

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 12/10/19  
Name: Raynard Packard, M.A.Ed., LICDC-CS  
Are you representing: Yourself \_\_\_\_\_ Organization   
Organization (If Applicable): Ohio Assoc. of Alcohol & Other Drug Addiction  
Counselors (OAADAC)  
Position/Title: President  
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Do you wish to be added to the committee notice email distribution list? Yes \_\_\_\_\_ No

Business before the committee

Legislation (Bill/Resolution Number): HB 365

Specific Issue: \_\_\_\_\_

Are you testifying as a: Proponent  Opponent \_\_\_\_\_ Interested Party \_\_\_\_\_

Will you have a written statement, visual aids, or other material to distribute? Yes  No \_\_\_\_\_

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? written only

Please provide a brief statement on your position:

Express OAADAC's support for expanding AOD workforce via the bill's provisions.

*Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.*

## Testimony on House Bill 365 to the House Health Committee

Thank You Chairman Lipps and Members of the House Health Committee for the opportunity to give written testimony on this very important Bill 365. We also want to thank Representative Manning for Sponsoring this Bill.

We are the Ohio Association of Alcohol and Drug Addiction Counselors (OAADAC). We are a state affiliate of the National Association for Addiction Professionals (NAADAC). NAADAC is the premier global organization of addiction focused professionals who enhance the health and recovery of individuals, families and communities.

Our mission is to lead, unify and empower addiction focused professionals to achieve excellence through education, advocacy, knowledge, standards of practice, ethics, professional development and research.

One component of our mission is 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.

OAADAC wants 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.

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

1. OAADAC was a primary organization that helped pass the licensing bill for Chemical Dependency Counselors. Unfortunately, a number of skilled practicing individuals were left without a license because the bill was passed as a budget bill and took effect immediately and did not give them the time to move to a certification that would allow them be grandfathered in as a licensee. We have been a field that has benefited from "lived experience" for years and many of the individuals who were left behind were persons with lived experience. The long-term goal was for all clinicians to come through academia, but the abrupt change without giving an opportunity to those who have served this field for years will result in losing significantly skilled and dedicated providers. We recommended that for a defined period that 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, and can pass a qualifying exam 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.

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 addictions 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.

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.

Thank You.

Raynard Packard - President