

From: Susan Campion <suzccampion@aol.com>
Sent: Monday, March 17, 2014 12:37 PM
To: PHC Testimony
Subject: S.B. 471-Testimony
Attachments: Testimony of CAAP on SB 471, Sec.2. (C).doc; Flash Report 2.doc

To the Attention of the Public Health Committee of the CT General Assembly:

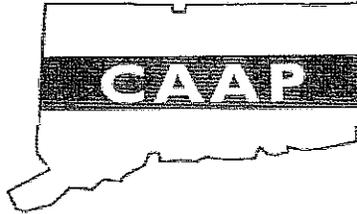
For Your Favorable Consideration,

Please review the attachments:

- Written Testimony for the March 19, 2014 Public Hearing---**SB 471**
- Supportive Commentary on the Role of the Credentialed Addiction Professionals

Best Regards,

Susan Campion LADC, LMFT
President
CT Association of Addiction Professional
New Haven, CT
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CONNECTICUT ASSOCIATION *for* ADDICTION PROFESSIONALS

"A Strong Workforce of Addiction Professionals = Best Standards of Addiction Treatment for Connecticut Residents."

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Testimony on SB 471 Sec.2 (C): An Act Concerning Mental And Behavioral Health Services
Public Health Committee
March 19, 2014

To the Members of the Public Health Committee, Let me begin by sharing that the Connecticut Association of Addiction Professionals (CAAP) continues to hold heartfelt gratitude for your terrific leadership in passing the 2013 Licensure Law! Because of your efforts, you have touched the lives of hundreds of Connecticut residents by strengthening a dedicated workforce of licensed addiction specialists' who facilitate their path to Recovery.

On behalf of the almost 800 licensed addiction specialists, I come before the Public Health Committee to strongly urge that you delete and remove -Section 2 (C) of SB 471. If passed this amendment will reverse the 2013 licensure legislation passed by the 2013 General Assembly to ensure that individuals seeking to attain a LADC possess a degree in a counseling related field. Section 2 (C) creates a grandfathering provision of "another subject approved by the commissioner, provided the semester hours in a subject other than counseling or a counseling-related subject were completed or in progress on or before July 1, 2013".

CAAP's problem with this section is two-fold: it an individual to qualify for the LADC with a non-counseling degree and unlike most grandfathering clauses, it has no expiration date.

CAAP Board members understand that change is a bumpy process. We anticipated that some of the members of the State's workforce of credentialed addiction specialists might have questions or issues regarding their compliance with the new law. As an all-volunteer Board, we took that reality very seriously and launched a state-wide outreach campaign commencing at the passage of the Law (July 2013). For the Committee's consideration, we took the following actions: posted information on the rationale and specific changes relative to the new License on our Website, sent out a Newsletter to all CT LADCs, and held informational presentations for SA providers at various venues. Since the 2013 Summer, I and other Board Members also consulted with approximately 20 individuals, who requested specific information on their licensure status, and we provided these folks with pathways to enhance their professional standing. hvidual loosing his or her position!

With this proposed legislation, it appears that some individuals want the legislative status sanctioned by the Raised Bill, but, they do not want to do the work and comply with the license's standards of practice. Being reasonable, I empathize with that dilemma. However, I, as President of CAAP, have an ethical and professional responsibility to strongly advocate for the hundreds of women and men in CT, who are currently spending countless hours and thousands of dollars to acquire the educational degree, SA specific training ours, and employment experience to meet the standards and requirements of the LADC in order to be fully prepared provider of substance abuse treatment.

To emphasize the importance of equality in professional credentialing, I think that I am correct in my understanding that if an MD, RN, lawyer, etc is unable to meet the professional licensing requirements of his or her respective profession and seeks advise from DPH's licensing Division, DPH does not routinely ask the General Assembly to change the licensure law to accommodate the individual's licensing problems. The proposed "grandfathering" amendment will diminish the license by opening the door to grant individuals, who seek to circumvent the vital credentialing requirements for licensure.

Because of your effort on passing the 2013 licensure, I want to present several of the positive consequences:

- **The job erosion has stopped. LADCs are thankfully being recruited and hired in behavioral health and substance abuse specific agencies due to new opportunities for billing for services by private and public insurance payers.**

- Connecticut's addiction workforce now meets the professional compliancy standards for inclusion in the Health Exchanges, as mandated by the ACA.
- Most importantly, Connecticut residents now have the assurance by State Statue that LADCs have met both the state and national standards for best practice and evidence-based substance abuse treatment.

Please know that since the passage of the 2013 license. CAAP has received an outpouring of abundant praise and appreciation for the leaders and members of the Public Health Committee and ultimately, the General Assembly's contribution to achieving professional parity for LADCs. I hope that you will agree that we do not want to jeopardize all the very hard work that we did together to pass the new licensure law!

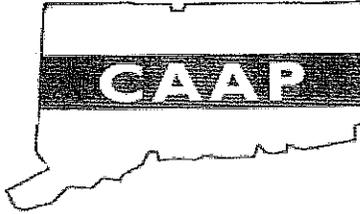
In closing, everyday we read in the media or view on TV, the horrific human toll that addiction seizes from CT's families and communities. Last week, I attended a public hearing in Wallingford. The focus of the public's comments was on the barriers to SA TX for young adults (18-24). Many of the residents spoke passionately on the deadly heroin epidemic spreading throughout our towns and cities and their personal losses and issues with access to appropriate SA TX.

