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Minnesota Department of Health

Alcohol and Drug Counselor Licensing Program *Biennial Report*

November 27, 2000



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Alcohol and Drug Counselor Licensing Program

Biennial Report

November 27, 2000

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**Minnesota Department of Health
Alcohol and Drug Counselor Licensing Program
Biennial Report
July 1, 1998 to June 30, 2000**

I. **General Information.** This biennial report is required by Minnesota Statutes, chapter 214.

A. **Alcohol and Drug Counselor Licensing System Mission and Major Functions**

Mission

The Minnesota Department of Health (MDH) Alcohol and Drug Counselor Licensing System's mission is to protect consumers of alcohol and drug counseling services by ensuring that licensed alcohol and drug counselors meet minimum competency standards through appropriate education, internships, and examinations; to issue licenses to qualified applicants; to enforce the licensing requirements by making proper licensing determinations after background investigations are conducted; to investigate complaints alleging illegal or unethical practice, to take enforcement action for violations of prohibited conduct, to monitor practitioner conduct after discipline; and to act as an information clearinghouse by providing the public with information about the regulation of alcohol and drug counselors in Minnesota.

The Commissioner of Health (Commissioner) is authorized under Minnesota Statutes, §148C.03 to license alcohol and drug counselors through the adoption of administrative rules. In carrying out these duties, the Commissioner appointed three separate advisory groups to provide technical expertise from practitioners pertaining to the licensing program. The Commissioner appointed a 13-member Advisory Council under §148C.02 to advise the Commissioner in several areas, including developing the licensing rules, setting examination standards and procedures, reviewing practitioners' professional conduct, and, in disciplinary cases, counselor competency, practice, and impairment issues. The Commissioner appointed a twelve-member Cultural Diversity Committee under §148C.11 to advise the Commissioner on licensing criteria, particularly as it affects members of ethnic and minority communities. The Commissioner also appointed a seven-member Education Committee, authorized by Minnesota Rules, Part 4747.1300, to provide advice and recommendations concerning classroom education, internship, examination, and continuing education issues as they arise. With the advice and recommendations from the advisory groups, the Commissioner adopted permanent rules in 1998 (Minnesota Rules, Chapter 4747) establishing licensing procedures, documentation requirements, renewal schedules and fees

The Commissioner sets, collects, and adjusts license fees, makes licensing determinations, and carries out disciplinary actions against licensees. Although the Commissioner is the licensing authority under the statute, the Commissioner, through program staff, regularly consults with the advisory groups on policy issues affecting the licensing system. The following major functions were accomplished during the biennium.

Major Functions

Setting procedures and administering qualifications for initial and continuing licensing

- a. Communicating licensing requirements to practitioner field through mass media, professional conferences, direct mail, and telephone (see attached copies of press release and newsletter articles).
- b. Amending licensing requirements through legislation by creating temporary licensing and temporary exemptions from licensing for certain applicants, and communicating to those affected.
- c. Processing and reviewing initial and renewal license applications to assure that licensing qualifications have been met. Processed 1,300 initial and 845 renewal applications during biennium. The first two years of licensing (January, 1998 - January, 2000) allowed applicants to qualify under six different application methods, including documentation of informal training and experience in the field. Due to the highly detailed documentation requirements, staff returned approximately 90% of initial applications to applicants for clarification of information or for requesting additional information. Additionally, approximately 40% of the initial applications required extensive staff review of training and experience qualifications. Staff, after consultation with the Education Committee, developed internal guidelines for determining whether training and experience documented by applicants was directly related to alcohol and drug counseling and therefore met the training requirement. In processing the initial applications, staff took an average of 30 phone calls per day during the biennium from applicants requesting status reports on the progress of their applications, as well as other license-related questions. January 2000 marked the end of a two-year "transition period" whereby applicants could qualify for licensing by documenting the required minimum combination of training, experience, and examination qualifications. As the deadline for the transition period approached, the volume of initial applications submitted to MDH increased significantly after averaging approximately 50 applications per month for the first 21 months: during November 1999, 56 applications were received; December 1999, 84 applications were received; January 2000, 292 applications were received. The high volume of applications created a backlog that staff worked to reduce for the remainder of the fiscal year and into fiscal year 2001. At the end of the biennium, 255 license applications were still pending final determination, with most of them having had arrived in the latter part of 1999 and January, 2000. The 2000 legislature extended the "transition period" to the end of February, 2000.
- d. Staff reviewed, processed, and approved 1,141 applications for licensing during the biennium.
- e. Consulting with ADC Advisory Council, Cultural Diversity Committee and Education Committee on licensing issues within their expertise.
- f. Through agreement with examination administrators, assuring that written and oral examinations are made available at least twice per calendar year (see attached list of dates examinations were held during the biennium).

Investigating allegations of misconduct and incompetency

- a. Engaging in fact-finding by interviewing complainants, witnesses, practitioners, and other agencies including law enforcement, to obtain relevant information and documentation about the allegations.
- b. Coordinating investigations involving jurisdiction of more than one regulatory agency by making appropriate referrals to other agencies, including the Office of Mental Health practice within the Department of Health.
- c. Obtaining input from Advisory Council and Cultural Diversity Committee through use of Competency Review Committee about practitioner competency and ethics by holding meetings as necessary to review specific cases.
- d. Informing complainants of public disciplinary action taken as a result of their complaints within the constraints of the Minnesota Government Data Practices Act.

