

PA13-283

SB1065

House	10754-10756, 10762-10763	5
Public Health	4143-4154, 4411-4419, 4421-4434, 5154	36
Senate	3716-3719, 3856-3857	6
		47

H - 1180

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2013**

**VETO
SESSION**

**VOL.56
PART 31
10451 - 10795**

law/gbr
HOUSE OF REPRESENTATIVES

564
June 5, 2013

Consent.

SPEAKER SHARKEY:

Motion is to move the item to Consent. Without objection so ordered. Will the Clerk please call Calendar 668.

THE CLERK:

Calendar 668, favorable report of Public Health, Senate Bill 1065, AN ACT CONCERNING LICENSED ALCOHOL AND DRUG COUNSELORS.

SPEAKER SHARKEY:

Representative Johnson.

REP. JOHNSON (49th):

I move the joint committee's favorable report and passage of the bill.

SPEAKER SHARKEY:

The question is acceptance of the joint committee's -- the question is acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate. Will you remark, Madam.

REP. JOHNSON (49th):

I would like to call LCO number 8199 and move adoption.

SPEAKER SHARKEY:

Will the Clerk please call LCO 8199 previously designated Senate Amendment A.

THE CLERK:

Senate A, 8199 introduced by Representative --
Senator Gerratana.

SPEAKER SHARKEY:

The Gentlewoman seeks leave of the Chamber to summarize. Is there objection? Please proceed, Madam.

REP. JOHNSON (49th):

Just makes technical changes to the underlying bill. I move adoption.

SPEAKER SHARKEY:

The question is adoption of Senate Amendment A. Let me try your minds. All those in favor of Senate Amendment A please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER SHARKEY:

Those opposed, nay. The ayes have it. The amendment is adopted. Would you care to remark further on the bill as amended?

REP. JOHNSON (49th):

I move to place it on Consent.

SPEAKER SHARKEY:

Without objection, so ordered. Would the Clerk please call Calendar 691.

THE CLERK:

Calendar 691, favorable report of the joint standing Committee on Finance, Revenue and Bonding, substitute Senate Bill 983, AN ACT CONCERNING THE RECOMMENDATIONS OF THE CONNECTICUT SENTENCING COMMISSION REGARDING UNCLASSIFIED FELONIES.

SPEAKER SHARKEY:

Representative Fox.

REP. FOX (146th):

Thank you, Mr. Speaker. I move for the acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate.

SPEAKER SHARKEY:

The question -- the question is acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate. Will you remark, Sir?

REP. FOX (146th):

The Clerk has an amendment, LCO number 6587. I ask for that to be called and I be allowed to

1040, 326, 803, 886, 1065, 983, 190 and 158 on the
Consent Calendar.

SPEAKER SHARKEY:

Representative -- Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Mr. Speaker, I move adoption of the Consent
Calendar.

SPEAKER SHARKEY:

Staff and guests to the well of the House.

Members take your seats. The machine will be opened.
Open the board, Mr. Clerk. Open the board for the
Consent Calendar. Staff and guests to the well of the
House. Members take your seats. The machine will be
opened for the Consent Calendar.

THE CLERK:

The House of Representatives is voting by roll.

The House of Representatives is voting by roll. Will
members please come to the well of the Chamber please.
The House is voting immediately.

SPEAKER SHARKEY:

Have all the members voted? Have all the members
voted? Members please check the board to make sure
your vote is properly cast. If all the members have
voted the machine will be locked and the Clerk will

take a tally. Will the Clerk please announce the tally.

THE CLERK:

On the Consent Calendar, Mr. Speaker.

Total Number Voting 146

Necessary for Adoption 74

Those voting aye 146

Those voting nay 0

Absent and not voting 4

SPEAKER SHARKEY:

The bill -- or the Consent Calendar passes.

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Mr. Speaker.

SPEAKER SHARKEY:

Mr. Majority Leader.

REP. ARESIMOWICZ (30th):

Mr. Speaker, I move we adjourn sine die.

SPEAKER SHARKEY:

The motion is to adjourn sine die. Seeing no objection, so ordered.

(On motion of Representative Aresimowicz of the 30th District, the House adjourned at 12:02 o'clock a. m.,

S - 663

**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2013**

**VOL. 56
PART 12
3488 – 3812**

information in that Silver Alert regarding, not just the age and description, but also the weight, the medical diagnosis, and other very personal information.

So I brought it to the attention of Public Safety Committee and I thank very kindly for your advocacy in getting this moved forward, Senator Hartley.

So of course, I'm speaking in favor of the legislation and thank you so much.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

If not, Senator Hartley.

SENATOR HARTLEY:

Yes, Madam President.

If there is no objection, I would request that this be put onto the Consent Calendar.

THE CHAIR:

Is there any objection?

Seeing no objection, so ordered.

Mr. Clerk.

THE CLERK:

Page 8, Calendar 398, Senate Bill Number 1065, AN ACT CONCERNING LICENSED ALCOHOL AND DRUG COUNSELORS, Favorable Report of the Committee on PUBLIC HEALTH.

THE CHAIR:

Senator Gerratana

SENATOR GERRATANA:

Thank you, Madam President.

I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

Motion is on acceptance and passage.

Will you remark?

SENATOR GERRATANA:

Yes, thank you, Madam President.

Madam President, the Clerk has an Amendment, Senate LCO 8199. If he would call and I be allowed to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 8199, Senate Amendment Schedule "A", offered by Senators Gerratana, Guglielmo, and Welch.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

Madam President, this amendment reflects quite a bit of discussion and work that has been done on the underlying bill. Let me just give a brief history to the Chamber what happened here.

Last year, there was a change in the Practice Act for licensed alcohol and drug counselors. And this year, of course, when we realized the change, we heard testimony from the alcohol and drug counselors and that they wanted to, of course, change back to the language that was originally in the statute, but more

importantly, they also testified in front of our committee about new requirements with the Affordable Care Act, in that -- and that's what this amendment does.

And by the way, Madam President, I move adoption, if I haven't done so.

THE CHAIR:

Motion is on adoption.

SENATOR GERRATANA:

Thank you. I started right in.

And in this, we met their request that they would have to attain, and you do have to attain a Master's Degree before you become a licensed alcohol and drug counselor. And they asked for this language change that now you would have a degree in social work, marriage and family therapy, counseling, psychology, or related field approved by the Commissioner. And a number of minimum hours that are required.

So after hearing their concern, we also worked with the Department of Public Health to try to work this language out in agreement with that department, which this amendment does. And I want to thank Senator Guglielmo for bringing this to our Chamber and being part of those discussions.

So of course, I ask that the Chamber please adopt the amendment.

THE CHAIR:

Will you remark on the -- on the Amendment?

Senator Guglielmo.

SENATOR GUGLIELMO:

I just want to -- thank you, Madam President.

I just wanted to thank Senator Gerratana for her efforts and her hard work on the bill and the amendment.

Thank you.

THE CHAIR:

Will you remark further? Will you remark further?

If not, I'll try your minds.

All those in favor of Senate "A", please say aye.

SENATORS:

Aye.

THE CHAIR:

Opposed.

SENATORS:

Nay.

THE CHAIR:

Senate "A" has been adopted.

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

If there's no objection, I ask this item be moved to our Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, ma'am.

Mr. Clerk.

THE CLERK:

S - 664

**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2013**

**VOL. 56
PART 13
3813 - 4129**

Would move to place that item also on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered sir.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, now would ask the Clerk to call the items on the first Consent Calendar, so that we might proceed to a vote on that Consent Calendar.

Thank you, Madam President.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On Page 5, Calendar 278, Senate Bill 709; Calendar 333, House Bill 5759; Calendar 334, House Bill 6396; Calendar 340, House Bill 6211.

On Page 8, Calendar 357, House Bill 6349 and Calendar 398, Senate Bill 1065.

On Page 11, Calendar 457, House Bill 5564 and Calendar 462, House Bill 5908.

On Page 15, Calendar 516, House Bill 5500; Calendar 521, House Bill 6407.

On Page 19, Calendar 558, House Bill 6340.

Page 21, Calendar 574, House Bill 6534; Calendar 575, House Bill 6562; and Calendar 577, House Bill 6652.

Page 23, Calendar 587, House Bill 6465; Calendar 589, House Bill 6447.

On Page 24, Calendar 599, House Bill 6458.

Page 25, Calendar 602, House Bill 5614.

And on Page 29, Calendar 622, House Bill 5278;
Calendar 625, House Bill 6624.

Page 39, Calendar 223, Senate Bill 954 and Calendar
227, Senate Bill 819.

And on Page 46, Calendar 100, Senate Bill 273 and
Calendar 137, Senate Bill 837.