If ever there was a need for a cadre of highly trained, skilled addiction professionals, who hold the highest standards of practice required by their license, the time is now!

Please Delete and Remove Sec 2. (C) in Raised Bill 471.

In advance of your valued support, Great Thanks!

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To: Members of the CT General Assembly's Public Health Committee
Subject: Additional Testimony to Support the Removal of Section 2 (C) of SB 471.
Date: March 19, 2014

Licensed Alcohol & Drug Abuse Counselors - Key Providers in Connecticut's Behavioral Health Care Network

On July 12, 2013, Governor Malloy signed into law a revised and enhanced licensure for masters' level Alcohol and Drug Counselors (LADCs).

The law marked a new era for CT's workforce of addiction professionals because the licensure's credentials gain professional parity with their behavioral health peers- LCSWs, LMFTs, & LPCs, and most importantly, ensure statutory best practice standards for the treatment of substance abusing consumers.

Over the past several years, CT behavioral health care public and private providers have leaned toward hiring social workers (LCSW's) and other licensed masters' level behavioral health providers to be the primary clinical provider of substance abuse services. This trend raises an important concern regarding these providers' educational, training, and professional experience in the practice of addiction treatment. The CT Association of Addiction Professionals' research on social work, marriage and family and professional counseling academic requirements in state public and private masters programs found the following information. **These behavioral health, professional academic programs' requirements, specific to substance abuse are less, with rare exceptions. The course work covers broader areas of study in generally the same number of graduate hours, and requiring fewer, if any specific post-graduate training hours in substance abuse.** Although competent within their respective mental health professional standards, LCSWs, LMFTs, and LPCS, few of these professions have the specific graduate and post-graduate training, work experience, and supervision in the treatment of Substance Use disorders.

This trend reflects an oversight that was noted in the 2004 and **raised again in 2010** US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Report to Congress: Addictions Treatment Workforce Development [Section D, Education and Accreditation Priorities].

The 2004 and subsequent 2010 report from SAMSHA offered compelling evidence for the lack of education and experience in the treatment of addiction by PCPs and ancillary providers in a medical practice:

"A significant problem is the lack of education and training on substance use disorders for primary health care and other health and human services professionals. The National Center on Addictions and Substance Abuse (CASA) at Columbia University reported that 94 percent of primary care physicians and 40 percent of pediatricians, when presented with a person with a substance use disorder, failed to diagnose the problem properly (CASA, 2000). If similar studies were available for other health professionals (e.g., nurses, psychologists, pharmacists, social workers, dentists), the results would likely be similar."

"Curricula in most health education programs and professional schools either inadequately address substance use disorders or exclude discussion of them altogether." 2004, US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Report to Congress: Addictions Treatment Workforce Development [Section D, Education and Accreditation Priorities]. "

In Connecticut we are fortunate to have a workforce of highly screened and qualified LADC's who have met uniform state-specific standards. These rigorous standards for credentialing prepares them to sort through complex mental health symptoms and discern how substance abuse may be affecting the whole picture, hence to deal with patients having co-occurring disorders (dual diagnosis.) LADCs have the knowledge and professional skill sets to identify and deal with the manipulation that comes with this primary disease, as well as, to discern the stage of progression of the disease and hence, type of treatment needed. In addition, they have the skills to provide consultation to other providers (MDs, APRNs, RNs, and Masters Level Behavioral Health Providers) who may be frustrated in their treatment of clients, who present with active addictive behaviors.

As Connecticut moves towards implementation of the ACA through the health exchanges and proposed in Advanced Medical Home Model (2013-2014 *SIM* Health Initiative), the requirement for credentialed addiction professionals' integration into primary care settings will be necessary. Title V of the ACA identifies the substance abuse specialist as a member of its "mental health service professionals" team. The requirements mandated for the "mental health service professionals" Title V of the Affordable Care Act, The Healthcare Workforce, SEC. 5002 gives this definition:

The term 'mental health service professional' means an individual with a graduate or post-graduate degree from an accredited institution of higher education in psychiatry, psychology, and other areas like, social work, substance abuse disorder prevention and treatment, marriage and family or professional counseling.

Addiction treatment programs can expect increased demand for services from such primary care settings, because of the greater number of insured individuals with a new level of healthcare coverage.

Substance abuse renders enormous human and financial costs. Literally millions of dollars are spent in CT that is directly related to untreated addiction. The disease impacts the health care system, public safety, workplace, and the family by violence / trauma. Before the 2013 license, reimbursement of LADCs' services were weakened due to the perspective that places addiction professionals as "second class" behavioral health providers. If the State does not give full professional standing to licensed addiction specialists in its behavioral health provider public and private network, the greatest risk will be to CT residents. These consumers, who seek substance abuse treatment, will be in jeopardy of losing access to evidence-based treatment and the highest standards of care for their addictions by the statutorily identified , behavioral health provider- the Licensed Alcohol & Drug Abuse Counselor.