



Milton Marks "Little Hoover" Commission on California State Government Organization and Economy

Testimony of Cathie Smith

The Justin Foundation Founder and President

August 23, 2007

Commissioners, thank you for your outstanding work and for allowing me to speak.

When my 22-year-old son, Justin, entered a drug treatment facility seven years ago, I believed he was in a safe place... But after just two months, he died in a car accident. Since then, I have learned there is no guarantee of safety for the more than 200,000 Californians who enter treatment every year.

In 2004, I created a nonprofit in my son's name, The Justin Foundation, because everyone in need of substance abuse treatment should have a safe place to go. The Foundation is reviewing public records to conduct its own evaluation of California's treatment facilities. Our review has found people in treatment that died. Their health put at risk. Their rights violated. Our review has found the public's safety endangered – due to failures by untrained, unskilled or unethical staff.

Every day, our treatment system confronts a life-threatening disease in a very vulnerable population. We have trusted the Department of Alcohol and Drug Programs (DADP) to make sure that system protects our loved ones who are battling addiction.

But the department has failed.

The Commission did an outstanding job of documenting the department's shortcomings in 2003. Among your many excellent recommendations, you urged the department to professionalize the state's treatment staff.

After four years, DADP requires just 30 percent of counselors be certified or licensed by 2010. At that rate, it will take almost seventeen years to certify all of the state's counselors. With this and other critical decisions, the department has chosen to protect the providers more than the people it serves.

DADP is understandably worried about losing treatment facilities. But focusing on access to treatment without also focusing on the quality of that care can actually be harmful to those in recovery. It can also be counterproductive. As we are seeing with Proposition 36, treatment failures can bring the validity of important, worthwhile programs into question and jeopardize continued funding.

As representatives of those battling this devastating disease, we at The Justin Foundation implore you to issue stronger recommendations for new standards to dramatically improve the chances of meaningful recovery.

We urge you to call for licensing of treatment professionals through the Board of Behavioral Sciences --- the same board that licenses marriage and family therapists and licensed clinical social workers.

New standards...licensing...and a demand for high- quality care.

These measures would ensure people like my son would know they were in a safe place.... That they were getting the best possible treatment... And they had the best possible chance of what my son had just begun to dream about before his death --- marriage, children and a normal life.

Thank you for your time and attention. I would be happy to answer questions and respectfully request your permission to provide written testimony for recommendations to the commission.

(Document Attached)



The Justin Foundation

Supports the following Educated Recommendations

August 23, 2007

1) Lead from Strength

Create a cabinet level position for Secretary of Alcohol and Drug Policy “to coordinate treatment and prevention programs, social services, law enforcement and alcohol control” as advanced by Join Together in their 2006 Blueprint for the States.ⁱ

2) Establish a California Coordinating Council on Alcohol and Drug Control Strategy

Implement the 2003 Little Hoover Commission recommendation to formulate a unified strategy that includes all state agencies affected by drug and alcohol problems. This council should develop cross-boundary strategies and set quantifiable goals.ⁱⁱ This council should report directly to the Secretary of Alcohol and Drug Policy.ⁱⁱⁱ

3) Employ Requirements for Proven Treatment Programs

Exercise state’s rights to purchase evidence-based treatment programs. In recent years, scientific knowledge has proven specific therapies effective for substance abuse treatment.^{iv} Experts in the field have clearly indicated that quality of treatment is as critical as access to treatment. Emphasis on quality of care must be given equal consideration as access to care. When poor care results in poor patient outcomes, access to treatment becomes not only irrelevant, but counterproductive.^v

4) Fund Automation

Replicate systems currently in use at the Office of Consumer Affairs. Data tracking of complaints at the DADP is currently manual, which bogs down workloads and makes analysis extremely burdensome. Computerization of this data is essential for efficient and effective management and wise decision-making. Data tracking of problematic counselors is currently non-existent and critical for consumer protection.

5) Raise Counselor Certification Requirements

Adopt minimum standards for education, training and experience of Alcohol and Other Drug (AOD) counselors comparable to the other great states in our nation. 44 State Boards have adopted standards meeting or exceeding those set by the International Certification and Reciprocity Consortium (IC&RC).^{vi} California requirements for AOD Counselors are significantly below these standards.

6) Introduce Licensure to Offset Workforce Shortage.

Create a Substance Abuse Counselor (SAC) license regulated by the Board of Behavioral Sciences on par with licensed clinical social workers and marriage and family therapists... Experts agree licensure would allow substance abuse professionals to advance careers to a true professional standing with corresponding wages -- resulting in a more stable long-term workforce. Licensed SACs could be utilized to supervise and/or mentor certified counselors.^{vii}

Retain counselor certification as a paraprofessional position to satisfy interim workforce needs until licensure is implemented and to fulfill lower- to mid-level positions once full licensure is achieved.

7) Leverage State-Level Quality Control

The Washington Circle Group and The National Committee for Quality Assurance recommend rewarding treatment providers on a merit-basis which will produce a self-motivating impetus for treatment improvement.^{viii} For example: reward competent providers by publicly posting names of facilities meeting Standards of Excellence as determined by the State; influence problematic providers by increasing the level of state supervision to assist them in improving treatment efforts.

- Establish a timeline for gradual conversion to purchasing based on merit:
- Fund treatment only from providers utilizing programs scientifically proven to be effective in treating substance abuse.
- Fund treatment only from providers who exclusively employ certified or licensed counselors trained to administer that treatment.