THE CHAIR:

Mr. Clerk, please call for a roll call vote and the
machine will be open on the first Consent Calendar.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Members to the Chamber. Immediate roll call has been
ordered in the Senate on today's first Consent
Calendar.

THE CHAIR:

All members have voted, all members have voted.

The machine will be closed.

Mr. Clerk will you please call the tally.

THE CLERK:

On today's first Consent Calendar:

Total Number Voting	34
Necessary for Adoption	18
Those voting Yea	34
Those voting Nay	0
Those absent and not voting	2

THE CHAIR:

Consent Calendar passes.

The Senate will stand at ease.

(Chamber at ease.)

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 13
4018-4316**

2013

We now go on to Senate Bill 1065 and the first person to testify is Steve Karp, followed by Susan Campion.

STEPHEN KARP: Good evening. I'm Stephen Karp. I am the Vice-President of the Connecticut Certification Board. Some of you know me from my position as NESW Executive Director, but I'm here tonight on behalf of the CCD.

SB1131e

From the late 1990s, when the license alcohol drug counselor statute was put in place, it was very stringent requirements in order to qualify. Those requirements included demonstrating competency in alcohol and drug counseling by completing the counseling relating master's degree, 300 hours of supervised practicum, 3 years of supervised work experience, 360 hours of education with no less than 240 hours in alcohol and drug counseling education and passing a written exam.

In 2012, at the end of the Session, some of those requirements were changed and we believe dramatically weakens the LADC.

In terms of the 240 hours of education alcohol and drug counseling education, the drug and alcohol counseling education was removed, so basically you now have the 360 hours of education, but there's no requirement that any of that education be necessarily specific to drug and alcohol counseling.

The other section that was removed was having a master's degree in a counseling related field, so now you have a master's degree but that master's degree could be anything. So you could have a master's in architecture and then get 18 hours of counseling training, 18 hours a

semester of training and then meet the other requirements and then sit for the LADC.

What this bill does is, very simply, it returns the requirements to the initial, to the original language in terms of the education, in terms of the 240 hours of alcohol and drug counselor education.

What we are asking is that you actually amend this bill by also returning the language of having a master's degree in a related, a counseling related master's degree. That would then put it back to where we were when this bill first passed, and as I said, it was really until last year at the end of the Session, you know, we looked at the history of the bill. We're not sure what exactly the reason was for changing it, but we suspect that whatever the cause was has been resolved.

And at this point we would like to see it going back to our original language, and that's really the essence of this bill.

I do want to also say that, I just want to say very quickly on behalf of the NESW that we very strongly support SB 1136, particularly the section, this is the mental health services bill, the section that deals with setting up a regionalized system of consultation for pediatricians.

It's wonderful. It's terrific. My counterpart in Massachusetts says it's fabulous. We think it's one of the better ideas we've seen in mental health services.

SENATOR GERRATANA: Well thank you.

STEPHEN KARP: I wanted to throw that in.

SENATOR GERRATANA: Good. And thank you for your testimony, too. Actually, my Co-Chair and I were just discussing it. I said I think that was an adjustment made last year to the alcohol and drug counselors for whatever reason, and of course, I think the right thing to do is to restore it to the way it was.

So we thank you for your testimony. Are there any questions? If not, thank you for coming this evening.

STEPHEN KARP: Thank you.

SENATOR GERRATANA: Next is Susan Campion, followed by Bobbi Foy.

SUSAN CAMPION: Thanks to Senator Gerratana and Chairperson Johnson and all Committees Members for your valued service to us residents of Connecticut staying so late.

SENATOR GERRATANA: Thank you, ma'am.

SUSAN CAMPION: I'd like to introduce myself. My name is Susan Campion. I am a licensed alcohol and drug abuse counselor and I'm a licensed marriage and family therapist with about 30 years of experience in administrative and consulting work.

SB1065

Before I testify to make things a little bit clearer, we have two documents. I believe they're on your website.

SENATOR GERRATANA: Yes. We have, there's you're here twice.

SUSAN CAMPION: Just shows how much I want this bill to go through. But in any event, I will get tongue-tied trying to read the requirements.

I would just say, as my colleague from Connecticut Social Workers, just a few words have the power to literally crash our profession or help and sustain our profession.

First of all, again, thank you, thank you, Public Health Committee for raising this bill and letting us have a voice. You also were kind enough to restore the substance abuse training.

We are asking for an additional consideration and that is outlined in your visual. To have a master's degree in a behavioral field such as counseling, psychology, social work, human services or related mental health field from an accredited institution of higher education with a minimum of 18 graduate semester hours in counseling or counseling related.

This is so critical because it will carry on the strong tradition of the licensure bill but move it one step forward. So although we were stunned by 2012's legislation, we now feel it was a blessing in disguise. Oops.

I just would like to tell you from my perspective --

SENATOR GERRATANA: You can. I just want to be clear what you attached because I have to read it upside down or sideways, I guess. Is that the language that you wanted to include, the master's certification.

SUSAN CAMPION: Yes.

SENATOR GERRATANA: Okay.

SUSAN CAMPION: And the other piece that I would want you to refer to is the template model we use, which is from the Department of Public Health's licensed professional counseling. That's exactly the same education --

SENATOR GERRATANA: I see. I see.

SUSAN CAMPION: So we have parity.

SENATOR GERRATANA: Okay.

SUSAN CAMPION: Quickly. If this bill is not passed, unfortunately it will allow for flawed license lacking statutory regulation for best practice requirements in the provision of substance abuse treatment.

It will also cause erosion of the quality of a workforce people by addiction specialists and most importantly, it will lose our position as a profession in the state and as we move forward in the behavioral and health network and the Affordable Care Act.

What will happen to these substance abusing clients? This has been my vocation. This is my passion. If we do not get this license, Connecticut residents will no longer be guaranteed of the highest quality of treatment by statutory regulations and that going forward would cause innumerable problems that all of you on this Committee are aware of.

SENATOR GERRATANA: Yes, I think we are.

SUSAN CAMPION: I would just again say, this is both for the profession and most importantly for the sick and suffering addicts, and I hope you will

consider and pass this bill so that we can get on with the very important business of our profession.

SENATOR GERRATANA: Thank you. Thank you. We'll do our very best. I don't think there are any questions, though. Thank you. Next is Bobbi Foy, to be followed by Daniel O'Keefe.

BOBBI FOX: Hello, Senator Gerratana, Representative Johnson and Members of the Committee. Just for the record the name is Bobbi Fox.

SENATOR GERRATANA: It says f-o-y here. Oh, I see, the other part of the, I see, Fox. Thank you.

BOBBI FOX; Formally, it's Barbara Fox and I'm the immediate past vice-president for the Northeast Region of NAADAC, the National Association for Addiction Professionals. I am currently the Vice-President for the Connecticut Association for Addiction Professionals, better known as CAAP. I am also a professor and the program coordinator for the Drug and Alcohol Recovery Council Program at Manchester Community College.

SB1065

Last year the 13-year-old licensing law for addiction counselors was revised and two very important components of the original law were either changed or removed in Section 20-74f, Section 19 (d) and (e) (3) of our General Statutes. The master's degree requirement was changed and the requirement for education in addiction-specific education was removed.

These changes have dramatically transformed our licensing law for addiction counselors. Someone with no training or education in addiction-specific areas and a master's degree outside of behavioral health, could, with 18

graduate credit hours and counseling, eventually be deemed eligible to obtain a license to practice addiction counseling in Connecticut.

We, as a profession, locally and nationally, have been working to bring our profession into alignment with other behavioral health care professionals like social workers and licensed professional counselors.

Currently, there are approximately 30 states with either licensing laws on the books or waiting to introduce such legislation. It can be said that this is a national movement to have addiction professionals join the ranks of other behavioral health specialists.

Addiction counseling is seen as a unique specialty among health care providers and we, the advocates for the addiction professionals work continually to make sure we are seen as a separate and vital profession within the health care community.

To this end, we have in place national scopes of practice and a career ladder for substance use disorders along with an accrediting body for addiction study programs in colleges and universities.

Lastly, in the Affordable Care Act, the Health Care Workforce Section 5002, there's a definition for mental health service professional and it includes a graduate or post-graduate degree from an accredited institution of higher ed in psychiatry, psychology and other areas like social work, substance abuse disorder prevention and treatment and professional counseling.

I'd like to thank you at this time for all listening to me. Thank you.

SENATOR GERRATANA: And thank you very much for bringing your testimony to the Committee.

BOBBI FOX: Thank you. Any questions?

SENATOR GERRATANA: Yes, Representative Ziobron.

REP. ZIOBRON: Thank you, Madam Chair. So are you saying that normally or in the future, most counselors are going to have graduate degrees, if that's what the legislation on the federal level is putting forward?

