



**Enhancing the  
Prevention Workforce in Ohio:  
Strategic and Comprehensive  
Recommendations**

**January, 2007**

**The Ohio Alcohol and Other Drug Prevention  
Workforce Development Taskforce**

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## Table of Contents

<b>Executive Summary .....</b>	<b>1</b>
<b>Introduction .....</b>	<b>3</b>
<b>Section I: Background .....</b>	<b>5</b>
<b>Section II: Definition of Key Concepts .....</b>	<b>9</b>
<b>Section III: Identification of Guiding Principles .....</b>	<b>11</b>
<b>Section IV: Long-Term and Strategic Recommendations .....</b>	<b>12</b>
<b>Section V: Key Issues and Action Steps .....</b>	<b>17</b>
<b>Section VI: Next Steps .....</b>	<b>20</b>

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## Executive Summary

The Ohio Alcohol and Other Drug Prevention Workforce Development Taskforce engaged in a formal planning process between January and December, 2006. The purpose of this planning process was to **“create a meaningful, evolving plan to serve as a guide to Ohio’s alcohol and other drug (AOD) prevention workforce over the next three to five years.”** Members of the Taskforce reviewed a variety of data and applied their considerable expertise to identify key issues and develop formal recommendations designed to enhance the capacity of the prevention workforce in Ohio.

Taskforce members generated 12 recommendations which are broken down into strategic recommendations to be prioritized over the next 12 to 18 months and comprehensive recommendations targeted over a three- to five-year timeframe.

Taskforce members prioritized five recommendations that should be addressed immediately in order to build the capacity of Ohio’s prevention workforce. These five strategic recommendations were selected due to their impact on workforce issues and/or their timeliness. While all five may not be achievable in the next 12 to 18 months, initial work can begin on each of them.

### **Recommendation #1**

Define the scope of practice relevant to alcohol and other drug prevention.

### **Recommendation #2**

Develop and implement consistent procedures including standards for outcome definition and measurement and reporting requirements across funders of services in Ohio in order to increase workforce efficiency and retention.

### **Recommendation #3**

Modify the prevention credentialing process to include requirements that can be achieved in a reasonable period of time and that reflect the knowledge and skills necessary to provide effective prevention services in Ohio.

### **Recommendation #4**

Increase salaries and benefits so that compensation packages for the prevention workforce are competitive with compensation packages for other professions.

### **Recommendation #5**

Provide for multi-year funding for prevention programming in order to foster job stability and security.

When convening the Taskforce, emphasis was placed on inviting representatives from the full spectrum of Ohio’s prevention system, including direct service providers, prevention managers, agency executive directors, funding boards, state departments and statewide associations. As Ohio moves forward with these recommendations, all levels of the prevention system – from individuals to institutions – take responsibility for the development of the prevention workforce. Other allies, including community members and legislators, have roles to play as well. Together, we can build the capacity of Ohio’s prevention workforce to meet the needs of all our citizens.



## Introduction

On January 21, 2006, the Ohio Alcohol and Drug Addiction Workforce Development Project and the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) convened the Ohio Alcohol and Other Drug Prevention Workforce Development Taskforce to “**create a meaningful, evolving plan to serve as a guide to Ohio’s alcohol and other drug (AOD) prevention workforce over the next three to five years.**” Taskforce members met seven times between January and December, 2006 and produced the recommendations contained in the following report. Taskforce members focused their efforts on addressing four primary themes from the review of selected data related to the status of the prevention workforce in Ohio:

**Theme #1: Certification for providing prevention services** - This theme focused on revising the credentialing process to make it accessible and attainable for individuals interested in earning their prevention credentials. Taskforce members believed that revising the credentialing process was critical to increasing the pool of qualified applicants for prevention jobs and ultimately creating a workforce in Ohio with recognized skills and responsibilities.

**Theme #2: Training for the prevention workforce** - This theme focused on four major issues related to training. *Issue one:* adoption of prevention training guidelines that encompass the state of the art in the field. Taskforce members believed that adopting prevention training guidelines might also provide a basis for making distinctions between prevention and treatment services. *Issue two:* provision of services that are evidence-based and culturally appropriate. *Issue three:* use of processes that encourage collaborative decision-making and setting priorities at the community level. *Issue four:* distinguishing between approaches that focus on individual change and approaches that have the potential to change conditions at the population level. Taskforce members believed that the gathering and distribution of information about these issues would assist in the development of a common language and a consistent standard for prevention services.

