

# Health Care Workforce Census

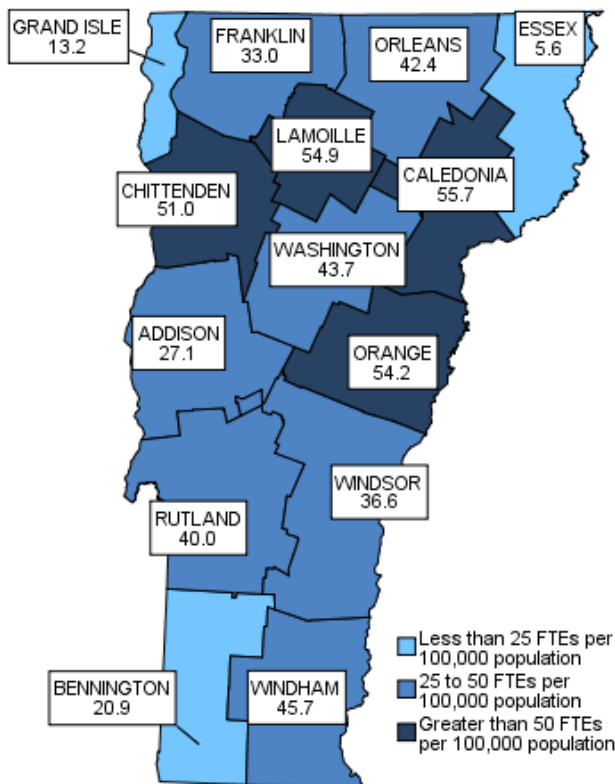
## Licensed Alcohol and Drug Abuse Counselors, 2019

### Overview

This Licensed Alcohol and Drug Abuse Counselors census is part of the Vermont Department of Health’s healthcare provider data program, which is used to monitor and measure the supply of health care providers in Vermont over time. Vermont Licensed Alcohol and Drug Abuse Counselors are relicensed every two years. Data for this report were obtained during the January 2019 relicensing period and represent a snapshot of the profession at that time.

Licensed Alcohol and Drug Abuse Counselors use psychotherapy, along with other methods, to assist an individual or groups of individuals understand alcohol and drug abuse dependency problems and define goals and plan actions reflecting the individuals’ interests, abilities, and needs. To be licensed in Vermont, LADCs must have completed a master’s degree in a human services field or a health care profession and 300 hours of substance abuse education, have two years (at least 2000 hours) of supervised practice, and pass an exam. Vermont also regulates Certified Alcohol and Drug Abuse Counselors and Apprentice Addiction Professionals who have lesser education and supervised practice hour standards.

### Licensed Alcohol and Drug Abuse Counselor FTEs per 100,000 population by county



### In Brief

#### Workforce

Survey period: January 2019  
 Response Rate: 100%  
 Licenses renewed: 493  
 Active in VT: 424  
 Full-time Equivalents: 264.3

#### Demographics

% Female: 69.6%  
 Median Age: 52  
 % 60 or older: 32.5%

#### Education and Training

% PhD: 2.9%  
 % educated in VT: 50.3%  
 % educated in Northeast: 87.0%

#### Current Employment

Accepting new patients: 94.5%  
 Full time hours at main site: 16.5%  
 Full time hours at all sites: 19.1%  
 Plans to increase hours: 7.6%  
 Plans to reduce hours: 5.0%

#### Geographic Distribution

(FTE to 100,000 pop. ratio)  
 Highest: 55.7, Caledonia County  
 Lowest: 5.6, Essex County

## Workforce

- 493 Licensed Alcohol and Drug Abuse Counselors (LADCs) renewed their licenses during the census period and all completed the workforce survey for a response rate of 100%.
- Out of the 493 respondents, 424 (86.0%) indicated that they were active and providing direct patient care in Vermont as Licensed Alcohol and Drug Abuse Counselors.
- Of the 69 respondents currently reporting a non-active status, 28 (40.6%) indicated they planned to start providing direct patient care in Vermont within the next 12 months.

