DATE: Monday, March 20, 2017

TO: Public Health Committee

FROM: Ben Shaiken, Public Policy Specialist, The Alliance

RE: H.B. 7222, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

Good morning Senator Gerratana, Senator Somers, Representative Steinberg, Representative Srinivasan and distinguished members of the Public Health Committee:

My name is Ben Shaiken, Public Policy Specialist at The Alliance. The Alliance is Connecticut's statewide association of community nonprofits, which serve over 500,000 people each year and employ almost 14% of Connecticut's workforce.

I am here to testify on House Bill 7222, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

In mid-2016, the Department of Public Health (DPH) informed some behavioral health and substance abuse treatment providers that its interpretation of the Scope of Practice for Licensed Alcohol and Drug Counselors (LADCs) had changed. Before this new interpretation--for decades--LADCs treated people with co-occurring substance abuse and behavioral health diagnoses, as long as a behavioral disorder was secondary to a primary substance abuse diagnosis. Now, DPH holds that the LADC Scope of Practice does not permit an LADC to treat *any* secondary behavioral health conditions as part of substance abuse treatment. DPH also holds that LADCs cannot provide treatment for problem gambling treatment, even though Gambling Disorder is classified as an "addiction" in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V).

It is important to note that the Scope of Practice itself has not changed, nor do we think it should. Connecticut's LADC Scope of Practice is one of the best in the country.

Since the reinterpretation of their Scope of Practice, providers have been forced to reevaluate using LADCs to provide clinical services to their clients, resulting in staffing changes and layoffs. In today's funding climate, providers simply can't take the audit risk that would accompany a client discussing behavioral health issues with an LADC while receiving treatment for addiction. Licensed Alcohol and Drug Counselors are qualified professionals with Masters Degrees, and many of them have decades of experience treating all of the factors that contribute to substance abuse and addiction. Especially as the State faces a funding crisis and an opioid epidemic, it is taking a large step backwards to prohibit an entire group of clinicians from helping people recover from addiction.

More than 80% of people receiving treatment for substance abuse have a co-occurring behavioral health diagnosis. It has long been best practice for there to be "no wrong door" for treatment and for individuals providing treatment to treat the whole person when treating a substance abuse disorder.

Until DPH changed its interpretation, it had been common and accepted practice in Connecticut for LADCs to treat a co-occurring mental health diagnosis when its treatment was part of the treatment plan for a primary substance abuse disorder diagnosis. Just like your cardiologist wouldn't treat you for a broken foot, when a behavioral health condition in a client reaches beyond their area of expertise, an LADC would refer that patient to a practitioner who specializes in treating more complicated or unrelated behavioral health diagnoses. Likewise, if it became apparent through the course of treatment that a client's mental illness was in fact the primary diagnosis and their substance abuse was secondary, LADCs refer clients to a clinician who specialized in treatment of that mental illness.

Now, DPH's reinterpretation of the LADC Scope of Practice means that LADCs will have to refer a patient in treatment for a substance abuse disorder to a different specialist as soon as that patient identifies any treatment goal related to mental illness.

Here are two examples in practice of how this would negatively affect people living with addiction:

1. An individual is receiving treatment from an LADC for a heroin addiction. He has been coming to therapy sessions at a community provider every week for a year. He had been clean for several months but has recently relapsed. As part of his regular treatment plan, occasionally he participates in an assessment that measures how likely he is to commit suicide and his most recent assessment showed that his risk had increased. The LADC with whom he has built a relationship and who has gained his trust, under this interpretation, must now refer him to a new counselor for treatment of his suicidal thoughts and may not discuss them with him at all.

2. An individual decides to go to group therapy for treatment for alcoholism. She suffers from alcoholism and has a family history of anxiety. During the group sessions, she realizes that she also is suffering from symptoms of anxiety. Under this interpretation, now in order to receive treatment for her anxiety, she now has to see a different counselor for that diagnosis while continuing to attend the LADC-run group therapy session for her alcoholism, even though her anxiety disorder and treatment goals related to it are secondary to her primary treatment for alcoholism.

This reinterpretation makes Connecticut's treatment system for individuals struggling with drug and alcohol addictions less effective. Understanding and treating the connection between substance abuse and behavioral health is basic to substance abuse treatment.

I urge you to intervene to protect effective treatment in Connecticut by adding clarifying language to HB 7222 that specifies that Licensed Alcohol and Drug Counselors are permitted to provide treatment for behavioral health diagnoses as long as those behavioral health diagnoses are secondary to primary substance abuse diagnoses.

Thank you for your consideration and attention to this important matter. Please feel free to contact me any time to discuss at bshaiken@ctnonprofitalliance.org or 860-525-5080 ext. 1026.