

A Case Study: CAAP's 2013 Legislative Initiative

Success Restores and Enhances Licensure for Alcohol and Drug Counselors

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Addiction-focused professionals are facing challenges throughout the nation as the regulatory environment changes. This submission outlines how addiction professionals in Connecticut managed their response to the change. – Editor.

Introduction: A Radical Change Impacts on the Connecticut Addiction Specialists Workforce

In 2012, an amendment was added to the Connecticut statute governing Licensure of Alcohol and Drug Abuse Counselors (LADC) on the last day of the sitting of the General Assembly. There was no public hearing or even advance warning to the Connecticut Association of Addiction Professionals (CAAP), stakeholders and/or consumers that the legislation was being considered.

This amendment stripped the licensure of its alcohol and drug abuse-specific educational credentials and Master's degree requirements. The change severely impaired the professional standing of the Master's level, licensed addiction specialist in meeting national behavioral health credentialing. As a result, the licensing requirements no longer maintained professional parity with the licenses of social workers, marriage and family therapists and professional counselors. The profession, and all those who relied on its services, was in serious jeopardy.

By the Spring of 2013, the LADC workforce had begun to experience erosion of employment opportunities across the state. Agencies, which historically recruited LADCs, were recruiting LCSWs, LMFTs and LPCs instead. The result was indisputable: licensed addiction

specialists had lost professional standing as a key provider in Connecticut's behavioral health network of services. Unless something changed, the weakened license with the amended credentials would also prevent LADCs from future participation in health services offered under the Affordable Care Act.

Taking a Stand: Preparations for Legislative Campaign

In late 2012, CAAP reviewed the licensure problem. As Public Policy Chair, I had led the original licensure legislative initiative over a three year period, which culminated in achieving licensure for the state's master's level alcohol and drug counselors in 1998. I wanted to build on that experience to help change the new, flawed regulations.

CAAP mapped out a strategy educate legislators on the impact of the changes and initiate a positive effort to strengthen the licensure rules.

Phase I: The Initiation Phase – Presentation of the Legislative Goals and Objectives

From February–April 1, 2013, CAAP worked to create an environment for change. The first step was to create a legislative initiative team consisting of seasoned advocacy campaigners. These experienced hands would help map out a strategy to contact key influencers and legislators to improve the state regulations.

The association made a decision to actively advocate for a behavioral health sciences degree requirement in order to gain professional parity with our behavioral health peers. All public and written testimony presented strong evidence that supported this new requirement. At a key Public Health Committee Hearing, CAAP made a strong showing. Questions and comments appeared to render support of the changes to the licensure.

In April 1, 2013, CAAP suffered its first major defeat. The licensure bill with the revisions suggested by CAAP was voted out of Committee with only 300 hours of substance use disorders-specific education. The Republicans unanimously voted for the new Master's degree requirement, but the Democrats, including both Chairs, voted for only the restoration of the educational requirements. Ultimately, the support of the Republicans would emerge as an important factor in the final days of the legislative session.

Phase II: Facing the Challenges and Obstructions to Legislative Passage – Lobbying Campaign

From April 1–May 15, 2013, CAAP changed its strategy from diplomatic influencing to aggressive lobbying. The association built a strong e-mail and phone call



Former NAADAC Regional Vice President Barbara Fox testifies before the Connecticut Public Health Committee.



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Testimony at the Public Health Committee on the legislative changes to the laws regulating addiction counselors in Connecticut.

campaign to leaders of the Senate and House and the Co-Chairs of the Public Health Committee. The message was clear: bring forward legislation with critical educational requirements and make an amendment to include the behavioral health sciences degree. The campaign included an e-mail blast to all state legislators with a simple, strong message emphasizing the impact of the new regulations on their constituents, who were struggling with active addiction.

The campaign received a boost when a Senator from the minority party filed the needed amendment to add a behavioral health sciences degree to the licensure regulations in April 2013. In Connecticut the Republicans are the minority party, but this amendment was helpful as symbol of support.

The campaign received a critical victory when CAAP met with the leaders of the legislature's Public Health Committee. The campaigns and research won the support of the two Co-Chairs of the committee, a key victory as they were charged with drafting the Bill with the amendment.

Phase III: Racing Against Time

May 15–June 4, 2013; historically, all important bills are left to the end of the General Assembly. CAAP had to contend with critical legislative issues like the budget, which was the most hotly contested legislative act in 2013. Time was running out: the legislation had to be voted upon in both chambers by June 5th.

To ensure that this important legislation came to a vote, CAAP led a tight, continuous lobbying campaign through e-mail, phone and by face-to-face. With each phase of this initiative, the association gained greater presence and support in the legislature. The association's mission was to go around and over every obstacle to pass the legislation.

As a part of this campaign, the Senate Co-Chair of Public Policy, who initially opposed the desired changes to the Bill, became one of its strongest advocates for passage.