Taking and enforcing disciplinary actions against practitioners as necessary and appropriate for violations of statute or rule

- a. Evaluating the case against a practitioner while balancing the constitutional due process rights of the practitioner against the Department's obligation to protect the public from harm in a cost-effective way.
- b. Obtaining voluntary agreements with practitioners for discipline when appropriate or pursuing discipline through the use of a determination with an opportunity for appeal and a contested case hearing.
- c. Protecting identity of clients when sexual misconduct or other serious violations have occurred.
- d. Subsequent to disciplinary action, setting up a system to continue monitoring practitioner's conduct to ensure it complies with Disciplinary Order.
- e. Taking further enforcement actions if there is evidence to conclude that the practitioner violated terms of the Order of the Commissioner.

Providing information and education about licensing requirements and procedures and practice standards to professional associations, educational institutions, legislators, the public and other interested parties

- a. Providing information on license requirements to persons interested in careers in the alcohol and drug counselor field through telephone, mail, and in-person contact with inquirers.
- b. Providing guidance to licensed alcohol and drug counselors and applicants in interpreting practice standards to promote compliance.
- c. Providing information to professional associations to assist those practitioners in getting accurate information.
- d. Providing educators and schools with accurate information for students to use in completing academic requirements and applying for licensing and internships.
- e. Providing callers verification of practitioner licenses and public actions against their license.
- f. Providing information about the complaint and investigation process to consumers and other members of the public.

- g. Distributing final disciplinary actions against practitioners to Advisory Council and Cultural Diversity Committee members as well as other interested persons.
- h. Regularly providing statistics about the number of credentialed practitioners, investigations and disciplinary actions to Advisory Council and Cultural Diversity Committee.

B. Major Activities During the Biennium

The following major activities were performed by the Department, after consulting with its advisory groups, during the biennium:

- a. Managing start-up of licensing program. The rule-making process began in early 1994 and the licensing rules (Minnesota Rules, Chapter 4747) went into effect in January, 1998. The Department issued its first license in May, 1998 and has just completed its first full biennium of activities. After a two-year "transition" period wherein applicants could qualify for licensing through prior certification or a combination of training, examination, and field experience, license qualification requirements changed in February, 2000. During the first two years of licensing, most staff time was devoted to carefully evaluating each application for appropriate formal and/or informal training and experience in the alcohol and drug counselor field, and for conducting mandated background check investigations. Staff often consulted with the Education Committee for assistance in evaluating applications for training and experience that was directly related to the practice of alcohol and drug counseling under the law. Significant time was also spent on the development of a new database to capture requirements of the licensing program for credentialing and background investigation activities.
- b. Managed working relationship with examination administrators. The original examination administrator was the Institute for Chemical Dependency Professionals of Minnesota, Inc. (ICDP), a private organization, but this organization ceased daily operations in July, 1998. The Department then contracted with the Wisconsin Certification Board (WCB) to provide examination services until March, 1999. Then the Department established a working relationship with the Minnesota Certification Board (successor to ICDP), which provided examination services through the rest of the biennium.
- c. Proposed legislative amendments to licensing law in 1999. The proposed amendments failed to pass. The Department re-submitted the legislative proposal for 2000 session, including additional amendments providing for temporary exemption to licensing for certain individuals and a temporary practice provision for new graduates who apply within 60 days of graduation. The legislation passed.
- d. Developing continuing education reporting form in anticipation of first reporting due in April, 2001.
- e. Held ten meetings with Education Committee to discuss questionable applicant education documentation and to set parameters for what type of training can be claimed to be directly related to alcohol and drug counseling.
- f. Held ten meetings with Advisory Council and Cultural Diversity Committee to provide updates on licensing program and discuss issues.
- g. Held four meetings with Cultural Diversity Committee to discuss impact of licensing program on members of ethnic and minority communities.

- h. Established, appointed and trained five advisory group members to a Competency Review Committee to provide input on investigations and enforcement issues.
- i. Held ten Competency Review Committee meetings to discuss practice issues involving thirty practitioners.
- j. Conducted training session with all advisory group members to educate them about their roles and legal responsibilities as representatives.
- k. Reappointed seven Advisory Council members and appointed five new members (one public member position remains vacant).
- l. Reappointed four Cultural Diversity Committee members and appointed five new members (three positions remain vacant).
- m. Reappointed seven Education Committee members.
- n. Devised legally sound procedures to obtain criminal history data from 44 states on license applicants. Contracted with 44 states to obtain criminal history data on license applicants.
- o. Completed interagency agreement with the Department of Human Services (DHS) in order to obtain Minnesota criminal history data from the Bureau of Criminal Apprehension and DHS records alleging maltreatment of clients in DHS-licensed facilities.
- p. Continued development of investigations and enforcement database to improve information gathering on practitioner statistics.
- q. Developed and refined license renewal application process and review
- r. Issued press releases and published various articles in professional association newsletter (copies attached).

