

Education Toward CADC Follow Up Survey Report

AUTHORS Nicole Lauzus Carrie Furrer Katie Shammel Portland State University

Introduction

The Oregon Health Authority (OHA) contracted with Portland State University (PSU) to conduct an impact evaluation of the second round of State Opioid Response funding (SOR2)¹. Part of the evaluation examined the impact of SOR2 funding on Oregon's workforce providing substance use disorder (SUD) treatment and recovery services. Dr. Janis Crawford received SOR2 funds to expand Oregon's SUD workforce by increasing the number of Certified Alcohol and Drug Counselors (CADCs). Dr. Crawford developed a curriculum that fulfills the 150-hour education requirement for taking the CADC-I exam. The training, Education Toward CADC (ETC), and its books and materials are provided to participants at no cost. Once participants have completed the education requirement, they must accrue 1,000 supervised experience hours and pass a certification exam to earn their CADC-I credential.

OHA expresses a commitment to health equity in Oregon, achieved in part through the equitable distribution of resources. OHA identified rural and frontier communities, which are often under-resourced and face acute behavioral health workforce challenges, as a priority population for expanding access to SUD workforce development opportunities (Zhu et al., 2022). Through targeted recruitment in rural and frontier communities, Dr. Crawford and her team delivered ETC to two cohorts in 2021. This included a remote orientation held via Zoom followed by an in-person, 5-day retreat (as 40 hours of education are required to be in person for CADC certification), and then 16 all-day (Saturdays) courses on Zoom. The first cohort ran from June 12-October 23, 2021, and the second cohort took place from August 7-December 11, 2021. There were 40 participants who signed up for the ETC cohorts, and 32 people (80%) completed the program. PSU followed up with ETC participants to learn about how the ETC training influenced their career trajectories.

1 The SOR2 funding period was September 30, 2020 through September 30, 2022.

Evaluation Method

PSU created an online survey in collaboration with Dr. Crawford and OHA partners. The survey included questions about participants' motivations for pursuing the ETC program, progress towards a CADC credential, and their career plans since completing ETC. It also asked participants to share information about their background, including demographic data, education, and employment. PSU developed the brief (approximately 15-minute) survey using the Qualtrics survey platform, and it included multiple choice, rating scale, and open-ended questions.

Dr. Crawford compiled email addresses for the participants who completed ETC, and PSU distributed the survey and sent reminders. All survey respondents received a \$20 Amazon e-gift card. The survey was sent to participants in each cohort approximately three months after the program concluded. The survey was distributed to the first ETC cohort in February 2022, and 13 of the 17 people from this cohort completed the survey. The survey was sent to the second ETC cohort in March 2022; 9 out of 15 people completed this survey. In total, 22 people (69%) completed the survey. PSU combined both cohorts for analysis, which included descriptive statistics and thematic analysis of qualitative responses.

Survey Findings

The findings reported in this section are based on 22 individuals who completed the survey. It includes their background and employment characteristics, reasons for attending the ETC program, and impact on their career trajectories. This section also includes a description of limitations to consider when interpreting these survey findings.

Background Characteristics

- → Most survey respondents identified as female and typically spoke English at home.
- → One-third of respondents identified as Hispanic/Latinx, American Indian/Alaskan Native, or Asian/Pacific Islander, and the remaining identified as white. This group represents greater diversity than rural/non-metro Oregon in general, where 2.4% identify as American Indian or Alaska Native, 13.5% as Hispanic, and 87.6% as white (Rural Health Information Hub, 2022).

 → Approximately half of the respondents held a high school diploma or the equivalent, and half had additional post-secondary education and/or degrees. All survey respondents lived in rural or frontier areas.

Table 1. Survey Respondent Demographics

Gender	No. of Responses
Female	16 (73%)
Male	5 (23%)
No response	1 (5%)

Racial or ethnic background	No. of Responses
American Indian or Alaska Native	5 (23%)
Hispanic/Latinx	4 (18%)
White	14 (64%)
Asian/Pacific Islander	1 (5%)

Languages typically spoken at home	No. of Responses
English	20 (91%)
Spanish	3 (14%)

Urban, rural, or frontier zip code	No. of Responses
Rural	18 (82%)
Frontier	3 (14%)
Urban	0 (0%)

Highest level of education attained	No. of Responses
High school/GED	10 (45%)
Associates degree	3 (14%)
Bachelor's degree	2 (9%)
Master's degree	3 (14%)
Other	3 (14%)

Employment Characteristics

1. All 22 survey respondents were employed, and 77% were in some type of SUD role. (n=17, 77%)

→ Survey respondents could select more than one option to describe their role. Half were employed as SUD Counselors (n=12, 55%). Seven people (32%) indicated they were SUD Peers, 6 (27%) were SUD Case Managers, and 5 (23%) worked in mental health or behavioral health roles. One person (5%), reported being a SUD Peer Supervisor, one person was administrative staff (5%), and two respondents (9%) indicated "Other" (not currently in the field and in training).



2. Most survey respondents were relatively new to their current employment role and likely to stay in their role for the next year.

→ The average length of employment was 2.6 years, but ranged from 1-7 years. The most common length of employment reported was 1 year (n=5). Nine respondents (47%) worked for their current employer for less than 3 years, and 10 (53%) worked for their current employer for 3 or more years (3 people opted not to respond to this question). Most respondents (n=17, 77%) were very or somewhat likely to remain in their current employment for the next year. Five respondents (23%) were undecided, or somewhat or very unlikely to remain in their current for the next year.

Reasons for Attending the ETC Program

The top reason survey respondents attended the ETC program was:

To pursue their career goals and to increase their skills to better serve clients.