The Bill passed the Senate on June 1, 2013 with a unanimous vote, but this was only half of the battle.

Over the next three days, the CAAP team experienced anxiety, dread and joy due to the number of changes in our strategic playbook. The key to our success was flexibility in process, strong communication lines and unrelenting effort.

Our focus for the last days was the intense lobbying of the Democratic leadership to get the legislation to a vote in the House.

Once again, the House Co-Chair of the Public Health Committee, who initially opposed the Bill, became our greatest champion in the House. She reported that on the last day of the Session the Republicans were critical because they could bring the process to a halt.

Important bills were “traded” for pet legislation to secure a place on the Speaker's final Call for a Vote List. Because the ranking Republican member of the Public Health Committee had been a strong supporter of the enhanced license since the Public Hearing, he ran the advocacy with the House Republican leaders. A deal for the Bill to be called was reached around 10 p.m.: two hours before the close of the Session.

Time was not on our side. At seven minutes before midnight (the end of the session), I received a message. It read “It is going to go.” At three minutes before midnight, a new and enhanced license for LADCs legislation passed the House of Representatives by unanimous consent.

The Bill was signed into law on July 12, 2013 by the Governor. The law marked a new era for Connecticut's workforce of addiction professionals. Licensure's credentials gain professional parity with their behavioral health peers — LCSWs, LMFTs and LPCs. And most importantly, the new legislation ensures statutory best practice standards for consumers with substance use disorders.

The passage of the 2013 legislation was the result of a coalition of addiction specialists, legislators and influential individuals committed to best practice treatment for Connecticut individuals, families and significant others who struggle with substance abuse.

Lessons Learned

In looking back at our success, there were some key components that helped us achieve success. These aspects can be adopted by other professionals striving to build relationships and make an impact with their state's legislators.

Develop an Advocacy Team

Legislative advocacy was the most important factor in the success of this initiative. The core of the Connecticut Association Addiction Association's advocacy consisted of individuals who possessed experience in participating in past legislative campaigns. From the outset, the group developed a set of goals for this initiative: unity of message and action; consensus on strategy development and change; inclusive and transparent communication to all members regarding the legislative process; and most importantly a commitment to ensuring that the license ensured best practice standards for state consumers seeking substance abuse services.

Communication Strategies

The CAAP team established essential tenets of communication for all stages of the initiative: “Speak with One Voice.” The leader of the initiative mapped out participants' contacts with legislators; engaged new individuals in the advocacy process; approved all electronic messaging; presented supportive documentation and evidence; and coordinated phone lobbying. Team members had witnessed the negative impact of individuals who had “gone rogue” in their previous advocacy experiences. The leader and the team reviewed and approved various forms of lobbying material through group consensus. The CAAP team and their supporters were kept informed in real time. This practice prevented “splitting behaviors” and power struggles that would have threatened the cohesive momentum of the initiative.

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Know Your Opposition

Before even attempting to construct a legislative campaign, it is crucial to identify the “who, what and why”: legislators, state government agencies, behavioral health providers and others who may have a solid reason to work against the campaign’s goal. As an example, when the Connecticut Federation of Alcohol and Drug Counselors (CAAP’s former name) conducted its initial campaign for licensure in the late 1990s, it took three years. The process was so laborious because the opposition came from many quarters, including alcohol and drug professional organizations and individuals. The opposition from within our own field made it easy for legislators to dismiss the need for a Master’s level license and keep certification as the standard credential. In 1998, the licensure statute was passed, but not without some structural weaknesses, which came back to haunt the field in 2012.

In 2013, the opposition was hidden from the public arena. But in the final two months, CAAP identified the opposition. Because the initiative had gained increasing legislative support, negotiations resulted in support of the new license.

The Lack of Clear National Credentialing Body

Unlike Connecticut licensed LCSWs, LMFTs and LPCs, state licensed alcohol and drug abuse counselors did not have a national credentialing authority. This factor subtly has played into the public and legislative perception that Master’s level addiction specialists are not on a professional par with their behavioral health peers. It reinforced the opposition’s position that the CAAP’s recommended licensure standards would “be too difficult to attain by individuals entering

the field.” The lack of nationally recognized practice requirements was also an impediment to inclusion in private insurance carriers.

All Politics Are Personal

Due to their previous experience in legislative advocacy campaigns, the CAAP leadership team recognized the importance of keeping all forms of communication short, simple and strong. The old political axiom of “staying on message” was critical. Legislators are being lobbied 24/7 and their attention span on a particular issue is quite limited. As professionals, we have the tendency to become stuck in overly technical and abstract verbal and written evidence to support legislative objectives. The CAAP team worked diligently to communicate in ways that were visceral, direct and clearly connected the 2013 licensure reforms to the welfare of legislators’ constituents, who were struggling with active addictions.

While these lessons were applied to a specific initiative, these principles can be implemented in any state, with positive results. No one will advocate on our behalf — we need to stand up and make our presence felt.

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