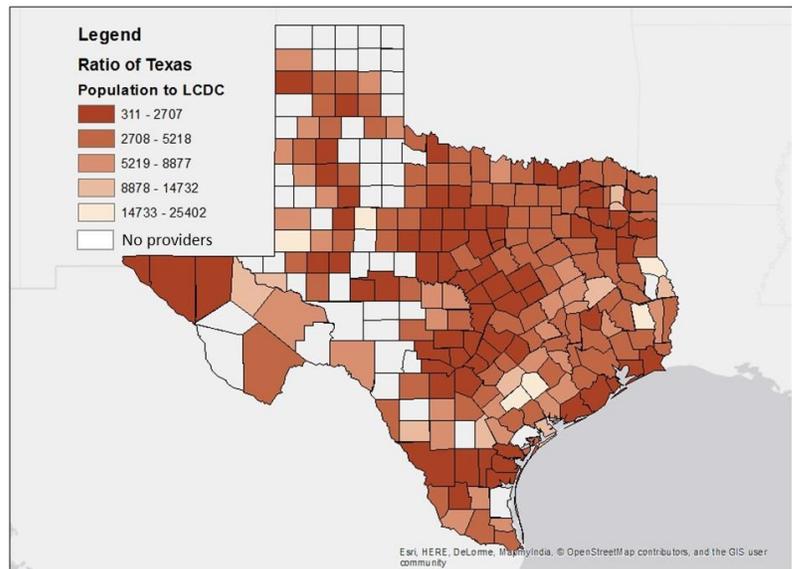
Clinical Social Workers. The practice of clinical social work requires applying specialized clinical knowledge and advanced clinical skills in assessment, diagnosis, and treatment of mental, emotional, and behavioral disorders, conditions and addictions, including severe mental illness and serious emotional disturbances in adults, adolescents, and children. The LCSW may practice independently and bill directly for services provided. The master's social worker, on the other hand, may only practice clinical social work when employed at an agency and under clinical supervision. Social workers are also limited to providing services within their professional competency. There are currently 8,102 LCSWs, with 785 living outside of Texas, resulting in 7,317 Texas LCSWs. There are an additional 10,039 LMSWs, with 9,374 residing in Texas.

Marriage and Family Therapists. The scope of practice for marriage and family therapists (LMFTs) specifically includes "chemical dependency therapy which utilizes systems methods and processes which include interpersonal, cognitive, cognitive-behavioral, developmental, psychodynamic, affective methods and strategies, and 12-step methods to promote the healing of the client." LMFTs must have a master's or doctoral degree from a marriage and family program, pass the national licensure exam, and complete 3,000 hours of board-approved marriage and family practice experience, with at least 1,500

hours of direct contact and 750 of those hours with couples or families. In Texas, there are currently 2,704 LMFTs residing in Texas (275 out of state) and 520 MFT Associates.

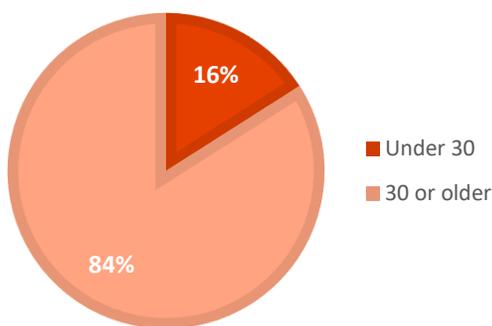
Chemical Dependency Counselors (LCDC). Licensed Chemical Dependency Counselors in Texas provide chemical dependency counseling services that address substance abuse/dependence and/or its impact. LCDCs are prohibited from treating individuals with a mental health disorder or providing family counseling to individuals who present with problems other than chemical dependency. Texas requires that LCDCs must have an associate’s degree or higher (unless grandfathered), complete 18 semester hours in chemical dependency curricula (unless completing BA in related field), complete 4,000 hours of approved supervised experience with chemically dependent individuals, pass a written exam, submit an acceptable written case presentation, and submit two letters of recommendation from LCDCs. There are currently 10,177 professionals with licensure as chemical dependency counselors. Over half (5,581) are fully licensed, with an additional 4,596 licensed as chemical dependency interns. Texas has 68 counties (26.8%) with no LCDCs or LCDC interns. Over 43% of the LCDCs and LCDC interns are located in the five largest urban counties. The number of Texans per LCDC/LCDC intern are presented in Figure 2.

Figure 2. Ratio of Texas Population to LCDCs by County



Recovery Coaches and Peer Mentors. The Texas Certification Board of Addiction Professionals (TCBAP) provides certification or designation for peer recovery coaches and peer mentors. Peer mentors and recovery coaches must have a high school diploma. Additionally, the applicant must have 46 hours of education specific to peer recovery supports, 500 hours of paid or volunteer work in appropriate domains, and 25 hours of supervised work experience. TCBAP, in partnership with the Association for Persons Affected by Addiction, has recently begun a new certification for Young Peer Mentors for Young People.

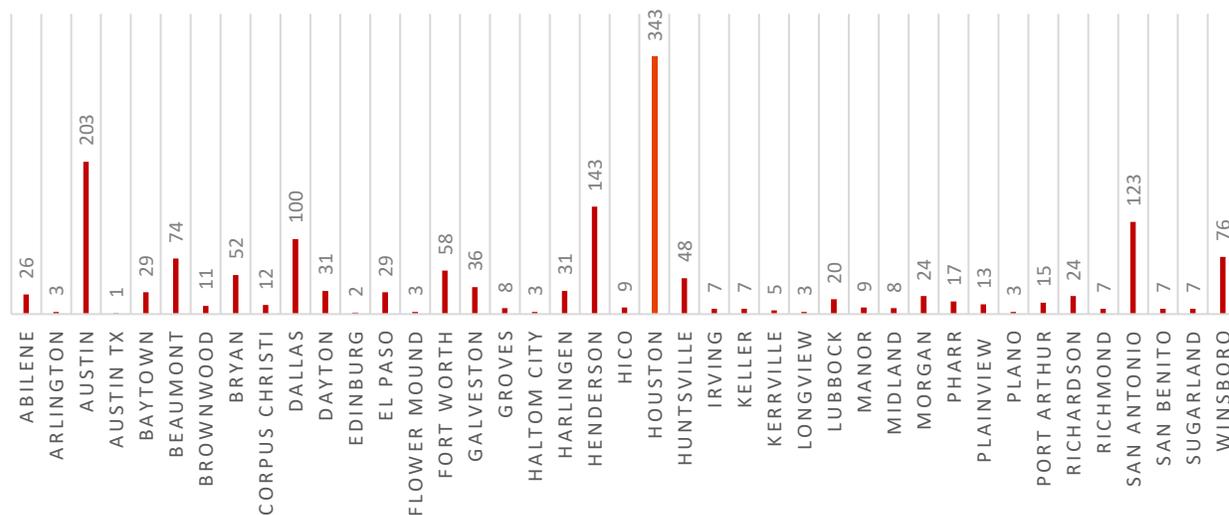
Figure 3. Percent of Recovery Coaches who are Near-Age Peers



