DEPARTMENT OF PUBLIC HEALTH
ISSUES STATEMENT TO ALL PROVIDERS
ON SCOPE OF PRACTICE FOR LICENSED
ALCOHOL AND DRUG COUNSELORS

SEE PAGE 2 FOR THE TEXT OF THAT CORRESPONDENCE
CCB RESPONSE TO THIS STATEMENT ALSO INCLUDED

The Honorable Elizabeth Esty, Representative from Connecticut’s 5th District, met with professionals and clients alike at Farrell Treatment Center in New Britain, just blocks away from her local office. Topics of discussion included the needs of the community to support long term recovery, treatment funding and ideas on what an appropriate federal response may be to curb the opioid epidemic ravaging our nation.

Pictured, left to right: CCB President David Borzellino, Congresswoman Elizabeth Esty, CCB Executive Director Jeffrey Quamme

Protecting the public by enhancing recovery oriented workforce development.
Dear Connecticut Licensed Mental Health and Substance Abuse Treatment Agencies:

It has come to the Department's attention that there may be some confusion regarding the statutory scope of practice for Licensed Alcohol and Drug Counselors (LADCs) in Connecticut and the types of clients that the law permits LADCs to serve. The scope of practice for LADCs in the Connecticut General Statutes, pursuant to Section 20-74s (a)(4) reads:

"Practice of alcohol and drug counseling" means the professional application of methods that assist an individual or group to develop an understanding of alcohol and drug dependency problems, define goals, and plan action reflecting the individual's or group's interest, abilities and needs as affected by alcohol and drug dependency problems, and may include, as appropriate, (A) conducting a substance use disorder screening or psychosocial history evaluation of an individual to document the individual's use of drugs prescribed/or pain, other prescribed drugs, illegal drugs and alcohol to determine the individual's risk/or substance abuse, (B) developing a preliminary diagnosis for the individual based on such screening or evaluation, (C) determining the individual's risk for abuse of drugs prescribed for pain, other prescribed drugs, illegal drugs and alcohol, (D) developing a treatment plan and referral options for the individual to ensure the individual's recovery support needs are met, and (E) developing and submitting an opioid use consultation report to an individual's primary care provider to be reviewed by the primary care provider and included in the individual's medical record."

The statutes related to LADCs do not restrict the type of client that a LADC can serve. LADCs may provide services to individuals with a substance use disorder, to individuals with co-occurring disorders or to individuals without a substance abuse disorder diagnosis who are affected by alcohol and drug dependency problems. However, like any licensed professional, LADCs must work within the boundaries of the scope of practice for their profession established in statute.

Please be aware that a statutory scope of practice delineates the boundaries of the services a licensed professional can provide within their practice and the services allowed by licensure may or may not align easily with reimbursement decisions by third party payers.

We hope that this information is helpful.

Christian D. Andresen, Section Chief
Practitioner Licensing and Investigations Section

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On behalf of the Directors and staff of the Connecticut Certification Board, I wish to express appreciation to the State of Connecticut Department of Public Health, notably Practitioner Licensing and Investigations Section Chief Christian D. Andresen, for addressing the scope of practice issue for Licensed Alcohol and Drug Counselors in our state. Although the work of DPH regarding licensure has no direct relationship with our agency (other than the use of the IC&RC examination, administered through the CCB), we both are charged with protecting the public through our separate credentialing processes. We are pleased that DPH responded to this, and to the needs of those served, so swiftly.

The CCB has been a national leader in ensuring that our professionals demonstrate the competencies needed to work with individuals who have co-occurring substance use and mental health disorders. We were one of the first states to offer the reciprocal Certified Co-Occurring Disorders Professional credential, developed by subject matter experts and using an independently tested valid and reliable examination. In meeting the current needs of the field, the IC&RC has recently eliminated the separate CCDP credential, choosing to strengthen the Alcohol and Drug Counselor (our Certified Addictions Counselor) credential by ensuring that both the standards and the examination verify the very same co-occurring competencies. I am proud to have been a part of that decision-making and development process at the international level. We invite all those holding a Connecticut LADC to verify your competency in co-occurring disorders by obtaining our legally-defensible CAC credential. Please email Jeffrey Quamme for more information on how the CAC credential offers another level of legal defensibility to your work with individuals with co-occurring disorders.

REMEMBER, PERMISSION TO TREAT DOES NOT GUARANTEE COMPETENCY
Trump's Opioid Commission Calls for a State of Emergency
And for giving every police officer naloxone, the drug that reverses overdoses
Reprinted from The Atlantic, July 31, 2017, Olga Kazan, Author

A government opioid commission chaired by New Jersey Governor Chris Christie has called for President Trump to declare a state of emergency in dealing with the opioid epidemic, which now kills more than 100 Americans daily.