C. Emerging issues regarding regulation of licensed alcohol and drug counselors

Program budget deficit. When the administrative rules became effective in 1998, the licensing program had accumulated a deficit of approximately \$500,000. This was the result of nearly four years of intensive staff work in rule development, statutory initiatives, and meeting with advisory group members without having a revenue stream to offset costs. Rulemaking costs are to be repaid over a five-year period by means of a \$45.00 surcharge paid by each initial license and license renewal applicant. However, repayment of the costs of establishing the licensing system will not occur as scheduled because only 1,500 applications have been received and fee budget estimates assumed 5,000 license applications and 3,000 licensees. The licensing program currently has a carry forward deficit of over \$1 million, and the Department believes a fee adjustment will be necessary. Department staff informed its advisory groups of the possible fee adjustment at the Advisory Council's September 28, 2000 meeting. A significant deficit at this point is not unusual for a program that is still in its start-up phase. Most new, fee-supported regulatory programs begin operating with a deficit because of rulemaking costs. Until enough applicants provide a consistent revenue stream through paying license fees and surcharges, the deficit will continue. As a result, it may be necessary to adjust fees in the near future to compensate for the low applicant response over the first two years of licensing and the low

number of applicants projected over the next biennium. Extraordinary start-up costs will extend well into the next biennium as additional first-time activities, such as reporting of continuing education, take place.

The next license renewal date is March 31, 2001, and it will be the first time licensees will document 40 clock hours of continuing education (CE) over their previous two-year license period. The CE requirement includes both a six-hour requirement in ethics and a rather complex requirement for training in alcohol and drug counseling issues as they relate to various ethnic and minority communities. Monitoring compliance with CE requirements will be another labor-intensive task for staff. Each licensee's CE reporting form will be reviewed for the proper number of hours recorded, documentation of attendance dates, and description of course work.

The statutorily-required examinations and their administration. The Department was informed in September, 2000 by the Minnesota Certification Board (MCB), the current examination administrator, that it will no longer examine individual license candidates unless the candidate qualifies for and applies for the private credential the MCB offers. The private credential requires a person to have 2,000 hours work experience as an alcohol and drug counselor, and to pass both its written and oral examinations. This is a qualification greater than the state license requirement. Examination candidates, who are prohibited by the law from practicing alcohol and drug counseling until they are licensed, now face a dilemma. Previously, the MCB was willing to allow license candidates to sit for their examinations for licensing purposes even if the candidate had no plans to pursue the MCB credential as well. A related issue concerns the oral examination itself. Most professions do not require both a written and an oral examination prior to being licensed. The Department is actively exploring options for examination administration with the Advisory Council and the Education Committee. Options include contracting with another examination administrator to provide a different examination; extending the temporary exemption status to the point where individuals have time to obtain the necessary work experience to qualify to sit for the examinations for both licensing and MCB certification purposes; or offering legislative amendments to either accept the results of both the current oral examination and another valid and reliable examination, or to eliminate the oral examination requirement.

Federal practice scope guidelines. The practice act defines the scope of practice for licensed alcohol and drug counselors in terms of the "core functions" of alcohol and drug counselors. These functions include screening, intake, orientation, assessment, counseling, case management, crisis intervention, client education, reports and record keeping, and consultation with other professionals. At the national level, the federal government has developed guidelines for the minimal competency of entry-level alcohol and drug counselors which has condensed the core functions into eight "practice domains," or entry-level competencies new counselors are expected to demonstrate when they enter the field. It may be necessary for the Department to modify the licensing law and/or rules to accommodate the federal guidelines if a conflict arises between them and the core functions.

II. **Advisory Group Members, Department Staff, and Budget**

- A. **Composition of the ADC Licensing Advisory Council.** The ADC Licensing Advisory Council is comprised of 13 members appointed by the Commissioner for staggered, four-year terms under §148C.02. Seven members are licensed alcohol and drug counselors, three are public members, one member is appointed by the American Indian Advisory Committee to the Department of Human Services, one member is the director of an accredited alcohol and drug counselor training program, and one member is a former consumer of alcohol and drug counseling treatment services. A membership roster is attached to this report.
- B. **Composition of the ADC Licensing Cultural Diversity Committee.** The ADC Licensing Cultural Diversity Committee is comprised of twelve members appointed by the Commissioner for staggered, four-year terms under §148C.11 with two members representing each of the following ethnic and minority communities:
- a. African American
 - b. Asian American
 - c. Chicano/Latino
 - d. Deaf and Hard of Hearing
 - e. Disability
 - f. Native American
- A membership roster is attached to this report.
- C. **Composition of ADC Licensing Education Committee.** The ADC Licensing Education Committee is comprised of seven members appointed by the Commissioner for staggered, four-year terms under Minnesota Rules, part 4747.1300. Two members are LADCs, two members are appointed by the ADC Licensing Cultural Diversity Committee, two members are academic training providers, and one member is an academic training program director. A membership roster is attached to this report.
- D. **Department Staff.** Four staff positions listed below are assigned to the alcohol and drug counselor licensing system full time or nearly full time. All other staff positions work on other credentialing systems in addition to alcohol and drug counselor licensing.

<u>Employee name</u>	<u>Job classification</u>	<u>FY 1999</u>	<u>FY 2000</u>
Tom Hiendlmayr	Health Program Rep. Principal	.19	.19
Susan Winkelmann	Investigation/Enforcement Superv.	.36	.24
Cleone Griep	Management Analyst Superv.	.28	.07
Jon Hall	Management Analyst III	.99	.91
Terri Ross	Legal Technician	.95	.95
Karen Morgan	Clerk Typist 2	----	.18
Nancy Breems	Administrative Secretary	.15	.17
Joyce Vogt	Project Consultant	.11	----
Diane Michaels	Clerk Typist 3	.92	.61
Kyle Renell	Legal Analyst	1.00	1.00
Chris Reeves	Clerk Typist 2	.05	----
Lisa Schurmeier	Health Program Aide	.14	----
Jennifer Johnson	Health Program Aide	1.00	1.00
Tammy Goggleye	Clerk Typist 2	----	.07
Totals		6.14 FTE	5.39 FTE

C. Receipts and disbursements and major fees assessed by Department

	<u>Receipts</u>	<u>Expenditures</u>
FY 1999:	\$238,000	\$351,000
FY 2000:	\$266,000	\$354,000
Total:	\$504,000	\$705,000

III. Licensing and Registration

A. Persons licensed as of June 30, 2000

There were 1206 licensed alcohol and drug counselors as of June 30, 2000.

