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Testimony on House Bill 365 to the House Health Committee

November 12, 2019

Thank You Chairman Lipps and Members of the House Health Committee for the opportunity to give testimony on this very important Bill 365. I also want to thank Representative Manning for Sponsoring this Bill. I am Thomas Stuber and I present today as the President of the Ohio Alliance of Recovery Providers (OARP), an organization of Addiction Prevention and Treatment Agencies throughout Ohio. OARP strongly endorses this legislation. I am also President and CEO of The LCADA Way, the largest Behavioral Health Agency specializing in Substance Use Disorder Treatment and Prevention in Lorain, Medina, and Erie Counties. In addition, we partnered with The Ohio Council of Behavioral Healthcare Providers, The Ohio Association of County Behavioral Health Authorities, The Ohio Chemical Dependency Licensing Board, and The Ohio Department of Mental Health and Addiction Services. We see it as our primary responsibility to insure that the addiction treatment field has a sufficient and quality workforce that possess the skill sets and experience required for us to deliver treatment to those suffering with substance use disorders, especially those suffering opiate addiction. There currently is not a sufficient workforce to address the demand for treatment and a significant portion of the current workforce is now made obsolete under the Behavioral Health Redesign. Each of the above organizations had significant input to this legislation.

This Bill is extremely important to insure that we have an adequate workforce to address the opiate epidemic and to respond to the changes required by the Ohio Medicaid Behavioral Health Redesign.

To address the questions asked during last week's testimony. Yes, an individual with a Social Work license certainly can apply for a LCDC II but probably will apply for a LCDC III, which is an even higher license. They possess a degree in a Behavioral Health field. They will be required to get specific training hours in addiction, which is required of all testing applicants. These hours can be workshop, classroom, or on-line training. This will insure that they have sufficient training to declare a scope of practice in addictions.

Another question was can they practice without getting the license but simply by maintaining their certification (CCDC). There is not a simple

answer. They certainly can practice but only if a licensed supervisor is on-site. Almost all Community Based Treatment Agencies in the state operate day and evening services in an effort to address demand. To provide services both during the morning and during the evening would require the agency to employ a director in the evening as well as during the day. It is fiscally irresponsible to put additional funds into administrative overhead and take it away from direct client care. While providing sufficient supervision is necessary and responsible, it can be provided by one supervisor who would provide supervision to both practitioners but not requiring that supervisor be on site during every service.

This Bill will address two critical areas that will significantly bridge the issues outlined above:

1. While we know that a college degree will enhance our image among other professional licensing bodies, a degree in this field does not insure quality or skill among our workforce. We have been a field that has benefited from "lived experience" for years. While we understand that ultimately we would like all clinicians to come through academia, to abruptly change without giving an opportunity to those who have served this field for years will result in losing significantly skilled and dedicated providers. It is recommended that for a defined period, those who due to age or other obstacles who have worked in this field for the majority of their career and will not be able to pursue a degree that a specific length of experience and demonstrated knowledge and skills be equated to a degree thus making them license test eligible. It is our recommendation that for a period of three years that anyone who has 11 years of supervised experience as a CDCA, can pass a qualifying exam, to be considered equivalent to a degree, and be eligible for licensure. After three years the policy can go back to current policy. This will insure that agencies can have a quality workforce that can be reimbursed at a rate that permits us to maintain capacity.
2. The other policy recommendation is to provide some variance to those entering the field post degree. Currently to qualify for a license requires one year of work experience. For those who simply have a degree and want to enter the addiction field this would be a requirement. For those who pursued their degree for the sole purpose of becoming an addiction counselor, there should be some opportunity to fast track for the licensure, based on the education and training. I use the example of those who complete their degree and participate in an intensive practicum/internship experience with a Certified Treatment Agency. Students who are pursuing this career will participate in courses towards their degree including specific courses on Addiction Counseling and participate in a full semester practicum at the agency working with a skill clinician. What separates this from simply a degree is that while in the practicum/internship they will complete 20 weeks of hands-on experience and receive on average 2+

hours of intense supervision each week. It is recommended that these individuals who receive this intensity of supervision and training, be eligible to pursue their license following completion of their degree and successfully complete their probationary period of six months with a Certified Treatment Agency, following hire with the full endorsement of the Treatment Agency.

While OARP stands ready to continue to assist the Chemical Dependency Professional Board in the development and oversight of Addiction Professionals, we also want to avoid a workforce crisis, which ultimately creates life-threatening crises in our communities. We believe this Bill will help us prevent such a crisis.

Thank You.