**Theme #3: Administrative issues** - This theme focused on the infrastructure at state and local levels that support the delivery of prevention services. According to Taskforce members, a functional infrastructure should include “user-friendly” processes and tools that are consistent across funding systems. Furthermore, planning and implementation procedures should be based on sound business practices. Finally, Taskforce members believed that programmatic interventions that demonstrate outcomes should be priorities for funding.

**Theme #4: Compensation/benefits for the prevention workforce** - This theme focused on the consensus that compensation for prevention workers is lower than compensation for workers in comparable fields. Taskforce members believed that demonstrating links between prevention outcomes and long-term benefits at the individual and population levels will provide a basis for developing a strong constituency in support of prevention. Demonstration of outcomes should also help increase the advocacy for, value of, and funding for prevention services in

Ohio. Taskforce members believed that advocacy based on strong evidence might translate into higher wages and increased benefits for the prevention workforce.

These general concerns provided a basis for developing strategic (12 to 18 months) and comprehensive (three to five years) recommendations to support the development of the prevention workforce in Ohio. The following report is divided into six major sections:

**Section I** provides a summary of background information that was critical to developing the Ohio Prevention Workforce Development strategic plan.

**Section II** provides a definition of alcohol and other drug (AOD) prevention and other key concepts.

**Section III** summarizes key “guiding principles” for providing prevention services in Ohio.

**Section IV** identifies five strategic and seven comprehensive recommendations for the development of the AOD prevention workforce.

**Section V** summarizes key issues related to the highest priority recommendations and action steps that might be implemented in the next 12 to 18 months.

**Section VI** suggests several “next steps” that could be implemented to further refine the Ohio Prevention Workforce Development strategic plan and to ensure that thoughtful planning continues to guide the future development of the prevention workforce in Ohio.

## Section I: Background

For several years, there has been a growing awareness that workforce development is an issue in the alcohol and drug services field. In 2004, Ohio began a concerted effort to address workforce development in the alcohol and other drug prevention and treatment fields through the Ohio Alcohol and Drug Addiction Workforce Development Project.

The Ohio Alcohol and Drug Addiction Workforce Development Project is a joint effort between NAADAC (National Association for Alcohol and Drug Addiction Counselors) in conjunction with its Ohio chapter, OAADAC, and the Ohio Council of Behavioral Healthcare Providers.

The unique partnership created by the Workforce Development Project has brought together all parties within Ohio both affected by and needed to address the workforce development subject. The collaborative efforts of the Workforce Development Project's participants are working to directly resolve the workforce crisis through a combination of media outreach, technology, and financial improvements.

In fall 2005, the Ohio Alcohol and Drug Addiction Workforce Development Project partnered with the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) to convene a strategic planning group to create a three- to five-year plan addressing Ohio's alcohol and drug prevention workforce development needs. The Ohio Alcohol and Other Drug Prevention Workforce Development Taskforce engaged in a formal planning process between January and December, 2006.

To assist this process, ODADAS asked for assistance from the Center for Learning Excellence (CLEX). The Center for Learning Excellence is part of the College of Education and Human Ecology at The Ohio State University and has a history of state service. Much of the CLEX's work focuses on the development of strategic plans with a primary focus on evaluation and implementation of planning recommendations. The planning procedures employed by CLEX were developed through the Partnerships for Success (PFS) project as part of an initiative by the Ohio Department of Youth Services. PFS planning procedures were used to support the development of the Ohio Alcohol and Drug Prevention Workforce Development Taskforce strategic plan.

The PFS process can be summarized in seven basic steps. These steps and corresponding questions addressed during each phase of the planning process are summarized below:

1. **Status check or background information** - Where are we (citizens of Ohio and key stakeholders) now?
2. **Affirmation of mission** - What does the future hold if we are successful?
3. **Specification of "guiding principles"** - What principles or values should guide our work?
4. **Development and prioritization of targeted impacts** - What do we hope to accomplish?