B. New licenses issued during biennium

1,141 licenses were issued during the biennium.

By examination: 805

By reciprocity or equivalency: 332

IV. Complaints

A. Complaints Received

1. Number received each fiscal year

FY 1999: 3

FY 2000: 31

2. **Number of complaints categorized by type of occupation regulated by Department**
 The licensing program regulates licensed alcohol and drug counselors and license applicants only.

3. **Number of complaints per 1,000 persons**

FY 1999: .004

FY 2000: .030

4. **Number of complaints categorized by type of complaint**

	<u>FY 1999</u>	<u>FY 2000</u>
Incompetence/harmful/dangerous practice	1	7
Submitted false statement on commissioner's form	0	2
Sexual contact or reasonably interpreted as sexual	2	1
False advertising	0	1
Conduct likely to harm public	0	1
Unable to provide services safely	0	1
Breach of confidentiality	0	4
Impaired objectivity	0	1
Unlicensed practice	0	12
Other	0	1

B. **Open Complaints**

	<u>FY 1999</u>	<u>FY 2000</u>
Complaints Open	2	25
Open less than three months	0	15
Open three to six months	0	7
Open six to twelve months	0	0
Open more than one year (explain)	0	0

C. **Closed Complaints**

	<u>FY 1999</u>	<u>FY 2000</u>
Number closed	1	6
Disposition by type		
A. Revocation	0	0
B. Suspension	0	0
C. Limited or Conditional Practice	0	0
D. Civil Penalties	0	0
E. Reprimand	0	0
F. Dismissal	1	6
G. Referral to Licensing Boards	0	0
Cases closed that were open more than one year	0	0

V. Trend Data

A. Number of Persons Licensed as of June 30 for Each of Last Five Bienniums

6/30/00	1206 licensed
6/30/98	65 licensed
6/30/96	Licensing not required

B. Number of Complaints Received During Each Year

FY 2000	31
FY 1999	3

C. Number of Complaints Received Each Year per 1,000 Persons Regulated

FY 2000	.030
FY 1999	.004

The majority of staff time was spent conducting background checks on alcohol and drug counselors pursuant to Minnesota Statutes, §148C.09, subdivision 1a. Below is a summary of the background investigations on alcohol and drug counselor applicants.

Total Background Investigations Opened

FY 1999	467
FY 2000	491

Total Background Investigations Closed

FY 1999	not available
FY 2000	436

Pending Background Investigations as of June 30, 2000 83

Disposition by Type	<u>FY 1999</u>	<u>FY 2000</u>
A. Application Refused	0	1
B. Civil Penalty	1	0
C. Application Denied	1	5
D. Conditional Licensing	0	2
E. License Revoked	0	1

Location and dates of the administration of licensing examinations

<u>Written examination</u>		<u>Oral examination</u>	
9/11/98	St. Paul, Minnesota	11/6/98	St. Paul, Minnesota
12/12/98	St. Paul, Minnesota	1/16/99	St. Paul, Minnesota
3/12/99	St. Paul, Minnesota	6/18/99	St. Paul, Minnesota
6/11/99	Mankato, Minnesota	8/20/99	St. Paul, Minnesota
9/10/99	St. Paul, Minnesota	10/8/99	St. Paul, Minnesota
12/10/99	St. Paul, Minnesota	11/19/99	St. Paul, Minnesota
3/10/00	St. Paul, Minnesota	11/20/99	St. Paul, Minnesota
6/9/00	St. Paul, Minnesota	12/17/99	St. Paul, Minnesota
9/15/00	St. Paul, Minnesota	12/18/99	St. Paul, Minnesota
		1/14/00	St. Paul, Minnesota
		1/15/00	St. Paul, Minnesota
		2/18/00	St. Paul, Minnesota
		2/19/00	St. Paul, Minnesota
		5/19/00	St. Paul, Minnesota
		5/20/00	St. Paul, Minnesota
		6/23/00	St. Paul, Minnesota
		6/24/00	St. Paul, Minnesota
		8/11/00	St. Paul, Minnesota
		8/12/00	St. Paul, Minnesota



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Alcohol and Drug Counselor Licensing
Advisory Council Members