BOBBI FOX: Yes.

REP. ZIOBRON: Is that what you're suggesting?

BOBBI FOX: Yeah, on a federal level to work in and get Medicare and Medicare reimbursement, they're going to be looking for licensed professionals. That's coming with the Affordable Care Act.

REP. ZIOBRON: And will that, do you believe in your opinion, cause a shortage of these folks to help people with substance abuse?

BOBBI FOX: There already is a shortage. It exists now.

REP. ZIOBRON: Thank you very much. Thank you, Madam Chair.

SENATOR GERRATANA: Absolutely. Thank you. Next is Daniel O'Keefe to be followed by Roby Rowe.

DANIEL O'KEEFE: Good evening, Senator Gerratana, Representative Johnson, Members of the Public

Health Committee. To expedite this testimony and avoid sounding like the department of redundancy, I will omit the details of this matter and move directly to my vehement support of the passing of Bill 1065.

The entry into the addiction counseling field should not be a mere post-graduate afterthought requiring only a semester's work of addiction counseling, or counseling, education in counseling, excuse me.

A student or professional deciding to enter this field must not only demonstrate their prowess as a potential licensed drug and alcohol recovery counselor, they must show a dedication to the educational specificity required.

This must require an education practicum, which marries all facets of the professional's pursued behavioral health education directly to the drug and alcohol counseling field.

The bill passed in June, 2012, which allowed professionals and students to all but circumvent this vital requirement is tantamount to allowing an individual with a master's in anthropology to become a licensed alcohol and drug counselor by simply completing six classes on counseling at the graduate level.

Our credibility as professionals, the safety of our clients and the welfare of our community's health as a whole are all at stake today.

I trust this Committee will see the importance of the passing of this bill.

SENATOR GERRATANA: Thank you, Mr. O'Keefe.

Absolutely appropriate. We do appreciate it.

Are there any questions? I don't believe so.
Thank you for giving your testimony.

Next is Roby Rowe.

ROBY ROWE: Good evening.

SENATOR GERRATANA: Good evening.

ROBY ROWE: I'm Roby Rowe --

SENATOR GERRATANA: Roby.

ROBY ROWE: -- Public Policy Chair for the
Connecticut Association of Addiction
Professionals. I'm here to testify in favor of
SB 1065 and to clarify some additions we are
requesting to the bill.

I want to begin by thanking the Committee and
the Co-Chairs Representative Johnson and
Senator Gerratana. My comments will primarily
focus on the need to require a master's degree
in the behavioral science field as a
prerequisite for being granted an LADC.

But I will point out that you have received
this grid and were looking for the language
that is the right column on the first page.
The second page is already taken care of in the
bill.

SENATOR GERRATANA: Yes. I don't see your testimony
on line. Did you submit it?

ROBY ROWE: This morning.

SENATOR GERRATANA: I'm sorry? Oh, this morning,
okay.

ROBY ROWE: At around (inaudible) this morning.

SENATOR GERRATANA: Okay, very good.

ROBY ROWE: You're undoubtedly aware that substance abuse is one of the primary, if not the primary public health issue our state and nation face, having a workforce with the highest preparation to address these complex issues is critical.

I'm going to skip some things in deference to the time limit.

There's a lot of difference between a planned comprehensive course of study in a behavioral health science field and a degree in any other field of study and a planned program provides a comprehensive view of a profession and would include a lot of courses related to (inaudible) psychology, multi-cultural issues and other things that I've named in the written testimony.

SENATOR GERRATANA: Thank you. Can you summarize for us please?

ROBY ROWE: There's an ever-increasing emphasis on best evidence-based practices, those with, backed by research and an increasing emphasis on faster implementation of research back practices, and these will be much better addressed with higher qualifications.

I respectfully trust that you will protect Connecticut's reputation for high standards (inaudible) and pass 1065 with the inclusion of language requiring master's degree in the behavioral health field from a regionally accredited body approving degrees of higher education.

SENATOR GERRATANA: Right.

ROBY ROWE: The regionally allows for the transferability of credits with other institutes of higher education in the area.

SENATOR GERRATANA: Good. Thank you very much. I don't think there are any questions.

ROBY ROWE: Thank you.

SENATOR GERRATANA: And I'll look forward to seeing your testimony on line. Next to testify is Dr. John Foley.

MICHAEL DARREN: Thank you very much. I'm not Dr. Foley. Unfortunately, he was unable to be here

--

SENATOR GERRATANA: You're not?

MICHAEL DARREN: -- due to a family emergency. He would very much have liked to be here and given this testimony as he feels very passionate about it.

My name is Dr. Michael Darren. I'm a thoracic surgeon from New London. Dr. Foley is President of the Connecticut State Medical Society. I'm the past president of this society, past Speaker of the House, past Chairman of the Board of Trustees.

And thank you for the opportunity to speak. Senator Gerratana, Representative Johnson and the Members of the Public Health Committee, on behalf of the almost 7,000 physicians and physicians in training in the Connecticut State Medical Society, I'm here today to provide testimony in strong opposition to House Bill 6644 AN ACT CONCERNING COMPASSIONATE AID IN DYING FOR TERMINALLY ILL PATIENTS.

HB6645

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 14
4317-4577**

2013

Testimony on SB 1065(raised) : An Act Concerning Licensed Alcohol and Drug Counselors
Public Health Committee Hearing
March 20, 2013
Submitted by: Eileen M. Russo, MA, LADC

I am submitting this testimony in support of SB 1065 which reinstates the alcohol and drug counseling educational requirement for the Licensed Alcohol and Drug Counselor (LADC) credential. In the interest of full disclosure, I am an assistant professor for Gateway Community College in the Drug and Alcohol Recovery Counselor program. However, I am writing this as a private citizen and a licensed alcohol/drug counselor. (LADC)

As someone one has who worked in the addiction field for 27 years in a variety of capacities, I have seen this field grow from one that graduated clients from treatment on Friday and hired them as "counselors" on Monday to one that has, by necessity, demanded professionalism.

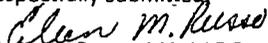
This demand has been driven by the complexity of the problems of those who are seeking treatment, the increased expectations of those who are paying for treatment, and the expectation that addiction professionals are part of treatment teams that consist of doctors, nurses, and social workers.

The current requirements for knowledge, skills and attitudes of addiction professionals include eight (8) practice dimensions that cover one hundred twenty three (123) competency areas. The depth of these areas span the ability to screen for and diagnose substance use disorders, assess for impact of these disorders, develop treatment plans, provide counseling to individuals and families, use evidence based treatment approaches, make referrals, and write clinical notes and reports. The expected level of performance of providing services is in keeping with the expectations of licensed clinical social workers and professional counselors when performing social work duties or general counseling. The key difference is that being able to treat substance use disorders is a specialization, similar to a medical doctor choosing a specialty area such as cardiology.

The 2012 changes to the LADC standards essentially roll back the profession to an unequal and unprofessional status in comparison to other licensed professionals. This has several consequences with the primary one of possible harm to those seeking treatment and undermining the public's confidence in what a licensed professional means. If I can make an extreme comparison, if I hire a home improvement contractor that is licensed by the state of CT, I am expecting that the contractor can actually do home improvement work. If I send my child to substance abuse treatment and she is treated by a licensed addiction counselor I should not expect that a license equals competency? In fact, the "licensed" addiction counselor may not have any specialized training and may have a completely unrelated master's degree?

It is imperative that the educational/training requirements for licensing be reinstated and that the masters' degree requirement is clearly defined.

Respectfully submitted,


Eileen M. Russo, MA, LADC

Naugatuck, CT

3/19/13



Susan C. Campion LADC, LMFT, President
 CT Association of Addiction Professionals
 82 Morris Cove Road
 New Haven, CT 06512
 e-mail: Suzccampion@aol.com

To: Testimony to Public Health Committee
 Date: March 2013
 Subject: **STATEMENT OF SUPPORT FOR INTERVENTION AND CORRECTION OF 2012 LEGISLATIVE REVISIONS TO REQUIREMENTS FOR THE CT ALCOHOL & DRUG ABUSE COUNSELOR LICENSE**

Good Morning, Members of the Public Health Committee. My name is Susan Campion. I am the President of the CT Association of Addiction Professionals [CAAP]. My credentials include; Masters in Community/ Clinical Psychology, CT licenses in Marriage & Family Therapy and Alcohol and Drug Counseling and 30 years of professional experience years in a variety of administrative and consulting positions in an array of behavioral health settings.

First, may I begin by sharing the Association's gratitude to the Committee for raising bill 1065. CAAP is a volunteer organization that is committed to delivering the highest standards of care to CT residents and their significant others, who are struggling with addiction and advocating for public policy that supports the Association's mission. There are approximately 800 addiction professionals who practice under this license in our state. We are thrilled that the Raised Bill fully restores the requirement of "300 hours of DPH Commissioner approved education including at least 240 hours relating to the knowledge and skill-base relating to the practice of alcohol and drug abuse counseling."