The Young Peer Mentors for Young People (16-25) in Texas project will provide Certification, recruitment and coursework which includes classroom training to increase the competencies for each PRSS-Peer Recovery Support Specialist. The aim is to train at least 400 Young Peer Mentors in Texas. A database of individuals receiving training on peer recovery supports (46 hours)

indicates there are an estimated 1,630 peer recovery coaches in Texas. A subset of these coaches will proceed to certification or designation through TCBAAP. Figure 5 identifies the location of where peer recovery coaches were trained, although this may differ from the location in which they provide supports. It should also be noted that some peer recovery coach trainings were conducted in correctional facilities with incarcerated individuals, and these coaches may remain incarcerated or may no longer serve as recovery coaches after their release. Figure 3 illustrates the percentage of Recovery Coaches who represent near-age peers for adolescents, under the age of 30. These individuals may or may not have participated in specialized training to be a Young Peer Mentor, but represent a segment of the workforce that could be readily trained for this role.

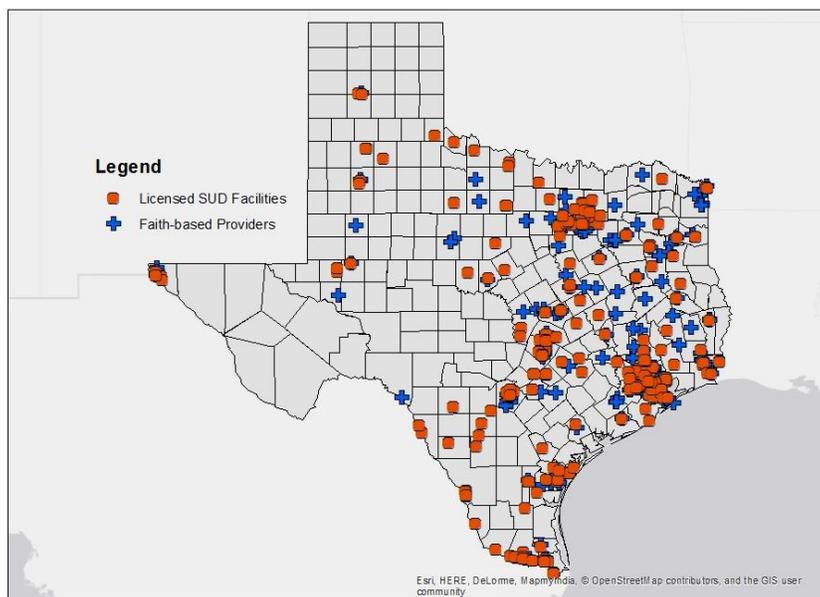
Figure 4. Location Where Peer Recovery Coaches were Trained



Licensed SUD Providers and Adolescent Recovery Oriented Systems of Care

The Department of State Health Services licenses all facilities providing substance abuse treatment services. These facilities operate under rules that establish minimum standards for operation and care. There are 296 licensed SUD facilities in Texas. Each facility indicates which components of the treatment system that it provides, with 234 (79.1%) providing outpatient services, 2 (0.7%) providing ambulatory detoxification services, 25 (8.4%) providing intensive residential services, 4 (1.4%) providing residential detoxification, 12 (4.1%) providing supportive residential, and 19 (6.4%) providing day treatment.

Figure 5. Texas Licensed SUD Facilities and Faith-based Providers



DSHS also maintains a registry of faith-based chemical dependency programs that offer nonmedical treatment and recovery methods, such as “prayer, moral guidance, spiritual counseling, and scriptural study.” There are 248 faith-based chemical dependency programs. The location of the licensed SUD facilities providing services to adolescents and faith-based programs are illustrated in Figure 5. Many providers are concentrated in the Houston area, Rio Grande Valley, Corpus Christi region, and the Interstate 35 corridor (San Antonio to Dallas/Fort Worth). Significantly fewer providers (and faith-based organizations) are available within the West Texas, Central Western region, and North Texas regions. These coincide with Health Regions 1, 9, and 10.

Preparation of the Workforce. The extent to which various behavioral health professionals are prepared to provide treatment or recovery supports to adolescents with SUD or COPSD depends in large part on the curricula and practicum experiences offered within the Texas institutes of higher education. Table 2 lists the programs in Texas that offer certificates or degrees specific to substance abuse counseling or prevention.

Table 2. Training Programs for Substance Use Disorder Counseling or Prevention

Institute for Higher Education	Certificate or Degree Program
Alvin Community College	Certificate in Human Services - Substance Abuse Counseling Associates Degree in Human Services – Substance Abuse Counseling
Angelina Community College	Certificate in Human Services – Substance Abuse Counseling
Austin Community College	Certificate Degree - Addictions Counseling Certificate Degree - Addictions Counseling in the Criminal Justice System Associates Degree - Applied Science Degree in Addictions Counseling
Eastfield College	Certificate Degree - Substance Abuse Counseling Certificate Degree - Mental Health/Substance Abuse Prevention Associates Degree - Substance Abuse Counseling
El Paso Community College	Certificate Degree - Drug/Alcohol Abuse Counseling
Houston Community College	Certificate Degree - Chemical Dependency Counselor Other Degree - Human Service Technology Certified Prevention Specialist
Lamar State College	Certificate Degree - Drug and Alcohol Abuse Counseling Associates Degree - Drug and Alcohol Abuse Counseling
Lee College	Certificate Degree - Alcohol and Drug Abuse Counseling Associates Degree - Alcohol and Drug Abuse Counseling
Midland College	Certificate Degree - Chemical Dependency Counselor Intern Associates Degree - Alcohol and Drug Abuse Counseling
Odessa Community College	Associates Degree - Alcohol and Drug Abuse Counseling
San Antonio College	Certificate Degree - Drug/Alcohol Abuse Counselor Certificate Degree - Addiction Studies Certificate Degree - Substance Abuse Prevention Associates Degree - Addiction Counseling Associates Degree - Substance Abuse Prevention
Tarrant County Jr. College	Associates Degree - Applied Science, Mental Health - Substance Abuse Counseling