<u>Counselor Member Position</u>	<u>Term Expires</u>	<u>American Indian Member</u>	<u>Term Expires</u>
Mr. Roger Sayen 6217 McGonagle Road Floodwood, Minnesota 55736 218/327-2001 Daytime 218/326-5996 Fax	12/31/03	Ms. Karen Smith 1098 Wakefield Avenue St. Paul, Minnesota 55106 651/776-3839 Phone 651/776-2290 Fax	None
Ms. Fran Mevissen Day 16235 18th Avenue West Plymouth, Minnesota 55447 612/475-1924 Daytime and Evening 612/473-0282 Fax	1/1/03	<u>Public Member Position</u> Mr. Jim Marshall Life's Missing Link 2344 Nicollet Avenue South, #240 Minneapolis, Minnesota 55404 612/871-0748 Phone 612/871-0755 Fax	1/1/03
Mr. Scotty Emanuel Eden Men's Program 1025 Portland Avenue South Minneapolis, Minnesota 55404 612/338-0723 Daytime 612/874-7879 Evening 612/338-3653 Fax	1/1/03	Vacant	1/1/03
Ms. Judy Megard 67652 - 224 th Street Darwin, Minnesota 55324 320/234-4621 Daytime 320/234-4652 Fax	12/31/2003	Ms. Deborah Goldberg 1313 - 5 th St. SE Minneapolis, Minnesota 55414 612/379-5990 Daytime 612/379-3875 Fax	12/31/03
Mr. Duane Reynolds 7116 - 39th Avenue North New Hope, Minnesota 55427 612/479-4538 Daytime & Evening 612/479-2605 Fax	12/31/03	<u>Director/Coordinator of Training Prg. Member Position</u> Ms. Linda Marshall 1603 Pleasant View Drive North Mankato, Minnesota 56003 507/389-5937 Daytime 507/388-5460 Evening 507/345-8685 Fax 507/389-5932 Fax	12/31/03
Ms. Patricia Smaaladen 50416 Shorewood Circle Rush City, Minnesota 55069 651/213-4195 Daytime 320/358-0293 Evening 651/257-9309 Fax	1/1/03	<u>Consumer Member Position</u> Melissa Sears 17892 - 270 th Street Sebeka, Minnesota 56477 218/837-5741 Home 218/732-4666 Work	12/31/03
Ms. Ida Swearingen Walk-In Counseling Center 2421 Chicago Avenue South Minneapolis, Minnesota 55404 612/870-0574 Daytime 612/729-8813 Evening	1/1/03		



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**Alcohol and Drug Counselor Licensing
Cultural Diversity Committee**

Member
MN Commission Serving Deaf and
Hard-of-Hearing People

Expires

Member
Vacant

Member at Large
Vacant

Chicano/Latino Affairs Council

Member

Mr. Kevin Spading
9780 Deer Garden Lane
Chisago City, Minnesota 55013
651/292-0117 x151 Daytime
651/257-5106 Evening
651/871-1058 Fax

1/1/03

Member at Large
Vacant

Council on Asian-Pacific Minnesotans

Member

Sunthi Paul Chookiatsirichai
2718 Bryant Avenue North
Minneapolis, MN 55411
612/595-9999 Ext. 136 Daytime
612/595-9424 Fax

1/1/04

Member at Large
Vacant

Member

Council on Black Minnesotans

Member

Sherman Lightfoot
AAFS
2616 Nicollet Avenue
Minneapolis, Minnesota 55408
612/871-7878 Daytime
612/871-2567 Fax

1/1/04

Member at Large

Mr. Osei Akoto
6200 - 78th Avenue North, #311
Brooklyn Park, Minnesota 55443
612/588-0707 Daytime
612/566-3431 Evening
612/588-8214 Fax

1/1/03

Council on Disabilities

Member

Mr. David Rediger
631 Mill Street
Excelsior, Minnesota 55331
(763) 422-7170 Daytime
(612) 474-2392 Evening

1/1/04

Member at Large

Ms. Kathy Dohmeier
Office of Ombudsman for MH/MR
121 E. 7th Place #420
St. Paul, MN 55101
(651) 296-3848
(651) 296-1021

Indian Affairs Council

Member

Cecil White Hat
Chemical Dependency Program
Minneapolis American Indian Center
1530 East Franklin
Minneapolis, Minnesota 55404
612/879-1702 Daytime
612/879-1795 Fax

1/1/04

Member at Large

Mr. Lester Drift, Sr.
5492 East St. Mary Drive
Nett Lake, Minnesota 55772
218/757-0111 x 23 Daytime
218/757-3923 Evening
218/757-0109 Fax

1/1/00

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***Alcohol and Drug Counselor Licensing
Education Committee***

Program Director Position

Ms. Linda Marshall
1603 Pleasant View Drive
North Mankato, Minnesota 56003
507/389-5937 Daytime
507/225-3025 Evening
507/345-8685 Fax
507/389-5932 Fax
felix@bresnanlink.net

Expires

1/1/03

Ms. Tracey Wyman
Century College
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651/748-2602 Daytime
651/779-5779 fax
651/779-8491 Evening
t.wyman@cctc.cc.mn.us

1/1/04

Training Provider Positions (2)

Mr. Philip Colgan
U of M Dept of Family Social Services
1985 Buford Avenue
St. Paul, Minnesota 55108
612/625-2707 Daytime
612/872-9502 Evening
612/625-4227 Fax
612/870-1691 service
pcolgan@chel.che.umn.edu

1/1/03

Cul. Div. Comm. Members (2)

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6200 - 78th Avenue North, #311
Brooklyn Park, Minnesota 55443
612/588-0707 Daytime
612/566-3431 Evening
612/588-8214 Fax
stepedu@aol.com

Expires

1/1/04

Mr. Lance Egly
1904 South Lake Irving Drive SW
Bemidji, Minnesota 56601
218/755-2836 Daytime
218/751-9720 Evening
218/755-2822 Fax
lancee@vax1.bemidji.msus.edu

1/1/03

Mr. Cecil White Hat
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Minneapolis American Indian Center
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Minneapolis, Minnesota 55404
612/879-1702 Daytime
612/879-1795 Fax

