CAAP

Connecticut Association of Addiction Professionals

I am Roby Rowe, LADC, LMFT, Public Policy Chair of the Connecticut Association of Addiction Professionals. I want to begin by thanking you for the open, transparent arena that this hearing provides as Connecticut strives to lead the nation in developing the needed structures to implement the Affordable Care Act. The ability to have input is invaluable to us not only as a provider group, but to the citizens of Connecticut now and in the future. So, thank you for this forum.

Substance use disorders are the nation's number one public health issue and are often at the root of symptoms that present as psychiatric, mental health, or even medical symptoms. Persons with these disorders occupy much of the focus of the legal and correctional systems, and related behaviors are behind much school and family dysfunction, leading to the expenditure of still more public dollars as well as insurance dollars for treatment related to accidents. A physician friend of mine stated that he was well prepared to deal with the mangled bodies hovering on the edge of life which he regularly encountered in his emergency room work, but not with the challenge of sorting out urgent and repeated requests for addictive medications as he strove to tell which were driven by substance use disorders. Substance abuse professionals, specifically Connecticut state licensed LADC's (Alcohol and Drug Counselors) bring to the table the specific training 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. Further, they have the skills to provide consultation to other providers who may be frustrated by addictive behaviors.

There are now 11 states that provide for licensure of substance abuse counselors / therapists / professionals. When the statute creating the LADC license in Connecticut was passed, it was recognized as having some of the highest standards in the nation. The process for becoming licensed is lengthy and complex, and provides the state with detailed, verified documentation of the applicant's education (master's degree in a behavioral health field at a minimum,) post-graduate training, work experience, and qualified supervision specific to the identification and treatment of substance use disorders.

Some employers such as insurance companies who operate across state lines, have recently leaned toward hiring social workers (LCSW's) whose education is standardized to a degree by a national body. However, covering 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, their overall preparation specific to substance abuse is less, with rare exceptions. In Connecticut we are fortunate to have a workforce of highly screened and qualified LADC's who have met uniform state-specific standards. This uniquely 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.)

Consistent with the recognized need for workforce integration required by the ACA, many primary care settings are moving toward having LADC's on staff. Addiction treatment programs can expect increased demand for services from such primary care settings, as well as because of the greater number of insured individuals overall. Title V or the ACA provides for scholarships and loan repayment for certain qualified professionals. It includes "substance abuse disorder prevention and treatment professionals" as one of 11 provider groups eligible for this program under the title of "mental health service professionals."

It would be a loss for the citizens of Connecticut if our behavioral health provider system were to return to the old medical model where doctors, nurses, and social workers were seen as the primary legitimate providers. To exclude LADC's from provider status in Connecticut's insurance exchange or other parts of our implementation of the ACA would be a giant step backwards. It would deprive citizens of the skills this uniquely credentialed professional group has to offer. Furthermore, it would put the state at risk of wasting taxpayer dollars as *other providers quite highly skilled and credentialed their own areas* struggled to identify and treat disorders that LADC's are uniquely prepared to do.

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