5. **Articulation of outcomes** - To what standards are we accountable?
6. **Development of strategies** - How will we achieve desired outcomes?
7. **Development and initiation of implementation procedures** - What action steps must be taken and by whom in order to initiate strategies?

## **Ohio's Shared Prevention Framework<sup>1</sup>**

“Ohio's Shared Prevention Framework” was completed in 2005 and provided a strong foundation for the development of the Ohio Alcohol and Other Drug Prevention Workforce Development Taskforce strategic plan. The “shared prevention framework” provided a definition, theoretical framework, goals and 17 strategies to guide prevention efforts in Ohio. The Taskforce utilized “Ohio's Shared Prevention Framework” to inform its efforts to comprehensively address workforce development issues in Ohio.

### **Review of Selected Data**

Considerable data were reviewed in developing the Ohio Alcohol and Other Drug Prevention Workforce Development Taskforce strategic plan. In particular, the Taskforce reviewed the data from recent prevention workforce specific surveys. Two surveys were conducted in 2005 through a collaborative effort between ODADAS, the Ohio Resource Network and the Ohio Alcohol and Drug Addiction Workforce Development Project, and with support from Central CAPT (Center for the Application of Prevention Technology). One survey was targeted to prevention program managers while the other was targeted to prevention practitioners on the list of Ohio Certified Prevention Specialists. The executive summaries of the survey results can be accessed through the workforce development links on the following websites: [www.ebasedprevention.org](http://www.ebasedprevention.org) or [www.ebasedtreatment.org](http://www.ebasedtreatment.org).

### **Managers' Survey: Sample Findings**

All prevention agencies and coalitions that receive funding from the ODADAS/ADAMH/ADAS system were contacted for the survey, as were the all the ADAMH/ADAS Board offices. The response rate was 83 percent for representatives of prevention coalitions and 66 percent for Alcohol, Drug Addiction and Mental Health/Alcohol and Drug Addiction Services Boards (ADAMH/ADAS Boards). Summary information from the managers' survey suggested that:

- Most prevention organizations offer a full range of benefits including retirement benefits (66 percent of reporting organizations).
- The average annual salary of prevention workers is \$29,053, and the average annual salary for supervisory personnel is \$39,382.

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<sup>1</sup> Ohio's Shared State Agency Prevention Framework, November, 2005

- The four major barriers to recruitment are lack of funding, inability to compete with other organizations, instability of the prevention field and demands of prevention programming.
- Effective strategies used to overcome recruitment problems include creative employment advertising, enhanced/flexible benefits and raising salaries beyond inflationary increases.
- Survey respondents were not aware of any employees leaving their organizations for reasons other than retirement, death, marriage/parenting, returning to school and/or due to a spouse moving for a job.
- The average time to fill vacancies in prevention jobs is approximately five weeks.
- Low salaries are the major retention issue, followed by “low service resources” and “no career advancement.”
- Almost two-thirds (60 percent) of reporting organizations require at least a two-year degree (19 percent) or four-year degree (41 percent) for employment. Almost three-quarters (72 percent) require a four-year or master’s degree for supervisory personnel.
- One quarter (26 percent) of representatives of reporting organizations stated that Ohio’s prevention credential is not required for employment. Three-quarters require employees to have or be in the process of obtaining prevention credentials.
- In general, managers indicate that they often experience difficulty in finding “qualified” applicants for prevention jobs. Managers perceive Ohio’s prevention workforce as “prepared,” especially with respect to “reading skills” and working with diverse populations. They also view Ohio’s prevention workforce as “competent.”

### **Practitioners’ Survey: Sample Findings**

Surveys were completed by 137 prevention practitioners certified as Ohio Prevention Specialists (OCPS) (76 percent response rate). This survey was conducted to assess issues in the workplace that effected retention and recruitment and to determine promising strategies to address identified issues. Highlights of survey findings are indicated below:

- Slightly less than three-fourths of respondents were female; 27 percent were male. Almost half (45 percent) of respondents were between 50 and 59 years of age.
- Most (88 percent) had completed a four-year college degree and 42 percent had completed a master’s degree.
- The average amount of time in the workforce providing prevention services was slightly more than 14 years (14.7 years). One third of respondents (33 percent) want to continue to provide prevention services for 10 years or more. Slightly less

than nine of 10 respondents (84 percent) said they work full-time, while 12 percent worked part-time.

