

Presentation from the North Dakota Addiction Counselors Association for the Legislative Managements interim Human Services Committee. The North Dakota Addiction Counselors Associations view of the three greatest unmet needs of substance abuse services from the consumer and family perspective and policy recommendations to consider.

1. Access to treatment services in a timely manner.

- We are losing treatment beds throughout the state.
- There is only Prairie St Johns in Fargo that provides inpatient treatment beds for adolescents.
- Waiting lists lose "the window of opportunity" for an individual to enter treatment.
- We have a shortage of addiction counselors statewide.
- Medicare is available to private providers but standards are impossible. ie; transportation
- Third-party payers still limit payment for evaluations, claims, length of stay and access to treatment. They limit or refuse to pay for treatment that is available out the state.
- Local and District Courts seldom mandate education or early intervention programs in minor in possession or paraphernalia charges, other than issuing a fine. This is a missed early intervention opportunity.
- Family members are unable to get their private insurances to pay for any codependency or family counseling, in many outpatient treatment programs, leaving this group especially vulnerable.

Recommendations.

- Loan forgiveness or stipends for counselors to build a workforce pipelines in colleges.
- Similar incentives for students training to become addiction counselors.
- We need incentives for Clinical Supervisors who train new trainees. This is a lot of work with no extra pay, while they maintain their normal duties.
- Media campaign for recruiting Addiction Counselors as a career choice.
- Developing inpatient adolescent treatment programs, either in local facilities or at the state hospital.
- Insurance law changes which would mandate insurance companies doing business in the state pay for treatment that is available in neighboring states. Also to open access to treatment and lift limits on length of stay.
- Adopting NAADAC's "uniform licensing recommendations for all 50 states" would increase recruitment from other states. This includes going to a Masters program in the near future.
- Mandating a standard minor in possession class such as we did with our DUI program. The Prime for Life DUI program provider has a similar program for use which could be standardized as we now have drive-through MIP classes with sessions as small as one hour. "Under 21 program" by PRI (Prevention Research Institute) is an excellent program that can be taught by our already trained DUI Class providers. (A literal freebee)

-Mandating insurance companies to pay on codependency and family treatment provided by licensed addiction counselors.

2. Lack of Detox facilities state wide.

-Detoxification services are lacking and hospitals avoid doing detoxification if at all possible.

Recommendations:

- Providing funding for the major cities in the state to operate their own detoxification centers such as Fargo has done.

3. Lack of halfway house or supportive living opportunities to support early recovery.

Research is showing that attendance of aftercare for 12 months yields a 75% recovery rate. Centre is a halfway house for individuals coming out of prison but most individuals lack insurance and therefore have limited access to treatment services when out in the community.

Recommendations:

-Create or fund half way houses for those individuals diverted from the prison or probation system.

-Individuals incarcerated due to their addiction need to be diverted into long-term treatment programs rather than being separated from their families. The children and family suffer while the parent is in prison.

-We lack halfway houses and probation staff to assist these individuals in obtaining recovery.

-Electronic monitoring could be expanded for those individuals rather than congesting our prison system.

-Some of these individuals could participate in long-term aftercare at existing facilities but may need financial assistance.

--Instituting drug courts in all of the major cities to deflect individuals before they are entangled in the prison system. This involves the obtaining additional: addiction counselors, PO's and Courtroom staff to make it work.

Caveats

-12 months of aftercare (at 2 hrs per week) would cost approximately \$3600 vs the cost of incarceration.

-Every Dollar spent on addiction treatment returns \$7 to society.

-Note: The ND Board of Addiction Counselors Examiners (NDBACE) has ruled to accept reciprocity from other states if the individual has a NCC AP II Certification simplifying the licensing process.

-NAADAC is offering a one time Grand fathering Credential Offer for members to obtain the NCC AP (National Certification Commission for Addiction Professionals) for NCC AP

1,2 and MAC.

ND is ahead of the game in National Certification as we have licensing vs certification.

-NAADAC is a strong force in advocating for National Policy and funding for us.

-TREATMENT WORKS, PEOPLE RECOVER, PREVENTION HELPS

Respectfully Submitted,

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