The remainder of this report is based on the 424 Licensed Alcohol and Drug Abuse Counselors who reported being active and providing direct patient care in Vermont as Licensed Alcohol and Drug Abuse Counselors.

## Demographics

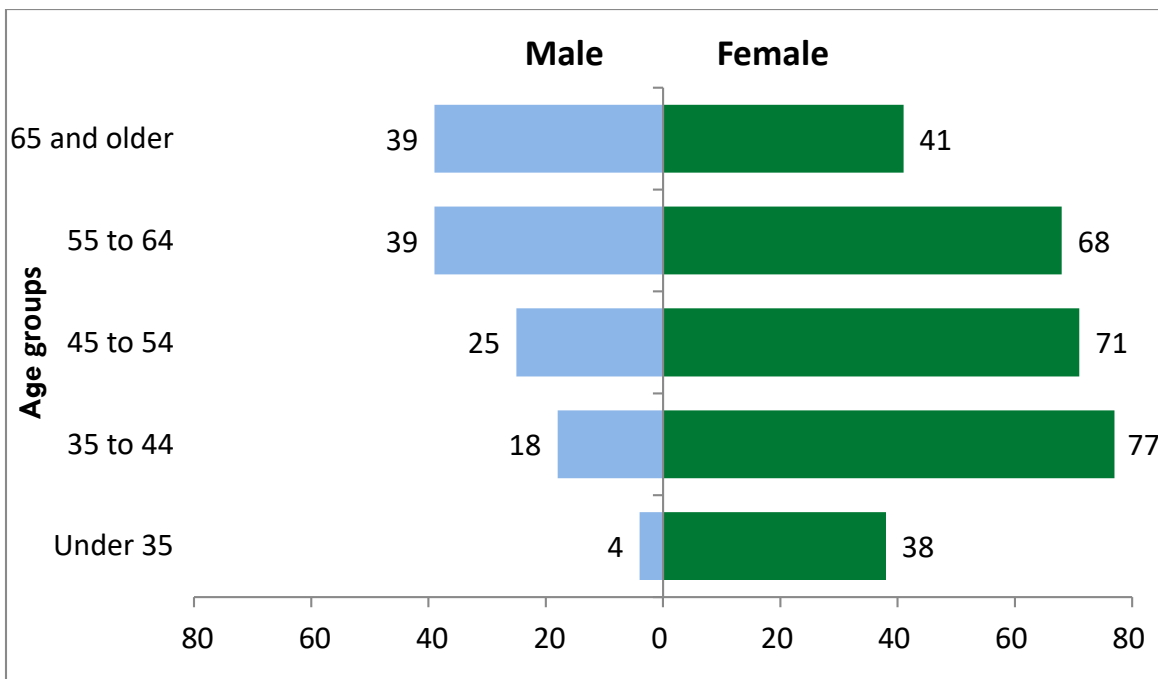
### Gender

- 69.6% of LADCs were female.
- 29.5% of LADCs were male.
- 0.9% of LADCs reported other gender or did not report gender.

### Age

- 32.3% of LADCs were younger than 45
- 19.1% of LADCs were 65 or older

*Age and gender of LADCs*



## Education and Training

- All LADCs must have a master’s degree to be licensed.
  - 2.9% (12) had a PhD.
- 87.0% completed their education in the Northeast.

Region in which highest degree awarded	Number	Percent
Vermont	186	50.3%
Northeast excluding Vermont	136	36.8%
Midwest	12	3.2%
South	20	5.4%
West	12	3.2%
Canada	2	0.5%
Other Foreign Country	2	0.5%
*Missing data from 54 individuals		

## Additional licenses

- Many LADCs maintained more than one mental health care license or roster position.
  - 168 were mental health counselors.
  - 85 were clinical social workers.
  - 16 were psychologists.
  - 7 were non-licensed non-certified rostered psychotherapists.
  - 4 were marriage and family therapists.
  - 2 were nurse practitioners.