Focused quality control will produce more effective outcome results and ensure wise stewardship of public funds.^{ix}

8) Standardize Ethics, Violations and Sanctions

Develop a comprehensive Code of Ethics, definition of corresponding violations and a range of applicable sanctions utilized by all counselor certifying organizations and enforceable by the state. The diversity represented by ten certifying organizations results in the inability of consumers to know under which Code of Ethics and qualifying requirements counselors are operating. The absence of uniform violations and sanctions makes it impossible for counselors to anticipate consequences of violations.

9) Safeguard Consumer Safety

To adequately protect the consumer, the State should require criminal background checks and prohibit individuals with violent criminal and/or violent sexual assault convictions from becoming counselors.

To guard against the possibility of relapsed counselors working with patients, the state should mandate random drug testing similar to regulations involving other medical employees involved in patient care, i.e. emergency room physicians^x, nurses and pharmacists^{xi}, scrub technicians^{xiii}, and emergency medical technicians^{xiii}.

10) Provide Adequate Funding

According to the Little Hoover Commission, substance abuse treatment saves taxpayer dollars at a ratio of 7:1. But the investment must first be made in treatment and prevention before results can be seen. Financing the time lapse between investment and savings has been challenging. The National Governors Center recommends adopting a tax increase on alcohol and requiring private insurers to provide parity for substance abuse treatment.^{xiv} The Justin Foundation supports both of those alternatives as well as a bond to augment funding for the increased treatment program populace resulting from the enactment of Proposition 36.

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- ⁱ Blueprint for the States, 2006 Findings and Recommendations of a National Policy Panel, Published by Join Together with support from the Robert Wood Johnson foundation, Pages 5, 6, 11;
 - The National Governor's Association, Center for Best Practices, Health Policy Studies Division, October 11, 2002, Page 5.
 - ⁱⁱ Little Hoover Commission 2003 Report, Pages v and 42;
 - Blueprint for the States, 2006 Findings and Recommendations of a National Policy Panel, Published by Join Together with support from the Robert Wood Johnson foundation, Page 10.
 - ⁱⁱⁱ The Coalition of Alcohol and Drug Associations (CADA), "Reclaiming Lives: A Seven-Point Plan for Reducing Substance Abuse and its Associated Negative Consequences," August 20, 2004, Page 2. (www.cpr.ca.gov/updates/archives/pdf/08_02_04/supplemental/CADA.pdf)

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- ^{iv} Ken Stark, director of Washington state Mental Health Transformation Project and former director of the Washington Division of Alcohol and substance Abuse, panel member of Join Together;
 - “Panel Calls for States to Take Lead on Addiction Policy,” Join Together Policy Panel article dated June 26, 2006;
 - “National Effort to Improve Addiction Treatment Quality Moves Forward,” Robert Wood Johnson Foundation, December 5, 2006;
 - “National Quality Forum Endorses New Consensus Standards on Evidence-Based Practices to Treat Substance Use Conditions,” National Quality forum, May 11, 2007, Page 1;
 - National Governors Center for Best Practices, Health Policy Studies Division, Issue Brief, October 11, 2002, Page 6.

 - ^v 2003 Letter from David L. Rosenbloom, Ph.D., Director, Join Together, and 2003 Letter from Jerome H. Jaffee, M.D., Panel Chair, Join Together, both in “Rewarding Results; Improving the Quality of Treatment for People with Alcohol and Drug Problems,” Join Together National Policy Panel. (www.JoinTogether.org/Quality).

 - ^{vi} (www.icrcaoda.org/member)

 - ^{vii} Oregon’s Governor's Council on Alcohol and Drug Abuse Programs, Effectiveness Report, March 2007, Page 3, 5, 12;
 - Blueprint for the States, 2006 Findings and Recommendations of a National Policy Panel, Published by Join Together with support from the Robert Wood Johnson Foundation, Page 17-18;
 - Testimony of Cynthia Moreno Tuohy, NCACII, CCDCII, Executive Director of NAADAC, Blueprint for the States panel discussion, February 13, 2006.

 - ^{viii} “Rewarding Results; Improving the Quality of Treatment for People with Alcohol and Drug Problems,” Join Together National Policy Panel. (www.JoinTogether.org/Quality).

 - ^{ix} “Blueprint for the States,” 2006 Findings and Recommendations of a National Policy Panel, Pages 23 – 24; and “Rewarding Results,” Pages ii – 18, both Published by Join Together with support from the Robert Wood Johnson Foundation.

 - ^x Pierce v. Smith, 117 F.3d 866 (5th Cir. 1997)

 - ^{xi} AFGE v. Derwinsky, 777 F.Supp. 1493 (N.D. Cal. 1991)

 - ^{xii} Kemp v. Claiborne County Hosp., 763 F.Supp. 1362 (S.D. Miss. 1991)

 - ^{xiii} Piroglu v. Coleman, 25 F.3d 1098 (D.C. Cir. 1994)

 - ^{xiv} National Governors Center for Best Practices, Health Policy Studies Division, Issue Brief, October 11, 2002, page 7;
 - National Governors Association, States Leverage Alcohol Taxes for Addiction, June 19, 2003;
 - Join Together Policy Panel, Panel Calls for States to Take Lead on Addiction Policy, article dated June 26, 2006.