Today, we are requesting that the Public Health Committee enhance the educational requisite by requiring that new applicants have a Masters degree in the behavioral health sciences. We modeled the educational standard to parallel the DPH's CT Professional Counselor Licensing Requirements. [The DPH LPC document is included in my submitted testimony packet.] It is also included on the table of LADC Law Changes. By adding this critical requirement, individuals pursuing licensure in addiction will gain equality with their professional peers, LCSWs, LMFTs, and LPCs ; and will be prepared for the advent of the Affordable Health Care ACT and new methods of private and public insurance reimbursements. This new requirement will not affect the currently licensed addiction workforce.

History of Connecticut Addiction professionals' Licensure

In 1998, the Connecticut General Assembly passed legislation that created a license for addiction professionals- Alcohol & Drug Abuse Counselor's License (LADC). This result completed a three year process of legislative advocacy to codify professional standards for the addiction professional in the practice of substance abuse treatment in Connecticut. It is important to note that Connecticut's licensure requirements were recognized nationally by the National Association of Drug and Alcohol Counseling (the field's leading professional group) as the gold standard of excellence.

With the passage of 2012 licensure revisions, serious unintended consequences occurred, which this document will address specifically. To summarize the impact, the license, as it currently exists, has impaired the professional standing of the Masters level, licensed addiction specialist in meeting national behavioral health credentialing standards (CHQR,NPI). The current licensing requirements no longer maintain professional parity with the licenses of social workers, marriage and family therapists, and professional counselors.

Present and Future Impact of Revised Licensure Regulations on CT Addiction Professionals

The unintended consequences of the licensure revision statute are bi-directional- affecting CT addiction professionals and CT substance abusing residents and their families. The following comments are informed by my role as an administrative and clinical consultant to behavioral health and non-profit agencies and organizations.

1. LADC, an enhanced credential with the quality educational and professional requirements equal to other CT Masters behavioral health licenses. As CT prepares for the implementation of the Affordable Care Act (ACA), if the licensure revisions are not corrected, the vital services of CT addiction professionals may not gain provider status. Excluding LADCs from the insurance exchanges or other parts of the implementation of the ACA may return the health care provider system to the old medical model of MDs, Nurses, and Social Workers. As an example, CT licensed Masters LCSWs are highly qualified within their professional scope of practice. In their professional training, requirements for specific graduate and post-graduate training hours may include few, if any, substance abuse specific courses. The same preparatory profile is applicable to LMFTs, LPCs.
2. LADC, an enhanced credential that will meet the fiscal challenges of providing best practice standards for the treatment of addictions in CT: CT behavioral health and non-profits are struggling to survive due to the fiscal budget crisis on the local, state, and national level. Inpatient, outpatient, residential, hospital, and community-based programs are relying heavily on third-party payers. Because of the elimination of master's educational requirements and the critical 240 hours of the critical alcohol & drug abuse knowledge based and skill competency courses necessary to the practice of addiction treatment, the licensure does not meet and comply with professional standards required by public and private insurers. The LCSW, LMFT, and LPC professions' credentials meet behavioral health standards accepted by private and public insurance carriers for reimbursement of services rendered.
3. LADC, an enhanced credential that will ensure the presence of a professional workforce in the treatment of addictions: For the almost 700 licensed Alcohol and Drug Counselors in CT, their employability and job stability is at risk. A worrisome employment trend is emerging. Over the past several months, a review of open positions at a majority of outpatient, inpatient, and residential behavioral health settings found that LCSWs, LMFTs, and LPCs were the requisite professional credential. It is important to note that in some settings which offer substance abuse treatment, the recruiting posting will allude to the acceptance of an LADC as "desirable" but not required.

New Licensure Revisions Impact on CT Substance Abuse Services:

1. Substance abuse renders enormous human and financial costs. Literally millions of dollars are spent in CT that is directly related to untreated addiction. The disease impacts the health care system, public safety, the workplace, and family violence and trauma. Due to the 2012 revisions to the LADC licensure Connecticut residents whose lives are impaired by psycho-social effects from substance abuse, are no longer guaranteed best practice standards of care and treatment by a workforce of addiction specialists.
2. The quality assurance standards and addiction specific professional training and experience required by individuals pursuing the Masters Level LADC are not required by professional peers who are LCSWs, LMFTs, and LPCs. These professional licensure requirements call for fewer, if any specific post-graduate training hours in addictions. The CT licensed Alcohol and Drug Abuse Counselor's training and experience are documented to produce efficacy of treatment outcomes, cost effectiveness, ethical and cultural sensitivity, and specific domains of competencies. Without the professional standards cited in statutory regulations, the treatment of chemical dependency will be jeopardized in the delivery of substance abuse treatment settings across CT because these programs will no longer rely on the credentials of the LADCs.
3. The CT LADC professional brings to the complex and challenging treatment of substance abuse the requisite knowledge and skill to deal with the primary disease of chemical dependency and the critical discernment of the stage of progression of the disease to formulate and implement the appropriate level of care and treatment. As CT moves toward implementation of the Affordable Care ACT, Licensed Alcohol & Drug Abuse Counselors will be vital to the new integrative model of healthcare that blends primary care and behavioral health treatment because of an ever-increasing demand for addiction treatment by greater numbers of insured individuals. If the 2012 licensure revisions remain in effect, individuals who are working toward licensure, will be unprepared by education and training to meet the demands of the new model of substance abuse treatment that is required by the ACA. Thus, CT will lose an essential provider in healthcare for its insurance exchanges.

Connecticut licensed alcohol and drug abuse counselors respectfully request that the 2013 General Assembly revisit and enhance the Alcohol and Drug Abuse Counselors Licensure requirements, which were eliminated by the General Assembly in May 2012. The passage by the General Assembly of the CT Licensed Alcohol and Drug Abuse regulations, S.B. 1065, regarding "requirements for license" will provide addiction professionals with a credential that embraces a level of education, training, supervision, and employment that is necessary to offer the highest quality of services for the chemically dependent individual and his or her family. CT substance abuse consumers and their significant others will once again have the statutory assurance that their care, provided by a licensed alcohol and drug abuse counselor, is founded upon evidenced-based and best practice standards for the treatment of addictions.

Professional Counselor Licensing Requirements-DPH

Reproduced for PH Committee Testimony on S.B. 1065 by Susan C. Campion LADC, LMFT
Before applying for licensure, please familiarize yourself with the general licensing policies.

An applicant for licensure must meet the following requirements:

Earned, from a regionally accredited institution of higher education a master's or doctoral degree in social work, marriage and family therapy, counseling, psychology or a related mental health field determined to be in the discipline of professional counseling by the Department; [Educational Requirement proposed for LADC license.] Completed sixty graduate semester hours in or related to the discipline of counseling at a regionally accredited institution of higher education, which included coursework in each of the following areas: human growth and development, social and cultural foundations, counseling theories and techniques or helping relationships, group dynamics, processing and counseling, career and lifestyle development, appraisals or tests and measurements for individuals and groups, research and evaluation, and professional orientation to counseling;

Acquired three thousand (3000) hours of postgraduate supervised experience in professional counseling performed over a period of not less than one year, that included a minimum of one hundred (100) hours of direct supervision by either (A) a licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology, (B) a licensed psychologist, (C) a licensed advanced practice registered nurse certified as a clinical specialist in adult psychiatric and mental health nursing with the American Nurses Credentialing Center, (D) a licensed marital and family therapist, (E) a licensed clinical social worker, or (F) a licensed professional counselor or for supervision prior to October 1, 1998, by a counselor otherwise eligible for licensure; and

Successfully completed the National Counselor Examination for Licensure and Certification (NCE) or the National Clinical Mental Health Counseling Examination (NCMHCE) administered by the National Board for Certified Counselors.

If the applicant has not passed the NCE or NCMHCE and wishes to sit for such examination for purposes of obtaining a Connecticut license should complete the examination registration form and forward it and the required fee directly to the NBCC. All registration forms received without the examination fee will be returned. Documentation Requirements.

An applicant for licensure shall arrange for the submission of following documentation directly from the source. A completed, notarized application with photograph and fee of \$315.00. The fee must be in the form of a bank check or money order made payable to, "Treasurer, State of Connecticut";

An official transcript and Course of Study Form sent directly from each educational institution attended and listed on your application, indicating all graduate level coursework completed and graduate degree(s) conferred; Verification, sent directly from each state licensing authority where a license, certificate or registration as a professional counselor is, or has ever been. Most jurisdictions charge a fee for this service. Please contact the jurisdiction prior to submission of the form;

Verification form, sent directly from the appropriate authority(s), of three thousand (3000) hours of postgraduate supervised experience and one hundred hours of postgraduate-degree supervision;

A score report for the NCE or NCMHCE sent directly to this Department from the NBCC.