	Certificate Degree - Chemical Dependency Counselor Intern Certificate
Texarkana College	Certificate Degree - Alcohol and Drug Abuse Counseling Certificate Associates Degree - AAS in Drug and Alcohol Abuse Counseling
Texas Technical University	Certificate Degree - Substance Abuse Studies Certificate Other Degree - Interdisciplinary Undergraduate Minor in Substance Abuse Studies Bachelor's Degree - BS in Addictive Disorders and Recovery Studies Bachelor's Degree - BA in Addictive Disorders and Recovery Studies
University of Texas Pan American	Other Degree - BS in Rehabilitative Services with a Concentration in Addiction Studies Other Degree - Undergraduate Minor in Addiction Studies

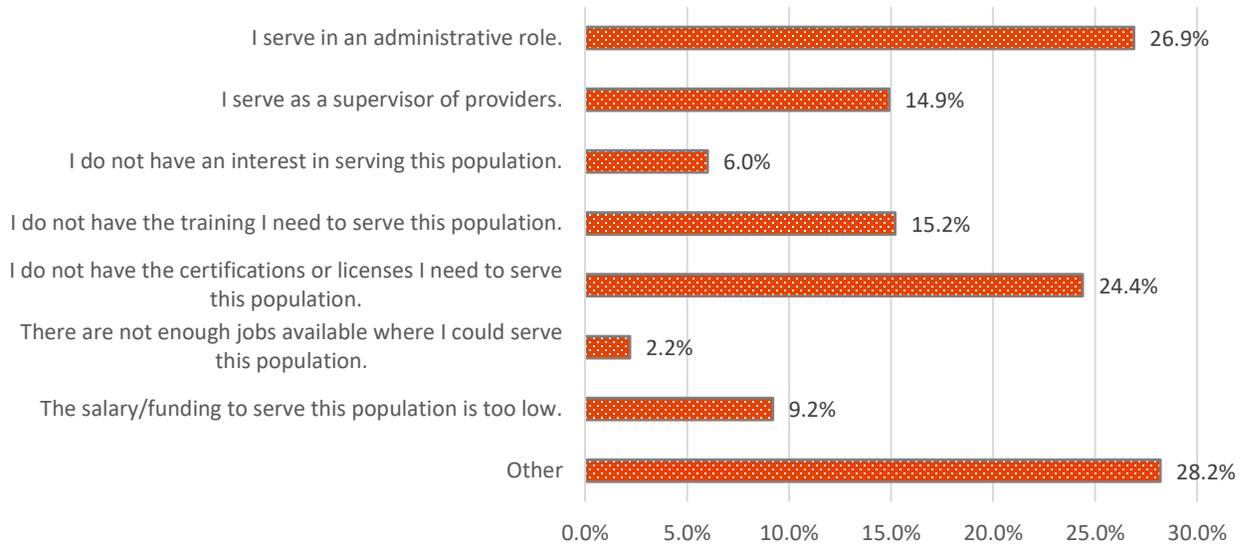
The types of courses offered within these programs are summarized in Appendix A. The most frequently offered courses include treating addiction within family systems (82.4% of programs), counseling theories (73.5% of programs), introduction to alcohol and drug addictions (73.5% of programs), and practicum experiences (67.6% of programs). Slightly more than half of the programs (58.8%) offered a course in assessment of addiction disorders. Very few programs (29.4%) offered courses in development or the lifespan. Coursework in co-occurring disorders was not common (11.8% of programs); however, a greater percent of programs offered coursework in abnormal psychology (34.4%), allowing students to be exposed to other psychiatric disorders.

In addition to the programs that prepare workers for chemical dependency counseling and related roles, graduate programs in Texas prepare different professionals to provide treatment for behavioral health disorders, however the extent to which they provide treatment to adolescents with SUD or COPSD is likely dependent on their exposure to curriculum or practice experience related to this population. An examination of the 19 master's or doctorate social work programs in Texas showed about a third included coursework on alcohol or substance use disorders (36.8%). There was a similar rate of coursework in SUD in the 17 counseling or counseling psychology programs (35.3%). However, none of the 13 clinical psychology master's or doctorate programs offered coursework dedicated to substance use disorders or the treatment of these disorders. While there are few courses devoted to understanding or treating substance use disorders in the curricula for master's and doctoral professionals, it is possible that students receive training during other classes, such as evidence-based interventions or psychopathology, or are exposed during practicum experiences. A summary of programs offering courses is included in Appendix B.

Characteristics of the Workforce

Demographics. The workforce survey represents a snapshot of the behavioral health providers working with adolescents with SUD or co-occurring disorders. Of the survey respondents 375 (51.2%) reported that they provide direct services to individuals with SUD or co-occurring disorders. Respondents who worked in the behavioral health workforce but did not provide SUD services were asked for the reasons that they did not serve this population. The responses are illustrated in Figure 6.

Figure 6. Reasons for Not Providing Services to SUD Population



Of those individuals providing direct services to individuals with SUD or co-occurring disorders, 238 respondents (63.8%) indicated that they provide direct services to adolescents with SUD or co-occurring disorders. The characteristics of these adolescent treatment and recovery providers are summarized in Table 3, along with the characteristics of the adult only providers. The majority of the workforce responding to the survey were White, Non-Hispanic, middle-aged and female. There were relatively few individuals under 30 represented in the workforce, likely due to the educational requirement, but also indicating a fairly small near age peer recovery workforce. There were also very few providers of color, with both Hispanic (16.8% vs. 38.8%) and Black (8.8% vs. 12.5%) individuals under-represented compared to the Texas population. The majority of respondents (59%) hold a Master’s degree, and received their degree more than 5 years ago. Over one-third of the providers (36.1%) indicated that they have lived experience with substance use disorders.

Table 3. Characteristics of the Adolescent Workforce

Characteristics	Adolescent Providers n=238 number (%)	Adult Only Providers n=135 number (%)
Gender		
Male	66 (27.7%)	29 (21.5%)
Female	168 (70.6%)	104 (77.0%)
Missing	4 (1.7%)	2 (1.5%)
Age Range		
Under 30 years	19 (8.0%)	20 (14.8%)
30 to 39 years	53 (22.3%)	23 (17.0%)
40-49 years	58 (24.4%)	36 (26.7%)
50-59 years	61 (25.6%)	30 (22.2%)