- The most frequently cited reasons for deciding to work in the prevention field were challenging work, having a desire to be in a helping profession and the existence of alcohol and other drug problems in the community.
- The two most influential factors when prevention professionals decided to change jobs are a better position with opportunities for career advancement and a better work schedule. The third most influential factor is higher salary and better benefits. One in five respondents (22 percent) said that they were unlikely to pursue a long-term career in the prevention field.
- Special efforts to raise salaries, increase benefit packages and flexibility, and cash bonuses were cited most frequently as factors that would lead prevention workers to stay in their current jobs.
- Salary information suggests that prevention practitioners' annual incomes vary greatly. Prevention workers had a binomial distribution, with a peak in the \$15,000 - \$25,000 category and another in the \$40,000 - \$45,000 category. The survey was conducted with Ohio Certified Prevention Specialists but was not targeted specifically to direct service workers. The response for higher end salaries is likely attributable to program managers and/or individuals with the OCPS credential who are also teachers working in a school setting, though more controlled research is needed.
- Four in 10 respondents (41 percent) reported that they work hours for which they were not compensated.
- Respondents reported that they spent a median of 60 hours in continuing education activities in the 12 month period prior to the survey.
- Most respondents looked forward to doing their jobs over the past year. However, 82 percent agreed that the prevention field provided opportunities for career advancement to some or a little extent while 12 percent did not agree that the prevention field provided opportunities for advancement at all.

## Section II: Definition of Key Concepts

To guide the Taskforce's work, definitions of alcohol and other drug prevention and other key concepts were adapted from the Ohio Department of Alcohol and Drug Addiction Services *Continuum of Care/Service Taxonomy*.

**Alcohol and other drug prevention** can be defined as:

- The delivery of culturally appropriate, population based, evidence-based, practices that prevent the on-set of alcohol and other drug use, abuse and addiction.
- Alcohol and other drug prevention includes addressing problems associated with alcohol and other drug use and abuse up to but not including clinical assessment and treatment for substance abuse and dependence.

According to the National Center for Cultural Competence at Georgetown University,<sup>2</sup> **cultural competence** means that over an extended period of time organizations:

- have a defined set of values and principles and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally;
- have the capacity to value diversity, conduct self-assessment, manage the dynamics of diversity, acquire and institutionalize cultural knowledge and adapt to diversity and the cultural contexts of the communities they serve; and
- incorporate the above in all aspects of policy making, administration, practice, service delivery and systematically involve consumers, key stakeholders and communities.

According to "Ohio's Shared Prevention Framework," **population-based** refers to procedures that support efforts of the service system to respond to the needs of the community being served as defined by the community and demonstrated through:

- needs assessment activities
- capacity development efforts
- policy; strategy and prevention practice implementation
- program implementation
- evaluation
- quality improvement and sustainability activities

**Evidence-based prevention practices** refers to prevention policies, strategies, programs and practices consistent with prevention principles found through research to be fundamental in the delivery of prevention services. In addition, the following principles need to be kept in mind:

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<sup>2</sup> Cross, T., Bazron, B., Dennis, K. & Isaacs, M. (1989). *Towards a culturally competent system of care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed: Volume I* Washington, DC: Georgetown University Child Development Center

- Many prevention policies, strategies, programs and practices have been identified through research to be effective.
- The prevention services delivery system should utilize evaluation of its policies, strategies, programs and practices to determine effectiveness.
- The service delivery system should also utilize evaluation results to make appropriate adjustments to service delivery policies, strategies, programs and practices to improve results.



## Section III: Identification of Guiding Principles

Guiding principles are values that guide the work of prevention service providers and policy makers. Taskforce members believed that the following statements represented guidelines for planning, providing and evaluating alcohol and other drug prevention services in Ohio:

**Guiding Principle #1:** Prevention services should attend to cultural issues and should be culturally relevant to service delivery recipients.