All supporting documents should be submitted directly from the source to:

Connecticut Department of Public Health
Professional Counselor Licensure
410 Capitol Ave., MS #12 APP
P.O. Box 340308
Hartford, CT 06134
Phone: (860) 509-7603
Fax: (860) 707-1980
Email: dph_counselorsteam@ct.gov

**1998
Original Licensing Law**

**June 2012
Changes Made to 1998 Law**

**Spring 2013
Needed Changes to Law**

<p>CHAPTER 376b* (SUBSTANCE ABUSE COUNSELORS) ALCOHOL AND DRUG COUNSELORS</p> <p>Sec. 20-74s. Licensure and certification of alcohol and drug counselors</p> <p>(d) Licensure eligibility requirements. To be eligible for licensure as a licensed alcohol and drug counselor, an applicant shall (1) have attained a master's degree from an accredited institution of higher education with a minimum of eighteen graduate semester hours in counseling or counseling-related subjects, except that applicants holding certified clinical supervisor status by the Connecticut Certification Board, Inc. as of October 1, 1998, may substitute such certification in lieu of the master's degree requirement, and (2) be certified or have met all the requirements for certification as a certified alcohol and drug counselor.</p> <p>(e) Certification eligibility requirements. To be eligible for certification by the</p>	<p>"AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES. "</p> <p>To: Subst. House Bill File No. Cal. No. No. 5514 451 348</p> <p>Sec. 19. Subsection (d) of section 20-74s of the general statutes is repealed and the following is substituted in lieu thereof (<i>Effective from passage</i>):</p> <p>(d) To be eligible for licensure as a licensed alcohol and drug counselor, an applicant shall (1) have attained a master's degree from an accredited institution of higher education [with] <u>and have completed</u> a minimum of eighteen graduate semester hours in counseling or counseling-related subjects <u>at an accredited institution of higher education</u>, except that applicants holding certified clinical supervisor status by the Connecticut Certification Board, Inc. as of October 1, 1998, may substitute such certification in lieu of the master's degree requirement <u>and graduate coursework requirement</u>, and (2) [be certified or have met all the requirements for certification as a certified alcohol and drug counselor] <u>have completed the certification eligibility</u></p>	<p><i>Raised Bill No. 1065</i> LCO No. 4107</p> <p>Section (7) (d) (d) To be eligible for licensure as a licensed alcohol and drug counselor, an applicant shall (1) have attained a master's degree in a behavioral science field such as counseling, psychology, social work, human services and marriage and family counseling or a related mental health field from an a regionally accredited institution of higher education and have completed with a minimum of eighteen graduate semester hours in counseling or counseling-related subjects, except that applicants holding certified clinical supervisor status by the Connecticut Certification Board, Inc. as of October 1, 1998, may substitute such certification in lieu of the master's degree requirement and graduate coursework requirement, and (2) have completed the certification eligibility requirements described</p>
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Department of Public Health as a certified alcohol and drug counselor, an applicant shall have (1) completed three hundred hours of supervised practical training in alcohol and drug counseling that the commissioner deems acceptable; (2) completed three years of supervised paid work experience or unpaid internship that the commissioner deems acceptable that entailed working directly with alcohol and drug clients, except that a master's degree may be substituted for one year of such experience; (3) completed three hundred sixty hours of commissioner-approved education, at least two hundred forty hours of which relates to the knowledge and skill base associated with the practice of alcohol and drug counseling; and (4) successfully completed a department prescribed examination

Note: The original wording of this section was changed in 2013.

requirements described in subdivisions (1), (2) and (4) of subsection (e) of this section.

(e) Certification eligibility requirements. To be eligible for certification by the Department of Public Health as a certified alcohol and drug counselor, an applicant shall have (1) completed three hundred hours of supervised practical training in alcohol and drug counseling that the commissioner deems acceptable; (2) completed three years of supervised paid work experience or unpaid internship that the commissioner deems acceptable that entailed working directly with alcohol and drug clients, except that a master's degree may be substituted for one year of such experience; (3) ~~completed three hundred sixty hours of commissioner-approved education, at least two hundred forty hours of which relates to the knowledge and skill base associated with the practice of alcohol and drug counseling;~~ and (4) successfully completed a department prescribed examination.

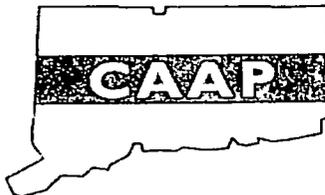
Note: The change relating to the original wording that was changed in 2013.

in [subdivisions (1), (2) and (4) of] subsection (e) of this section.

Section (7) (e)

(e) To be eligible for certification by the Department of Public Health as a certified alcohol and drug counselor, an applicant shall have (1) completed three hundred hours of supervised practical training in alcohol and drug counseling that the commissioner deems acceptable; (2) completed three years of supervised paid work experience or unpaid internship that the commissioner deems acceptable that entailed working directly with alcohol and drug clients, except that a master's degree may be substituted for one year of such experience; (3) completed three hundred sixty hours of commissioner-approved education, at least two hundred forty hours of which relates to the knowledge and skill base associated with the practice of alcohol and drug counseling; and (4) successfully completed a department prescribed examination.

Note: The purple coloring denotes the changes would also be incorporated in the law this session.



CT Association for Addiction Professionals

Raised Bill No. 1065 LCO No. 4107

My name is Barbara Fox and I am the immediate past Vice President for the Northeast Region of NAADAC – The National Association for Addiction Professionals. I am currently the Vice President for the CT Association for Addiction Professionals, better known as CAAP, the CT affiliate of NAADAC.

Last year the 13 year old licensing law for addiction counselors was revised and two very important components of the original law were either changed or removed. In Section 20-74s Sections 19, (d) and (e) (3) of our general statutes, the master's degree requirement was changed and the requirement for education in addiction specific education was removed.

These changes have dramatically transformed our licensing law for addiction counselors. Someone with no training or education in addiction specific areas and a master's degree outside of behavioral health, could, with 18 graduate credit hours in counseling, eventually be deemed eligible to obtain a license to practice addiction counseling in CT.

We, as a profession, locally and nationally have been working to bring our profession into alignment with other behavioral healthcare professionals like social workers and licensed professional counselors. Currently there are approximately 30 states with either licensing laws on the books or waiting to introduce such legislation.

It can be said that this is a national movement to have addiction professionals join the ranks of other behavioral health specialists. Addiction counseling is seen as a unique specialty among health care providers and we, the advocates for the addiction professional, work continually to make sure we are seen as a separate and vital profession within the health care community. To this end we have in place national scopes of practice and career ladder for substance use disorder counseling along with an accrediting body for addiction studies programs in colleges and universities.

To support this even further, Title V of the Affordable Care Act, The Healthcare Workforce, SEC. 5002 gives this definition:

The term 'mental health service professional' means an individual with a graduate or post-graduate degree from an accredited institution of higher education in psychiatry, psychology, and other areas like, social work, substance abuse disorder prevention and treatment, marriage and family or professional counseling.

I'd like to thank you for your time and I hope you can support our efforts to strengthening the standards for licensed addiction professionals in CT.

Barbara K. Fox

Barbara K. Fox
Vice President
CT Association for Addiction Professionals



Testimony on SB 1065: An Act Concerning Licensed Alcohol and Drug Counselors

Public Health Committee Hearing

March 20, 2013

Submitted by: Steve A. Karp, MSW – CCB, Vice President

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Connecticut
Certification Board, Inc.
100 S. Turnpike Road
Wallingford, CT 06492
(203) 284-8800
Fax. (203) 284-9500
www.ctcertboard.org

The Connecticut Certification Board Inc. (CCB) offers our strong support of SB 1065 which reinstates the alcohol and drug counseling educational requirement for the Licensed Alcohol and Drug Counselor (LADC) credential. We recognize the importance of assuring high educational and training standards for all alcohol and drug professionals practicing in the State of Connecticut and believe that all applicants for the LADC should demonstrate their competency in alcohol and drug counseling-specific education as part of the LADC application process.

Since the inception of the alcohol and drug counselor licensing legislation in the late 90s, all LADC candidates have been required to demonstrate their competency in alcohol and drug counseling by completing a counseling-related master's degree, 300 hour supervised practicum; 3 years of supervised work experience; 360 hours of education with no less than 240 of the hours in alcohol and drug counselor education; and passing a written exam. In 2012, several major changes were made to the LADC requirements which effectively removed the alcohol and drug counselor-specific education requirement and substantially weakened the master's degree requirement. We are very concerned about the recent modifications to the LADC requirements as they are not in the best interest of the profession or the people of Connecticut and, most importantly, the changes are potentially detrimental to the clients seeking services. As a result, we strongly urge the passage of SB 1065.

