



A statewide coalition of consumers, providers, educators, and advocates  
representing the voice for alcohol and drug abuse services

---

## CA Association of Alcohol and Drug Associations (CADA)

### Consensus Statement

#### Governor's Proposed FY2012/2013 Budget: Elimination of the Department of Alcohol and Drug Programs

Governor Brown in his FY2012/13 proposed budget is proposing to eliminate the Department of Alcohol and Drug Programs (DADP) and transfer various functions to other state departments. CADA has reviewed the proposal and while there is no consensus on the merits of the elimination of DADP, CADA has reached consensus on some of the provisions of the proposal:

#### **Recommendation #1      Retain all ADP function under one authority**

- Should it be determined DADP will be eliminated, CADA supports the transfer of **all** DADP functions to one state department. The Department of Health Care Services is the single state agency for health care services and, substance use disorders (SUD) treatment and prevention services should rest entirely under their jurisdiction, especially as the state prepares for implementation of the Affordable Care Act (ACA). As the state implements ACA most people served in SUD treatment programs will be eligible for health care coverage through Medi-Cal or through the state's Health Benefit Exchange. All Medi-Cal health care benefits, including specialty SUD/MH will be administered through the Department of Health Care Services. CADA believes the Department of Health Care Services is the appropriate entity in state government for these functions and programs.

#### **Recommendation #2      Keep related state functions intact**

- As stated above CADA does not support the fragmentation of statewide SUD system administration through the transfer of DADP function to different departments. Should it be determined DADP functions shall be divided, CADA recommends that functions remain connected. For example, licensing and certification functions need to remain under the same authority. Specifically, CADA does not support the transfer of residential program licensing to the Community Care Licensing division of the Department of Social Services while the certification of residential programs goes to DHCS. Nor does CADA support the transfer of Narcotic Treatment Program licensing to the Department of Public Health while the certification functions go to DHCS. Should it be determined licensing functions must move to these departments, then all certification functions should move as well to these departments. Certification should be made a requirement of these programs and no longer a voluntary process. Program certification and DMC certification should be a combined process in order to reduce administrative burden.

**CADA**

1127 11<sup>th</sup> Street, Suite 208, Sacramento, California 95814 ■ Phone: 916-329-7409 Fax 916-442-3520

CADA further recommends when national accreditation, such as The Joint Commission (TJC) or the Commission on Accreditation of Rehabilitation Facilities (CARF), is achieved by SUD providers, the state should accept such accreditation, in lieu of state program certification and/or licensure. National accreditation standards far exceed state standards today. In addition, the renewal process for certification and/or licensure should be simplified and made on-line, thus eliminating overly burdensome state regulations. This is already done for acute licensing and so should be easily adaptable to lower levels of care.

**Recommendation #3            Plan for transition with stakeholder participation.**

- If elimination of DADP is approved, CADA recommends the convening of an ongoing workgroup comprised of legislative representatives, the single state agency, and stakeholders
- CADA recommends that that FY2012/13 be designated as the transition year with full implementation on July 1, 2013. CADA recommends that the one year be dedicated to formulating a transition plan. This is in conformance with the strategy utilized by DHCS in the transition of the Department of Mental Health and the DMC program. CADA recommends an ongoing workgroup comprised of the legislature, the single state agency, and stakeholders to develop and oversee a transition plan that will serve both as the guide for ongoing delivery of SUD services and as preparation for the implementation of ACA. A number of areas that could benefit from this type of collaboration and planning include:

Streamlining processes and eliminating duplicative state regulations governing the DMC program are necessary and must be a part of the plan's development. There are many areas of changes needed which have been conveyed to DHCS during the DMC program transition which still need to be addressed, including streamlining the program certification process.

CADA recommends that all five services under the DMC program be reviewed with the goal of updating the program requirements to more comprehensively reflect current evidence based practices and to remove the overly burdensome state regulations. These added state regulations are unnecessary, add cost to providing services, are cumbersome, inefficient, and interfere with the delivery of appropriate treatment and health care. The state regulations make the use of medically recognized best practices impossible. Examples of such restrictions are

- medications which can be used; especially new evidence-based therapies or medication assisted treatments (MAT);
- limitations on the frequency and type of sessions;
- requiring added drug testing which is not based on clinical need;
- requiring operating hours in excess of federal regulations which are costly;
- reimbursing only the five limited services instead of an appropriate continuum of services to meet the needs of the recipients according to assessments.

Finally, any consideration of a reorganization of SUD services must be designed with the governor, the legislature and stakeholders working together to insure reorganization efforts are carried out in the most effective way possible, to insure no disruption in services and to insure a full range of essential health benefits that are adequate to meet the needs of those diagnosed with SUD.

---

*CADA is a coalition of thirteen statewide organizations who have come together to advance high quality alcohol and drug abuse services in our state. Collectively CADA represents the voice of California's successful, innovative, and effective substance abuse services system, and constitutes the infrastructure for the state's substance abuse delivery system.*

# COALITION OF ALCOHOL AND DRUG ASSOCIATIONS

**ALCOHOL AND DRUG POLICY INSTITUTE (ADPI)**

VICTOR KOGLER

**CALIFORNIA ASSOCIATION OF ADDICTION RECOVERY RESOURCES (CAARR)**

SUSAN BLACKSHER

**CALIFORNIA ASSOCIATION OF ALCOHOL AND DRUG PROGRAM EXECUTIVES, INC. (CAADPE)**

ALBERT M. SENELLA

**CALIFORNIA ASSOCIATION FOR ALCOHOL/ DRUG EDUCATORS (CAADE)**

LORI PHELPS

**CALIFORNIA ASSOCIATION OF DRINKING DRIVER TREATMENT PROGRAM (CADDTP)**

LUKY MALDONADO

**CALIFORNIA OPIOID MAINTENANCE PROVIDERS (COMP)**

STEVE MAULHARDT

**CALIFORNIA PERINATAL TREATMENT NETWORK (CAPTN)**

LYNNE APPEL

DR. SUSHMA TAYLOR

**CALIFORNIA THERAPEUTIC COMMUNITIES (CTC)**

DAVID CONN

**COUNTY ALCOHOL AND DRUG PROGRAM ADMINISTRATORS ASSOCIATION OF CALIFORNIA, INC. (CADPAAC)**

DENNIS KOCH

**DRUG POLICY ALLIANCE**

LAURA THOMAS

**PACIFIC SOUTHWEST ADDICTION TECHNOLOGY TRANSFER CENTER (PSATTC)**

THOMAS FREESE, PH.D.

BETH RUTKOWSKI, MPH