

May 16, 2017

To: Sen. Monnes-Anderson, Chair
Sen. Kruse, Vice-Chair
From: Mike Marshall, Addiction Counselor Certification Board of Oregon (ACCBO)
CC: Members of the Senate Committee on Health Care
Re: Testimony regarding 2303

The Addiction Counselor Certification Board of Oregon (ACCBO) was founded in 1977, with the mission of certifying addiction professionals through competency based evaluation of education, experience and exams. The Board utilizes autonomous professional psychometric examinations through The National Association of Alcoholism and Drug Abuse Counselors and the International Certification Reciprocity Consortium. The primary purpose of certification is an assurance that counselors have met minimum standards of competence, are ethically accountable to the general public at-large, and have contemporary knowledge evidenced through continuing education.

Currently there are approximately 3600 active Certified Drug & Alcohol Counselors (CADC's) in Oregon. While Oregon ranks almost dead last in providing access to drug and alcohol treatment, our treatment completion rate is significantly higher than the national average. The national treatment completion rate is 45.5% whereas Oregon's is 56.7%. This success is in large part due to the professional and effective certification process ACCBO has been leading for 40 years.

Although HB 2303 does not require CADC's to participate in the proposed registry created by 2303, many CADC's will be impacted by its creation. CADC's often serve in dual roles as addiction counselors and as Qualified Mental Health Associates (QMHA) or, in some cases, Qualified Mental Health Professionals (QMHP). A significant percentage of CADC's are recovering addicts who have a criminal history. That lived experience often is what makes a CADC so successful in their work.

Additionally, all CADC's spend at least two years studying prior to becoming counselors. Some earn a four year degree in addiction counseling and a smaller percentage (CADC III's) go on to earn a master's degree. Currently, employers give significant consideration to the education accomplishments of a CADC when designating them a QMHA or QMHP.

ACCBO's concern is that the registry for QMHA's & QMHP's created by HB 2303, potentially calls for a higher level of back ground check than the "weigh test" currently undertaken by CADC employers. Additionally, HB 2303 potentially empowers the Health Licensing Board to develop "training" requirements that don't give consideration to the professional education

CADC's already complete. The result of which could be to could force CADC's to interrupt their employment in order to return to school to maintain their QMHA/QMHP designation.

If passed as currently written, HB 2303 could potentially have the unintended consequence of preventing some talented CADC's from continuing to serve in a dual role as a QMHA or QMHP. Given most mental health treatment providers are already inadequately funded, the result might very well be that the CADC will lose their job. The net result of HB 2303, under these circumstances, would be to significantly reduce the size of an already under staffed behavioral health workforce.

To prevent these unintended consequences ACCBO proposes that HB 2303 be amended in the following way:

"QMHA and QMHP applicants with CADC certification in good standing, with more than 5 years since their last conviction, will be accepted to the registry."

"The Health Licensing Board can consider waiving certain educational, experiential, and examination requirements based on prior education, documented supervised experience, and passing scores on professional psychometric national certification examinations when registering CADC's as QMHA's or QMHP's."

Thank you for considering ACCBO's concerns. We look forward to collaborating with the committee to achieve the intended goal of HB 2303 while insuring the continued success of Oregon's drug and alcohol counselor's.

Mike Marshall, Addiction Counselor Certification Board of Oregon