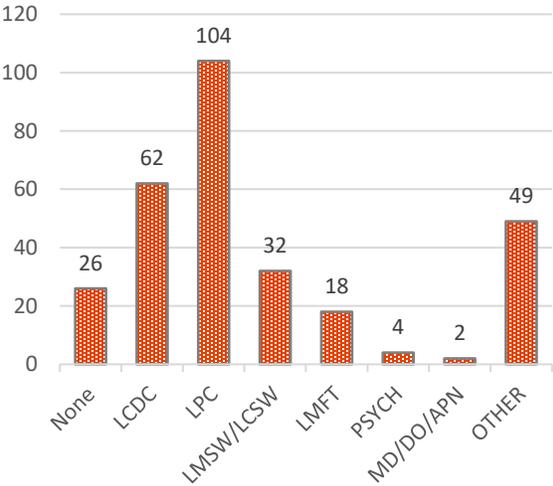
Over 60 years	47 (19.7%)	24 (17.8%)
Missing	0 (0%)	2 (1.5%)
Ethnicity		
Hispanic	40 (16.8%)	25 (18.5%)
Non-Hispanic	198 (83.2%)	108 (80.0%)
Missing	0 (0%)	2 (1.5%)
Race		
White	197 (82.8%)	110 (46.2%)
Black	21 (8.8%)	14 (10.4%)
Native American or Alaskan Native	2 (0.8%)	1 (0.7%)
Asian	1 (0.4%)	1 (0.7%)
Native Hawaiian or Pacific Islander	9 (3.8%)	3 (2.2%)
Multiracial	7 (2.9%)	4 (3.0%)
Missing	1 (0.4%)	2 (1.5%)
Highest Education		
High School	8 (3.4%)	8 (5.9%)
Associate Degree	17 (7.1%)	10 (7.4%)
Bachelor's Degree	38 (16.0%)	36 (26.7%)
Master's Degree	151 (63.4%)	74 (54.8%)
Doctoral Degree	23 (9.7%)	5 (3.7%)
Missing	1 (0.4%)	2 (1.5%)
Lived Experience		
Yes	86 (36.1%)	45 (33.3%)

The demographic characteristics of the population surveyed are similar to those found in a study of LCDCs within the state, conducted by the Health Professions Resource Center (HPRC, 2016). The researchers reviewed data on 9,752 actively licensed LCDCs in 2015 and found that the majority (67.3%) were female and 34.0% were 56 years of age or older, suggesting a significant proportion of the workforce is likely to retire over the next 10 years. Trends from previous years suggested that the LCDC workforce is growing faster than population growth, although Texas still has fewer LCDCs than the national average. The LCDC workforce has a greater ratio of females to males than were present in 2004.

Professional Characteristics of the Workforce.

The majority of the providers providing services to adolescents were either Licensed Professional Counselors (43.7%) or Licenses Chemical Dependency Counselors (26.1%), as represented in Figure 7. Many of those indicating "Other" had special certifications (e.g., certified recovery coach, certified prevention specialist or additional licenses allowing for supervision of colleagues. Respondents also indicated the different roles

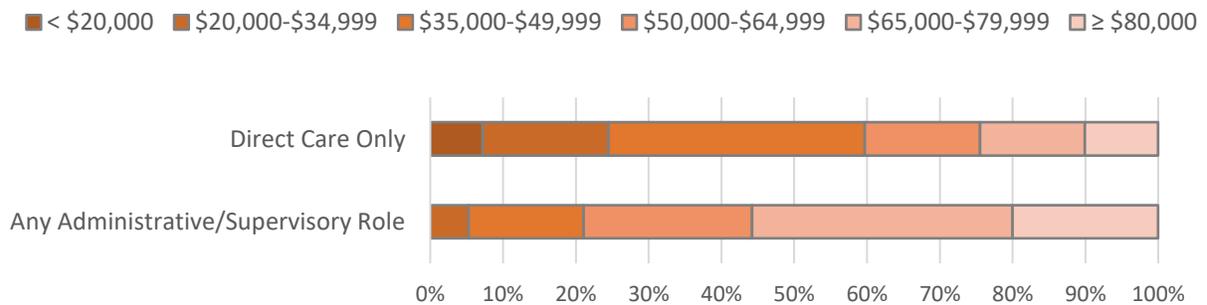
Figure 7. Licenses Reported by Respondents



that they play within their organization, with the opportunity to serve in more than one role. The greatest percentage of the sample (61.3%) indicated that they are counselors or clinicians, with many respondents (26.9%) indicating they were supervisors (26.9%) or administrators (21.4%). A smaller proportion (13.4%) identified themselves as “case managers” (13.4%), “recovery support workers” (3.4%), or “medical staff” (0.8%). Sixty respondents (25.2%) reported they are able to provide services in Spanish in addition to English, with four providers indicating they can provide services in a third language as well.

The vast majority of the respondents working with adolescents diagnosed with SUD do not do so exclusively. Sixty percent reported that adolescents made up 25% or fewer of the population that they serve. Only one-quarter (23.1%) serve adolescents predominantly (>50% of clientele). Data also suggests that many of the workforce may not begin serving adolescents until they have progressed in their career. The majority of respondents (54.6%) report that they have fewer than 9 years of experience working with adolescents diagnosed with SUD and 34.8% have less than 5 years. There is still a significant proportion (19.7%) who have greater than 20 years of experience with this population. Salaries for individuals who provide adolescent SUD services are illustrated in Figure 8. Individuals whose roles consist of direct services only are most likely to earn between \$35,000 and \$49,999, while individuals who serve as administrators and/or supervisors are most likely to be paid between \$65,000 and \$79,999, illustrating a significant pay differential when the workforce reduces direct care responsibilities to take on administrative and supervisory roles. The number of respondents indicating they serve as recovery coaches was small (n=7), but six of the seven reported earning less than \$35,000.

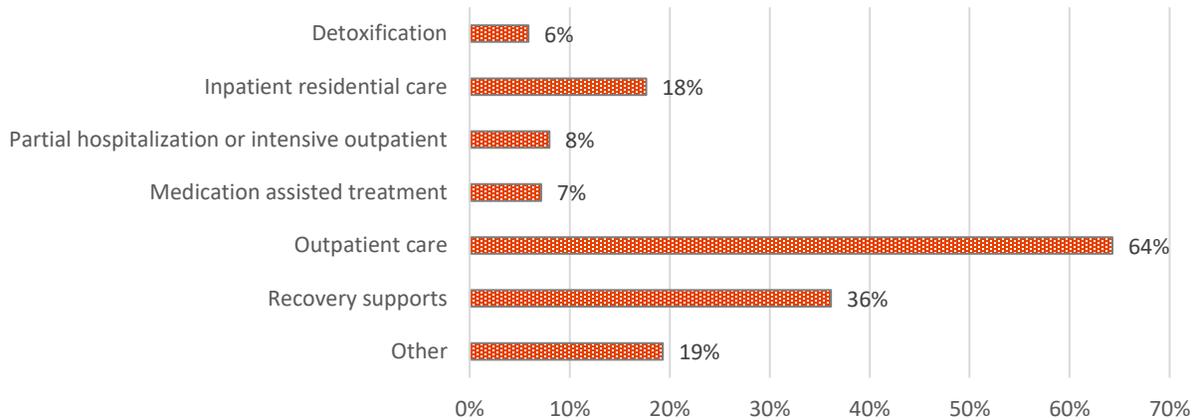
Figure 8. Salary Ranges of Adolescent Providers