**Guiding Principle #2:** Prevention services should be comprehensive and include evidence-based prevention practices or incorporate evidence-based principles in programming.

**Guiding Principle #3:** Effective prevention services should focus on risk reduction, enhancement of protective factors and/or building assets.

**Guiding Principle #4:** Prevention services may be universal in scope or may be provided to selected or indicated populations.

**Guiding Principle #5:** Effective prevention services are most likely to result from collaborative community planning, implementation and evaluation.

**Guiding Principle #6:** The service delivery system utilizes evaluation of its policies, strategies, progress and practices to determine effectiveness.

**Guiding Principle #7:** The service delivery system utilizes evaluation results to make appropriate adjustments to service delivery policies, strategies, programs and practices to improve results.

## Section IV: Strategic & Comprehensive Recommendations

The Partnership for Success planning model used by the Ohio Alcohol and Other Drug Prevention Workforce Development Taskforce distinguishes between comprehensive and strategic plans. Comprehensive plans focus on long term planning over a three- to five-year time frame. Strategic plans focus on short term planning and include recommendations that have a high feasibility of implementation or are of a high priority to begin work on immediately.

The following recommendations constitute both strategic and comprehensive planning. Each recommendation is followed by a rationale developed by the Ohio Alcohol and Other Drug Prevention Workforce Development Taskforce. Unless otherwise noted, any research referenced is from the Prevention Manager Survey, 2005 or the Prevention Practitioner Survey, 2005.

### Strategic Recommendations

The top five recommendations for strategic planning for the next 12 to 18 months:

**1. Define the scope of practice relevant to alcohol and other drug prevention.**

**Rationale:** A clear scope of practice for prevention has not been defined and applied consistently across prevention programs. This has created uncertainty regarding the distinctions between early intervention and treatment. Also, the distinction between alcohol, tobacco and other drug prevention services and services related to general health and wellness has been unclear and inconsistently drawn. A clearly defined and widely accepted scope of practice needs to be developed for the prevention workforce. This scope of practice should include a focus on environmental and community-based strategies and should also clarify the distinctions between early intervention and treatment.

**2. Develop and implement consistent procedures including standards for outcome definition and measurement and reporting requirements across funders of services in Ohio in order to increase workforce efficiency and retention.**

**Rationale:** Many prevention programs must have multiple funding sources to provide the services needed by their communities. Each funder has its own reporting requirements. This leads to a great deal of additional administrative overhead and diverted managerial time. Using “Ohio’s Shared Prevention Framework” as a starting point, reporting requirements should be streamlined and standardized. As a result, program managers would have increased time to support their staff in day-to-day program operations.

- 3. Modify the prevention credentialing process to include requirements that can be achieved in a reasonable period of time and that reflect the knowledge and skills necessary to provide effective prevention services in Ohio.**

**Rationale:** To effectively demonstrate results, prevention programs need competent and knowledgeable staff who are skilled in the use of the latest and most ethical approaches to evidence-based prevention practice. The Ohio Certified Prevention Specialist (OCPS) credential is the only credential that ensures alcohol and other drug prevention specific knowledge, skills and work experience. According to the Ohio Chemical Dependency Professionals Board, the number of Ohio Certified Prevention Specialists whose certification has lapsed has exponentially increased each year for several years. Also, in each year from 1996 to 2003, the number of OCPS certifications that lapsed was greater than the number of new registered applicants (RAs) beginning the process. The number of RAs whose status lapsed before those RAs completed the credentialing process has been increasing exponentially as well, with 27 lapsing in 2001 and 307 lapsing in 2005.

While many factors in the field contribute to these alarming statistics, the credentialing process itself may present barriers to pursuing and maintaining the credential. Key stakeholders and practitioners themselves have expressed concerns about the examination, preceptorship requirements and the structure and format of the credential. The OCPS credentialing process is in need of revisions that will make it more attainable without sacrificing the efficacy of the credential.

