



Chairman Burke, Vice Chair Beagle, Ranking Member Tavares and Members of the Senate Health, Human Services and Medicaid Committee, thank you for the opportunity to testify today regarding House Bill 111.

My name is Sean Gorby and I chair the Ohio Counseling Association's Government Affairs Committee. The Ohio Counseling Association (OCA) represents over 1200 licensed counselors here in the state and supports the mental health services provided by the over 10,000 Licensed Professional Counselors (LPC) and Licensed Professional Clinical Counselors (LPCC) all across Ohio.

The OCA applauds the intent of House Bill 111 and the commitment to expand appropriate mental health care tools to additional providers. OCA has long advocated for the authority of licensed professional clinical counselors to place appropriate mental health holds on patients who pose a substantial physical threat to themselves or others. OCA has proactively had legislation introduced in previous General Assemblies and offered testimony on similar legislation during the last legislative session.

Ohio LPCCs are rigorously trained and educated and practice independently. LPCCs must complete a 60 semester hour graduate program in counseling from a CACREP-accredited program. Board specifications for course work include a supervised, 600 clock-hour internship in which the intern gains supervised practice in assessment, diagnosis, and treatment of mental and emotional disorders. LPCCs have the authority within their scope of practice to independently diagnosis and treat mental and emotional disorders.

Upon completion of a Master's Degree in counseling, all seekers of the LPCC must pass two Board approved examinations, which assess general knowledge, skill, and advanced clinical decision making. LPCCs also must complete 3000 clock-hours of supervised clinical work experience under the supervision of an LPCC-S. Only after completing this rigorous training and evaluation can an applicant be licensed as an LPCC. Once licensed, an LPCC must earn 30 hours of continuing education every two years.

This authority is most needed in the field of independent practice. LPCCs working in community mental health settings are eligible to be designated as "public health officers". Public health officers, under current law, are granted the authority to place a mental health hold on patients. However, LPCCs in other settings are not afforded that option.

The OCA believes strongly that the provider who has a relationship with a patient should be the one who makes the very serious decision to initiate hospitalization. Currently, if an LPCC believes

hospitalization is warranted, a call the police most likely takes place. This process could cause the patient additional stress when they are already struggling beyond the comprehension of most.

It is also important to note, in speaking with counselors in other states who do have this authority, it may only be needed a handful of times in one's career. On the rare occasion this authority is needed it is critically important to be able to act quickly on behalf of patients.

Chairman Burke, The OCA believes this legislation is very important and we thank you for your willingness to consider this perspective. We look forward to working with all parties as the bill goes through the legislative process.