Such a declaration, which several states have already made, “would empower your cabinet to take bold steps and would force Congress to focus on funding and empowering the executive branch even further to deal with this loss of life,” the commission wrote in a report released Monday (July 24). The commission also includes Massachusetts Governor Charlie Baker, North Carolina Governor Roy Cooper, former Congressman Patrick Kennedy, and the Harvard Medical School psychobiology professor Bertha Madras. The report recommended a number of other reforms to opioid treatment and overdose prevention, many of which will make it easier for addicts to get treatment.

They recommend changes to law enforcement, such as arming all police officers with naloxone, a medication that reverses opioid overdoses, and improving the detection of fentanyl at the border. Because most heroin addicts start with prescription painkillers, they recommend improving training on painkiller prescribing for doctors and forcing state prescription-tracking programs to share their information by July 2018. (Forty-nine states have these so-called “prescription-drug monitoring programs,” but not all coordinate with each other, the report notes.)

Finally, the report urges the closing of several loopholes around medication-assisted recovery treatment for addicts. The report recommends that states be granted waivers to allow federal Medicaid funds to reimburse treatment in facilities with more than 16 beds, and that all treatment facilities offer medication-assisted treatment, such as buprenorphine. Some providers believe these drugs don’t constitute true recovery or sobriety.

Regulators, they write, should fine health plans that violate mental-health parity laws, meaning they illegally restrict mental-health or addiction benefits to a greater degree than physical health benefits. Finally, the commission suggests relaxing medical privacy laws so that the families of addicted patients can get updates on their relative’s medical status.

This interim report is expected to be followed with a final report in October. Before then, the commission says it will conduct “a full review of federal funding and programs and obstacles and opportunities for treatment.” Among other issues, it hopes to examine anti-drug programs aimed at kids and “satisfaction ratings” for doctors, which are considered to be a potential factor in the overprescribing of painkillers.

The commission is separate from the Office of National Drug Control Policy, though the ONDCP submits recommendations to the commission. It’s not clear how much of the commission’s report the White House will take up, if any. Trump established the commission through an executive order in March, but in May he proposed cutting 95 percent of the ONDCP’s budget. Reducing funding for Medicaid, as several of the Republican Obamacare-repeal health bills aimed to do, would also severely affect opioid addiction treatment. Medicaid pays for about a quarter of all opioid-addiction treatment prescriptions.

The President can declare a State of Emergency under either the Public Health Service Act or the Stafford Act. Both of these acts require that specific actions take place and focus on different aspects of the situation. I encourage you to research both acts at https://www.usa.gov/laws-and-regulations.

If you have done the research, you can see that declaring a state of emergency under the Public Health Safety Act better meets the needs of those affected by the opioid crisis. Contact your legislators and ask them to demand that the President follow through on his claim to declare a state of emergency and to do so under the PHSA and NOT the Stafford Act.

U.S. Senators: Richard Blumenthal  Christopher Murphy
Representatives: John Larson  Joe Courtney  Rosa DeLauro  Jim Himes  Elizabeth Esty
NCAD: The opioid crisis is a political football, and that’s not good

While addiction remains a bipartisan issue, support for treatment and recovery is not guaranteed, according to Andrew Kessler, JD, principal of consulting firm Slingshot Solutions. Speaking at the National Conference on Addiction Disorders in Baltimore, Kessler noted the attention policymakers are giving the opioid crisis.

“Is the opioid crisis a battle and addiction treatment is the war, or is the opioid crisis the war and treatment is the battle?” he said. “For policymakers, it’s the war, but for advocates, it’s the battle.”

Federal and state legislatures have moved forward on funding and programs for opioid treatment and recovery, but resources are still quite scarce. One point of context to consider is the fact that not every addiction is an opioid addiction - deaths related to alcohol misuse still outpace opioids, and in some areas, methamphetamine is on the rise, Kessler said. It also begs the question of how treatment would be skewed for those with other health issues, including hepatitis C and HIV.

He said it’s important for leaders in the industry “to advocate for the disease of addiction,” rather than for the opioid crisis. A number of politicians want to broadcast their support of measures to combat the crisis, but at the same time, some of them are also signing on to proposals that cut funding, as was witnessed in the many attempts by Republican leadership to dismantle the Affordable Care Act.

Addiction remains a political football, and that’s not a good place to be. Some policies serve to be grand gestures but with little practical impact, Kessler said.

For example, the 21st Century Cures Act earmarked treatment and recovery program funding of $500 million in 2017 and $500 million in 2018. States will decide how to spend the money.

“This money goes away after 2018, but the opioid crisis does not,” he said. “When you come back asking for more, everyone is going to tell you that you already got your money.”

Opioid national emergency

Kessler questioned the value of having the president declare the opioid crisis a national state of emergency since no one truly knows how the declaration will play out in practical sense.

“Washington wants to solve every problem as if it’s acute,” he said. “This is not acute.”