## Practice Characteristics

### Access to care

- 94.5% accepted new clients.
- 86.8% participated in Medicaid.
- 84.1% accepted new Medicaid clients.
- Medicare does not reimburse Licensed Alcohol and Drug Abuse counselors directly so LADCs accepting Medicare must be able to bill using another provider type or provide services under supervision of a covered license type.
  - 49.3% participated in Medicare.
  - 47.0% accepted new Medicare clients.

### Number of practice sites

- 15.8% (67) of Licensed Alcohol and Drug Abuse counselors practiced at two locations.
- 1.4% (6) practiced at three or more locations.

### Client population served

- 41.5% (176) of counselors served youth age 4-17.
  - 95.3% (404) of counselors served adults age 18-64.
  - 55.7% (236) of counselors served older adults 65 and older.
  - 36.8% (156) of counselors served military populations.
  - 76.8%\* (318) of counselors participated in counseling patients receiving medically assisted treatment.
- \*Missing data for 10 individuals.

## Practice setting

- For Licensed Alcohol and Drug Abuse counselors' main practice location, the most common setting was private practice, followed by substance use disorder clinics and community health centers.

Main Setting	Number	Percent
Community health center	45	10.6%
Criminal Justice	3	0.7%
Hub	25	5.9%
Hospital: general	9	2.1%
Hospital: psychiatric	6	1.4%
Medical care	17	4.0%
Methadone clinic	1	0.2%
Mental health clinic	33	7.8%
Private practice	156	36.8%
Recovery support	4	0.9%
Rehabilitation	1	0.2%
Residential	14	3.3%
School health service	19	4.5%
Substance use disorder clinic	49	11.6%
Other setting	42	9.9%

## Full Time Equivalents

- 16.5% worked 40 hours or more per week at their main site.

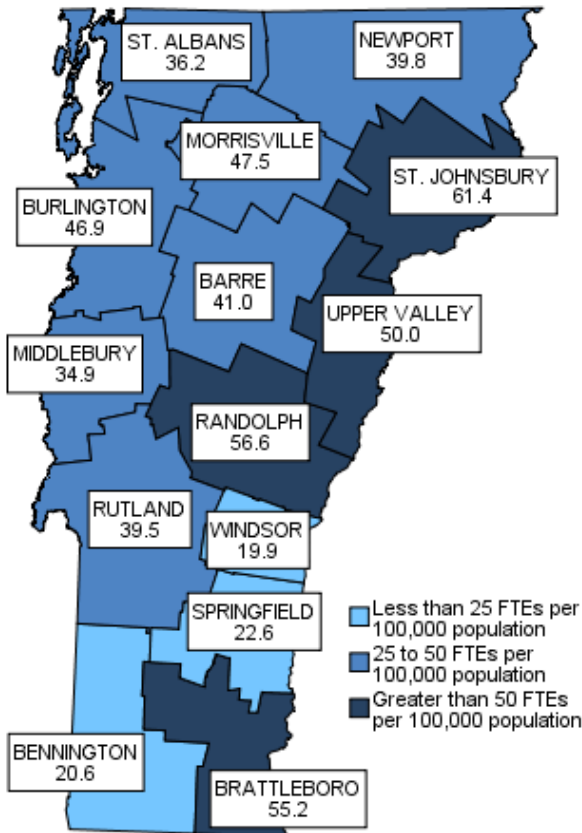
Weekly hours at main site	Number	Percent
Less than 20 hours	125	29.5%
20 to 39 hours	229	54.0%
40 hours or more	70	16.5%

- 264.3 total FTEs were provided by 424 Licensed Alcohol and Drug Abuse counselors.
- 78.1 FTEs, or 29.5% of total FTEs, were provided by those age 60 or older (138 individuals).

