



CAADAC

CALIFORNIA ASSOCIATION OF ALCOHOLISM
AND DRUG ABUSE COUNSELORS

February 16, 2012

Honorable Assemblymember Bill Monning
Honorable Senator Ed Hernandez, O.D
Honorable Assemblymember Holly Mitchell
Honorable Senator Mark DeSaulnier
Chairs, Joint Oversight Hearing of the Assembly &
Senate Health Committees & Assembly & Senate
Budget Subcommittees on Health and Human Services
State Capitol
Sacramento, CA 95814

Re: Written stakeholder input regarding the transfer of Department of Alcohol and Drug Programs functions

Dear Chairs,

While CAADAC has historically supported funding for a state department for the administration of AODA services in California, if it is the will of the Legislature and Administration to eliminate this department, we have the following suggestions to prepare professionals and consumers for this event. CAADAC and the thousands of credentialed counselors we represent believe that the following key points must be addressed in order to implement a plan for addiction treatment professionals to be able to operate effectively:

- 1) A unified professional board must be created in the private sector for certification and licensure of counselors so that the profession can be regulated by the Department of Public Health in the same format used for regulating certified nurses, genetic counselors, and others licensed there.
- 2) A state level Office of AOD Services, unique from mental health services, needs to be created in order to oversee and coordinate the administration of the various aspects of AODA treatment.
- 3) A thorough review and restructuring of regulations pertaining to the provision of AODA services, including, Medi-Cal, counselor certification, and program licensing, needs to be performed in order to transfer these regulations to the departments who will administer them.

CAADAC offers the following rationale for these recommendations:

Creation of a unified professional board in the private sector and transfer of

3400 Bradshaw Road, Suite B
Sacramento, CA 95827
Phone: 916/ 368-9412 | Fax: 916/ 368-9424
www.caadac.org
counselors@caadac.org



CAADAC

**CALIFORNIA ASSOCIATION OF ALCOHOLISM
AND DRUG ABUSE COUNSELORS**

professional certification and licensure to the Department of Public Health:

- 1) The profession needs a legitimate and unified body for the administration of professional credentials. Consumer protection, enforcement and administrative efficiencies could be realized by utilizing the existing private sector testing and credentialing bodies in the state.
- 2) Creating a private licensing and certification board would create a mechanism for a “pass through” of fees to create revenue for the department to enforce consumer protection laws already in place. The licensing and certification board would combine the organizational strengths of California’s nine certifying bodies in preparing candidates for licensure and certification, while the Department of Public Health would provide vital investigation and enforcement activities funded through the collection of licensing and certification fees.
- 3) Consumers would have better access and a more meaningful way to address complaints. Professionals would be held to the same standards Californians expect when receiving other health related services.
- 4) Poorly written and unenforceable regulations currently comprise California’s oversight of the AODA profession. A professional board with accompanying code would resemble that of other professions in the state and AODA professionals licensed in other states.
- 5) Regulation would cover both private and public settings (currently only counselors working in licensed facilities are regulated).
- 6) Establishing a single board would eliminate confusion on the part of consumers, employers and regulators by uniting the drug and alcohol workforce under one state sanctioned board rather than nine private certifying boards.
- 7) Creating a public-private partnership for administering credentials in the AODA profession will prepare California for the implementation of the Affordable Care Act (ACA). The lack of distinct, state recognized credentials (particularly for private practice) leaves California without a recognizable workforce to provide the AODA benefit being created by the ACA. In its absence, less qualified and more expensive treatment (MFT, psychology) will become the alternative.

An Office of AOD Services, unique from mental health services, needs to be created in order to oversee and coordinate the administration of the various aspects of AODA treatment.

- 1) Alcoholism and drug addiction are recognized as diseases by the American Medical Association. It would be discriminatory to group those affected by a disease with persons identified as having behavioral issues. Although presenting with similarities they are two distinctly different maladies which must be dealt with independently. A separate identity



CAADAC

CALIFORNIA ASSOCIATION OF ALCOHOLISM AND DRUG ABUSE COUNSELORS

avoids placing addiction under the “behavioral health” category, thus not giving the public the impression that addiction is a behavior, rather than a disease.

2) The AODA budget is dwarfed by that of mental health services. An oversight office would ensure that funding sources are preserved for AODA service delivery (eliminate the possibility of absorption by mental health services).

A thorough review and restructuring of regulations pertaining to the provision of AODA services, including counselor certification and program licensing, needs to be performed in order to transfer the regulation of professionals and programs to their appropriate agency/agencies.

1) The current regulations for facility and individual regulation are extremely weak. They provide a low level of consumer protection and a high potential for poor use of state and federal funding to fight addiction (see *Addressing Addiction: Improving & Integrating California's Substance Abuse Treatment System*).

2) Separating the functions of ADP into one or more agencies will require conforming regulations. This creates an opportunity to recast these provisions rather than “cutting and pasting” them from one department to another.

3) The Office of Statewide Health Planning and Development is aggressively preparing California for the implementation of the ACA and has identified an urgent need to integrate AODA providers into the treatment system. The creation of this new benefit and the new systems for its provision demand that regulation of AODA services be carefully reviewed so that resources are not wasted and consumers can maximize the new benefit.

Again, I wish to thank you for your time and enthusiasm. I also wish to iterate our offer to assist you at any time in the process. We look forward to working with you as a team as we all work together to create a better AODA treatment system.

Sincerely,

Rhonda Messamore
Executive Director, CAADAC