CAVUDE

ALCOHOL AND DRUG PROGRAM EXECUTIVES

2025 POLICY **PLATFORM**





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OUR CORE VALUES

CAADPE

CALIFORNIA ASSOCIATION OF
ALCOHOL AND DRUG PROGRAM EXECUTIVES

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 strategies with a growing emphasis on medications for addiction treatment and whole person care.

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 SUD treatment and prevention network. Many members are focused on whole person care and engage in mental health (MH) and co-occurring SUD/MH care and incorporating general health into their services.

Our mission is to ensure that all Californians have timely access to effective and comprehensive SUD services, integrated within the broader behavioral health continuum. CAADPE advocates for policies that promote equity, inclusivity, and expanding services to improve outcomes for individuals and communities affected by SUD.

In order to achieve this mission, CAADPE believes that the following values must serve as the foundation for all decision-making and strategic activities:

Equity & Timely Access to Care. CAADPE is committed to advocating for all individuals, regardless of their background, to have equitable timely access to quality SUD services. We believe that systemic barriers preventing marginalized communities from receiving care must be dismantled. Our advocacy efforts will focus on creating policies that ensure inclusivity and accessibility within the SUD treatment network across California.

Patient-Centered Care & Harm Reduction. CAADPE upholds the principle that treatment should be centered on the needs, preferences, and well-being of individuals seeking SUD services. We advocate for harm reduction strategies that meet patients where they are, providing compassionate and non-judgmental care that prioritizes their safety and recovery. Our members are dedicated to adopting evidence-based practices, including an "every tool in the toolbox," medication-first mentality, to ensure that individuals have immediate access to life-saving medications as part of their personalized treatment plan on their path to recovery.

Collaboration & Community Engagement. CAADPE is committed to fostering strong partnerships and collaboration across the spectrum of healthcare, social services, state government, the justice system, and community organizations to enhance the effectiveness of SUD treatment. We believe that engaging communities, stakeholders, and policymakers is essential to creating sustainable and impactful solutions. By working together, we aim to build a more integrated and supportive network that meets the diverse needs of individuals affected by SUD.

PRIORITY 1: ENSURE EQUITABLE FUNDING FOR SUD TREATMENT PROGRAMS

Goal 1

Advocate for funding models that place SUD services at parity with the entire healthcare delivery system.

CAADPE will push for continued improvements in payment reform efforts under the broader framework of CalAIM, ensuring that county contracts provide fair equitable reimbursement rates for SUD services that not only support cost through a fee for service system and future outcome-based system but also support needed infrastructure growth and workplace wages. We will advocate for rates that not only cover immediate service costs but also support provider reinvestment in service expansion, infrastructure capacity building, Enhanced Care Management (ECM), and competitive compensation for the SUD workforce. In alignment with CalAIM's goals of enhancing care delivery and system integration, CAADPE will advocate for policies that prohibit Managed Care Plans (MCPs) from requesting or requiring data from providers that place providers in a disadvantageous position to negotiate contracts in good faith, explore legislative solutions for out-of-network reimbursements, and support an anticlawback policy to protect providers from unfair financial recoveries. Furthermore, CAADPE will work to eliminate hard-capped county contracts that limit provider capacity and push for policies that require cost-of-living plus increases in all provider contracts to sustain the SUD system of care and workforce.

Goal 2

Ensure sustained investment in SUD services through Proposition 1.

CAADPE is committed to leveraging the opportunities presented by Proposition 1 to enhance and sustain SUD services across California. This includes advocating for the expansion of Full-Service Partnerships (FSPs) that integrate SUD treatment with comprehensive MH services, ensuring that SUD treatment providers receive funding at parity with MH and general health treatment providers to be able to treat individuals with co-occurring disorders most effectively. We also support the allocation of dedicated youth prevention resources to address substance use before it escalates, particularly among our most vulnerable youth populations. Furthermore, Proposition 1's emphasis on workforce development aligns with our goal of securing ongoing resources for training, recruitment, and retention initiatives, which are essential for building and maintaining a robust SUD treatment workforce tailored to the needs of each individual patient. Finally, CAADPE will push for the continued expansion of housing options that are integral and support of recovery populations, including recovery housing and supportive housing that supports individuals in their recovery journey by improving access to stable, safe, and non-discriminatory living environments.

Goal 3

Advocate for the equitable and transparent distribution of Opioid Settlement dollars.

CAADPE will advocate for the fair and equitable and transparent distribution of Opioid Settlement funds to ensure that these resources are directed toward comprehensive SUD treatment and prevention services. This includes funding not only for prevention and harm reduction efforts but also for the expansion and sustainability of treatment programs that address the needs of those impacted by opioid addiction for services not reimbursable by Medi-Cal and for the uninsured. We will work to ensure that these funds are allocated in a way that supports the full spectrum of care, including medication-assisted treatment (MAT), residential and outpatient treatment, counseling, perinatal resources, recovery support services, and community-based initiatives, with a particular focus on underserved and disproportionately affected communities.