Workforce Capacity for Assessment, Treatment, and Recovery Practices

Types of Services Provided. The survey respondents were employed at a variety of locations and many worked within multiple settings. The most frequent settings reported were public behavioral health clinic (23.1%), solo practice (21.4%), chemical dependency treatment facility (18.1%), school or school-based clinic (14.3%), and group practice (13.4%). The levels of substance abuse treatment that are provided in the settings in which respondents work is depicted in Figure 9. The majority report working in a setting that provides outpatient care, with the provision of recovery supports significantly less common, but reported by 36% of respondents. Most providers reported that their agency provides services aimed at concurrently addressing both mental health and substance use disorders (76.5%), rather than addressing just substance use disorders or mental health conditions.

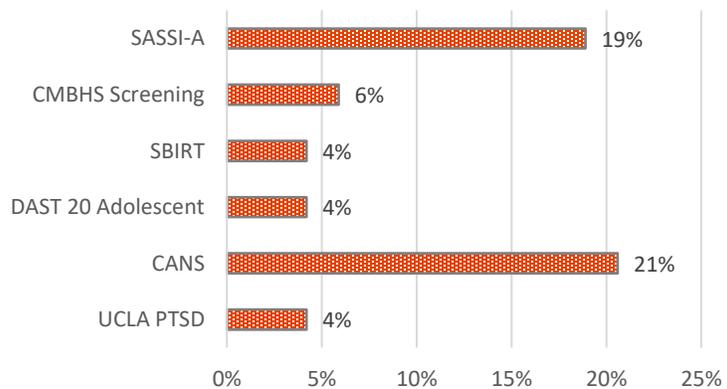
Figure 9. Levels of SUD Care Provided by Setting



Screening and Assessment. Respondents were asked about the screening conducted within their practice or organization, including screening for substance use, trauma, and mental health problems. Half of the respondents reported their agency uses one or more screening instruments. As seen in Figure 10, respondents are using a wide variety of screening tools. The most popular tools include: SASSI-A (18.9%), CANS (20.6%), UCLA PTSD Index (4.2%); DAST 20 Adolescent (4.2%) and SBIRT (4.2%).

Many respondents also indicated that they are using the Clinical Management for Behavioral Health Services (CMBHS) screen (5.9%), which is required by DSHS and includes the SASSI-A. Almost all of the respondents who report conducting screening indicated that they screen through an in-person interview (89.3%). Other common strategies were paper-and-pencil (39.6%), telehealth system (22.1%), phone interview (21.5%), and electronic survey (20.1%).

Figure 10. Most Commonly Used Screening Tools



Most providers (62.6%) did not report that their agency or practice used assessment measures. The Clinical Management for Behavioral Health Services (CMBHS) scale is identified as the most used assessment by respondents (29.0%). This instrument includes an assessment that is based on the American Society of Addiction Medicine (ASAM) criteria. The Teen Addiction Severity Index (5.0%) and the Personal Experience Inventory (4.2%) are the next most commonly used by professional providers. Many of the other assessments reported, such as the Adolescent Self-Assessment Profile II (ASAP II), Adolescent Alcohol and Drug Involvement Scale (AADIS), and Beck Depression Inventory, are reported by a small number of providers.

Evidence-Supported Treatment Approaches. Respondents were asked to identify the treatment models for adolescent SUD or COD that they use in their practice, focusing primarily on evidence-supported treatment approaches. Most of the adolescent providers (65.1%) reported using at least one treatment model, with the median number of models offered being two. The most commonly reported model was Cognitive Behavioral Therapy (CBT, 48.3%). Other more common models include Motivational Enhancement Therapy (MET; 34.0%), Family Behavior Therapy (20.2%), and Seeking Safety (19.3%). Table 4 lists the varied treatment approaches offered by the providers. While the table reflects the reporting of respondents, it is unclear if providers are accurately reporting models that they use with fidelity, as opposed to models that they may have received some training in or from which they use some components. For example, 26 respondents indicate that they provide Multisystemic Therapy (MST); however, there are only four licensed MST teams in the state.

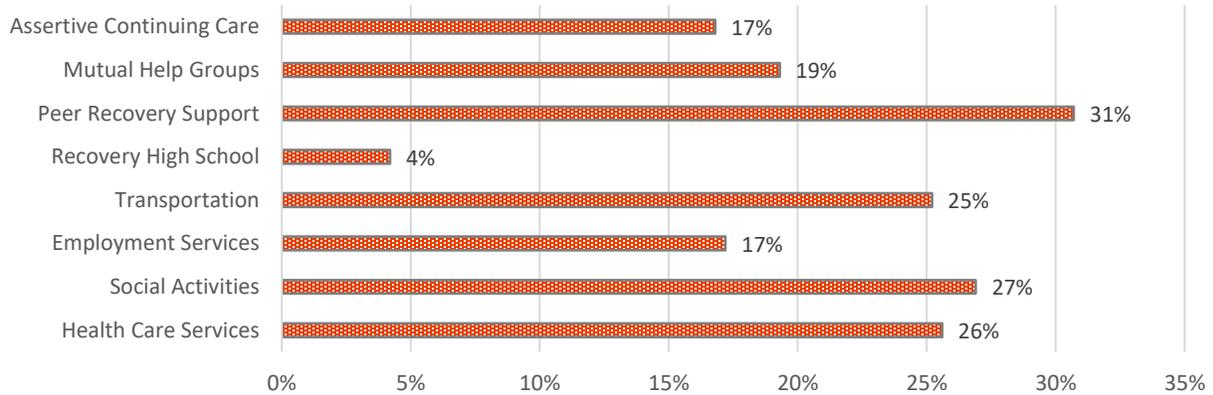
Table 4. Evidence-based practices used by providers