# Licensed Alcohol and Drug Abuse Counselors, 2019

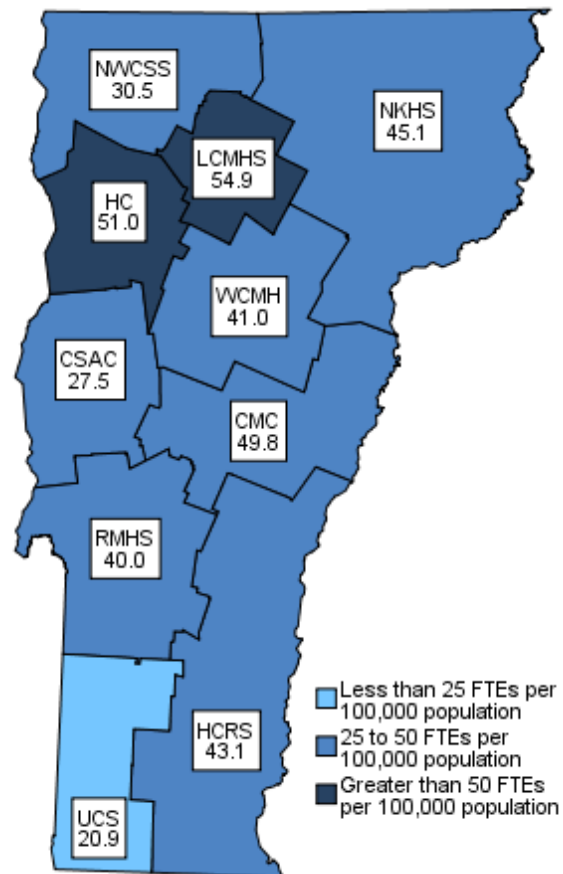
*Licensed Alcohol and Drug Abuse Counselor FTEs per 100,000 population by Blueprint Health Care Areas*

**Blueprint Health Care Areas** (see Appendix for details)



- St. Johnsbury (61.4), Randolph (56.6), and Brattleboro (55.2) Health Care Areas had the highest ratio of Licensed Alcohol and Drug Abuse counselor FTEs to population.
- Windsor (19.9), Bennington (20.6), and Springfield (22.6) Health Care Areas had the lowest ratio of LADC FTEs to population with less than 25 FTEs per 100,000 population.

*Licensed Alcohol and Drug Abuse Counselor FTEs per 100,000 population by Mental Health Catchment Areas*



**Mental Health Catchment Areas** (see Appendix for details)

- Highest ratio was 54.9 in Lamoille County Mental Health Services (LCMHS) area.
- United Counseling Services (UCS) had the lowest ratio of 20.9 FTEs to 100,000 population.

## Current Experience and Future Plans

- Median amount of time licensed in Vermont: 10 years
- Over a quarter of LADCs have been licensed in Vermont for 5 years or less.

Years licensed in Vermont	Number	Percent
0 to 5 years	115	27.8%
6 to 10 years	104	25.2%
11 to 15 years	63	15.3%
16 to 20 years	52	12.6%
21 to 25 years	26	6.3%
Over 25 years	53	12.8%
*Missing data from 11 individuals		

## In the next 12 months

- 78.5% planned to continue working as they had been.
- 7.6% planned to increase their hours.
- 5.0% planned to reduce their hours.
- 3.5% planned to seek career advancement.
- 0.9% planned to move to a different career or retire.

## Trends and Observations

	2015	2019	change
Number of active LADCs	314	424	+110
FTEs	182.4	264.3	+81.9
% female	64.6%	69.6%	+5.0%
% over 60	32.5%	32.5%	SAME
Accepting new patients	93.8%	94.5%	+0.7%
Planning to reduce hours	4.3%	5.0%	+0.7%

- Response rate for the 2015 LADC census was 81.8% so estimates of FTEs were an underestimate of actual FTEs in Vermont. The increase in active LADCs and FTEs in the 2019 census compared to 2015 is largely a function of the higher response rate.

## Certified Alcohol & Drug Abuse Counselors/Apprentice Addiction Professionals

- 28 certified alcohol and drug abuse counselors provided 17.3 FTEs.
  - 12 planned to earn their LADC over the next two years.
  - Cost of master's degree and plans to retire were reasons cited for not planning to pursue the LADC title.
- 59 apprentice addiction professionals provided 43.1 FTEs.
  - 29 planned to earn their LADC over the next two years.
  - Cost of education, pursuing other licenses first (e.g. clinical social worker), and needing more than two years to complete the necessary requirements were reasons cited for not planning to pursue the LADC title.