1/1/04

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Licensed Counselor Positions (2)

Ms. Katherine Sandberg
728 NW 4th Avenue
Faribault, Minnesota 55021
612/672-4847 Daytime
507/334-4542 Evening
612/672-4516 Fax

Expires

1/1/03

News Release



FOR IMMEDIATE USE
January 8, 1999

Contact: Lisa Taylor Lake
MDH Communications
(651) 215-1302

Jon Hall
Health Occupations Program
(651) 282-5619

ALCOHOL AND DRUG COUNSELORS NOW MUST BE LICENSED BY MINNESOTA DEPARTMENT OF HEALTH

Alcohol and drug counselors practicing in Minnesota are now required by state law to be licensed by the Minnesota Department of Health. The department advises Minnesota employers, health care payers, health care professionals and consumers to seek services only from licensed alcohol and drug counselors. Counselors who have not yet obtained a license should be in the process of applying for one.

"The law was passed to protect consumers," said Tom Hiendlmayr, director of the Health Occupations Program of the Minnesota Department of Health. "It requires counselors to meet state-established qualifications in order to practice."

Applications for licensure in Minnesota are available from the Minnesota Department of Health at (651) 282-6300 or toll-free at 1-888-345-4531. The application includes information about the licensing requirements. Education, experience, training and an exam are required, as well as a background check with various human service authorities.

The first license was issued in May 1998, and MDH officials expect that 3,000 alcohol and drug counselors will ultimately be licensed in Minnesota. Hiendlmayr said that Minnesota is one of a growing number of states that require licensing of alcohol and drug counselors.

-MDH-

Governor Proclaims Minnesota Substance Abuse Recovery Day Big Turnout Helps to Put a Face on Recovery

Stand up and take notice, Minnesota — sobriety isn't just good for you, it can be *fun*! To prove it, recovering people from across Minnesota gathered for a gala celebration of recovery on the Minnesota State Capitol Mall on Sunday, September 20.

The brainchild of the Celebrate Recovery Day Committee, a diverse group of metro-area alcohol and drug treatment professionals and recovering individuals, Celebrate Recovery Day was scheduled to coincide with National Treatment Works Month (September) and Minnesota Substance Abuse Recovery Day (September 20), as proclaimed by Governor Arne Carlson.

The Celebrate Recovery Day Committee espouses no single ideology, treatment method or philosophy, but is united in two simple beliefs:

- Recovery from addiction is possible; and
- Recovery is something to celebrate!

Celebrate Recovery Day featured free, live entertainment throughout the day, including local blues band Inside Straight; comedy troupe Dudley Riggs Brave New Workshop; multi-cultural music and dance groups representing the Twin Cities Native American, Asian American, African American, and Hispanic communities; "This Is Polynesia" (a South Pacific dance group); and a traditional African American Ancestors Ceremony, especially adapted to celebrate recovery. An abundance of food, games and activities for children of all ages rounded out the festival atmosphere.

Members of the Celebrate Recovery Committee: African American Family Services, Alliance

Apartments, Blue Cross/Blue Shield Behavioral Health Services, Chrysalis, CLUES, Cochran Programs, Eden Programs, Fairview Behavioral Health Services, Hazelden, HealthPartners, Hennepin County CD Services Department, Johnson Institute Foundation, MARRCH, Minnesota Assistance Council for Veterans, NuWay House, Inc., On-Belay, Park Avenue Center, Pine Shores, Pride Institute, Prodigal House, Progress Valley, Salvation Army Beacon Program, *The Phoenix*, The Retreat at Upland Farm, Turning Point, United Health Care, Villame and Associates, Vinland Center, Way-12, and Wayside House.

Thanks to all who participated in planning for this special event — and to all who attended!

Minnesota Department of Health at Fall Conference

Representatives of the Minnesota Department of Health Alcohol and Drug Counselor Licensing program will be present throughout the 29th Annual MARRCH Fall Conference to meet with counselors individually to explain various aspects of the licensure program. Department representatives will include Jon Hall and members of the Department's Advisory Council, Cultural Diversity Committee, and Education Committee.

Information on all aspects of the licensing program will be available — including initial requirements, continuing education requirements, and written and oral examination requirements, dates, and times. Counselors are invited to stop by the MDH suite, located at C102, and either sign up for a time to meet with Mr. Hall, or just to ask the "quick question" or two.

The next IC&RC oral examination will be held on November 6, 1998, at the Metro Square Build-

ing, 121 East Seventh Place, St. Paul, Minnesota. Please contact Lynn Cole at the Wisconsin Certification Board (WCB) at 800-240-7729 to arrange to sit for this examination.

The next IC&RC written examination will be held in the Twin Cities (location to be determined) on December 11, 1998. Please contact Kim Casarez at the WCB to arrange to sit for this examination.

MARRCH Ethics Committee Discusses ICDP Closure and Impact on Committee Functions

At a meeting on Sept. 19, the MARRCH Ethics Committee discussed its role and functions in light of Department of Health licensure and the closure of ICDP.

It was agreed that additional committee members are needed. Monthly meetings are planned for 1999 in an effort to better accommodate the schedules of MARRCH members interested in joining the Ethics Committee.

Suspected Unethical Behavior

The committee discussed the procedure that should be followed in instances where unethical behavior is suspected. As of the meeting, it appeared that the Department of Health did not yet have a structure in place for reports. The committee agreed to refer any complaints and inquiries it receives to the Board of Unlicensed Mental Health Professionals. Once the

Department of Health promulgates a complaint/investigation/discipline process, the committee will act accordingly.

