



DATE: March 9, 2020

TO: Public Health Committee

FROM: Ben Shaiken, Manager of Advocacy & Public Policy, The Alliance

RE: **H.B. 5417 An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes**

Good morning Senator Abrams, Representative Steinberg, Senator Somers, Representative Petit and members of the Public Health Committee.

My name is Ben Shaiken, Manager of Advocacy & Public Policy at the CT Community Nonprofit Alliance (The Alliance). The Alliance is the statewide association of community nonprofits. Community nonprofits provide essential services in every city and town in Connecticut, serving half a million people in need and employing 117,000 people across the State. They are an important part of what makes Connecticut a great place to live and work and an important piece of our economy.

The Alliance supports Section 17 of H.B. 5417 An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes, which would make critical changes to the new associate licensure for Licensed Professional Counselors, with amendment. This section would undo some of the negative unintentional consequences of language passed last year as part of the budget implementer, which created new licensure levels for Licensed Professional Counselors Associates (LPCA) and Licensed Marriage and Family Therapist Associates (LMFTA).

With the changes in the 2019 Budget Implementer, clinicians now must obtain either an LMFTA, an LPCA or a LMSW in order to work under the supervision of a licensed clinician. Before this new law, unlicensed clinicians were required to meet stringent educational standards, but were not required to be licensed as they worked towards the amount of supervision they would need to apply for licensure. In many cases, unlicensed clinicians decided not to sit for their full licensure exams, instead choosing to work under the supervision of a licensed clinician. The new associate licenses are mandatory, but unlike full licensure, there is no test or exam to become an "associate," only education requirements and an annual fee. Associates cannot practice independently and must work under the supervision of a licensed clinician.

Unfortunately, the way the language in the 2019 Budget Implementer established the new licensures, it prohibited a significant number of crucial staff in the community-based behavioral health system in Connecticut from providing services. In addition, new, more stringent education requirements for master's degrees to qualify for the associate licensure were unrealistic and did not reflect the present-

day reality of a number of degree programs in Connecticut. These new requirements also did not take into account people who graduated with degrees in the past, before new standards were put in place.

This is having significant impacts on the workforce of providers who are serving children and families through contracts with the Department of Children and Families and the Court Support Services Division of the Judicial Branch. Providers have reported to The Alliance that predominantly, the clinicians at their agencies whose education does not meet the new standards are clinicians of color and bilingual clinicians, both crucial to the effectiveness of treatment.

We urge the Committee to support Section 17 of H.B. 5417, which adds grandfathering language to current statute, allowing anyone graduating from an accredited program by July 1, 2021 to continue to provide behavioral health care for adults, children and families.

However, the language proposed in this bill does not help everyone who graduated from programs before they changed their degree to a 60-credit hour degree. As such, we encourage the Committee to strike the requirement for grandfathered individuals to have accumulated 3,000 hours of clinical supervision (lines 602 and 603). If someone has not yet accumulated that time, the bill as it stands would put them out of work, leaving them unable to provide services to children and families in need.

In addition, the new associate licensure level has raised other concerns that are not addressed here in this bill, but that we hope the Committee will take into consideration:

- There are several evidence-based programs that use staff with varying levels of education. The fidelity of these programs, and their funding, do not allow for staffing to all be LPCA-level practitioners, but state agencies and providers are concerned that the existence of LPCAs may not allow the programs to continue. Children's services are negatively impacted by the new LPC and LMFT licensure requirements, including Intensive In-Home Child & Psychiatric Services (IICAPS), Emergency Mobile Psychiatric Services (EMPS), and Multisystemic Therapy (MST), all essential services in the DCF and CSSD continuum of care.
- Some staff choose to practice under supervision for their entire careers without obtaining licensure and there should be specific acknowledgement in statute that choice is permitted.
- Licensed Alcohol & Drug Councilors (LADC) have very similar licensure requirements to LPCs and LMFTs but there is no associate LADC. With the creation of LPCAs, there is now no path to obtaining an LADC that does not lead through first becoming an LPCA. Given the Scope restrictions of LPCs in addiction treatment, we are concerned this will create fewer addiction professionals in the future.

Thank you for your time and consideration of these important issues.