Model	Providers Using Model n=238 number (%)	Providers Using Model Who Report Certification Number (%)
Adolescent Community Reinforcement Approach (ACRA)	16 (6.7%)	4 (25.0%)
Cognitive Behavioral Therapy (CBT)	115 (48.3%)	42 (36.5%)
Contingency Management	16 (6.7%)	2 (12.5%)
Motivational Enhancement Therapy (MET)	81 (34.0%)	35 (43.2%)
12-Step Facilitation	40 (16.8%)	14 (35.0%)
Cannabis Youth Treatment (CYT)	33 (13.9%)	29 (87.9%)
Brief Strategic Family Therapy (BSFT)	39 (16.4%)	8 (20.5%)
Family Behavior Therapy	48 (20.2%)	8 (50.0%)
Integrated Co-Occurring Treatment	40 (16.8%)	11 (27.5%)
Functional Family Therapy (FFT)	16 (6.7%)	8 (50.0%)
Multidimensional Family Therapy (MDFT)	21 (8.8%)	3 (14.3%)
Multisystemic Therapy (MST)	26 (10.9%)	7 (26.9%)
Medication-Assisted Treatment (MAT)	14 (5.9%)	3 (21.4%)
Seven Challenges	5 (2.1%)	3 (60.0%)
Seeking Safety	46 (19.3%)	34 (73.9%)
Matrix Intensive Outpatient Treatment	3 (1.3%)	0 (0%)
Solution-Focused Brief Therapy	3 (1.3%)	2 (66.7%)

The number of providers who report certification in the various evidence-supported treatments varies, with the greatest percentage reported in Seeking Safety (73.9%) and Cannabis Youth Treatment (87.9%). Training in both of these models has been supported by DSHS and required by organizations funded by state and federal block grant funding. It isn't clear that all of the models identified offer a provider certification (e.g., 12-step facilitation, medication-assisted treatment), so it is possible that some providers may have misunderstood the question, resulting in higher rates of certification than exist.

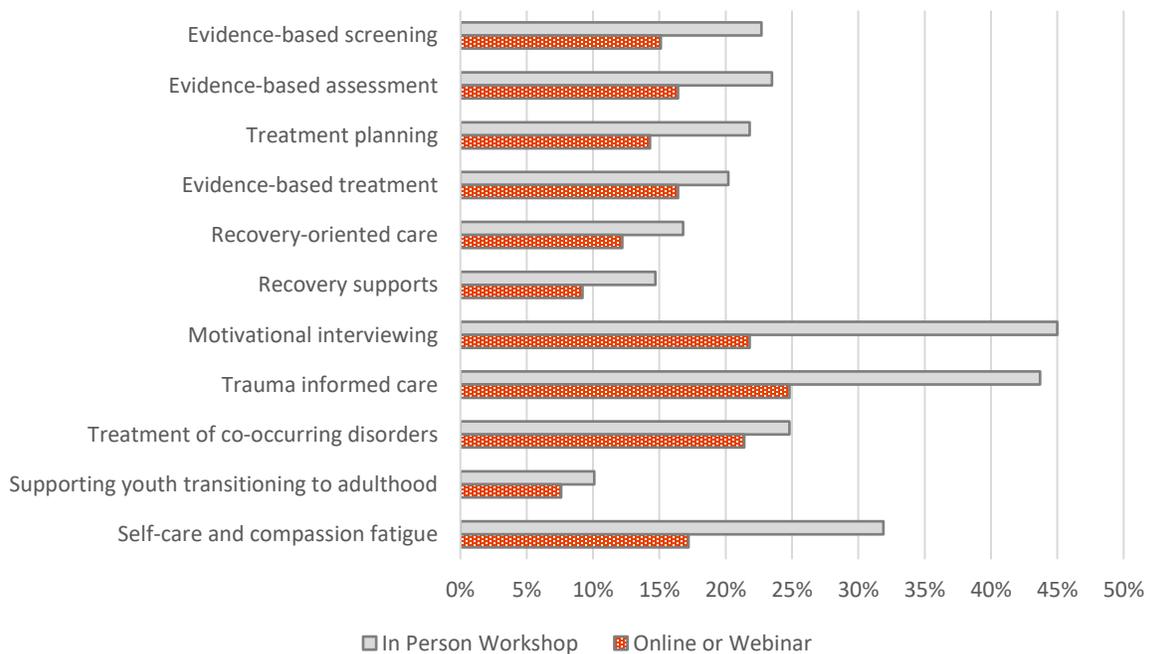
Recovery Supports. Respondents identified the recovery supports that were offered in their practice or agency. The majority of respondents (53.4%) did not report offering any recovery supports to adolescents. The recovery supports offered in organizations are summarized in Figure 11. Almost one-third of respondents (30.6%) reported offering peer recovery support; social activities and integrated health care services, and transportation were also common supports provided.

Figure 11. Recovery Supports Offered at Respondents' Worksite



Training Experiences. Providers were asked to identify the training topics on which they had received training in the past three years and the results are presented in Figure 12. Providers were more likely to receive training through in-person workshops, rather than online trainings or webinars, although both were common. Providers were most likely to receive training on motivational interviewing and trauma-informed care within the past three years. Less than one-quarter of respondents indicated that they

Figure 12. Trainings Reported by Providers within the Past Three Years



have received training on evidence-based screening, assessment or treatment practices in the last three years. Training around recovery supports, recovery-oriented systems, and transition-age youth were the least likely to be reported.

Providers overwhelmingly preferred to access in-person workshops for training (68.6%), with live webinars (10.1%) and web-based training (12.2%) also popular. Respondents were less likely to prefer reading articles, attending university courses, or watching training videos. When asked about training topics that respondents would like to see offered, the following topics were identified: family-based interventions, treatment for co-occurring disorders in adolescents, stages of change and motivational interviewing, ASK or ASSIST (suicide prevention), adolescent engagement and development, trauma, peer support, comparison of assessment tools, refusal skills, and current drug trends for the region. Several people indicated they wanted more trainings that provided opportunities for role play and interaction. Respondents also indicated it is important to train physicians and other providers about the importance of referring adolescents to licensed counselors who understand co-occurring disorders and to train agency administrators on the importance of offering recovery supports and creating recovery-oriented systems.

Key Findings and Implications

The findings from the Workforce Map will be used to inform information gathering activities and the development of the AART-TX strategic plan and workforce training plan. The information will guide the Planning Subcommittee in its efforts to enhance the capacity of the Texas behavioral health workforce to provide effective, high quality assessment, treatment, and recovery supports to adolescents with substance use disorders or co-occurring mental health and substance use disorders.