Code of Ethics

The committee agreed that more input from MARRCH members is needed as to adoption of a code of ethics. The committee has been using the ICDP code, with additional help from the old MCDA and MACA codes and the NAADAC and ICRC codes.

Clinicians Urged to Seek Licensure

The committee agreed that *all* MARRCH members practicing in the area of Chemical Dependency and Chemical Health should apply for licensure as soon as possible, even if they are exempt. The exemptions written into the existing law are not in keeping with the intent to increase professionalism and credibility, nor do the exemptions protect the public.

Mission Statement

The committee reaffirmed its commitment to its mission statement: "The Ethics Oversight Committee of MARRCH is dedicated to promoting education, offering support, and advocating for the ethical practices of chemical health counseling."

Meeting Schedule

The next meeting of the Ethics Committee will be held during the Annual Fall Conference, on Oct. 30, beginning at 8 a.m., held at the Radisson South's Kaffe Stuga restaurant.

Meetings are also scheduled for Nov. 27, Dec. 18, Jan. 22, Feb. 26, March 26, April 23, May 28, June 25, July 23, August 27 and Sept. 24. All will be held at the offices of Joycene Walstrom & Assoc., 7671 Old Central Ave., Fridley, MN. All meetings will begin at 10 a.m. Call Ms. Walstrom at (612) 786-8067 for directions or more information.

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The next IC&RC **oral examination** will be held on Nov. 6, 1998, at the Metro Square Build-

ing, 121 East Seventh Place, St. Paul, Minnesota. **Another oral exam is scheduled for Dec. 10.** Please contact Lynn Cole at the Wisconsin Certification Board (WCB) at 800-240-7729 to arrange to sit for either of these examinations.

The next IC&RC **written examination** will be held in the Twin Cities (location to be determined) on December 11, 1998. Please contact Kim Casarez at the WCB to arrange to sit for this examination.

MDH Seeks Representatives for Alcohol and Drug Counselor Licensing Advisory Councils

The Minnesota Department of Health Alcohol and Drug Counselor Licensing Program (MDH) encourages applications for membership on each of our advisory groups. The advisory groups provide advice and recommendations to the Commissioner of Health on licensing issues, including regulatory policies, current issues facing the field, and complaints against practitioners. While not all positions are currently open, MDH invites all qualified individuals to apply. Advisory groups and membership categories are as follows:

Alcohol and Drug Counselor Licensing Advisory Council (AC). The AC is composed of 13 members, including:

- seven licensed alcohol and drug counselors;

- three public members (persons who have never had a financial connection to the field of alcohol and drug counseling and who are not the spouse of any such person);
- one member who is the director of an accredited alcohol and drug counselor (ADC) training program;
- one member who is a former consumer of treatment services (more than three years ago); and
- one member appointed by the American Indian advisory committee to the Department of Human Services Chemical Dependency Office.

Alcohol and Drug Counselor Licensing Cultural Diversity Committee (CDC). The CDC is composed of 12 members, with two members representing each of

the following communities:

- African American
- Asian American
- Chicano/Latino
- Deaf and Hard of Hearing
- Disability
- Native American

Alcohol and Drug Counselor Licensing Education Committee (EC). The EC is composed of seven members, including:

- a director of an accredited ADC training program;
- two accredited ADC training providers
- two licensed ADCs and
- members of the CDC.

If you wish to serve on one of these advisory groups, please contact Jon Hall at (651) 282-5619 for application information.

Legislative Fax-on-Demand Hotline is Ready When You Are

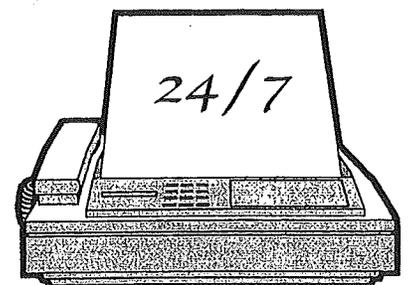
The Minnesota Legislature will be in session on January 5, 1999. January is an excellent time to get in touch with your legislators (especially if you live or work in a district with a newly-elected legislator)!

MARRCH members have access to information about the Minnesota legislature (including the names of all legislators) 24 hours a day, 7 days a week. It's as simple as making a phone call and pushing a few buttons. This information is brought to you as a service of Ewald Consulting Group, the company that pro-

vides management services to MARRCH.

Just call (651) 290-7471 and the fax-on-demand system will give you a listing of documents and instructions on how to send them to your fax machine. Remember to enter a 1 before your area code if you are calling from outside the Twin Cities metro area.

The hotline menu is updated periodically with new information. Watch future issues of the MARRCH newsletter (or call the hotline) for additional information!



Fax-on-Demand
(651) 290-7471

MDH Conducts Background Investigations On All ADC License Applicants

The Minnesota Department of Health (MDH) license program for alcohol and drug counselors has been in place for approximately one year. To date, MDH has issued approximately 500 licenses.

As part of the license application process and as mandated by state law, all applicants are subject to a background check. In conducting the background investigation, MDH will obtain information from a number of state agencies. For all applicants, the background investigation is a routine part of the application process. For some applicants, the background check may be only the beginning of a more thorough background investigation.