It’s possible that top federal health official Tom Price could relax 42 CFR Part 2 regulations or grant state waivers to overcome the IMD exclusion under the state of emergency. Or, it’s possible that rather than taking a public health approach, federal leaders could take a law enforcement approach and use the emergency to reinforce border control.

Kessler also noted that the state of emergency would have to be renewed every quarter.

“The opioid crisis is number one now, but nothing stays number one forever,” he said.

Andrew D. Kessler, JD, is founder and principal of Slingshot Solutions LLC, a consulting firm that specializes in behavioral health policy. With 15 years of policy experience and over a decade in behavioral health, Kessler is a fixture in circles that advocate for substance abuse treatment, prevention, and research. He is currently under contract with the CCB as Federal Policy Liaison, focusing on SUD workforce issues.

Addiction Professional Magazine
August 22, 2017
by Julie Miller, Editor in Chief
CREDENTIALING INFORMATION

Fall 2017 Dates for the Overview of the Certification Process Overview

This certification overview course is often the first bit of contact people have with the CCB, and with good reason. It outlines, from beginning to end, the process of becoming credentialed with the CCB. It is a required course for those seeking the CIT credential and is offered monthly, thanks to the assistance of the DMHAS Office of Workforce Development. Located in Beers Hall on the CVH campus, dates for the fall months of 2017 are as follows:

*September 12 - October 16 - November 14 - December 5*

Pre-registration is required and walk-ins cannot be accepted due to space limitations. A no-show may restrict your ability to register for other free trainings offered by the CCB.

PLEASE NOTE THAT THIS IS NOT INTENDED TO PROVIDE INFORMATION ON THE LICENSING PROCESS (LADC) IN CONNECTICUT. Any information on licensure must come directly from the Department of Public Health Practitioner Licensing and Investigations Section.

Board certification is used to determine whether individuals are knowledgeable enough in a given occupational area to be labeled "competent to practice" in that area.

CPS Webinar Coming Soon

With support from the Connecticut Certification Board (CCB), the Prevention Training and Technical Assistance Service Center (TTASC) presents a brand-new webinar on the Prevention Specialist certification process. The webinar, available this fall, provides an overview of why and how to obtain your prevention specialist credential. The IC&RC refers to the credential “a certification for your career and your community” and the webinar will illustrate exactly what this means. The short course will cover the requirements for becoming a CPS, the path to certification in CT, an overview of the exam structure and content, and a deeper look at the six prevention performance domains, or areas of professional expertise, that comprise the examination. The CCB will offer 1 CEU for completing this course.

This new CPS webinar can be found this fall at preventiontrainingcenter.org. You’ll be able to register for the webinar on the TTASC website and seek additional guidance on the certification process.

An Ounce of Prevention is Worth a Pound of Cure
- Benjamin Franklin -
CERTIFICATION FAQs

Are there differences between the LADC (Licensed Alcohol and Drug Counselor) and the CAC (Certified Addiction Counselor)? What are they?

There are significant differences in the CAC and the LADC, most notably in who develops, administers each and the purposes that they serve:

1. The LADC is administered by the State of Connecticut Department of Public Health and is covered by a state statute in terms of requirements. In short, the State Senate and House of Representatives make the final determination of the standards based on input from several sources, including DPH themselves and constituents who reach out to their legislators’ offices. The LADC serves as permission to practice in the State of Connecticut.

2. The CAC is administered by the Connecticut Certification Board, a non-profit agency that is part of an international network of boards known as the International Certification and Reciprocity Consortium (IC&RC). The IC&RC develops and maintain credentials by using both national and international subject matter experts to determine not only the competencies required in order hold the credential, but also the specific knowledge and skill factors that make up each competency. The process occurs under the watchful eye of a psychometrician to ensure that the knowledge and skill factors are an accurate representation of the changes in the field that occur, but also that the process and credential are defensible in case of a legal challenge. In short, the CAC is verification of your competency in working with clients with SUDs based upon the most relevant information in the field, with reciprocity available to most other states and several international jurisdictions.

Each credential has its own application process and requirements. We certainly consider a professional holding both credentials to be the “gold standard” in the field, but it is up to the individual to determine which path is best for their needs.

Is the CAC required to get the LADC?

No, the CAC is not required, but we honestly believe that it is in the best interests of yourself, your clients and the field that you hold both.

Why are the requirements for who can sign off on application materials so restrictive?

Applications for the CAC credential must be signed off by a supervisor who themselves hold an SUD specific credential: CAC or reciprocal ADC credential from another IC&RC jurisdiction, Connecticut LADC, Certified Clinical Supervisor (a rigorous IC&RC reciprocal credential) or a Specialty Certificate in Clinical Supervision from the CCB. Although there are many professionals with other behavioral health licenses that have significant experience with SUD clients and supervising clinicians, the legal defensibility of the credential rests on the documented competency of the supervisor with both the people we serve and the professionals working in the field. That competency is best identified by the above reference credentials and required by the CCB.

