Funding Priority 4: Invest in Training and Support to Increase the Size of the Addiction Workforce and Help Non-Specialists Provide Services

Rationale

Reducing opioid overdoses in Connecticut requires an adequately trained and well-supported addiction workforce. In particular, the ability of the state to focus on the priorities laid out in this report, such as increasing engagement with MOUD and harm reduction services, is directly tied to the ability of providers in the state to recruit, hire, and retain a range of staff with the needed skills and knowledge related to substance use and addiction. Currently, there is a shortage of clinicians and non-clinicians in the state with specialty training in addiction across the spectrum of the addiction workforce.[1] This shortage exists in a range of roles within the addiction workforce including specialty addiction-trained clinicians treating addiction, professionals who do not primarily treat addiction but engage with people who use drugs, and individuals who can serve as substance use navigators or in other non-clinical roles. Besides an insufficient quantity of adequately trained individuals in these roles, there is also insufficient infrastructure in the state to support this workforce, disseminate best practices, and offer continuing training as the overdose crisis evolves.

Evidence

Increasing the number of addiction specialty trained clinicians is associated with increased provision of evidence-based treatments. Also, enhancing the skills of non-addiction focused clinicians improves the likelihood that individuals at risk for overdose will be identified, counseled, and referred to treatment regardless of the clinical setting where they present. CORE team faculty helped establish national programs supporting MOUD provision in primary care and EDs.[2,3] In addition, several states have implemented programs to ensure that clinicians in non-addiction focused clinical settings, most often primary care[4] and EDs, which have seen an increase in the number of referrals and addiction treatment engagement in people with opioid use disorder, receiving training and support.[4-7] Also, given the shortfall of specialty addiction trained clinicians in the state in combination with changes in training requirement needed for the provision of buprenorphine, non-specialist prescribing clinicians (doctors, PAs, and APRNs) can be utilized to quickly increase the number of MOUD prescribers in Connecticut. Sufficient systems of support for non-specialist clinicians that can provide referral services for more complicated cased are needed to maximize the potential of the non-specialist workforce.

In addition to the specialist and non-specialist clinician workforce, addiction specialty training and certification is available for nurses, social workers, counselors, and other health professionals. Several of our priorities also highlight, as was echoed in many of our conversations with providers and other stakeholders in the state, the need for an adequately trained non-clinician workforce inclusive of substance use navigators and the harm reduction workforce.

Connecticut agencies, including DMHAS, DCP, and DPH, have already committed resources to supporting addiction workforce development in the state. DMHAS supports addiction and mental health care providers, DCP provides education of clinicians and pharmacists on the use of the prescription drug monitoring program, and DPH supports harm reduction providers in the state.

Potential Impact

An increase in the number of clinical and non-clinical addiction specialists (nursing, social work, counselors, physicians, etc.) will have an immediate impact on access to and the quality of treatment for Connecticut residents. Programs to train and support non-specialist clinicians should provide timely improvements, too, particularly with respect to provision of MOUD in general medical settings.

Strategies

Strategy #1: Grow the addiction specialty workforce in Connecticut.

Goal: Improve access for people with OUD to credentialed addiction specialists providing evidence-based treatments.

- **Tactic #1:** Fund initiatives that grow the addiction specialty workforce working with patients across the lifespan (in childhood, adolescence, adulthood, and/or old age) by providing specialty training in addiction to nurses, social workers, advanced practice providers (e.g., PAs and APRNs), pharmacists, psychologists, harm reduction interventionists, recovery support specialists, substance use navigators, and physicians.
- **Tactic #2:** Fund initiatives that increase representation of affected populations within the addiction specialty workforce via targeted efforts to recruit and retain racially, ethnically, socioeconomically, and experientially diverse candidates.

Strategy #2: Improve non-specialist addiction training within the medical, mental health, and behavioral health care workforce.

Goal: All clinicians and non-clinicians in medical, mental health, and behavioral health settings should provide or support screening, treatment, and linkage to evidence-based addiction treatments.

- **Tactic #1**: Fund provision of non-specialist training and support in addiction to *prescribing clinicians* who care for individuals with substance use and/or substance use disorder in non-addiction focused medical (e.g. primary care, pediatrics, ob-gyn) and behavioral health settings to improve overall knowledge, skills, and attitudes regarding addiction.

- **Tactic #2:** Fund provision of non-specialist training and support in addiction to *non-prescribing clinicians,* including psychologists and clinical social workers, to improve overall knowledge, skills, and attitudes regarding addiction in the health care workforce.

- **Tactic #3**: Fund initiatives to train and support substance use navigators, addiction-focused community health workers, and recovery support specialists who work in non-addiction focused medical and behavioral health settings. This should include efforts to train and

- support individuals with lived and living experience of addiction, especially those currently on methadone or buprenorphine.

Strategy #3: Increase the harm reduction workforce in Connecticut.

Goal: Entities that provide harm reduction services have access to an appropriately trained and adequately supported workforce.

- **Tactic #1:** Fund initiatives to train and support non-clinicians who provide harm reduction services (e.g. syringe service program staff, harm reduction center staff).
- **Tactic #2:** Fund expansion and continuing support of technical assistance to harm reduction service providers to develop and support the capacity of these entities to collect data, competitively apply for grants, process and issue contracts, coordinate with community partners, and manage logistics of service delivery.

Priority 4 References

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