There are clear limitations to the generalizability of the survey sample. The number of providers who are providing direct services to adolescents with SUD or COD is currently unknown, and therefore the overall response rate to the survey is unclear. In addition, distribution of the survey through provider organizations was not optimal, and may have resulted in reducing the generalizability of the results. However, the sample did include a variety of professionals and regions of the state, suggesting that there was some reach in the distribution process and the sample size was large enough to suggest no single organization or provider group was likely to skew the results. The following key findings from the workforce mapping process are noted:

- The workforce is made up of individuals from a variety of training backgrounds, with varying requirements for licensure or certification. Licensed professional counselors and licensed chemical dependency counselors are the most likely to provide adolescent substance abuse or co-occurring disorder services. These two professions also rely strongly on trainees. This is especially true for LCDCs, where a significant proportion are in a trainee/intern role.
- Many LCDC interns appear not to proceed to full licensure or do so within the allotted timeframe (8 years). This may be due to the number of supervised hours required for full licensure (greater than other similar licenses), passing licensure tests, or other requirements. Further exploration of the primary reasons for failure of LCDC interns to progress should be conducted to identify opportunities to support interested providers in achieving licensure.

- Effective programs to support LCDC interns (e.g., loan repayment, stipends for working in rural regions) should be explored as potential strategies for enhancing the number and quality of the behavioral health workforce.
- Formal training in programs focused on certification, associates degrees, or bachelor's degrees in substance abuse counseling are exposing students to information on substance use disorders, counseling for substance use disorders, and treating addictions within family systems. There is less exposure to training on the specific needs of adolescents and young adults. There is also limited exposure to co-occurring disorders. Opportunities to enhance programs to expose students to best practices treatment of adolescents could result in a greater percentage of chemical dependency counselors being prepared to provide treatment to adolescents with SUD earlier in their career and make appropriate referrals for evidence-supported treatment and recovery supports for youth with COD.
- Formal training programs for master's and doctoral professionals are much less likely to include coursework on substance use disorders and exposure to this information may be embedded within other course topics. The counseling field is the most likely to include formal training in addictions. Opportunities to partner with Texas higher education institutes to enhance coursework in substance use disorders and evidence-based assessment and treatment approaches should be explored to ensure graduate students develop at least basic competency in identifying and treating alcohol and chemical dependency or co-occurring disorders.
- About half of the workforce is located in the five most populated counties, with many regions of the state having few or no members of the behavioral health workforce. This is likely to cause families to need to travel extensive distances to reach providers, making access to care challenging. These workforce shortages are especially dire for providers with competency in the treatment or support of adolescents. Opportunities to utilize technology (e.g., telehealth) and specialty consultation models to expand the reach of competent providers should be examined.
- Many individuals who provide services to adolescents with SUD or COD do not specialize in this population, rather youth diagnosed with SUDs make up a relatively small proportion of their clientele. This may make it more challenging to become skilled in specific evidence-based practices targeting this population.
- The behavioral health workforce is primarily white and non-Hispanic and does not reflect the diversity of the Texas population. Adolescents with SUD or COD and their families may struggle to access culturally sensitive treatment services. Funding entities (e.g., DSHS, TJJJ, Medicaid) should identify opportunities to support the implementation of the Culturally and Linguistically Appropriate Services standards through training, technical assistance, and provider contracts.
- The majority of direct care providers make less than \$50,000 annually, despite significant investments in education and training. Providers frequently must take on administrative or supervisory roles to achieve a higher salary, consequently reducing the time that is spent in clinical care.
- Approximately half of the providers indicate the use of one or more screening tools, with the SASSI-A and CANS the most frequently reported. Both tools are supported by state funders, suggesting that the most effective strategy to support screening is through contractual requirements by funders. Opportunities to strengthen screening practices through Medicaid, CHIP and other funders should be explored.

- Most providers indicate that they use an evidence-based treatment model, with cognitive behavioral therapy the most commonly identified. It is unclear if the providers reporting the use of many of the models are reflecting specific protocols for treatment of adolescent SUD or COD or more general treatment approaches. The frequency with which some practices are reported, such as the use of multisystemic therapy (MST) and integrated co-occurring treatment (ICT), may suggest that providers have been exposed to these models, but it is unclear that they have received formal training, coaching, and certification or have implemented with fidelity. Further exploration of the fidelity of implementation of evidence-based practices should be conducted with the DSHS Quality Management division, which reviews fidelity of DSHS contracted providers.
- Providers reported agencies offer a variety of recovery supports, including peer support and mutual help groups. The extent to which adolescents take part in these supports should be examined, as some of these supports may not be present in existing claims data. The effectiveness of each of the various strategies in supporting long-term recovery should be examined, to the extent that outcome measures are available. This information would help agencies make data-driven decisions about funding for recovery supports for adolescents.
- Providers look primarily to in-person workshops for continuing education opportunities, although a significant minority prefer online training or live webinars. Providers appear to be more likely to receive training on topics related to motivational interviewing, trauma and compassion fatigue, but are less likely to be exposed to trainings on adolescents or transition age youth, recovery supports, and recovery oriented systems. Training on evidence-based treatments was also more limited. Respondents in written comments indicated a desire for more interactive trainings that included role play and practice of new skills.

Reference

Health Professions Resource Center. (March, 2016). Licensed Chemical Dependency Counselors: Trends, Distribution, and Demographics. Retrieved from http://www.dshs.texas.gov/chs/hprc/publications/2015/LCDCFactSheet_2015.pdf

Appendix A: Coursework in Texas Certificate and Degree Programs in Addiction Studies

Courses	Higher Education Program (names identified below)											
	ALCC-C	ALCC-AD	AGCC-C	AUCC-C	AUCC-CJ	AUCC-AD	EC-CSA	EC-CMH	EC-AD	EPCC-C	HCC-C	HCC-O
Counseling Theories	X	X	X	X	X	X	X		X	X	X	X
Counseling Skills		X	X	X								X
Introduction to Alcohol or Drug Problems			X	X	X	X	X		X	X	X	
Pharmacology of Addiction	X	X	X				X	X	X		X	
Counseling for Alcohol/Drug Addictions	X	X			X			X	X	X		
Co-Occurring Disorders	X	X									X	
Assessment or Measurement	X	X	X					X	X	X	X	X
Development or Youth		X				X		X	X	X		X
Family Systems	X	X	X	X		X	X	X	X			X
Group Dynamics	X	X	X			X	X		X	X		X
Prevention		X										
Ethics					X							
Multicultural							X		X			
SUD Practicum	X	X			X	X	X			X	X	

Labels:

ALCC-C: Alvin Community College – Certificate in Human Services, Substance Abuse Counseling

ALCC-AD: Alvin Community College – Associates Degree in Human Services, Substance Abuse Counseling

AGCC-C: Angelina Community College – Certificate in Human Services, Substance Abuse Counseling

AUCC-C: Austin Community College – Certificate Degree in Addictions Counseling

AUCC-CJ: Austin Community College – Certificate Degree in Addictions Counseling in the Criminal Justice System

AUCC-AD: Austin Community College – Applied Science Degree in Addictions Counseling

