

**Budget Committee on Human Services  
Addiction Counselor Vacancy Impact  
Senator Dever, Chairman  
September 13, 2006**

**Chairman Dever and members of the Budget Committee on Human Services, I am Nancy McKenzie, Statewide Human Service Center (HSC) Director. I am here today to provide follow-up information to our discussion at the July 2006 committee meeting regarding the impact of addiction counselor vacancies in the Human Service Centers.**

**As we have previously discussed, a number of the Human Service Centers are experiencing sustained vacancies in Licensed Addiction Counselor (LAC) positions. In order to best meet critical client needs and maintain a basic level of service in the regions, a number of steps have been taken. These include:**

- Hiring part-time temporary LAC's where available;**
- Supporting our existing mental health clinicians to complete required coursework and internship to meet addiction licensure requirements;**
- Underfilling vacant positions with trainees who commit to employment in our Centers after receiving licensure; and,**
- Discussing critical shortage impact with the Board of Addiction Counseling Examiners and others in the field to encourage growth in the profession.**

**All of these efforts have been helpful. I am pleased to be able to report that the Board of Addiction Counseling Examiners is planning to request changes in statute in the 2007 legislative session, which would then allow for more flexibility in administrative rule. This process will take some time, but would likely provide for future growth in the field.**

Currently, we continue to recruit Licensed Addiction Counselors in six of the eight Human Service Centers. NEHSC/Grand Forks has filled its vacancies, and NWHSC/Williston contracts with Mercy Recovery Center for addiction services. In some cases, most notably NCHSC/Minot and SCHSC/Jamestown, approximately half of the LAC positions remain vacant. With that level of vacancy rate, programs have had to be modified. Some of the service changes are:

- Reduction in some levels of care provided: for example, offering fewer aftercare groups, decreasing some of our outreach to rural communities, and increasing treatment group size where possible;
- Utilizing peer support and case aide services to assist with clients who await services or need additional contacts;
- Utilizing “call lists” of clients who can be called in on short notice if an appointment time opens (for example, if another client doesn’t present for a scheduled appointment).

We continue to provide emergency services for priority populations; however, the vacancy rate does impact wait times for regular services. Our program standard is provision of initial appointments for all clients within 10 days of referral, preferably sooner. Wait times have become longer, in some cases as long as 4-6 weeks for non-emergency services.

Client travel is impacted by our having to decrease some of our outreach services. Outreach does continue at this time, but some locations are not available until additional staff are hired. Thus, some clients are traveling farther than they would have previously.

I am pleased to report that we see some relief in the short-term future. Some of our interns anticipate completing licensure requirements in October, and are committed to becoming full-time LACs in our program at that time. We continue to work with our mental health staff to provide some services to this population, particularly in the areas of family programming, dual diagnosis services, and

**case aide services. In addition, we are exploring the possibility of strengthening our trainee stipend program. It is hoped that all of these efforts, combined with improved salaries in these hard-to-fill positions, and opportunity for growth in the profession, will assist us in moving forward to providing prompt and accessible services for our clients.**

**That concludes my testimony; I would be happy to answer any questions you may have.**