

Chairman Carlisle and other members of the commission I am honored to be here today and have this opportunity to speak with you.

I would like to take a moment to tell you a bit about my background. I have worked in the field of addiction counseling for 22 years. I spent the first 21 years working at a Human Service Center, the last 9 years were as a program director. It has only been the last 10 months I have been in the private sector. For many professions 22 years may not be necessarily a long time, but for this field it is. At a recent conference, I attended it was said that the current burnout rate for addiction professionals is about 2 years. I am understanding the reason for my visit today is to try to open channels of discussion about solutions to the shortage of addiction professionals. I can tell you this is a subject near and dear to my heart. As you are all probably aware, there is also a national shortage. I certainly don't have the answers but may perhaps be able to shed some light on the problem and offer some solutions.

As the president of the ND Board of Addiction Counseling Examiners, I can tell you we have had a few people from various agencies come before us, believing the Board has been a barrier to people trying to become addiction professionals. I want to emphasize the purpose of the board is first and foremost to protect the public. As part of the licensing board I can tell you there is no greater joy for me than to be part of the process of someone obtaining their license. I believe there has been much misunderstanding about the process. Hopefully as people come before us we have an opportunity to offer explanations. However it is not always what people want to hear. One issue brought before us, is that we have too high of standards. I hope we can do a good job of dispelling that notion. I would like to say that Dr. Michels will further share some information about other states standards when I am finished.

Licensed Addiction Counselors, or LACs are very passionate about their work. I don't know if there is anyone more concerned about the nationwide shortage of addiction professionals, than LACs themselves. The concern of professionals in the field is much different than what is often being touted by those outside of the profession. Those who are LACs are very much aware it is not our licensing standards that are the cause of the shortage but that the very nature of the work is very intense and challenging. Several years ago, in 1996 there was a change in licensing standards. Much like today, people believed they were too rigid/too difficult. As an LAC at the time, I can tell you people believed it would make a difference on how many people would be entering the field. The requirement at the time, included not only the completion of the 1400 hours, or 9 months, but also a 1 year internship before being licensed. The standard was changed. As the need in the profession continued to grow and as addiction treatment gained credibility, there was a greater demand for LAC's and a continued shortage. Again it was believed that if our standards in ND were not so high, more people would be entering the profession, helping to eliminate the shortage. More recently, some people believed we needed to get rid of the required oral exam, thinking it would surely make a difference. There was much division around the state regarding this situation. So the rules were changed again, and the oral exam was no longer required as part of licensing. A change was made to allow professionals interested in being licensed in N.D. to utilize work hours for training hours. Still, we continued to have a shortage of counselors. Currently, there is pressure being placed on the board to decrease

the standards once again, as it is believed that this would change the number of people entering the profession. I am here to tell you from my experience in the field and having worked with LACs in many different capacities, around the state the reasons for the shortage, has less to do with licensing standards than it has to do with working conditions. There is great concern about further lowering the standards for addiction counselors, especially since the trend nationwide and with healthcare reform, is actually higher standards.

These are the 3 entities in our state which represent our field. I have had the privilege and honor to serve in various capacities in each of these 3. I have been president of the NDACA. I have served on the board of the NDCOTP and I have served on the NDCOTC board as the chair and also developed and served as the first state reviewer of the training consortiums. I tell you this only because I want you to know my passion and involvement in the field. As a result of the time spent in these positions, I have many coworkers, peers and friends in this field across the state. When I spoke to some of them about this opportunity, what I heard over and over is please tell the commission the real reasons people do not enter or leave the field. I knew exactly what that meant. For many years I could not have come before you and spoke to you, because of where I worked and who I worked for. I have to tell you, I gave it a lot of consideration before I decided to speak, and then decided they are all right and I need to be a voice for those who aren't able to talk, about working in very difficult circumstances. I am here to tell you, there are some private agencies that may experience a shortage at times, as people leave for another agency, move, retire, etc. But the largest shortage is in the public arena and later if you are interested I can share with you, what I believe may be part of the problem.

I told you earlier the burnout rate is very high in this field. According to a research study published by NIDA, (National Institute on Drug Abuse) addiction counselors leave the field at about 36%, compared to 20% of other mental health professionals. Roughly 1 in 3 counselors and 1 in 4 clinical supervisors. In order to be a clinical supervisor you have to have practiced for at least 3 years.