EC-CSA: Eastfield College – Certificate Degree in Substance Abuse Counseling

EC-CMH: Eastfield College – Certificate Degree in Mental Health/Substance Abuse Prevention

EC-AD: Eastfield College – Associates Degree in Substance Abuse Counseling

EPCC-C: El Paso Community College – Certificate Degree in Drug/Alcohol Abuse Counseling

HCC-C: Houston Community College – Certificate Degree in Chemical Dependency Counselor

HCC-O: Houston Community College – Human Service Technology Certified Prevention Specialist

Courses	Higher Education Program (names identified below)											
	LSC-C	LSC-AD	LC-C	LC-AD	MC-C	MC-AD	OC-AD	SA-CSA	SA-CADD	SA-CPR	SA-AD	SA-ADP
Counseling Theories	X	X	X	X	X	X		X	X		X	X
Counseling Skills	X	X		X								
Introduction to Alcohol or Drug Problems			X	X	X	X	X	X	X	X	X	X
Pharmacology of Addiction	X	X	X	X				X	X	X	X	X
Counseling for Alcohol/Drug Addictions			X		X	X		X	X		X	
Co-Occurring Disorders		X										
Assessment or Measurement	X	X	X	X	X	X		X	X		X	X
Development or Youth						X						X
Family Systems	X	X	X	X	X	X		X	X	X	X	X
Group Dynamics	X	X	X	X	X	X		X	X		X	X
Prevention		X		X				X		X	X	X
Ethics					X			X		X	X	X
Multicultural	X	X			X	X						
SUD Practicum	X	X	X	X	X	X	X	X		X	X	X

Labels:

- LSC-C: Lamar State College – Certificate Degree in Drug and Alcohol Abuse Counseling
- LSC-AD: Lamar State College – Associates Degree in Drug and Alcohol Abuse Counseling
- LC-C: Lee College – Certificate Degree in Alcohol and Drug Abuse Counseling
- LC-AD: Lee College – Associates Degree in Alcohol and Drug Abuse Counseling
- MC-C: Midland College – Certificate Degree in Chemical Dependency Counselor Intern
- MC-AD: Midland College – Associates Degree in Alcohol and Drug Abuse Counseling
- OC-AD: Odessa Community College – Associates Degree in Alcohol and Drug Abuse Counseling
- SA-CSA: San Antonio College – Certificate Degree in Drug/Alcohol Abuse Counselor
- SA-CADD: San Antonio College – Certificate Degree in Addiction Studies
- SA-CPR: San Antonio College – Certificate Degree in Substance Abuse Prevention
- SA-AD: San Antonio College – Associates Degree in Addiction Counseling
- SA-ADP: San Antonio College – Associates Degree in Substance Abuse Prevention

Courses	Higher Education Program (names identified below)									
	TCJC-C	TCJC-AD	TC-C	TC-AD	TTU-C	TTU-minor	TTU-BA	TTU-BS	UTPA-BS	UTPA-minor
Counseling Theories	X	X					X	X		
Counseling Skills			X	X						
Introduction to Alcohol or Drug Problems			X	X		X	X	X	X	X
Pharmacology of Addiction	X	X	X	X						
Counseling for Alcohol/Drug Addictions	X	X	X		X	X	X	X		
Co-Occurring Disorders										
Assessment or Measurement			X	X						
Development or Youth		X		X						
Family Systems	X	X			X	X	X	X	X	X
Group Dynamics			X	X						
Prevention						X	X	X	X	X
Ethics										
Multicultural		X					X	X	X	X
SUD Practicum		X		X			X	X	X	

Labels:

TCJC-C: Tarrant County Junior College – Certificate Degree in Chemical Dependency Counselor Intern

TCJC-AD: Tarrant County Junior College – Associates Degree in Applied Science, Mental Health and Substance Abuse Counseling

TC-C: Texarkana College – Certificate Degree in Alcohol and Drug Abuse Counseling

TC-AD: Texarkana College – Associates Degree in Alcohol and Drug Abuse Counseling

TTU-C: Texas Tech University – Certificate Degree in Substance Abuse Studies

TTU-O: Texas Tech University – Interdisciplinary Undergraduate Minor in Substance Abuse Studies

TTU-BA: Texas Tech University - Bachelor of Arts in Addictive Disorders and Recovery Studies

TTU-BS: Texas Tech University - Bachelor of Science in Addictive Disorders and Recovery Studies

UTPA-BS: University of Texas Pan American – Bachelor of Science in Rehabilitative Services, concentration in Addiction Studies

UTPA-minor: University of Texas Pan American – Undergraduate Minor in Addiction Studies

Appendix B. Texas Graduate Programs Coursework in Substance Use Disorders

Programs	Degrees	Substance Abuse and Addictive Disorders	Treatment of Addiction Disorders
Social Work			
Abilene Christian University	Master's		
Baylor University	Master's		
Baylor University	PhD		
Lubbock Christian University	Master's	Collaboration with UT-Arlington	
Our Lady of The Lake	Master's		
Stephen F. Austin University	Master's	X	
Texas A&M University - Commerce	Master's		
Texas State University - San Marcos	Master's		X
Texas Tech University	Master's		
The University of Texas at Arlington	Master's and PhD		X
The University of Texas at Austin	Master's and PhD	X	X
The University of Texas at El Paso	Master's		
The University of Texas at San Antonio	Master's		
The University of Texas Pan American	Master's		
University of Houston	Master's & PhD	X	
West Texas A&M	Master's		
Counseling or Counseling Psychology			
St. Mary's University	Master's	X	
St. Mary's University	PhD		
Texas A&M University International	Master's		X
Texas A&M University Kingsville	Master's		X
Texas Southern University	Master's		
Texas Women's University	Master's		
Texas Women's University	PhD		
University of Texas at San Antonio	Master's		X
The University of Texas Pan American	Master's (Guidance & Counseling)		
The University of Texas Pan American	Master's (Rehabilitation Counseling)		
Texas Tech University	PhD		
University of Houston Clear Lake	Master's		X
University of North Texas	PhD		X
Texas A&M University	PhD		
The University of Texas at Austin	PhD		
Our Lady of the Lake University	PsyD		
Our Lady of the Lake University	Master's		
Clinical Psychology			
Sam Houston State University	Master's		

Sam Houston State University	PhD		
Texas Tech University	PhD		
University of Texas at El Paso	Master's		
University of Texas at Austin	PhD		
University of Texas Southwestern Medical Center	PhD		
The University of Texas Pan American	Master's		
University of Houston	Master's		
University of Houston	PhD		
University of North Texas	PhD		
Abilene Christian University	Master's		
Baylor University	PsyD		
Texas A&M University	PhD		

Note: School psychology programs are not included in the review.