



California Consortium of
Addiction Programs and
Professionals

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Dear Ms. Wunsch-

As per your suggestion at the November 20, 1115 Waiver Renewal - Workforce Expert Stakeholder Workgroup meeting, the California Consortium of Addiction Programs and Professionals (CCAPP) has the following recommendations for the workgroup:

1. To meet the workgroup's goals for integrating SUD services: Include in the waiver a pilot project to allow primary care providers to position AOD counselors onsite. Onsite counselors would provide case management, initial assessment and referral services, as well as brief treatment. Providing onsite counselors would reduce time constraints for physicians, while providing necessary cross training regarding addiction. Having a specialist available would make a tremendous impact on appropriate referrals. It would also provide integration benefits via the knowledge base each counselor brings from local experience with treatment modalities and professionals.
2. To meet the workgroup's goals to reduce frequency for high utilization patients: Include a pilot project that would allow certified SUD counselors who hold advanced certificates, more than five years' experience, documentation of an approved background check, and documentation of current liability insurance to provide services in a private practice setting. Create a provider network of private practitioners for substance use disorder utilizing the California Consortium of Addiction Providers and Professionals (CCAPP). Treating addiction at earlier stages in the disease progression, in a private practice setting, reduces costs associated with institutional care.

3. To meet the workgroup's goals to increase capacity for substance use disorder practitioners:

Create incentive programs for training and reimbursement for costs associated with professional certification. Include AOD counselors in scholarship funding to reimburse certified counselors for education, testing and certification fees. Provide funding for applicant groups to train and educate substance use disorder providers. Using the New Hampshire waiver application as a model (attached), California could specify SUD treatment provision as a known shortage and build in improvements to address shortages.

Thank you for considering these important recommendations for workforce development. CCAPP leaders and the counselors and programs they represent are available to assist the workgroup in its endeavor to address the implementation of the SUD essential benefit for Californians.

Please inform us as to "next steps" in this process.

Sherry Daley

California Consortium of Addiction Programs and Professionals

New Hampshire 1115 Waiver – Invest in Behavioral Health Workforce Development

One of the State’s population health focus areas, as outlined in the SHIP and Collective Action – Collective Impact, is to address substance misuse by reducing the non-medical use of pain relievers and drug-related overdose deaths in the State.

Meeting these goals will require a stronger workforce capable of providing enhanced behavioral health treatments and services and addressing behavioral health co-occurring disorders. To address this need, DHHS proposes a grant program that would fund training education and workforce development programs focused on behavioral health treatments and services. New Hampshire is experiencing shortages of psychiatrists and other treatment staff. Over one third of New Hampshire is designated a “mental health professional shortage area” by the Health Resources Services Administration.³¹ Figure 7 shows the degree of mental health professional shortage area across New Hampshire. According to the Ten Year Mental Health Plan , the availability of adequately trained staff is a significant challenge that directly affects service quality in both inpatient and outpatient settings, in addition to staff wages and staff turnover. This challenge will increase with the advent of a SUD treatment benefit in July 2014 for NHHPP enrollees.

To access this funding pool, hospitals, health systems, community providers and/or professional associations will submit proposals and funding requests to DHHS for review and approval.

Curriculum components may include, but are not limited to:

- Crisis intervention;
- Crisis stabilization;
- Emergency Departments and related continuum of care;
- Related mental health co-occurring disorders;
- Neonatal abstinence syndrome (NAS);
- Screening, Brief Intervention and Referral to Treatment (SBIRT);
- Substances misuse and abuse trends;

- Navigating the SUD provider network.
- Alcohol abuse;
- Adolescent use of marijuana; and
- Prescription drug abuse.

The proposed initiative would promote improved access and quality of care by supporting the development of the health care workforce. By using an application approach with providers, this program would incentivize hospitals, health systems, community providers and/or professional associations to create and customize behavioral health workforce training programs to attract and stabilize their workforce.

This training grant would be administered by DHHS, and payments would be specific to each award.

Funding for activities related to this behavioral workforce development initiative will be distributed directly by DHHS.