

To: Chairperson Burke, Vice-Chairperson Huffman, Ranking Minority Member Antonio, and Members of the Health, Human Services and Medicaid Committee

I am writing today, perhaps wearing several hats; one as a former board member of the Ohio Chemical Dependency Professionals Board (OCDP) having been appointed by both Governors Strickland and Taft.; as a current member of the OCDP Board education sub-committee; and finally as a representative of the Ohio Coalition of Associate Degree Human Service Educators which is the curriculum endorsement body for addictions related curricula and consists of 15 community colleges throughout Ohio. Community colleges have long served as the backbone of academic preparation for addictions professionals meeting the academic requirements for the LCDC II, and are often the springboard for advanced degrees resulting in advanced licensure. Community colleges are often in the position to respond to both professional and regional needs of addictions professionals. We continue to be committed to this mission.

The Coalition member colleges are:

Central Ohio Technical College
Clark State Community College
Columbus State Community College
Cuyahoga Community College
Kent State University – Salem Campus
Lorain County Community College
Marion Technical College
North Central State Community College
Northwest State Community College
Rhodes State College
Sinclair Community College
Southern State Community College
Stark State Community College
Washington State Community College
Zane State Community College

I first want to comment Representative Manning for recognizing the crisis facing the addictions field as we face a workforce shortage and for bringing this issue forward and sponsoring legislative efforts to help ensure a greater and more clinically prepared workforce to combat this critical health crisis. Unfortunately, there are aspects House Bill 365 that fall short of meeting this important goal, as the bill is written.

It is important to note that neither the Education Sub Committee of the OCDP Board, nor the Ohio Coalition of Associate Degree Human Service Educators (OCADHSE) was involved in the process to discuss this issue, or to assist in the drafting of this bill. I believe these were oversights, but have resulted in important issues not being addressed. As soon as this bill came

to the attention of these two bodies, we have attempted to communicate these concerns and I am writing today to make sure that this committee is aware of the concerns and recommendations.

The Coalition completely supports the bill's provision allowing individuals to apply for licensure after 1000 hours of supervised work, if they have participated in a clinically supervised field practicum. This bill, however, has restrictive language, only honoring those practicum experiences that occur within a single semester of 16 hours per week of practicum.

(3) "While holding a valid chemical dependency counselor assistant certificate, have successfully completed at least one semester of practicum experience in chemical dependency that meets the requirements specified in rules adopted under section 4758.20 of the Revised Code and **includes at least sixteen hours per week of practicum experience, at least two hours per week of which is supervised** practicum experience;"

Calculated, this would include 250 – 264 hours of practicum over a 15-16 week period. We believe that this language will drastically reduce the number of individuals what could qualify for meeting early licensing requirement, thus limiting the number of professionals that could be entering the profession. Currently only a few colleges would meet this provision in a single semester. Our workforce needs are great and creating an accelerated path for licensure that embraces more colleges throughout Ohio.

Most Associate Degree programs throughout Ohio offer practicum experiences ranging from 250 – 450 hours, offering these in two or more semesters, recognizing that 30 – 45 weeks of practicum, even with reduced hours per week still provides a rigorous, clinically significant experience. Setting a minimum number of practicum hours i.e. 250, would honor the recognized role of supervised practicum experience and meet the professed goal of increasing the workforce as significantly more individuals would qualify for the opportunity to seek licensure. **In summary simply removing the language that specifies that the practicum hours must be completed in one semester would bring many additional, and clinically prepared individuals into the addictions counseling field.**

Although many colleges could initiate curriculum changes to meet this provision, there is grave concern that smaller programs in our more rural areas who often have challenges in finding qualified professionals, would be further disenfranchised, as making this kind of curriculum change is not always possible. Associate degree programs have been impacted by several mandates from the Ohio Department of Higher Education to reduce credit hours, and several actually had to reduce practicum hours to meet these ODHE mandates. The opportunity for

colleges to simply increase practicum hours to 16 hours a week, is not an easy lift for most community colleges. An increase in the number of practicum hours in a given semester would require colleges to make significant change their current curriculum to allow for the increase the credit hours for that practicum experience identified in HB 365.

As the lead instructor for the addictions curriculum at Columbus State Community College, I can attest to the continued effort and significant curricular changes that I, as well as many other college faculty have made to meet the needs of professionals entering this field. All curricular changes require a rigorous approval process. In addition to the college's own internal process, approval must also go thorough the ODHE and Higher Learning Comission's approval process, and this process could take up to 2 years.

Over the last 5 years the Ohio Department of Higher Education, along with the Higher Learning Commission have directed (required) Associate Degree programs to reduce the total number of credit hours. Several of our member colleges are counted on by their communities to prepare addictions professionals and do not have the latitude to simply increase the number of hours for practicum as this also would increase the number of credit hours of which we are not restricted from doing.

Over the past 8 years, I have worked closely with the Board to make changes that support this profession and the professionals who provide important clinical services. I have provided proponent testimony to both House and Senate committees regarding legislative changes, as well as testifying for changes in the administrative code. I am aware that some of the provisions that are specified in statute could be better served as issues in rule as human services and issues facing addictions professionals is not static.

Had members of the OCDP Education Sub-Committee been involved in these discussions early on, it would have also come to the attention of the legislative sponsor(s) that there are other important changes that are needed that would also increase our workforce, such as allowing individuals with a non-related bachelor degree and an associate degree in a behavioral science to be able to combine these degrees and be eligible for the LCDC III (this level of licensure is able to supervise CDCAs and diagnose substance use disorders under supervision.). As you are well aware, finding a sponsor for needed legislative changes and seeing this through, is far more challenging and time consuming than changing rules. Rules allow the Board(s) with the ability to adjust certain requirements and meet needs of this ever-changing profession.

The second issue of concern is the provision allows individuals who have been working in the field for 12 consecutive years, since 2008, as a CDCA to be able to apply for the LCDC II removing the requirement for at least earning an Associate degree in a behavioral science.

Having served on the OCDP Board when this legislation was passed, I know the depth of conversation and angst that people had about requiring a degree to be licensed in our profession, yet we agreed that this was critical to our profession and to best serve the clients with substance use disorders. I do not know of any other professional license, where clinical services are provided to clients, would allow professionals to provide those services without a college degree. The needs of the clients seeking treatment are ever-changing and more complex.

The statute creating the tiered licensing process in Ohio has been effective in allowing for a clear pathway and licensing progression for this profession. It mandated a minimum of an associate degree to become a licensed professional. All individuals who were, at that time functioning as a certified chemical dependency counselor, were given a five-year timeframe to earn an associate degree. Many individuals stepped up and did earn their degrees. To remove the degree requirement for those individuals who made the choice not to pursue a degree, is disrespectful to all of those that met the LCDC requirement by earning at least their associate degree. This also seems to contradict the earlier provision to enhance the LCDC by requiring practicum experiences as a part of an education program, and it seems to reduce the recognized standard of preparation for the addictions counseling license.

I am aware that I will only be able to provide this written opposing testimony, but am available and welcome the opportunity to discuss further or respond to any of your questions.

Respectfully submitted,

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