## Questions

For tables detailing these data or further information, contact:

Vermont Department of Health  
Division of Health Surveillance – Workforce Census  
108 Cherry Street, Drawer 41  
PO Box 70  
Burlington, VT 05402-0070  
Tel. 802-863-7300  
Email: [AHS.VDHPhysicianCensus@vermont.gov](mailto:AHS.VDHPhysicianCensus@vermont.gov)

## Appendix

### Active Licensed Alcohol and Drug Abuse Counselor

A Licensed Alcohol and Drug Abuse counselor who reported working in Vermont as such (regardless of how many hours) is considered active.

### Census

The census was taken during the biennial Licensed Alcohol and Drug Abuse counselor relicensing process which ended on January 31, 2019. The data include all Licensed Alcohol and Drug Abuse counselors except for new licensees enrolled less than three months before the renewal date (October 2018 – January 2019), as their license was valid until the next renewal date of January 31, 2021. Census questions available upon request.

### Full Time Equivalent (FTE)

Full time is defined as 40 or more working hours in Vermont per week, 48 weeks or more per year. Reporting more than 40 hours per week is defined as one FTE regardless of the number of hours over 40 per week worked.

### Health Care Areas

The Health Care Areas in this report are those used by the Vermont Blueprint for Health, an initiative working to transform the way primary care and comprehensive health services are delivered and paid for. It disseminates information on healthcare expenditures, utilization, and care quality measures within these regions (see <http://blueprintforhealth.vermont.gov/>). Data are available for other regional definitions from the Division of Health Surveillance. See the contact information at the end of this report.

### Main Practice, Site, Setting, and Specialty

The main practice site, setting, or specialty of an individual refer to the practice site, setting, or specialty with the greatest number of reported annual hours.

### Maps

Map colors are by quartiles. The lowest 25% of FTE equivalents to population ratio is displayed in the lightest color, the middle 50% in medium, and highest 25% in the darkest color.

### Mental Health Catchment Areas

There are 10 designated agencies across the state of Vermont responsible for helping their local populations access mental health services among other things.

Mental Health Catchment Area	Abbreviation
Clara Martin Center	CMC
Counseling Services of Addison County	CSAC
Howard Center	HC
Health Care and Rehabilitation Services of Southeastern Vermont	HCRS
Lamoille County Mental Health Services	LCMHS
Northeast Kingdom Human Services	NKHS
Northwestern Counseling and Support Services	NWCSS
Rutland Mental Health Services	RMHS
United Counseling Services	UCS
Washington County Mental Health Services	WCMHS



## Missing data

Unless otherwise noted, missing data are excluded from tables. Thus totals may vary from table to table.

## Population Estimates

Population estimates are for July 2017 and were provided by the Department of Health.

## States

States were grouped into the following regions:

Northeast	Midwest	South		West
Connecticut	Illinois	Alabama	North Carolina	Alaska
Maine	Indiana	Arkansas	Oklahoma	Arizona
Massachusetts	Iowa	Delaware	South Carolina	California
New Hampshire	Kansas	Florida	Tennessee	Colorado
New Jersey	Michigan	Georgia	Texas	Hawaii
New York	Minnesota	Kentucky	Virginia	Idaho
Pennsylvania	Missouri	Louisiana	Washington DC	Montana
Rhode Island	Nebraska	Maryland	West Virginia	Nevada
Vermont	North Dakota	Mississippi		New Mexico
	Ohio			Oregon
	South Dakota			Utah
	Wisconsin			Washington
				Wyoming

## Weekly Hours

Average weekly hours is based on hours and weeks reported, adjusted to a full-time 48-week working year (hours \* (weeks/48)). Thus, the average weekly hours for an individual working 40 hours a week for half the year (24 weeks) is 20.