

Proponent Testimony on House Bill 230
Ohio House of Representatives Health and Aging Committee

Representing:
The Ohio Chemical Dependency Professionals Board
Vern Riffe Center
77 South High Street, 16th Floor
Columbus, OH 43215

Chairperson Gonzales, Vice Chair Huffman, Ranking Member Antonio, Representative Sprague and members of this committee:

Good morning.

My name is Dr. Philip Atkins and I am the Executive Director of the Mental Health and Recovery Board of Union County. I appreciate the opportunity to offer testimony of my support for the proposed changes in the credentialing rules related to the prevention specialist credential. I have been involved with this credential since its inception and have been a certified prevention specialist since 1989. In the 25 years that I have been credentialed, we have made great strides in both the scientific understanding of behavioral health prevention and the development of prevention as a professional discipline. The foundation for the initial development of the credential was an exhaustive role delineation study that outlined the scope of practice for the credential and over the course of the past 25 years, we have worked to continuously define and redefine that scope as the science has advanced.

At the same time, the entire behavioral health field has grown and developed. What was once a bifurcated system of mental health and alcohol and other drug abuse is now seen as an integrated whole. We have learned that we must treat whole people and engage whole communities and that conditions do not exist in isolation within our mental, emotional and physical selves. We also know that in order to prevent behavioral health disorders, we must look at a breadth of individual and community indicators, risk factors and assets.

The behavioral health prevention field in Ohio is highly networked and built on dialogue and mentorship. In order to develop the proposed changes in the credential, the roles and scope were vetted through extensive communications among the Ohio Chemical Dependency Professionals Board, our prevention trade associations, key informants in the field and those of us who are currently credentialed under the current prevention certification. The content of these discussions were consistent in several themes. First, the designation of OCPS I versus OCPS II had the effect of designating the level of professional yet did not adequately communicate their scopes of practice. The scopes of practice for each level of the credential were designed to vary with the level 1 credential being the practitioner level and the level 2 being more supervisory or consultant in nature in addition to the direct practice role. In the proposed changes, the change from OCPS I to Ohio Certified Prevention Specialist and OCPS II to Ohio Certified Prevention Consultant will help the field and the public understand the differences as intended. Second, we need a credential that reflects the holistic nature of prevention and will support the integration of such work into the larger health care community.

We are also proposing to broaden the scopes of both credentials to include all behavioral health prevention not just alcohol and other drug prevention. As I indicated, the behavioral health field has grown as a result of the underpinning science. We now have more inclusive and holistic views of

individuals and communities. For example, we know that things like depression and alcohol abuse have many common antecedents. Experiences such as trauma, bullying, living in poverty, school disengagement and family dysfunction could lead to either or both conditions. In order to prevent these issues upstream, we need to address those individual and community risk factors which for disorders across the behavioral continuum are often quite similar. A good preventionist needs to know how these risk factors might lead to a variety of conditions if not addressed. Similarly, we know that many of the things that protect individuals and communities from these conditions are the same. A good preventionist needs to know how to build strong families and involved communities in order to ensure that these things are maximized as inoculations against many types of concerns.

We also believe that by removing the language that makes the current credentials alcohol and drug specific and aligning them with national standards, we expand the potential prevention workforce. We want these credentials to support the profession for the next 25 years and to attract high quality, committed professionals who have interest in the broad range of risk and protective factors that influence mental health and substance use. We are working diligently at mentoring new talent and those of us who have been in the field for many years feel an exciting future is ahead of us. We want these credentials to provide the professional breadth and designations that will communicate the need for and value of a highly trained prevention workforce. Those of us who have loved and nurtured this field believe that we can greatly improve the quality of people's lives and the strength of our communities by becoming part of the larger world of not only behavioral health but of health care in general.

Thank you for your support of the behavioral health needs of Ohioans and for your interest in moving our prevention profession into the future.