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In memoriam
Dale Shimizu

CAADPE Position – Support Elimination of the Department of Alcohol and Drug Programs and establish a Division of Substance Use Services in the Department of Health Care Services.

CAADPE has historically opposed any state efforts to merge, consolidate or eliminate the state's Department of Alcohol and Drug Programs. This position is based on the long held belief that the voice of the field needed a strong visible position in state government and that anything less than a recognizable and highly placed independent department would not fulfill this requirement.

Recent events at both the federal and state level have caused CAADPE Board of Director's to reexamine this position through the lens of how clients seeking Substance Use Disorder (SUD) treatment services will best be served and what kind of delivery system would allow for the easiest access, remove administrative and systems barriers, be flexible enough to adapt to both the changing needs of the clients and to yet adaptive to new evidence based treatments now and in the future.

At the federal level, CAADPE is working with other state associations to assure that the essential benefit, required by the Affordable Care Act (Health Care Reform) is adequate, and that states and private insurance markets implement the Wellstone/Domenici Substance Use and Mental Health Parity Act according to law. The Health Resources and Services Agency (HRSA) has established a new division called Specialty Care that includes SUD treatment and will soon be requiring all primary care clinics to establish reciprocal treatment protocols with the SUD field for treatment services. In addition CAADPE and its members have also been working at federal, state and local levels in support of integrated care.

At the state level, four initiatives are in various stages of implementation.

- Transfer of the Drug MediCal program to the Department of Health Care Services
- Elimination of the Department of Alcohol and Drug Programs, effective July 1, 2012
- Needs assessment to meet the conditions of the State's 1115 Medicaid waiver
- Planning for Health Care Reform, January, 2014

The federal efforts and these four state initiatives open up opportunities that have not historically existed for our field but now do. The Board believes now is the time to participate as a full partner in the state's health care delivery system and to provide expertise that can help inform the governance decisions about SUD treatment in California. SUD treatment is specialty healthcare for a chronic disease. It is time it is fully recognized as such.

Thus CAADPE has decided to reverse its long standing position and will now support Governor Brown's proposal to eliminate the Department of Alcohol and Drug Programs (DADP) and recommends placement of all substance use disorder prevention and treatment authority in the Department of Health Care Services (DHCS), since the Department of Health Care Services is the main authority for health care services in California.

However, our decision to support this move does not eliminate many of CAADPE's historical concerns for the SUD field, such as its visibility and voice, specialty care nature, barriers and access to care and the impact of untreated SUD on the broader healthcare systems. CAADPE is therefore further recommending that all substance use disorder related services be located in a yet to be created Division of Substance Use Prevention and Treatment Services at the Deputy Director level to the Director of the Department of Health Care Services. CAADPE does not support the proposal of a Behavioral Health Division, where SUD is under such a heading, nor do we support the merger with Mental Health programs and services.

At the same time CAADPE is also making a number of recommendations that, if integrated into the Governor's proposal, will position the field to be a fully recognized partner in the state's health care delivery system and gain better access to services for clients/consumers. CAADPE will be better able to inform the Health and Human Services Agency and Department of Health Care Services as they prepare the FY2012/13 budget proposal which we understand needs to be completed by October 1, 2011.

CAADPE believes now is the time to transfer of all Department of Alcohol and Drug Programs functions to the Department of Health Care Services. The Department of Health Care Services is the single state agency for health care services and, substance use disorder, as a specialty care, should now be under their jurisdiction as we prepare for implementation of healthcare reform. As the state implements ACA/Health Care Reform, most of people served in treatment programs will be eligible for health care through medical insurance or through the state's Health Benefit Exchange. All the health care benefits, primary care and specialty care will come through the Department of Health Care Services.

CAADPE also believes that in the future, the state will not want to continue SUD services as a "carve out" to DADP. A more likely scenario is the state will globally contract with counties and private health plans to manage all aspects of health care. It is our belief it will be the health plans that will determine if there is a "carve out" of SUD and mental health services to counties and/or providers for the delivery of care. This is consistent with the states actions under the 1115 Medicaid waiver and this year's realignment of SUD services to counties.

CAADPE also believe that it can more fully advance the field with other policy maker's goals of improving access, improving treatment, embracing recovery, improving outcomes and instituting more efficiency through participation in the Department of Health Care Services' broader discussion of health care delivery.

CAADPE also believes that its presence in the Department of Health Care Services will enhance overall health delivery systems since primary care practioners are not well versed in our specialty care. Well versed and experienced SUD treatment staff can provide the necessary technical assistance to the Department of Health Care Services.

CAADPE believes now is the time to embrace and take advantage of doing "business" in a different way under a different governance structure.