SB 1065 reinstates the alcohol and drug counseling-specific education requirement for all LADCs which we see as essential in determining LADC candidates have sufficient education in alcohol and drug counseling prior to becoming an LADC. The CCB works closely with the Department of Public Health to administer the written exam for all LADC and CADC (Certified Alcohol and Drug Counselor) candidates and believes that unless the alcohol and drug counselor educational requirement is reinstated, it will be difficult to determine the competency of LADC candidates which will ultimately serve to undermine public protection.

Finally, we urge the Public Health Committee to consider similar action around the LADC master's degree requirement. All LADC candidates should be required to complete a counseling-related master's degree in order to become licensed which was initially required of all LADC candidates. The new requirements implemented in 2012 make it possible for a candidate with a master's degree *in any area* to become license-eligible if they also complete 18 credit hours of counseling content which effectively renders the master's degree requirement meaningless as it provides no assurance of competency in alcohol and drug counseling.

We applaud SB 1065 as a good start in restoring one of the critical requirements of the LADC and strongly urge the Public Health Committee to consider going further by reinstating the master's degree requirement to ensure public safety and competency of all LADC candidates in Connecticut.

Since 1981, the CCB has played a central role in promoting high standards of practice for alcohol and drug counselors in Connecticut and provides credentialing, ethics/grievance oversight, training and workforce development services in order to protect the public by enhancing recovery-oriented workforce capacity. The CCB is a 501 (c) 3 non-profit with over 1600 certified professionals in Connecticut and beyond and is a member of the IC&RC – International Certification and Reciprocity Consortium.

HB 6645

March 18, 2013

To: Public Health Committee

Re: RAISED BILL NO. 1065, LCO NO. 4107

My name is Deborah Koval and I am a substance abuse counselor and supervisor with CRT (Community Renewal Team) and I work at the CT Dept. of Parole in Hartford

Twenty years ago, I decided that I needed a career change. At that time, I had a Bachelor's Degree in Science from Quinnipiac College with a major in Medical Technology in 1975. I was nationally registered by the American Society of Clinical Pathologists after passing a national registry exam in order to ensure that I had acquired a pool of knowledge and understanding of laboratory procedures to be called an MT (ASCP). In that way, any employer who was interested in hiring me would be assured that I had the knowledge and skill base to deliver services in a professional manner as I was bound by their ethics and Standards of Practice

In choosing my new field of endeavor, I researched the requirements and discovered that the general public held a rather dim view of the field of Substance Abuse Counseling. It was generally believed that counselors were all former clients who had little training outside of AA meetings and even less recovery time, thus making them all less than professional. I entered that field by obtaining an Associate's Degree in Drug and Alcohol Rehabilitation Counseling in 1993 from Tunxis Community College. I eventually passed a written and oral exam facilitated by the Connecticut Certification Board (CCB) of CT and obtained my certification in 1996. I soon discovered that this was not enough, so to keep pace with the ever changing demands of the field, I returned to college for a Master's Degree in Community Counseling from St. Joseph College, which I obtained in 1999. With the advent of my Master's Degree, I became simultaneously eligible for an LADC and an LPC. Again, I have worked hard to obtain the education and experience needed to ensure that I remain on top of my game and at the forefront of my field.

Anyone who might be interested in hiring me can look at my resume and be assured that I meet the minimum standards that will be required to fulfill any duties assigned to me as an LADC, or an LPC. I am bound by the Ethical Standards and Best Practices of my chosen field and am in a position to supervise clinicians and students alike. I attend continuing education lectures and workshops to keep my knowledge base current as required by the Department of Public Health.

Throughout my career, I have been proud of my achievements and that of my field as we have gained credibility in the counseling profession. We are different from social workers and licensed professional counselors as we possess specialized knowledge and training in the identification and treatment of substance use disorders. It is important that our profession stands strong in the ~~credentialing~~ and licensure process and not fall back into lower standards that existed 25 years ago.

I end with a question.... "How confident would you feel if you called for an electrician and while describing to him what was going on with your kitchen light and outlets, he told you that he had a degree in Fine Arts, but had been carrying his boss's tool box for the past 5-years and had "seen it all," therefore he was now qualified to fix your problem ?

Thank you for raising this bill to support licensed addiction counselors in CT.

Deborah Koval, LADC



2139 Silas Deane Highway
Suite 205
Rocky Hill, CT 06067
(860) 257-8066

Raymie H. Wayne, Ph.D., JD, MSW, President
Stephen A Karp, MSW, Executive Director
naswct@naswct.net

Testimony on S.B. 1065: AAC Licensing Alcohol and Drug Counselors
Public Health Committee
March 20, 2013

The National Association of Social Workers, Connecticut Chapter, representing over 3200 members supports S.B. 1065. This bill reinstates critically important educational requirements for eligibility to be licensed as a Licensed Alcohol and Drug Counselor (LADC).

From the inception of the LADC until last year all candidates for the LADC had to successfully complete 360 hours of education with no less than 240 of those hours in drug and alcohol specific addiction training. This stringent requirement assured that the LADC candidate is sufficiently educated in the field of drug and alcohol counseling. Unfortunately, for reasons that are not clear to us, last year the LADC law was amended by eliminating the specificity of drug and alcohol training within the 360 hours. This change has dramatically weakened the requirement for the LADC and by doing so has removed the assurance that a LADC is indeed adequately trained in drug and alcohol counseling.

As social workers we too are able to provide drug and alcohol counseling under the Licensed Clinical Social Worker license. The NASW Code of Ethics has a higher standard though than just holding the license and we expect our members to abide by the Code. That standard says that social workers should only offer services in substantive areas within the boundaries of their training, education, and experience. Furthermore the NASW Standards for Social Work Practice With Clients With Substance Use Disorder, NASW 2013, states that "*Social workers working with clients with substance use disorders shall possess specialized knowledge and understanding of psychological and emotional factors, physiological issues, diagnostic criteria, legal considerations, and co-occurrence of mental health disorders and substance use. This knowledge shall include an understanding of family dynamics, the effects that SUDs have on parenting abilities, and the resulting consequences for children. Social workers shall also be knowledgeable about current evidence informed approaches and best practices for service provision to clients with substance use disorders.*" Thus we expect that those individuals who hold a LADC, which is a DPH issued license, have similarly strong educational requirements as we expect of clinical social workers.

Allowing individual's to qualify for the LADC without significant educational training in drug and alcohol training does a disservice to the public and specifically clients who are being served by a LADC. The client is to believe that the LADC is fully trained and qualified in drug and alcohol counseling based on the DPH license however that assumption is no longer true given the current weakened educational requirement.

We urge that S.B. 1065 be passed so as to restore to the LADC requirements adequate training hours in the field of alcohol and drug counseling.

CARE
Consortium of Addiction Recovery Educators

March 19, 2013

RE: S.B. No. 1065 (RAISED) AN ACT CONCERNING LICENSED ALCOHOL AND DRUG COUNSELORS.

To whom it may concern:

This statement is written in support of the legislative proposal concerning requirements for persons seeking CT licensure as Licensed Alcohol and Drug Counselors (LADC). This current proposal supports reinstatement of the requirement that candidates seeking the LADC will have earned a master's degree in counseling or some form of behavioral health that includes graduate coursework in counseling with specialized substance abuse courses.

Graduates of master's level programs in counseling or an associated behavioral health arena (with an emphasis on education and training in counseling theories and techniques, group counseling, professional issues/ethical standards and the law, multicultural concerns, research and the process of supervision, as well as coursework in the specialized areas of addiction recovery) bring to the addiction recovery profession a client centered, strength based, holistic philosophy and the associated, highly specialized, evidence based practices that support the complex needs of persons seeking recovery.

It is important to note the following:

1. Licensure requirements in CT for an LMFT include a graduate degree in Marital and Family Therapy;
2. Licensure requirements in CT for a LCSW include a graduate degree or doctorate from an accredited social work program;
3. Licensure requirements in CT for an LPC include a master's degree or doctorate in counseling, psychology or a related behavioral health/mental health program

It is vital that CT maintains the same high standard of a master's level education in professional counseling or a related behavioral health field for candidates seeking licensure as an LADC.