It's hard sometimes for people to understand how the burnout rate can be so high until you understand duties and responsibilities of an addiction counselor. LACs are very passionate about their work. You have to be. We work with a population of people who are generally not happy to meet us. Many times people are either coerced through work, social services, healthcare workers, family, or friends to get help. More often it is due to legal issues, through the court system. When the person comes in, they are angry that they have to spend money and take time to do this, why can't they do what they want. We are the nemesis from the first moment they meet us. We complete an evaluation and now if there are recommendations we have escalated the intensity of the dislike they had for us to start with, as they know we think "everyone is alcoholic/addicted when they come in". People forced to do something are not usually happy and pleasant. In the HSC's generally the most complicated cases come through the doors. Keeping in mind the HSC's are the agencies most usually short of counselors, and many LAC's get their start there. They are also the safety net and last stop for people, without resources. Working with this population of people however, is usually the least stressful piece of people's

jobs. The stress comes in the work environment. I can speak firsthand to the pressure and difficult working conditions in the HSC.

Most people coming into the field with only 1400 hours are minimally prepared. With the shortage of counselors, new counselors are often not able to be mentored and professionally supervised to deal with the day to day wear and tear of this type of work. People in this profession are qualified and considered to be experts in this field, and as such are able to commit individuals, testify as experts, diagnosis and be 3rd party reimbursable. ND is the first state in the nation to allow LACs to access the drug prescription monitoring data bank, to assist in treating individuals. It was a difficult challenge to make this happen, but because of our standards in this state, we might not have had the credibility to make this happen. The demands and standards for addiction programs are much more scrutinized, by the Department of MHASA, than other professions. In the addiction world, each level of care must be licensed, you cannot just be licensed to carry out all levels of care, although you do the same work. Each level of care has different requirements, which must be met.

POSSIBLE SOLUTIONS:

1. Paid training, through the state. I am not sure whether this would be in a stipend or wage, but this is most often a barrier, as students are not always able to get a student loan. Some try to work and do their training, and may exhaust themselves before they finish, or do not get the full benefit of the training, due to their tiredness, and may leave the field early, feeling unprepared.
2. In the HSC's, people are not required to become clinical supervisors. I see this as most unfortunate, as someone gave their time to train them. In order to train students, there must be one clinical supervisor per student. As a result there are HSC's who are unable to take more than 1 or 2 students. This creates a shortage of training sites. Private agencies have no incentives to take trainees, yet often take more than HSC's. Private agencies have seen the benefits to grow their own, and as a result have fewer openings. Colleges need to be able to provide training sites, if people are going to enter the addiction tract.
3. Offer incentives for LACs to become clinical supervisors. Currently most LACs in the HSC, are already overburdened and taking a trainee, is a huge responsibility and takes much time. If someone agrees to take a trainee, they basically need to do the training on their time, in order to meet their direct time standards and keep up with their own work.
4. Offer student loan repayment programs. This has been helpful in other disciplines. This would be a significant aide for those looking at student loans piling up.
5. Wages. If you look at the generation who is our upcoming work force, money talks. When students in high school are looking for careers, they are typically looking at the bottom line. This is not a field that will jump out at them, for that reason. Several years back, during a critical shortage in the HSC's, wages were increased and there were more people entering addiction tracks in colleges.

I am certainly only one voice, and I appreciate the opportunity and the time you have given me to share what is so very near and dear to my heart. I have been fearful of this coming workforce

shortage for several years. I think it has not been addressed sooner because there is no easy answer. I would truly encourage you to not consider, lowering licensing standards to become a counselor as a knee jerk reaction, but rather you would consider looking into the deeper more complicated issues which contribute to the workforce shortage. If I thought for one moment that licensing standards were an issue I would be working with you to change the law. It is not the standards that are the issue. Keep in mind this is nationwide. If standards were the issue, wouldn't there potentially be a surplus in other states, with lower standards? Reciprocity has been another hot button topic. There is a belief that we have many people trying to become licensed in our state through reciprocity. Generally it is much easier for them to simply apply for initial licensure and they are able to be licensed, which is what we let them know. We are not turning away masses of people who are licensed in other states. Often those applying for reciprocity, may not have a 4 year degree, they may have not had any training hours, and they may not have ever been licensed in the state they are coming from.

I have a sheet I would like to share with you. This sheet contains both the number of LACs in our state, the number of licenses issued each year, the approximate age groups and the numbers of LACs who non renewed their licenses, as well as the number of current trainees. Unfortunately, we are only able to go back to 2009.

Number of licenses granted per year via the initial and reciprocity processes are as follows:

2014-8 2013-23 2012-25 2011-26 2010-15 2009-17

Since 2011, 5 licenses were denied by reciprocity.

The approximate number of licenses issued each year.

2014-353 2013-401 2012-415 2011-368 2010-342 2009-317

The approximate ages of current LAC's.

20-29 yrs.= 39 30-39 yrs.=93 40-49 yrs.=45 50-59 yrs.=77 60-64yrs.=43 65+yrs.=50

The number of licensees which did not renew their license per year.

2013-56 2011-34 2009-24

There are around 30 registered trainees. If all of these become licensed this is the most since 2009, which again speaks to the fact the standards are not a barrier.