

**Budget Committee on Human Services  
Human Service Center Study  
Representative Dever, Chairman  
May 31, 2006**

**Chairman Dever and members of the Budget Committee on Human Services, I am Dr. Gail Pickett, Clinical Director for South Central Human Service Center. I have been asked to prepare some statements related to the provision of clinical and addiction services by Human Service Center staff to the citizens of Region VI. Knowing that time is limited, I will comment briefly on what I consider to be some real strengths of the program overall but I wish to also focus attention on some very significant struggles that we are dealing with currently.**

**With regard to strengths, I wish to emphasize the professionalism and the high level of clinical expertise represented by the staff of South Central Human Service Center. Specifically, of the thirteen clinicians on staff, nearly 70% have completed (or will be completing) graduate work in their specialty field. Several of those staff still require a period of supervised professional experience, but their potential and the future benefit to the Center is significant. Also, all four addiction staff who are at the Licensed Addiction Counselor level have received additional training for addiction supervisor certification. This suggests highly qualified individuals on staff. Many of the staff have been employed by the State system for 10 years or more.**

**With that being said, we are also facing some significant challenges in the near future with regard to staffing and programming concerns. A major challenge that has a significant ripple effect is the difficulty in attracting, hiring and retaining staff. Our Center has been operating chronically short of licensed addiction counselor staff for some time. Recent resignations have had the impact of requiring a reduction to already bare-boned addiction programming. Although previously quite stable, recent resignations and pending retirement within the**

clinical staff have created vacancies. It has proved difficult to attract professionals at the desired level of graduate training but we have had some success in recruiting individuals in an underfill status that show great promise.

Another challenge facing the addiction staff directly but also having a small but noticeable impact on clinical staff, is a shift in demand for services coming from outside agencies. Specifically, we are seeing an increase in requests for services from the court and correction sectors. For example, individuals are being referred to our programs upon release from correction facilities for services that may have been ordered as part of their sentencing requirements. For whatever reason, these services were not completed prior to discharge and they are referred as a condition of probation and/or parole. The services requested range from a high level of care such as Day Treatment or a less intensive level such as group Aftercare. Another example is a felt increase of referrals from the court for evaluations of both addiction and mental health issues as either a pre-sentencing order or as part of a diversion from incarceration. Many of these situations result in recommendations for treatment, which are then ordered by the court. Some referrals from the court involve petitions by concerned family members or friends of persons with addiction or mental health issues who are requesting involuntary treatment for loved ones. These petitioners have often endured long struggles in trying to obtain care for their loved one who for whatever reason may be reluctant to obtain help on their own. These situations are difficult for everyone involved and we have seen an increase in this type of effort. Managing the treatment of individuals who are ordered to be in treatment rather than seeking help of their own free will is difficult at best.

Other sources of referrals continue to originate from community agencies that rely on interventions provided by the Center, including requests for emergency interventions from our local hospital emergency room, law enforcement and county sheriffs departments. County social services departments continue to have frequent requests for services with many referrals involving child

abuse/neglect, need for parental capacity evaluations, and assessments of mental health needs of children who have entered the foster care system. Many of these circumstances are very complicated and involve dual concerns of mental health and addiction. All of them involve high service demands across Center departments.

Given the staffing and referral issues described, I would like to comment on the impact this has on the programming available and, by extension, the impact on the citizens of Region VI who rely on mental health services available at South Central Human Service Center. As noted, due to staff shortages, we have had to cut programming that had previously been available to the community, including shutting down a medium intensity adolescent program. This leaves a service gap for our region as well as the state as a whole. At this time, only one such treatment program is operating within the state and there is always a waiting list to enter. Adolescents who need more than low intensity addiction related care must either wait or may have to be placed at a higher level of care such as in-patient, which is not appropriate clinically.

A priority has been to ensure that addiction Day Treatment continues to be available for adults. Due to staffing limitations, however, consideration has been made to reduce the hours of this program to the minimum required by licensure standards. This has the potential for a negative impact on the clients simply by not having as much education and opportunity available for them while in treatment. Other group formats continue to be the most efficient manner of providing services to as many clients as possible. As a result, however, individual or family therapies are less available for those clients who could benefit from that modality of treatment. The time simply is not there. It should be noted that the treatment and aftercare groups available are very well attended and the referrals are keeping the ranks of those groups filled to overflowing. Ideally treatment groups are kept at 8 (plus or minus) to ensure the best opportunity to meet the needs of all members. Our Day Treatment has been averaging 9

members and sometimes reach as high as 11 or 12. The intensive outpatient group would be ideally limited to 6-8 participants but recent groups have been as large as 10 or more. Less than two years ago South Central Human Service Center had one aftercare group available. Currently there are four aftercare groups available (one day group in Valley City, two evening and one day group in Jamestown) each with more than 15 regular members. This reflects the emphasis on a strong continuum of care. Another factor related to this increase is the need for longer aftercare for individuals who have both more chronic addiction histories as well as the significant aftercare needs of those with methamphetamine addiction.

With regard to the number of referrals to our Center, you should know that there is a minimum of eight new intakes to the addiction unit each week, sometimes more. Given the staffing problems, we have a difficult time getting people in quickly for the intake evaluations and, once the admission is completed, there may be a backlog for them to enter treatment. In order to provide programming for those individuals who have to wait, we are able to offer a pre-treatment program called First Start Resource during which time they are able to obtain information and support to ensure that their motivation for treatment does not falter.

I commented briefly on the long-term aftercare needs of individuals who are dependent on methamphetamine. Use of this substance is a significant problem in our Region that impacts not only the addiction staff but the clinical services as well. We should not, however, forget the still very significant issue of alcohol abuse and dependence, which remains the most common substance of abuse. I would also like to draw your attention to another class of substance that we are noticing as increasing and of which you may not be aware. This is the class of opiates. We have noticed an increased number of clients coming to us for services who are addicted to painkiller medications (oxycontin, hydrocodone, oxycodone). A majority of these individuals have reported becoming addicted to

these medications following a legitimate prescription by their physicians for legitimate health reasons. Over time, they become dependent on these for pain management but once the physician recognizes the dependence, prescriptions may be terminated abruptly leaving the client few alternatives for an appropriate detoxification process. This type of detox has the potential for significant complications and they often arrive for services through an emergency contact. These types of situations are a significant drain on community resources as well as the resources of the Center.

Even with all of these stressors, I want to end this presentation on a positive note. I want to highlight the fact that the majority of Center staff continue to bring good humor, a positive outlook and optimism with them despite the evident signs (and reality of) burnout. Mr. Nelson has been very supportive of the addiction supervisor, Kristie Spooner's, efforts to think creatively in addressing the staff shortage issue. To that end, efforts are underway to explore and increase the utilization of contracted services and/or part-time staffing of services. An offer has been extended to hire a clinical professional to assist with clinical/mental health related aspects of programming so that addiction staff can focus on substance-specific programming. A staff member has been hired with the goal of providing her with mentoring and educational support so that she can continue her education and earn her LAC within the next two years. Clinical staff have been overwhelmingly positive in responding to requests to assist with other psychoeducational programming opportunities as available, especially in helping to fill the void with clients who suffer from both mental health issues and addiction. There is a strong commitment to clinical and addiction services by all staff here at South Central Human Service Center. That is what we will be relying upon as these challenges continue to be addressed.