- 4. Increase salaries and benefits so that compensation packages for the prevention workforce are competitive with compensation packages for other professions.**

**Rationale:** Prevention practitioners report their most influential reasons for working in the field are the challenging work, a desire to help others and the existence of alcohol and other drug problems in the community. Many enter this field knowing it is rewarding in non-financial ways. However, aspirations to help others can be weighed down by the financial realities of day-to-day life. When asked the factors most likely to lead to leaving the field, prevention practitioners rank their top four factors as low salaries, inadequate benefits, workload too high and insufficient resources. Working to increase salaries and benefits for the prevention workforce may increase staff stability and help attract a greater pool of qualified job candidates, thereby ensuring consistently high quality services for the citizens of Ohio.

- 5. Provide for multi-year funding for prevention programming in order to foster job stability and security.**

**Rationale:** A great deal of prevention funding is through one year/one time funding structures which limit hiring options. Exacerbating this problem are the frequent changes in funding priorities which can create an inconsistent job focus. These factors foster an environment that leads to job instability and insecurity.

The top two recruitment problems identified by prevention managers were a lack of qualified candidates and hiring freezes. Managers may need to hire but often must wait until funding is assured. Then, when ready to hire, they have a difficult time finding qualified applicants who are willing to commit to a job that is only guaranteed for one year. Furthermore, those employees who do sign on have less motivation to obtain a prevention credential for a job that may not be funded again in the future. Advocating for more multi-year funding structures will alleviate these workforce development barriers. In addition, creating a mechanism for programs to roll over leftover funding will not only support staff stability, but could provide the means to better support professional development in the field.

## **Comprehensive Recommendations**

The recommendations for comprehensive planning targeting the next three to five years:

- 6. Employ a variety of strategies to increase the pool of certified prevention professionals available for employment and the number of certified prevention professionals employed by various organizations in Ohio.**

**Rationale:** Currently, there is little incentive for prevention practitioners to become credentialed. While many programs require, at minimum, staff be in the process of obtaining the prevention credential, funders do not. Almost 42 percent of programs do not offer salary increases to employees if they obtain the prevention credential. In an environment of funding instability, new staff has even less motivation to begin a credentialing process they may not be in a position to complete. In addition, 26 percent of Ohio Certified Prevention Specialists (OCPS) are 40-49 years old, and 45 percent are 50-59 years old. Therefore, over 70 percent of certified preventionists will be retiring in the next six to 15 years. Furthermore, 73 percent of certified preventionists are female and almost 80 percent are Caucasian.

Not only are we in danger of losing many of our certified practitioners in the coming years, but our current pool lacks diversity. Efforts must be made to increase the depth and breadth of the pool of certified prevention professionals. Funders and employers should require the OCPS credential, as well as make allowances in program budgets for staff development related to the credentialing process.

- 7. Eliminate systemic barriers that prevent evidence-based prevention practices from being implemented.**

**Rationale:** The scientific research supporting prevention has grown significantly in the last 20 years. This research supports approaches that impact community and environmental change in addition to traditional approaches that focus on individual change through education and skill development. Not only are environmental approaches effective, they are cost-effective as well. Yet many funding and reporting systems are not designed to support environmental strategies. Funders should increase the value placed on environmental and

capacity building services and revise their systems of funding and reporting to accommodate these crucial strategies. Workforce development measures must be implemented that develop the ability of the prevention workforce to engage in these specialized services.

**8. Incorporate scope of services and required skills into university training programs for health and human services professionals.**

**Rationale:** In a 2005, the Ohio Alcohol and Drug Addiction Workforce Development Project researched the 130 colleges and universities in Ohio. Only three universities were found to offer a certificate program in prevention, none offered an associates degree and only one offered a Bachelor's degree – through an individualized distance-learning program. The lack of access to colleges and universities that offer programs in prevention creates barriers for students preparing to enter the prevention field as well for current practitioners attempting to develop a career in prevention. The relationship between the prevention workforce and institutions of higher education must be enhanced to maximize continuing education, prepare students for credentialing and develop prevention specific degrees.