It is also important to note the following:

1. ACA, the American Counseling Association, advocates for the requirement of a master's degree in counseling as a national standard for licensure in all fields of behavioral health.
2. NAADAC, the National Association for Addiction Recovery Professionals, requires candidates for NAADAC's highest certification as a Master Addiction Counselor have earned a master's degree in counseling, family therapy, psychology or another related human services.
3. The National Board for Certified Counselors (NBCC) requires a master's degree in counseling in order to gain National Certified Counselor (NCC) recognition. NBCC also provides the Master Addiction Counselor recognition to those persons who have

earned a master's degree in counseling and NCC status and demonstrated education and skills in the highly specialized area of addiction recovery counseling.

Connecticut has always provided national leadership in developing professional standards and programs to meet the needs of its residents seeking recovery. By reinstating LADC licensure requirements for a master's degree or higher in counseling or a behavioral health field (with specialized coursework and training in addiction recovery counseling), Connecticut's LADC licensure will be consistent with the same high standards of education and training that it requires of other professionals licensed by the CT Dept. of Public Health and by national professional organizations and certifying bodies and federal agencies.

Reinstatement of the LADC requirement of a master's degree in counseling or another associated behavioral health program discussed above not only will enhance the meaning of CT licensure as an LADC, but also promote the highest standards of education, professionalism and leadership for present and future clinicians who work with CT residents seeking their stated goals of recovery.

Thank you.

Judith Rosenberg, PhD, CRC, LPC
Professor Counselor Education and Family Therapy
Coordinator Professional and Rehabilitation Counselor Program
Central Connecticut State University
New Britain, CT

CARE
Consortium of Addiction Recovery Educators
Founder

Maggie Amara, MS, LADC, LPC
Adjunct Faculty
Professional and Rehabilitation Counselor Program
Central Connecticut State University
New Britain, CT

CARE
Consortium of Addiction Recovery Educators
Member

March 2013

0

Raised Bill No. 1065 LCO No. 4107

My name is Michelene Longo. I have been a practicing Substance Abuse Counselor for the almost twenty years and can attest to the unique and specialized skills need to work in this field and with the varied population that we as licensed professionals see every day. It takes specified training and education in conjunction with on-going clinical supervision from other Licensed Alcohol and Drug Counselors (LADCs), on-going training in the field and a good amount of experience.

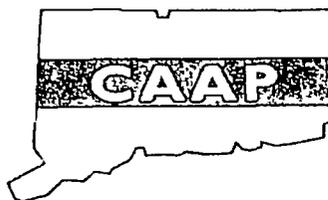
Contrary to popular beliefs and stereotypes, signs of substance abuse and dependence are not always apparent or what one might believe they should be. Unlike what we see on television and in the movies, many of those with substance abuse issues are functioning reasonably well from outside appearances, paying bills, raising families and holding down jobs. They frequently are seen by medical or other helping professionals for what seems to be issues unrelated to substance use or abuse. Without specialized training and education, most of these other professional miss the subtle signs of abuse and addiction and will be treated for the consequences of their substance use rather than the core problem of substance abuse or addiction.

Perhaps the best way to illustrate this is to compare LADCs and others in the human services field to those in the medical field. For example, assuming that a Licensed Clinical Social Worker (LCSW) has the same skills, training and knowledge to accurately recognize, diagnose and treat substance abuse disorders would be like saying my dermatologist is just as capable as my cardiologist to treat my heart condition just by virtue of being in the medical field. I know when it comes to my medical health, I want to rely on those with specialized and specific education and training. The same should hold true for substance abuse issues.

I would like to thank you for your time and I hope you can support efforts to strengthen the standards for licensed addiction professionals in CT.

Michelene M. Longo

Michelene M. Longo, LADC



CT Association for Addiction Professionals

Raised Bill No. 1065 LCO No. 4107

To: Sen. Gerrantana and Rep. Johnson, Co-Chairs of the Public Health Committee

Date: 3/13

Submitted: John Forlenza-Bailey, LADC

Please restore the prior existing language for criteria of the Licensed Alcohol Drug Counselor by repealing Section 10 (pertaining to Alcohol and Drug Counselors) of PA-12-197SHB5514. It is the right thing to do.

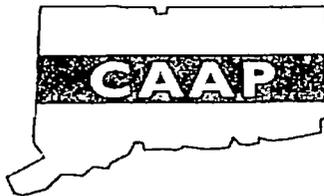
I have been a substance abuse professional for over 30 years, and it is distressing to have our profession degraded by the current criteria to obtain licensure as a professional drug and alcohol counselor. How can someone without proper training regarding evidenced based theory and limited experience provide adequate rapport and skills to adolescents and adults in need of our counseling services? This recently new mandate is like going to Jiffy Lube to get a transmission done. It is just not adequate, and insurance companies will be hard pressed to reimburse a professional without understanding evidenced based theory and having adequate training hours accrued to which previous LADC have had historically. I am strongly urging you to support the enhanced educational (masters in behavioral health science) and knowledge and skill based training in alcohol & and drug abuse counseling.

Without proper training, supervision, and education regarding substance abuse issues that can only be obtained by learning the theory and practice from other substance abuse professionals; the untrained, unsupervised, and limited educated individuals will surely be doing more harm than good when practicing as unskilled clinicians to a complicated chemically dependent population. To attempt to counsel the addict and alcohol as a master's prepared individual without such expertise is simply unethical.

"Primum non nocere" meaning "first, do no harm" is the credo of any ethical professional counselor. Our legislature needs to support such ethics in our professionals.

"Watering down" therapy by legally allowing less than qualified LADCs may be cost effective short term. However it is not cost effective in the long run when the results of such treatment are reflected in the client's family, community, employment, not to mention legal and rehabilitation expenditures.

Thank you for your time. Again, please restore the prior existing language for criteria of the Licensed Alcohol Drug Counselor by repealing Section 10 (pertaining to Alcohol and Drug Counselors) of PA-12-197SHB5514. It is the right thing to do.



CT Association for Addiction Professionals

Raised Bill No. 1065 LCO No. 4107

March 2013

My name is Doreen Krupp and I am the Immediate Past President for the CT Association for Addiction Professionals, (CAAP). My credentials include a Masters Degree in Counseling Psychology, Substance Abuse Professional (SAP) for the U.S. Dept. of Transportation and a Licensed Alcohol and Drug Counselor (LADC) in private practice.

I would like to thank the Co-Chairs of the Public Health Committee for the opportunity to submit testimony on Raised Bill No 1065.

I respectfully request that the Public Health Committee add a critical educational requirement that new applicants have a Masters degree in the behavioral health sciences

Licensed Alcohol and Drug Counselors (LADC's) play a vital role in the new integrative model of healthcare that includes an evidence-based specialized skill set involving assessing/diagnosing and treatment of substance abusing individuals. Another critical component of delivering quality care to individuals involves assuring individuals receive quality continuum of care between primary care health providers and behavioral health treatment professionals. The elimination of the master's educational requirements and the 240 hours of critical alcohol & drug abuse knowledge reduces the skill set competencies necessary to practice of addiction treatment in the manner in which all CT: pre-adolescents, adolescents, older adults and ex-offenders, deserve in CT.

Currently, the LCSW, LMFT, and LPC professions' credentials meet behavioral health standards accepted by private and public insurance carriers for reimbursement of services rendered. As CT prepares for the implementation of the Affordable Health Care Act, and if the licensure revisions are not corrected, the vital services of CT addiction professionals may not gain provider status as the current licensure does not meet and comply with professional standards required by public and private insurers. It is not at all palatable to consider my education journey, along with my 26 years of experience in the addictions field, cherished career path and livelihood could have no professional merit .

Excluding almost 700 Licensed Alcohol and Drug Counselors (LADC's) in CT from the insurance exchanges or other parts of the implementation of the Affordable Care Act will critically impact their employability as well as place their job stability at risk. CT, along with its residents, will loose an essential provider in healthcare for its insurance exchanges.

Again, as one of many CT Licensed Alcohol and Drug Abuse Counselors, I respectfully request that our General Assembly revisit the LADC Licensure requirements revised in 2012. This will assure that our residents are receiving care from the best trained addiction professional now, and going forward into the future. We have an obligation to meet the complex and complicated care and enormous changes we will inevitably face with this specific population and healthcare system in a manner that has a gold standard.

I'd like to thank you for your time and I hope you can support our efforts to strengthening the standards for licensed addiction professionals in CT

Doreen M. Krupp



CT Association for Addiction Professionals

March 20, 2013

Testimony in favor of SB No. 1065

An Act Concerning Licensed Alcohol and Drug Counselors

I am Roby Rowe, LADC, LMFT, Public Policy Chair for the Connecticut Association of Addiction Professionals. I am here to testify in favor of SB 1065.

I want to begin by thanking the committee and the co-chairs for raising this bill.

My comments will primarily focus on the need to require a master's degree in a behavioral science field as a prerequisite for being granted an LADC.