For example, if an applicant has lived or worked in another state, MDH will investigate the applicant's background in that state; which may include requiring the applicant to take additional steps to assist MDH. Since some states will not even conduct a background check without fingerprints, these additional steps often include completing a fingerprint card and authorizing that state to release information about the applicant to MDH.

MDH staff realize that the background investigation process may seem invasive and may create stress for some applicants, however, with the advent of licensure, entry to the field of alcohol and drug counseling is now

restricted. In addition to a stringent set of academic and background standards being imposed, applicants are scrutinized to ensure their ability to practice alcohol and drug counseling safely. The most effective way to work with MDH staff is to be honest and complete when answering questions and to be cooperative with the staff in completing the background investigation.

Minnesota Outperforms Other States in Medicaid Health Care Consumer Satisfaction Survey

In a recent comparison of results of a 1997 Consumer Assessment of Health Plans (CAHPS) survey of Medicaid managed-care enrollees, Minnesota health plans scored well above health plans in other participating states, in all categories of consumer satisfaction, according to Mary Kennedy, Medicaid director and assistant commissioner of Health Care for the Minnesota Department of Human Services (DHS).

Minnesota was one of five states to participate in the study. The survey measured people's experiences in getting the care they need in a quick manner; how well their doctors communicate; courtesy, respect and helpfulness of staff; and health plan customer service, information and paperwork. The Minnesota

study was conducted by DHS and the Minnesota Health Data Institute. The new CAHPS survey is expected to become the most widely used standard survey method nationally to evaluate health plan satisfaction.

"The survey confirms what we've been saying all along -- Minnesota is doing better than national averages in delivery of health care," said Kennedy.

In overall ratings for health plans and doctors, all Minnesota Medicaid health plans ranked statistically higher than the average of the six participants that administered CAHPS in 1997. Minnesota Medicaid enrollees are more satisfied than Medicaid enrollees in other states surveyed in all categories.

Cocaine and Opiate Users Less Likely to Receive Health Care

Cocaine and opiate users are more likely to need health care treatment and less likely to receive it, according to data from the Epidemiology of Health Care Utilization Study (EHCUS).

Street-level drug users and non-users from Miami-Dade County, FL, were interviewed about their drug use and health history. Drug use status was confirmed by urinalysis and injection drug use by physical examination for scarring or tracks.

Drug users were more likely than nondrug users to report that they had needed health care in the past year. However, they were less likely to have received treatment for health problems.

The authors recommend that health care providers develop ways to identify drug users, as well as "mechanisms to establish and maintain the continuity of care and to strengthen ties between drug treatment and other facets of the health care system."

TEENS *from page 1*

they can help teens who want to quit smoking."

In addition to testing the effectiveness of nicotine replacement therapies (such as the patches and gum), the studies will assess the usefulness of different counseling and behavioral support approaches.

"This type of combined treatment has yielded superior rates of cessation in adults over the past decade and is now seen as being the ideal approach. It is expected that a youth-tailored, combined approach in a specialized adolescent clinic will improve cessation rates for teens," Leshner explained.

According to NIDA's 24th annual "Monitoring the Future" Survey released in December 1998, 22.4 percent of the nation's 12th graders smoke daily and 12.6 percent smoke half a pack or more of cigarettes per day. The survey also reports that about 3.5 percent of 8th graders and 8.6 percent of 10th graders smoke half a pack or more cigarettes daily.

"Teenage smokers are exposed to immediate health problems such as decreased fitness, reduced lung capacity and, later in life, heart and lung diseases as well as several forms of cancer and shorter life expectancy. Therefore, it's important to evaluate how best to treat those teens who want to quit smoking soon after the onset of dependence," the study's principal investigator, Dr. Eric T. Moolchan, said.

Specifically, the study will investigate the safety, tolerability, compliance and efficacy, in adolescents, of the nicotine patch and nicotine gum in combination with counseling and group support. Three groups of 18 adolescents will be enrolled in this double-blind treatment study which will require about 12 visits to the Center.

CERTIFICATION *from page 1*

If the committee approves your case presentation, you will then be assigned an oral interview date and time.

If the committee does not approve your case, you will receive a letter explaining the committee's suggested changes. When those changes are made, your case presentation then needs to be resubmitted for review at the next CPM meeting. The process is then the same as the first time it was reviewed. If you have questions or need an application for either exam, please contact the office at 612-434-9787.

The Board has also started to mail out recertification notices. People appear pleased with the recertification fee being \$80 annually.

If you are due for recertification and have not received your notice in the mail by the end of July, please contact the office.

**MARRCH 30th
Annual Fall
Conference**

Y2CARE

*Look for registration materials
in November!*

**October 26-29, 1999
Radisson Hotel South
Bloomington, MN**

FROM THE MINNESOTA DEPARTMENT OF HEALTH

**Alcohol and Drug Counselor
licensing continuing education**

The following information is intended to guide licensed alcohol and drug counselors (ACDs) in obtaining the continuing education required for license renewal.

A. Licensed ACDs must obtain 40 clock hours of continuing education each two-year renewal period. The clock hours obtained must be directly related to the core functions of alcohol and drug counseling. Of the 40 clock hours obtained, a minimum of six must pertain to the

rules of professional conduct.

B. Licensed ACDs must obtain clock hours in alcohol and drug counseling issues as they relate to specific cultural minority groups. See Minnesota Rules, part 4747.1100.

C. If you have questions about the continuing education requirements, please contact Jon Hall at the Department of Health, 651-282-5619.