**9. Develop a mechanism for reimbursing agencies/professionals to support professional development.**

**Rationale:** According to the Prevention Managers Survey, 2005, 32.3 percent of organizations provide financial support for a bachelor's degree, 30.6 percent provide financial support for a master's degree and 60.5 percent provide financial support for continuing education to pursue the OCPS credential. Unfortunately, the extent of the support is unknown. In many practitioners' experience, a small stipend is set aside each year per staff person for attendance at conferences or trainings, and when cuts are needed, this line item is typically targeted.

Offsetting the cost of training fees is only part of the issue. In fact, Ohio's prevention system offers many free workshops through the Ohio Resource Network and some board offices. However, if the agency cannot afford the diverted time from programming, then staff cannot attend these workshops. Funders should ensure that professional development is a priority in funding programs and create a mechanism for time spent in professional development to be billable. Employers must then value professional development and provide both time and financial assistance to support it.

**10. Assist agencies to become certified under the Ohio Department of Alcohol and Drug Addiction Services Prevention Standards.**

**Rationale:** As the Ohio Department of Alcohol and Drug Addiction (ODADAS) prevention standards go into effect, prevention programs will need support to become certified under state rules. Every effort should be made to assist agencies to become certified, as this process will help increase requirements for staff qualifications as well as ensure quality assurance processes. The ODADAS

prevention standards will provide consistent minimum requirements for the systems in which practitioners work.

**11. Create policies and incentives that encourage prevention managers to become prevention credentialed.**

**Rationale:** Prevention managers are tasked with program development, oversight and evaluation. Prevention managers must be well-grounded in evidence-based prevention practices. Indeed, representatives of 59 percent of prevention programs in Ohio agreed and require a prevention supervisor to either have the OCPS credential or be in the process of obtaining the credential. Yet, 64 percent of prevention practitioners reported that their supervisor does not have this credential. The discrepancy between policy and practice must be addressed.

**12. Provide leadership and management training opportunities for current and future prevention managers.**

**Rationale:** Improved supervision leads to increased job satisfaction among staff and to improved program services. Program managers also have a responsibility to provide leadership not just to their programs, but for the field. Improved leadership in the prevention field was ranked as the third highest factor that would lead prevention practitioners to a decision to stay in the field. Increased supervisory training was ranked sixth. Little to no opportunities for training in supervision and management are provided at prevention conferences or through trainings offered in communities. Increasing support and training at the management level must be a priority.

## **Section V: Key Issues and Action Steps**

The *Partnerships for Success* planning model places emphasis on accountability and specific outcomes. The top five strategic recommendations were broken down into key issues that might be addressed in the next 12 to 18 months, and a lead entity responsible for starting the process. The “key issues analysis” is followed by a series of action steps, when appropriate, to facilitate implementation.

While state level stakeholders have been identified as the lead entity for each of the recommendations below, the Ohio Alcohol and Other Drug Prevention Workforce Development Taskforce believes success will depend on responsibility being assumed at all levels of the prevention system, from individuals to institutions. There are key roles for direct service providers, prevention managers, agency executive directors, funding boards, state departments, statewide associations, community members and legislators.

As one reviews this document, that person should constantly ask: What can I do? Together, we can build the capacity of Ohio’s prevention workforce to meet the needs of all our citizens.

### **Recommendation #1**

**Define the scope of practice relevant to alcohol and other drug prevention.**

#### **Key Issues Analysis**

Analysis by the Taskforce indicated that there is currently no clearly defined scope of services for prevention specialists. This is complicated by the fact that there is a lack of awareness and application of approved ODADAS Prevention Standards. There is also confusion in the field regarding the distinctions between early intervention and treatment and alcohol and other drug prevention and prevention related to health and wellness. Finally, consistent standards and methods for determining effective prevention programming need to be further developed. The Taskforce recommends that this issue be addressed by the Ohio Chemical Dependency Professionals Board. Taskforce members will review and support the work of the Ohio Chemical Dependency Professionals Board.

