



***REACH HEALTH SERVICES***

**Education, Health and Environmental Affairs Committee**

**Alcohol and Drug Trainee (ADT) Practice through Telehealth**

**February 16, 2021**

**Support of Senate Bill 646**

The Institutes for Behavior Resources/REACH Health Services (IBR/REACH) urges a favorable opinion on SB 646, to allow Alcohol and Drug Trainee (ADT) counselors to continue the provision of telehealth counseling after the current declared Public Health Emergency (PHE).

IBR/REACH is a full service substance use disorder (SUD) and mental health treatment program located in Baltimore City in the Old Goucher neighborhood. We have been treating people with Opioid Use Disorder (OUD) since 1991 with all federally approved medications. In addition, we offer individual and group counseling and a health home providing case management and care coordination for our Medicaid patients.

As essential healthcare providers, substance use disorder (SUD) programs with ADT counselors have remained open during the pandemic, adding telehealth counseling to provide life-saving services. We have learned from our experience over the last 9 months that telehealth counseling is an essential and successful behavioral health treatment mode of service delivery. Telehealth has enabled our disabled and elderly patients to continue to receive support and counseling interventions throughout the public health state of emergency. In addition, as several of our patients have moved out of the city to quarantine with family members in other parts of the state, they are grateful that they can maintain the connection with the counseling staff they have grown to trust and report that they don't want to transfer to a closer provider because they don't want to undo the work they have already done with the current counselor. In addition, we have seen increased treatment retention and greater patient satisfaction, as our patients report how much it means to them to be able to stay home, stay safe, and still engage with their counselors, especially as they feel more isolated than ever due to COVID-19.

We know that many of our patients will want to return to in-person sessions with counselors and group sessions after the PHE, but many will have the need to continue utilizing telehealth. Continued telehealth facilitates patient choice to receive high quality counseling services in an effective and accessible manner that supports continued recovery. Its successful use during the pandemic has demonstrated that there is no reason not to allow our entire counseling workforce and all of our clients to utilize telehealth technology – telehealth must remain as an available service delivery after the PHE ends.

ADT's are an important part of the total counselor workforce, providing individual counseling, care management and care coordination, under the supervision of a Board-approved Counselor Supervisor. ADT's make up 26% of our total counselor workforce and we could not serve the number of patients we

serve during this continued opioid crisis without them. Our ADT staff are mostly bachelors prepared and are working on obtaining certification and/or advanced degrees. The Board of Professional Counselors and Therapists (BoPCT) has approved them to function in the capacity of an ADT and if they have actual data that supports there are more complaints about the ADT's than other, licensed or certified staff, perhaps the best solution would be to look at the criteria in determining the approval of ADT status within the BoPCT.

The opioid crisis does not appear to be abating to any degree, as a treatment provider, I have a huge issue hiring clinical counseling staff and oftentimes my counselor vacancies remain open for close to 6 months, many of my colleagues that administer programs report the same issue to me, and that means there are people who desperately need services to treat their opioid use disorder who are not getting them. We can do better than this in Maryland.

In closing, SB 646 will permit ADT counselors to continue to provide telehealth counseling while working for licensed SUD programs, and receiving necessary supervision. We totally support this legislation and believe that, as a provider, we cannot afford to single out one group of providers who complete the necessary documentation and are given the okay to practice by the BoPCT.

Thank you for your time.

Sincerely,

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