(n=18, 82%)

Other reasons include:



Impact on Career Trajectories

- 1. Most survey respondents planned to remain in their current employment for the next year.
 - → When asked about employment plans in the next year, two-thirds of respondents plan to maintain their current employment (n=15, 68%), and half plan to either increase their hours or advance in their positions (n=12, 55%).

2. Most respondents said the ETC program improved their ability to do their work.

→ Two-thirds (n=15, 68%) of respondents said that participating in the ETC program increased their knowledge and skills (e.g., motivational interviewing). Nearly a quarter of participants (n=5, 23%) also noted that the ETC program prepared them for certification, with some expressing appreciation for how this program alleviated the cost of the required education.

3. Three of the 22 respondents attained their CADC credential within three months of completing ETC.

→ One person (5%) completed the CADC certification, and two more (9%) passed the test and were waiting to receive their certification. Most respondents (n=16, 76%) had not taken the certification exam within three months of completing the program primarily because they needed to accrue supervised experience hours in addictions counseling (n=13, 62%). Of those who still need supervised hours, 61% (n=8) have at least half of their hours left to complete.

4. ETC supported career pathways for people without post-secondary education and who are new to workforce.

→ Nearly half of survey respondents did not have education beyond a GED or high school diploma, and/or worked for their current employer for less than three years. Developing career pathways through job training is especially important for communities that disproportionately face barriers to educational attainment (e.g., low income, rural/frontier, communities of color) (Baird et al., 2022).

5. Some respondents have concerns about maintaining continuing education requirements for recertification.

→ While ETC participants are on their way to completing the CADC credential, several respondents (n=6, 27%) were concerned about maintaining the continuing education requirements necessary for recertification.

Limitations There are three key limitations to consider when interpreting these findings:

- Small sample size. Only 22 people completed the survey, which limits the possibilities for disaggregating data by respondents' background characteristics. Future evaluation could continue to build on the findings of this survey, particularly considering the impacts of ETC for minoritized or other groups often marginalized by the health system (e.g., disabled, immigrant, LGBTQIA+).
- 2. Short follow-up period. This survey was distributed to participants three months after they completed the ETC program, which does not allow very much time for them to complete the CADC requirements (e.g., supervised experience hours). Continued evaluation of this program could strengthen understanding of how ETC and SOR2 funding contribute to the expansion of Oregon's SUD workforce with CADC credentials.
- **3. Generalizability of findings.** PSU only surveyed those who completed ETC, thereby limiting findings to those who were able to fully access and be successful in the program. Future evaluations could include people who expressed interest in or began participating in ETC but did not complete the program to better understand barriers to access or participation.

Survey findings suggest that the ETC program, with targeted recruitment, expanded access to professional development opportunities for Oregon's rural/frontier SUD workforce.

Conclusion and Recommendations

The purpose of this evaluation was to assess the impact of SOR2 funding on Oregon's SUD workforce through the ETC program. Survey findings suggest that the ETC program, with targeted recruitment, expanded access to professional development opportunities for Oregon's rural/frontier SUD workforce. Overall, participants increased their knowledge and skills, advanced toward or attained a CADC certification, and indicated a commitment to remaining or expanding their role in the SUD field. ETC appears to offer a career pathway for those without post-secondary education, and survey respondents reflect greater diversity than Oregon's rural population in general, pointing to the potential for improving equitable opportunities in Oregon's SUD workforce.

Education Toward CADC Follow Up Survey Report NOVEMBER 2022

Recommendations for ways to use future rounds of SOR funding to expand Oregon's SUD workforce include:

1. Expand access to workforce development opportunities to other priority populations in Oregon.

→ Through targeted recruitment, the ETC program was successful in expanding access to workforce development opportunities for people living in rural and frontier communities. Targeting other priority populations (e.g., Latinx and Native American communities) in future ETC cohorts would contribute to growing a diverse workforce that represents the population it serves, an important way to promote health equity (Santiago & Miranda, 2014).

2. Offer workforce development opportunities, like ETC, in more languages.

→ Most survey respondents spoke English and the first two cohorts of ETC were offered in English only. One way to remove barriers to accessing ETC is to offer the program in Spanish or other languages commonly spoken in Oregon (e.g., Russian, Vietnamese).

3. Create opportunities for the SUD workforce to maintain their continuing education requirements.

→ Although the ETC helped people move closer to attaining their CADC credential, there is some concern about accessing continuing education opportunities necessary for recertification. Funding ongoing educational opportunities, especially for those who disproportionately face barriers to such opportunities (due to race, language, geographical location, etc.), is an important way to maintain Oregon's SUD workforce.

4. Develop strategies for addressing the challenges of attaining supervised experience hours.

→ Most survey respondents were still working on accruing 1,000 supervised experience hours needed for CADC certification. Developing regional or statewide strategies to expand access to qualified supervisors is an important investment to increase the number of CADCs in Oregon.

Education Toward CADC Follow Up Survey Report NOVEMBER 2022

References

Baird, M. D., Engberg, J., & Gutierrez, I. A. (2022). RCT evidence on differential impact of US job training programmes by pre-training employment status. Labour Economics, 75, 102140.

Rural Health Information Hub. (2022). Rural data explorer. https://www.ruralhealthinfo.org/data-explorer?id=183&state=0R

Santiago, C. D., & Miranda, J. (2014). Progress in improving mental health services for racial-ethnic minority groups: A ten-year perspective. Psychiatric Services, 65(2), 180-185.

Zhu, J.M., Howington, D., Hallett, E., Simeon, E., Amba, V., Deshmukh, A., & McConnell, K.J. (2022). Behavioral workforce report to the Oregon Health Authority and state legislature. Oregon Health and Sciences University. https://www. oregon.gov/oha/ERD/SiteAssets/Pages/Government-Relations/Behavioral%20 Health%20Workforce%20Wage%20Study%20Report-Final%20020122.pdf