You are undoubtedly aware that substance abuse is one of the primary, if not the primary public health issue our state and nation face. Having a workforce with the highest preparation to address these complex issues is critical to our state not only being able to meet current demands, but also the additional demands when the Affordable Care Act provides coverage, hence treatment access, to increased numbers of persons needing it, as well as the increased services to population segments being advocated for by a variety of state initiatives. The latter includes increasing services to ex-offenders, the elderly, and adolescents needing inpatient treatment within state borders.

There is a lot of difference between a planned comprehensive course of study in a behavioral health science and a degree in any other field of study. A planned program ensures the integration of the counseling-related topics into a larger view, providing a comprehensive picture of a professional field. It would most likely include courses such as Developmental Psychology, Abnormal Psychology, Family Dynamics, the latest Diagnostic Methods, complexities of Co-Occurring Disorders, Ethical and Legal Issues, Multi-Cultural Issues, Group Counseling, and Counseling Theories, as well as treatment methods, studied in a planned sequence. Such a program would also be more likely to include the most up-to-date methods, as well as exposure to the latest research. Selecting an assortment of counseling-related courses and adding them to a master's degree in an unspecified field is a seriously diminished option.

When agency hiring managers become aware of the reduction in standards caused by the 2012 revisions, they may well no longer actively seek LADC's to serve their substance-affected clients. This would most likely reduce the quality of service to these clients, and could lead to additional public expenditures in the areas of public safety, criminal and family courts, and school remedial services, to name a few. Potential private practice clients may be less likely to seek an LADC. When LADC's apply to become part of an insurance panel, they may encounter larger problems than they already do when this reduction in standards becomes known in the insurance arena.

There is an ever-increasing emphasis on evidence-based practices—those with research-proven efficacy. Furthermore, there is increasing emphasis on faster implementation of research-proven methods into actual clinical practice. The public counts on you to ensure that only the most qualified practitioners are granted highest level credential in the treatment of substance abuse—the LADC.

I respectfully trust you will protect Connecticut's reputation for the high standards of its LADC and pass SB 1065 with the inclusion of language **requiring a “Master’s Degree in a behavioral science field...”**

I appreciate your attention and consideration.

Roby Rowe, LADC, LMFT
Public Policy Chair
CT Association of Addiction Professionals (CAAP)

860.956.8473
rarowe@snet.net



THE ASSOCIATION FOR
ADDICTION PROFESSIONALS

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World Wide Web www.naadac.org

1972-2007 Celebrating 35 Years of
Serving The Addiction Profession

19 March 2013

To: *CAAP/CT*

RE: Licensure Law Hearing Raised Bill No. 1065 LCO No. 4107

Dear Licensure Law Hearing Commission.

On behalf of NAADAC, the Association for Addiction Professionals, which represents the professional interests of more than 75,000 addiction counselors, educators and other addiction-focused health care professionals in the United States, Canada and abroad, I am writing to you concerning the proposal to change the current rules governing substance abuse and behavioral health counselors in the state of Connecticut.

As you are aware, current rules governing the licensure of substance abuse and behavioral health counselors has taken out the requirement of specific substance use disorder education. NAADAC supports the statement that the licensure law has a requirement that persons licensed earn a masters degree from a regionally accredited college or university and the masters degree should be in a behavioral health science.

NAADAC also supports the importance of having substance use disorder education and specific training as part of the requirement for licensure. This requirement lines up with the Substance Abuse Mental Health Administration (SAMHSA) National Scopes of Practice that has been accepted as a credible and reasonable requirement for those serving substance disorder patients. Currently, there are 17 states that have a licensure law supporting substance use disorder specific licensure and supporting specific education and training requirements. With the Affordable Care Act coming into practice by January 1, 2014, there are many more states currently working on a Substance Use Disorder licensure law. These laws and rules support the protection of the patient to receive care that is specialized to the needs of their disorder. Just as one would not send a heart disease patient to a dentist, one would not send a substance use disorder patient to a general counselor who has[^] been educated and trained in the specific disorder or substance use.

Further, NAADAC believes that only licensed addiction professionals are qualified to provide clinical supervision for those working to become licensed addiction professionals.

We feel that this is in line with NAADAC's Mission Statement and Vision Statement:

NAADAC's Mission Statement

"NAADAC's Mission is to lead, unify and empower addiction focused professionals to achieve excellence through education, advocacy, and knowledge, standards of practice, ethics, professional development and research."

Adopted 1998

NAADAC's Vision Statement

"NAADAC is the premier global organization of addiction focused professionals who enhance the health and recovery of individuals, families and communities."

Adopted 1998

Thank you for your time and consideration.

Sincerely,



Cynthia Moreno Tuohy, NCAC II, CCDC II, SAP
Executive Director



CT Association for Addiction Professionals

March 20, 2013

Testimony in favor of SB No. 1065

An Act Concerning Licensed Alcohol and Drug Counselors

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I respectfully trust you will protect Connecticut's reputation for the high standards of its LADC and pass SB 1065 with the inclusion of language **requiring a "Master's Degree in a behavioral science field..."**

I appreciate your attention and consideration.

Roby Rowe, LADC, LMFT
Public Policy Chair
CT Association of Addiction Professionals (CAAP)

860.956.8473
rarowe@snet.net

Lillian
Kaplan

004434
Hamden, CT

Born in New
Haven

9/6 in July

- >
- > Hello Dad, Desmond, Margie, Anne, Bruce, David, Liza, Beckie, Kerry,
> Snow, Dave, Sylvia, Amy, Glenn, Josh, and Isabelle:
- >
- > I hope you are all well. I am writing to tell you that I have decided to
> end my life soon, by my own hand. I have made this decision, after much
> careful thought, on my own because it is the only way to avoid much more
> devastating suffering for myself and for Merrily. I am sorry if this is
> shocking or upsetting to you.
- >
- > We are now about to hire a part time aid to supplement the four hours of
> aid time we get from Medicare; but before long I will need full time
> professional care. Right now Merrily wakes up in the middle of the night
> and turns me; before long I will need more attention than she can give
> me at night. Eating is becoming very difficult because my right arm is
> weakening (the left is far worse than the right). Many other everyday
> activities are impossible or nearly so for me to do alone. As you know,
> it's precarious for me to stand, let alone take a step. I am severely
> fatigued all the time, and often intensely anxious. At times it's hard to
> open my left eye, and that will worsen. Worst of all, breathing is
> slowly becoming more difficult.
- >
- > It's not only these basic manual things that I can't do. I don't really
> have a creative life because creativity takes energy, and my energy
> level is so low I need to nap and rest constantly. I can't get out
> easily and participate in the world—it takes a caregiver and enormous
> amounts of time and preparation to do that. I become strangely anxious
> when anything fast moving or loud or bright or sudden happens. It's a
> process of shutting down, I think. I have stayed this long because I
> wanted to be sure there was no chance of arresting the progression of
> the disease, because I love seeing all of you and I love life. There is
> nothing very compelling that I can do, and life is becoming diminished
> day by day. With ALS, for me it's necessary to pick a point that is enough,
> because it's possible to be kept alive for years, locked in to a
> motionless body, unable to communicate in meaningful ways, and that is
> unacceptable to me.
- >
- > In fact I have had a fabulous life and done nearly everything I could
> want to do, gone nearly everywhere I could want to go, and had nearly as
> many wonderful people in my life as I could expect to have.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 16
4857-5191**

2013

Daniel P. OKeefe, Registered Counselor in Training
2 Minterburn Court
Vernon, CT 06066

Public Health Committee
Room 3000, Legislative Office Building
Hartford, CT 06106

March 20th, 2013

Re: Raised Bill No. 1065: To change a requirement concerning an applicant's eligibility for a license as an alcohol and drug counselor.

To the Connecticut General Assembly Public Health Committee:

To expedite this correspondence, I will omit the details of the matter at hand and move directly to my vehement support of the passing of bill No. 1065.

The entry into the addiction counseling field should not be a mere post graduate afterthought requiring only a semester's worth of education in counseling.

A student or professional deciding to enter this field must not only demonstrate their prowess as a potential licensed drug and alcohol recovery counselor, they must show a dedication to the educational specificity required.

This must require an education and practicum which marries all facets of the professional's pursued behavioral health education directly to drug and alcohol counseling.

The bill passed in June, 2012, which allowed professionals and students to all but circumvent this vital requirement, is tantamount to allowing an individual with an MA in Anthropology to become a licensed alcohol and drug counselor by simply completing six classes in counseling at the graduate level.

Our credibility as professionals, the safety of our clients and the welfare of our community's health as a whole are all at stake today.

I trust that this committee will see the importance of the passing of this bill.

Daniel P. OKeefe
Registered Counselor in Training
Student, Manchester Community College's
Drug & Alcohol Recovery Counselor Program (DARC)