



2024 Advocacy Priorities

The California Association of Alcohol and Drug Program Executives (CAADPE) is a professional association of community-based substance use disorder (SUD) prevention and treatment executives advocating for quality patient care, including harm reduction. Its members, licensed and certified by the state, provide SUD services at over 400 sites throughout California and represent the infrastructure of the state's publicly funded substance use disorder treatment network.

CAADPE's Proposed Legislative Priorities are based on the following principles:

- Californians deserve a comprehensive, community-based substance use disorder services system that is fully funded.
- Californians deserve a data-driven and culturally responsive approach to service provision.
- CAADPE works strategically and collaboratively to pursue public policy initiatives that drive system change for substance use disorder services throughout California.
- CAADPE supports whole person care through the integration of substance use disorder, mental health, physical health, housing, education, and vocational rehabilitation services for children, youth, adults, and older adults.

PROPOSED 2024 ADVOCACY PRIORITIES / POLICY ISSUES

Payment Reform/ Reimbursement Rates

Advocate for robust reimbursement rates for services representing a system of care that places SUD at parity with the entire health care delivery system.

Advocate for continued improvements in DHCS's payment reform efforts, and for county contracts that do not tie rates to costs, but rather provide fair market reimbursement for services. Rates should support provider reinvestment in service expansion, infrastructure capacity building, competitive benefits and pay for the SUD workforce.

Advocate for policies prohibiting Managed Care Plans (MCPs) from requesting or requiring financial data from providers, considering DHCS has eliminated cost reports.

Explore the efficacy of legislative solutions for out-of-network reimbursements (county of service v. county of responsibility) and out-of-network coverage.

Advocate for an anti-claw back policy that bans recovery from providers based on administrative or technical defects in procedure or documentation made without intent to falsify or defraud, in connection with claims for payment for medically necessary care, services and supplies. Advocate for the elimination of payment denials by counties and the state for technical errors when medical necessity is clearly met.

Advocate for reimbursement rates that cover the cost pressures on providers created by unfunded mandates, such as recent legislation that raises the minimum wage for healthcare workers.

Advocate for policies to eliminate county hard-capped contracts that artificially limit provider capacity for medically-necessary and entitlement SUD services. Require counties to respect contract deadlines and beneficial time restraints.

Advocate for policies that require all provider contracts to include cost of living increases to support the SUD workforce.

SUD Workforce

Advocate for resources to expand the SUD workforce, including recruitment, training, and retention of high-quality and highly-trained SUD professionals, certified counselors, and peer support specialists. Given the current workforce shortages and the high turnover rates among SUD staff, increased resources are essential to support competitive pay scales for SUD workers at all levels. Specific supports may also include scholarships, loan forgiveness, and tuition reimbursement, among other incentives. Counselors and peers with lived experience should be recruited and supported regardless of the status in their journey of recovery.

Advocate for needed changes to Counselor Certification Standards.

Challenges to retaining SUD workforce due to documentation requirements.

Eliminate roadblocks and barriers to the recruitment and retention of a high-quality SUD workforce, such as the documentation and paperwork burdens that lead to staff burn-out and discourage patient care. Advocate for continued documentation reform, standardization among counties, and the elimination of county mandates requiring providers to use county EHR systems in place of systems that providers are already using.

Proposition 64

Advocate for the investment of Prop 64 funds in the state's youth wellness programs, in order to fill longstanding and persistent gaps in youth SUD care by creating a treatment system. There is currently no comprehensive system of care for children, youth, and young adults who need help dealing with alcohol and drug problems.

Oppose legislation earmarking Proposition 64 funds for non-prevention and non-treatment purposes.

Oppose changes in state tax rate for cannabis.

Criminal Justice

Advocate for expansion of a Medi-Cal DMC-ODS model for in-custody and post-release SUD services in the state prison system, including the 90 day in-reach services.

Advocate for increased STOP funding and additional case management that will help promote incarcerated individuals' transition into the community.

Promote access to medications for addiction treatment, including continuity of care protocol prior to and after release.

Oppose any proposed legislation or policies that seek to introduce new penalty enhancements for drug offenses. Focus should be placed on promoting alternatives such as treatment, rehabilitation, and harm reduction strategies to address substance use disorders rather than additional punitive measures.

Ensure that overdose prevention tools are offered to justice-involved individuals upon post-release in every community.

Expand Access to Treatment:

Advocate for full utilization of harm reduction strategies, including overdose prevention programs. Promote harm reduction and create paths to treatment by supporting legislation and local ordinances that encourage overdose prevention programs (safe consumption sites) in communities, as well as other new and innovative harm reduction strategies.

Advocate for SUD parity with primary medical care:

- Reimbursement rates and documentation requirements for SUD treatment should be on par with rates and documentation for other medical conditions, and efforts should be promoted to ensure compliance.

Oppose fee increases for licensing and other operational expenses.

Advocate for full utilization of EPSDT for SUD services.

Provide education to the administration and relevant departments that address the veto of SB 57 (Wiener). This includes assisting the Secretary of Health and Human Services to convene city and county officials to discuss minimum standards and best practices for safe and sustainable overdose prevention programs. Also help bring forward existing data showing comprehensive plans for siting, operations, community partnerships, and fiscal sustainability that demonstrate how these programs are being run safely and effectively.

Promote legislation that further clarifies the law to disallow public funds being paid to any service where consumers are discriminated against due to their MAT status (ex. FDA approved medications methadone, buprenorphine, naltrexone, naloxone).

Oppose legislation and policies that expand involuntary or coercive SUD treatment.

Support legislation and policies that expand access to low barrier, voluntary SUD treatment.
