

California Comprehensive Addiction Recovery Act:

ALCOHOL DRUG COUNSELOR LICENSURE

Fact Sheet

SUMMARY

This bill would establish licensure provisions relating to alcohol and other drug (AOD) counselors to be administered by the State Department of Consumer Affairs (DCA). The bill would authorize DCA to assess fees and establish the Advanced Alcohol Drug Counselor License Fund for revenue and expenditures relating to this bill. Additionally, this bill would authorize DCA to require counselors to submit to fingerprinting and background checks, and to impose sanctions for counselor misconduct.

BACKGROUND

There is currently no statutory authority for DCA to impose quality or consumer protection measures for AOD counselors working outside of licensed and certified facilities, putting consumers at risk. Proposition 64, the Adult Use of Marijuana Act, requires that 60% of revenue collected from the taxation of marijuana be allocated to addiction prevention, education, and treatment. Conservative estimates project some \$600 million in new funding for addiction treatment for California youth will be generated by the initiative.

At this time there is a critical shortage of counselors for addiction treatment. There are an estimated 3.5 million persons with diagnosable substance use disorders in California, there are less than 20,000 alcoholism and drug abuse counselors of an unknown competency level currently certified by private credentialing bodies in California. California employs fewer SUD counselors per population than the national average.

California addiction treatment providers list inability to recruit and retain counselors as one of the top three issues impacting capacity expansion. Bureau of Labor Statistics reports that addiction counselors earn an average of about \$40,000 a year.

Stressful workloads in a profession that involves treating a life threatening disease can have an effect on many counselors. Roughly one of every four substance-abuse clinicians chooses to leave the job in the United States every year. The majority of those leaving the field after obtaining a master's degree seek licensure by other mental health boards, thus truncating the profession.

The Affordable Care Act (ACA) requires that participating exchange members maintain accreditation by the National Committee for Quality Assurance (NCQA). The NCQA requires behavioral health practitioners to be licensed in order for a plan to maintain accreditation. Because California is one of the minority of states without licensure for AOD counselors, patients are being referred to other licensed professionals with little training or education in AOD treatment. Others are being referred for expensive inpatient treatment where early intervention in a private practice setting would have been more appropriate and economic. Funding for treatment via the ACA can be accessed for Californians if AOD counselors were to be licensed.

Counselors providing care in licensed AOD facilities are regulated by DHCS. DHCS is currently forwarding new regulations using its existing authority to certify and register AOD counselors via private certifying organizations. These organizations must meet certain criteria, including achieving a National Commission for Certifying Agencies (NCCA) accreditation, to participate in the certification process. These regulations apply only to staff of licensed or certified facilities. There are no laws protecting consumers outside of a facility and regulations created and enforced by DHCS do not allow counselors to provide service in a private practice setting under the ACA.

Existing law does not require criminal background checks for AOD counselor providing services outside of a licensed or certified facility. These

counselors have unsupervised contact with clients. The State has a responsibility to protect all vulnerable individuals from coming into direct contact with people who could cause them physical or emotional harm while receiving AOD services. Individuals suffering or recovering from alcohol and other drug dependency are particularly vulnerable.

PREVIOUS LEGISLATION

SB 1101 (Wieckowski), 2016 – Held in Senate Appropriations
SB 707 (DeSaulnier), 2010 – Held in Senate Appropriations
AB 239 (DeSaulnier), 2008 – Vetoed.
AB 1367 (DeSaulnier), 2007 – Held in Assembly.
AB 1100 (Longville), 2004 – Held in Assembly.
AB 2571 (Longville), 2004 – Held in Assembly.
SB 1716 (Vasconcellos), 2001 – Held in Assembly.
SB 537 (Vasconcellos), 2001 – Vetoed.

THIS BILL

This bill improves access to addiction treatment; reduces the cost of addiction treatment by providing services in a private practice setting in the early stages of the disease progression; provides enhanced consumer protection; and supports the goal of the California Comprehensive Addiction Recovery Act (CCARA), to create the nation’s first “on demand” treatment system for addiction. The bill provides:

- A prohibition from practicing AOD counseling outside of a licensed or certified facility (with some exceptions);
- Authority for DCA to license AOD counselors in California;
- Standardized criteria on qualifications for education, training, and experience for licensed counselors;
- Authority for DCA to conduct background checks on all individuals applying for a license to be an AOD counselor and impose this authority for existing counselors during the renewal process;
- Authority to impose sanctions on AOD counselor’s for misconduct and implement an appeals process for those sanctions;
- Authority for DCA to assess application, renewal and penalty fees; and
- Authority for DHCS to approve certifying organizations to create certification for interventionists, peer support professionals and recovery coaches.

STATUS

SUPPORT

- California Consortium of Addiction Programs and Professionals

OPPOSITION

FOR MORE INFORMATION