Goal 4

Enforce parity in insurance coverage by mandating that all private insurance plans provide equal coverage for SUD.

CAADPE will work to ensure that individuals with SUD receive equitable treatment under their insurance plans is a critical component of expanding access to care. Despite the passage of federal and state parity laws, like SB 855 (Wiener, 2020), which strengthened mental health and SUD parity by requiring health plans to cover medically necessary treatment for all mental health and SUD conditions under the same standards as other medical care, the implementation of SB 855 has been uneven, and many individuals continue to face denials or limitations on coverage. We will continue to work directly with government stakeholders to ensure that private insurance plans in California provide equal coverage for SUD services, on par with medical and surgical care. This includes comprehensive access to medication-assisted treatment (MAT), residential and outpatient services, counseling, and recovery support.

PRIORITY 2: STRENGTHEN AND EXPAND THE SUD WORKFORCE

Goal 1

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 high turnover rates among SUD staff, CAADPE will advocate for increased resources to support competitive pay scales for SUD workers at all levels. This includes promoting initiatives such as scholarships, loan forgiveness, and tuition reimbursement to attract new talent to the field., CAADPE emphasizes the importance of recruiting and supporting counselors and peers with lived experience, regardless of their status in their recovery journey. Additionally, CAADPE aims to strengthen the workforce pipeline for future substance use disorder (SUD) professionals by advocating for the expansion of educational programs within both high schools and universities. This includes promoting careers in the SUD field and encouraging the use of SUD programs as practicum sites for field-based training.

Goal 2

Eliminate roadblocks to recruiting and retaining a high-quality SUD workforce.

CAADPE will work to remove obstacles that hinder the recruitment and retention of SUD professionals. This includes advocating for the reduction of documentation and paperwork burdens that lead to burnout and advocating for policy changes that support a more efficient and effective workforce. Furthermore, CAADPE will promote the development of apprenticeships and career laddering opportunities that offer structured progression and professional growth for SUD workers, ensuring a sustainable and resilient workforce. CAADPE will also advocate that past criminal justice involvement not be held as a barrier that prevents the growth of the SUD workforce for both in and out of custody workforce needs.

Goal 3

Advocate for necessary changes to Counselor Certification Standards and reduce barriers caused by documentation requirements.

To improve workforce retention, CAADPE will advocate for revisions to Counselor Certification Standards that better align with the needs of the field and reduce unnecessary burdens on SUD professionals. This includes addressing the challenges posed by extensive documentation requirements, which contribute to staff burnout and detract from patient care. CAADPE will push for continued reform and standardization of documentation processes across counties and oppose mandates that require providers to use county EHR systems instead of their own, more effective systems. Additionally, CAADPE will support the integration of career laddering into certification processes to encourage continuous professional development and upward mobility within the SUD workforce.

PRIORITY 3: ENHANCE SUD SERVICES AND HARM REDUCTION STRATEGIES IN THE CRIMINAL JUSTICE SYSTEM

Goal 1

Advocate for the expansion of a Medi-Cal DMC-ODS model for in-custody and postrelease SUD services in the state prison system and a pathway for communitybased providers to deliver the care.

CAADPE will work to expand the Drug Medi-Cal Organized Delivery System (DMC-ODS) to provide comprehensive in-custody and post-release SUD services, including 90-day in-reach services. This model is essential for ensuring continuity of care and effective treatment for justice-involved individuals, both during incarceration and as they transition back into the community.

Goal 2

Promote access to all FDA approved medications for addiction treatment (MAT) and ensure continuity of care before, during, and after release.

CAADPE will advocate for policies that guarantee access to MAT for incarcerated individuals and ensure that continuity of care protocols is in place prior to and after their release. This includes advocating for increased resources for community based programs that are focused on post release populations and ensuring those released are warmly connected to treatment, housing, and other community services to include ongoing enhanced case management services.

Goal 3

Advocate for treatment-focused alternatives to incarceration.

CAADPE will question the efficacy of any proposed legislation or policies that introduce new penalty enhancements for drug offenses and will actively support legislation and policies that expand voluntary SUD treatment. We believe in promoting alternatives such as treatment, rehabilitation, and harm reduction strategies to address SUD, rather than relying on punitive measures. CAADPE will also strongly advocate against any initiatives that expand involuntary treatment, as these approaches are not effective in addressing the root causes of addiction. To do so, CAADPE supports a voluntary collaborative courts approach. Resources should be directed towards supportive, voluntary, and rehabilitative services that respect the dignity and autonomy of individuals seeking help.

