

STATEMENT BEFORE THE JOINT OVERSIGHT HEARING

of the

ASSEMBLY AND SENATE HEALTH COMMITTEES &  
ASSEMBLY AND SENATE BUDGET SUBCOMMITTEES ON HEALTH AND  
HUMAN SERVICES

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RESTRUCTURING THE BEHAVIORAL HEALTH SYSTEM IN CALIFORNIA

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By way of introduction, my name is Robert Garner, and I am the Director of the Santa Clara County Department of Alcohol and Drug Services, a position I have held for forty-one years. I am a founding member and past Chairman of the County Alcohol and Drug Program Administrators Association of California (CADPAAC), and I am testifying today on behalf of CADPAAC.

CADPAAC is opposed to the Governor's proposed elimination of the Department of Alcohol and Drug Programs and the transfer of its component parts to three separate state departments.

The Governor's proposal was contained in his annual budget recommendation submitted last month. There was almost no rationale or justification for the recommendation, beyond a single comment that co-location would be the first step to integration in preparation for health care reform implementation in 2014. While CADPAAC feels

strongly that integration of the substance use disorder field with physical medicine is, in fact, the most important challenge for the field for the next few years, there is no evidence that co-location leads to integration, in any field, public or private. The State and counties should be working together to explore the best way to make that integration work and we should begin immediately.

There are three specific reasons for opposing the elimination of the State ADP as recommended by the Governor. The first has to do with the nature of the substance abuse problem in California. Untreated substance abuse is the major health and human service problem of our day. Within the child welfare system up to 80% of all child removals for abuse and/or neglect are the result of parental substance abuse. Within the criminal justice system up to 80% of all expenditures are related to substance abuse, and this covers everything from prison and jail to the judiciary, prosecution, probation, defense and other parts of the criminal justice system. Within physical medicine it drives a wide range of costs: emergency departments and trauma units see 50-80% and more of their patients having presenting problems related to substance abuse; untreated substance abuse compromises medical outcomes for a variety of medical problems, and especially for the difficult chronic conditions such as diabetes, hypertension, asthma and others, resulting in not just poor outcomes but high, preventable costs associated with medical care. Substance abuse is the major threat to the healthy development of children and adolescents. It delays and impedes their development, interferes with their academic performance and social integration, and destroys their future. Clearly, this is a problem that crosses virtually every health and human service field, and if it is to be adequately

addressed it needs to be done at a high level of government with a strong and independent voice. What kind of voice will result from the elimination of the State ADP and the fragmentation of its parts buried within three state departments?

A second reason for opposing the recommendation is that not only does it move the major department functions deep within the Department of Health Care Services, but that it would no longer be a free-standing discipline; rather, it would be merged into what is often referred to as a “behavioral health” unit. In fact, the very title of your hearing today is “restructuring the behavioral health system in California.” There are at least three reasons for concern about combining these two fields under the banner of behavioral health.

The first has to do with what the term has come to mean. It originated in the private mental health insurance arena, used by insurers to market both substance abuse and mental health services without having to talk about substance abuse, generally a not very popular subject. But in most cases, behavioral health means mental health. In much of the literature on behavioral health, while there is a brief recognition of the substance abuse problem, the majority of the text that follows is about mental health. Mental health is a significantly larger field, with very little demonstrated interest in developing substance abuse services. Perhaps most of the counties are organized as behavioral health counties, and yet there is very little integration of services, especially in the larger counties. The so-called merger has really turned out in too many cases to be placement of the substance abuse function under the mental health function, with a loss of status

within the county organization for substance abuse. To create this kind of organization within the Department of Health Care Services will result in a loss of focus for the unique needs of both fields rather than the promotion of their unique strengths.

The second reason is that integration of substance use and mental disorder treatment, while important for those with co-occurring disorders, is not the primary need both fields face, and thus it becomes a diversion to the larger and more important goal. That more important goal is the integration of both mental and substance use disorder services into physical medicine, in preparation for health care reform. This should be the key focus of the State and counties; behavioral health is a diversion.

Third, substance use disorders are primary medical conditions. They have manifestations that are behavioral, as well as criminal and social, and they affect many areas of an individual's life. But addiction is a chronic, relapsing brain disease, requiring specialty treatment. Addiction medicine is a board-certified medical specialty. Substance use disorders are not just another behavioral category under mental health.

We are not here just to say no. We feel strongly that without a robust system of substance abuse services that the goals, financial and clinical, of health care reform cannot be realized. But the substance abuse field is vulnerable. It is small and it lacks advocates within state government and the Legislature. It evolved outside of the health care field and is often not identified as being an essential part of health care. It is identified far too much with criminal justice, in part because so many of the substance

abuse problems have been criminalized, and yet more than 90% of the substance abusers requiring treatment are not in the criminal justice system, but rather in the health care system. Relative to every other part of the health care field it is significantly underfunded, and its workforce needs to be strengthened and developed.

Where substance abuse is placed, and why, needs far more discussion and deliberation than that contained in the Governor's budget message and this brief hearing. We are not asking to be left out of the discussion. Rather we are asking for a much broader and deeper discussion, one that goes beyond a proposed shuffling of organizational units.

One way to accomplish this would be to elevate the discussion in the Legislature and in the public. Ask the Legislative Analyst's Office to develop a comprehensive study of the prevalence of substance use disorders in California, the available treatment and prevention relative to other medical conditions, the impact of untreated substance abuse in other parts of physical medicine as well as in other health and human service fields. Develop a plan showing where the substance abuse field needs to be in 2014 if it is to be fully integrated with physical medicine. Identify what needs to change in terms of reimbursement streams, the range of benefits required to fully treat the substance use disorder condition, and the workforce. And when these data are available, have the full public dialogue that is required. If it makes sense to have an organizational integration of substance abuse with physical health within the Department of Health Care Services, then that should be the outcome. Or there may be some other organizational outcome that is more consistent with the data.

In summary, to continue to ignore and marginalize the substance abuse field will leave the State and counties unprepared to respond to the requirements of health care reform. The substance abuse problem will continue to drive the costs and compromise the outcomes of many other health and human services fields. The problem will not go away if it is hidden. But with proper attention and support, a health substance abuse service system has much to offer to the State. It can help improve treatment outcomes in other systems and reduce preventable costs in those systems. Treating substance use disorders pays for itself many times over.