



**Testimony on House Bill 5
House Health Committee
February 9, 2021**

Thank You Chairman Lipps, Vice Chairman Holmes, Ranking Member Russo, and Members of the House Health Committee for the opportunity to give testimony on this very important House Bill 5. 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 40 of the largest Addiction Treatment and Prevention Agencies throughout Ohio. OARP strongly endorses this legislation. I am also President 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 Professionals Licensing Board, and The Ohio Department of Mental Health and Addiction Services. Each of the above organizations had significant input to this legislation. We have also recently received the endorsement of the Ohio Association of Alcohol and Drug Addiction Counselors. 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.

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. It comes at a very critical time as we struggle with the Behavioral Health crisis caused by the COVID-19 pandemic. Overdose deaths in Ohio have surged. By November of last year we surpassed the number of overdoses that we experienced in 2017, the worst year of the Opioid Epidemic. The current rate of overdoses in Ohio will see a 20% increase in 2021.

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 BH Redesign. With the implementation of BH Redesign Medicaid reimbursement for Chemical Dependency Counselor Assistants (CDCAs) is only 69% of the reimbursement of licensed clinicians, and only 75% of the pre-redesign rate. At the time of my last testimony on this Bill CDCA's made up 59% of those with Addiction Credentials. If you have a supervision ratio of 1:8 then 1251 of the Senior Licensed Clinicians are not delivering care due to supervision responsibilities. CDCA's make up the 68% of the available workforce to deliver treatment. At the time of my last testimony on this Bill there were 2807 Licensed Addiction Counselors and 5951 Chemical Dependency Counselor Assistants available to provide clinical treatment services. This total of 8758 clinical staff based on the ODMHAS website identifying 600 certified agencies in Ohio would equate to less than 15 clinicians per agency. Agencies in OARP have between 20 to more than 100+ clinicians. It is also important to note that the Substance Abuse and Mental Health Services Administration's (SAMHSA) most recent report on Behavioral Health Workforce cites that 80% of those with a Substance Use Disorder will not receive treatment and necessary services as a result of not having a sufficient workforce to provide care.

In polling OARP each identified between 4 to 60 open clinical positions. They also identified that it takes between three to four months to fill an open position. Several identified that they have had several positions open for more than six months. Each day a single clinical position is not filled a potential of 12 to 20 individuals will not receive treatment.

These workforce shortages result in significant capacity problems. Demand far exceeds current capacity which results in individuals with Substance Use Disorders including Opioid Use Disorders not

being able to access treatment. Again, this is a life and death situation with the increasing rate of overdoses occurring when someone is not able to access care.

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 not give 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 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 considered sufficient making them license test eligible. It is our recommendation that for a period of up to three years that anyone who has 12 years of supervised experience as a CDCA, and can pass a qualifying exam be considered 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 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 one or two semesters of practicum at the agency working with a skilled clinician. What separates this from simply a degree is that while in the practicum/internship they will complete at a minimum, 150 hours 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 completing 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 Licensing 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.

If you have additional questions regarding this testimony I can be reached at 440-669-0723.

Thank You.