Goal 4

Ensure that overdose prevention tools are provided to justice-involved individuals upon release.

CAADPE will advocate for the widespread availability of all FDA-approved overdose prevention tools to all justice-involved individuals upon their release. Overdose is the third leading cause of death among people in prison, and opioid-related overdose mortality is the leading cause of death among people recently released from incarceration. This risk is exponentially higher within the first 2-weeks following release where the risk of overdose death is 40 times higher among formerly incarcerated individuals compared to the rest of the adult population. This is a critical component of harm reduction that can save lives and support the transition from incarceration to community life, especially in communities that are disproportionately affected by overdose deaths.

Goal 5

Professionalize the contracting process for SUD services at the CDCR level.

CAADPE will advocate for updating the contracting process at the California Department of Corrections and Rehabilitation (CDCR), ensuring that selections for criminal justice services are based on qualifications and expertise rather than solely lowest bid criteria. The current selection process undermines the potential quality and consistency of care that could be provided to justice-involved individuals. CAADPE will push for clear, standardized, and transparent contracting processes that prioritize providers with proven experience and expertise in delivering effective SUD services within the criminal justice system.

PRIORITY 4: ENHANCE YOUTH SUD PREVENTION AND TREATMENT SERVICES

Goal 1

Expand access to early intervention and prevention programs for youth at risk of SUD.

CAADPE will advocate for increased funding and resources for programs aimed at preventing substance use among youth. This includes supporting school-based and after school prevention programs, community outreach initiatives, and early intervention services that address the root causes of substance use among young people. As part of this effort, CAADPE will promote projects, which trains adults to build authentic connections with youth and the tools to identify and provide resources to youth experiencing SUD. This training equips adults with the skills needed to engage youth in genuine connections, speak openly and without judgment to reduce stigma, and identify the needs of youth to connect them with the right support.

Goal 2

Promote the integration of SUD education within school curricula to raise awareness and reduce stigma.

The implementation of comprehensive SUD education into school curricula across California will educate young people about the risks of substance use and the realities of addiction. These programs can play a crucial role in prevention and in reducing the stigma associated with SUD. CAADPE will develop models for how to empower educators and youth-serving professionals to engage with students effectively, fostering an environment of support and understanding.

Goal 3

Ensure that youth SUD treatment programs are accessible, culturally competent, and trauma-informed.

Recognizing the unique needs of young people struggling with substance use, CAADPE will push for the development and expansion of youth-specific SUD treatment and prevention services. These services must be accessible, culturally competent, and trauma-informed to effectively support youth in their recovery journey.



PRIORITY 5: ADDRESS HOUSING NEEDS FOR INDIVIDUALS WITH SUD

Goal 1

Ensure housing policies are inclusive and non-discriminatory towards individuals with SUD.

CAADPE will advocate for housing regulations that do not discriminate against individuals with SUD. This includes continuing our advocacy to prohibit state-funded programs from discriminating against, or denying access to housing or housing services to, individuals because they are currently undergoing MAT or taking authorized medications. CAADPE will continue working with the Department of Housing and Community Development in the implementation of Prop 1 funding and in creating policies that support the unique housing needs of this population.

Goal 2

Advocate for recovery housing to be funded under the Behavioral Health Services Act (BHSA) pursuant to Proposition 1.

CAADPE will advocate for the inclusion of recovery housing as a funded component under the Behavioral Health Services Act (BHSA) in line with Proposition 1. Recovery housing provides individuals in recovery with a safe, supportive, and substance-free living environment, which is critical to their long-term success. We will push for policies that ensure sustained funding for recovery housing initiatives, recognizing that stable housing is a cornerstone of effective SUD treatment and recovery. This advocacy will include working with state and local agencies to ensure that recovery housing is prioritized in the allocation of Prop 1 resources.



PRIORITY 6: INTEGRATE SUD SERVICES WITH BROADER BEHAVIORAL HEALTH INITIATIVES

Goal 1

Support Certified Community Behavioral Health Clinics (CCBHCs) in California.

CAADPE supports the expansion of Certified Community Behavioral Health Clinics (CCBHCs) in the state of California by working with the state to adhere to Section 223 of CCBHC Medicaid Demonstration. CCBHCs help people navigate behavioral health care, physical health care, social services, and the other systems they are involved in. are designed to ensure access to coordinated comprehensive behavioral health care.

Goal 2

Promote the integration of SUD services within primary care settings.

CAADPE promotes the integration of SUD services within primary care and primary care within SUD care. This integration is vital for addressing the holistic needs of individuals with SUD and improving access to comprehensive care. We will continue to work on the implementation of the law as we move closer to the July 2026 deadline with stakeholders and state government.