### **Recommendation #2**

**Develop and implement consistent procedures, including standards for outcome definition and measurement and reporting requirements across funders of services in Ohio in order to increase workforce efficiency and retention.**

#### **Key Issues Analysis**

Analysis suggested that funding and administrative requirements across funders are different and burdensome. Furthermore, not all funding systems have implemented principles defined in “Ohio’s Shared Prevention Framework.” Most funding/administrative systems do not coordinate or communicate in a way that fosters an integrated prevention system for reporting and evaluation of outcomes. The resulting burden on administrators and managers diverts crucial managerial time from supporting

staff in the day-to-day program operations. Complicating these issues, most of the communication in the current systems flows from top to bottom, providing little opportunity for communication from the field to funders and policy makers. The Taskforce recommends that the following strategic action steps be initiated by the Ohio Department of Alcohol and Drug Addiction Services.

### **Strategic Action Steps**

**Step 1:** Convene representatives of key systems, including providers, to work together to streamline requirements and make administration efficient across multiple systems.

**Step 2:** Conduct a study related to the costs of inconsistent system requirements.

**Step 3:** Develop a set of recommendations to streamline administrative procedures at the funder level.

**Step 4:** Create a position statement to serve as springboard to action.

### **Recommendation #3**

**Modify the prevention credentialing process to include requirements that can be achieved in a reasonable period of time and that reflect the knowledge and skills necessary to provide effective prevention services in Ohio.**

#### **Key Issue Analysis**

Some aspects of the credentialing process create barriers for prevention professionals. Taskforce members noted that the current certification exam is problematic; there are not enough willing preceptors to meet current requirements; the structure, format and process for certification are barriers; and there is little incentive for individuals to become certified. The Ohio Alcohol and Other Drug Prevention Workforce Development Taskforce recommend that this issue be addressed by the Ohio Chemical Dependency Professionals Board. Taskforce members will review and support the work of the Ohio Chemical Dependency Professionals Board.

### **Recommendation #4**

**Increase salaries and benefits so that compensation packages for the prevention workforce are competitive with compensation packages for other professions.**

#### **Key Issues Analysis**

Compensation packages, including salaries and benefits, in Ohio's prevention field are not competitive. Salaries are low regardless of training and workload often has no relationship to compensation. In many cases, benefits are not available to prevention professionals. Funding levels are stagnant and are often targeted to services rather than salaries. The Taskforce recommend that the following strategic action steps be initiated by the Ohio Department of Alcohol and Drug Addiction Services:

### **Strategic Action Steps**

**Step 1:** Convene representatives of the Ohio Department of Alcohol and Drug Addiction Services boards, statewide associations and providers.

**Step 2:** Review current data and determine remaining data needs.

**Step 3:** Compare salary and benefits to other fields.

**Step 4:** Develop and initiate a plan to address compensation packages for prevention practitioners.

### **Recommendation #5**

**Provide for multi-year funding for prevention programming in order to foster job stability and security.**

#### **Key Issues Analysis**

Members of the Taskforce noted that instability of funding is a barrier to hiring and retaining prevention service providers. One year/one time funding limits hiring options. In addition, frequent changes in priorities make consistent provision of prevention services difficult. The Taskforce recommend that the following strategic action steps be initiated by the Ohio Alcohol and Drug Addiction Workforce Development Project:

#### **Strategic Action Steps**

**Step 1:** Conduct a study of benefits of long-term funding to hiring prevention service providers.

**Step 2:** Develop a position statement outlining recommendations regarding funding for prevention services.

**Step 3:** Educate and advocate for systems changes consistent with the recommendations.

## Section VI: Next Steps

The recommendations in **Section V** constitute the strategic plan to build the capacity of Ohio's alcohol and other drug (AOD) prevention workforce over the next 12 to 18 months. The Ohio Alcohol and Drug Prevention Workforce Development Taskforce will revisit these recommendations semi-annually in the first year to review progress to date and will create an action plan for the long term comprehensive recommendations. Such review provides a basis for the continued development of Ohio's AOD prevention workforce.

This strategic plan should be viewed as a dynamic document subject to change based on shifting priorities and changing conditions. Continued review of the plan provides the basis for shaping policies and practices in a manner consistent with long-term goals expressed by the Taskforce. Reports related to progress and updates of the strategic plan should be issued as formal reports to the citizens of Ohio and other key stakeholders. Thus the-Taskforce should be reconvened, at minimum, on an annual basis to review and revise the plan in response to changing conditions and, consequently, issue formal progress reports.



