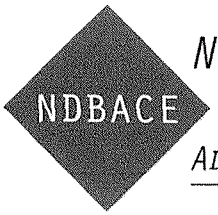

NORTH DAKOTA BOARD
OF
ADDICTION COUNSELING EXAMINERS

October 29, 2015

Good afternoon Chairperson Hogan and members of the Interim Human Services Committee:

My name is Deborah Davis and I am here to present information to this committee on behalf of the ND Board of Addiction Counselor Examiners (NDBACE). I am the current chair. In response to your request for the Board's view of the on the three greatest unmet needs of substance abuse services from the consumer and family perspective and policy recommendations to consider in regard to these unmet needs.

1) Workforce Shortage

NDBACE is not alone in recognizing that there is a shortage of behavioral health professionals including licensed addiction counselors in the ND workforce. State agencies, other licensing boards, and others all deal with workforce shortages on a daily basis and each has a role in addressing this issue and making changes where we can. To date, ND has 405 licensed addiction counselors and 194 of these are registered clinical supervisors. There are currently 40 active trainees. The NDBACE has identified several ways to help address this workforce shortage and has already taken steps toward implementing some of them.

One step the Board recently undertook was to review a national standard of credentialing for addiction counselor adopted by the National Association of Alcohol and Drug Abuse Counselors (NAADAC). At the Board's October meeting it was concluded that the NAACAC standards for a National Certified Addiction Counselor Level II counselor (NCAC II) are rather comparable to ND's standards and voted to revise its administrative rules so that applications with that certification will be granted a ND addiction counselor license upon application.

Another step the Board has taken has been to streamline the process by which individuals apply for licensure. Past practice allowed applicants to choose whether they sought licensure through reciprocity or by the standard initial application process. Now the Board reviews all application under both standards in case the applicant meets one standard for licensure but not the other. This has improved the process as far as the time it takes for the application to be reviewed once all required items are received. As part of improving this process, I am representing the NDBACE on the Board Regulators Committee established after the Board Training held on August 28 2015. This committee is comprised of a designee from the six regulatory boards required to develop a plan for the administration and implementation of licensing and reciprocity standards for licensees as required by House Bill 1048. We are all invested in this process and open to the strategic and collaborative model and plan to meet monthly as we prepare our reports to present prior to July 1 2016.

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Another issue with workforce is the lack of addiction counselors seeking employment in this field as well as in the western part of the state. ND has 7 NDBACE approved training consortiums available in the state. A training consortium is a group of treatment organizations/providers who organize and supervise the training for addiction counselor trainees. Training slots in most of the training consortiums are filled and in fact some consortiums have more applicants that available slots. However not all successful trainees then go on to apply for the open addiction positions around the state for a variety of reasons. Two that I am aware of is a change in career path or pursuit of a different mental health license mainly due to salary issues. Suggestions for policy improvements in this area include more financial incentives for licensed addiction counselors for loan repayment and/or forgiveness based on years of service in the state as an LAC, availability for training stipends, some type of travelling LAC positions that would allow someone to work in a more rural area out west for a period of time then move on to another area without having to move to one location. The Board recently approved another training consortium that includes training sites in Beulah as well as the northeastern part of the state which will allow for local people wanting to pursue addiction counseling to be better able to do their training closer to home or in their hometown and for agencies to train their own staff. The Board has been approving more individualized training plans than in the past which allows an agency to hire someone and pay them while they are training thus helping to fill open positions.

2) Lack of adolescent/young adult and family treatment programs/facilities

The availability of adolescent specific treatment facilities in the state is minimal and has decreased over the last few years. Two major reasons the Board identifies as reasons for this is funding and professionals who want to specialize in the area of adolescent treatment/mental health. With the lack of programming and trained staff there are also limited programs with a family component which is a very important component of treatment. As we speak regarding adolescent substance abuse services, we also need to look at a lack of services specifically targeting the young adult population 18-25. This is a population that is often times difficult to mainstream into adult substance abuse services as well as into adolescent services. There are many developmental issues with this population given that normal adolescent development is delayed when substance use/abuse becomes part of someone's lifestyle. With both adolescent and young adult populations, family involvement and support is a key component for helping not only the young person but also the family accept support and recovery.

Policy recommendations include providing funding for specialized training of adolescent/young adult substance abuse and mental health professionals that includes family issues and dynamics, funding for establishing and maintaining adolescent treatment programs around the state, and funding and assistance with transportation and other costs for family members to be able to participate in programs that are not local to their area.

3) Lack of Transitional Facilities for Clients including Women and Children

Most regions have some type of residential substance abuse services however these are limited to people in primary treatment programs and are not designed to be a transitional facility once people have completed primary treatment. The number of homeless clients and homeless clients with children is increasing and it is very difficult for people to focus on recovery when they are struggling to meet the basic needs of themselves and/or their family and there is a high rate of relapse with people who return to an environment in which there is active using and minimal supports.

Policy recommendations include funding for establishing and maintaining halfway houses in each region that can provide onsite support and structure for an individual working on staying clean and sober as well as developing and integrating a daily recovery plan into their lifestyle. This would include funding for case managers and onsite house managers. This is an area identified as a need for clients involved with DOCR coming out of treatment facilities who need support with transitioning from a very controlled environment back into the community.

ND has two designated Women and Children's programs in the state. One is through NEHSC in Grand Forks and the other is through NCHSC in Minot and while they provide a therapeutic living environment while someone is in primary treatment, again the need is there for more transitional facilities for these clients and children as well as more residential facilities around the state to meet the increasing need to provide women specific treatment in which they can bring their children.

Policy recommendations include increasing funding for these programs to provide for onsite daycare, transportation costs associated with programming, job hunting, transporting women to doctors' appointments, their children to school, attending community support groups and other related activities that help to empower women as they transition out of primary treatment. Another recommendation is to assist with establishing transitional/halfway housing in each region that could meet the needs of families.

Thank you for your time today.

Deborah Davis MS LAC

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Chair, North Dakota Board of Addiction Counselor Examiners