My former agency refuses to sign off on my application materials, can the CCB compel them to do so?

Unfortunately the CCB will not get involved in situations where a former or current supervisor refuses to sign off on application paperwork. In our experience, if such is the case, the supervisor has an appropriate reason for not signing off. Additionally, it is outside of the scope of the agency to take part in the application process of a candidate since our overall role is to evaluate those application materials.

I have heard that Jeff will only answer certification questions via email. Why is he so reluctant to do so via the telephone?

To limit the opportunity for any miscommunication of both what is asked and what the answer is, all certification questions must be submitted via email. This allows for both the CCB and the applicant to have a record of what each other said for verification later. Documented questions can also be referred to later for clarification should the need arise.

The certification process is expensive. What if I don’t have the money available at the moment?

We understand the financial commitment it takes to complete the application and testing process and that it can be a burden to many. Although we cannot process any applications or allow any candidate to test without pre-payment, we want to do what we can to help. We will gladly offer payment plans to individuals that would benefit from one to spread out the need for outlay of cash. Unfortunately we have no scholarship dollars available to offset costs.

My master’s degree is from an accredited college/university. Why is that not sufficient for the education hours towards the CAC?

The CAC requires that an individual have 300 hours of training and education in courses and/or topics that are addiction specific. Most graduate (or undergraduate) courses in human services are NOT focused on addiction specific topics and are not applicable. As an example, a course entitled “Counseling Theory” focuses on broad, overarching theories, not specifically to the art and science of SUD counseling.

Other questions? info@ctcertboard.org
CCB's International Reach
The CCB is a proud member of the *International Certification & Reciprocity Consortium*, a network of over 50,000 professionals and 78 member boards that cover the globe. The IC&RC is recognized as a global resource that promotes public protection by offering internationally-recognized credentials and examinations for prevention, substance use disorder treatment and recovery professionals.

www.internationalcredentialing.org

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**IC&RC promotes public protection by offering internationally-recognized credentials and examinations for prevention, substance use treatment, and recovery professionals.**

**Public Protection**
IC&RC promotes public protection by setting standards and developing exams for credentialing prevention, substance use treatment, and recovery professionals. Organized in 1981, it has a worldwide network of over 50,000 professionals.

**Evidence-Based Practices**
Quality and integrity are the foundation of IC&RC’s work. IC&RC’s products use the latest research on evidence-based practices, and they are updated every five years and subjected to an extensive process of peer review.

**Member Boards**
IC&RC standards and exams are used exclusively by IC&RC Boards. Each Board is independently run and operated with their own jurisdictionally specific processes. If you want to take an exam or earn a credential, contact the board in your jurisdiction.

We welcome the Korea Certification Board of Addiction Professionals in Seoul, South Korea to the IC&RC network.
B o a r d  o f  D i r e c t o r s
The Board of Directors of the CCB are industry leaders in the state of Connecticut and, in some cases, at the national level. They represent various agencies throughout the state and have experience working with many different vulnerable populations that our certified professionals serve. Many choose to serve on the Board even in light of their many other commitments and provide the guidance that allows us to operate at a high level. A special “Thank you” to the following who volunteer their time and efforts to represent the Connecticut workforce.

E x e c u t i v e  C o m m i t t e e
David Borzellino, Farrell Treatment Center, New Britain, President
Jay Cummings, Gilead Community Services, Middletown, Vice President
Marlene DeSantis, Liberation Programs, Norwalk, Treasurer
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Denise Keane, Perception Programs, Willimantic
Steven Randazzo, Aware Recovery Care, North Haven
Louis Reed, City of Bridgeport

Additional CCB Services for Available to Professionals and Agencies
In addition to credentialing, the Connecticut Certification Board has expertise in several other areas and provides many different services designed to assist in the development of a skilled and competent workforce. To that end, we collaborate with individuals as well as for profit, not-for-profit and even governmental agencies in furtherance of their prevention, treatment and recovery workforce needs. Services include:

Specialized Training Events  Staff Development Consultation
Credential Readiness Review  Examination Prep/Study
Job Postings  Ethics Consultation

Let us also advertise your
Events and Fundraisers  Agency Announcements

We have a network of 1500 professionals on our mailing list that want to know what is happening in the field. Your information will be seen by the audience you are trying to reach. To find out how we can help, contact Executive Director Jeffrey Quamme directly. Let our expertise help you go even further.

I M P O R T A N T !
Please make sure to inform the CCB of any changes to your mailing address, telephone number, employment information and email address to ensure that you receive updates and information in a timely manner. Thanks!
Email changes to info@ctcertboard.org
Training Opportunities

In an effort to enhance the knowledge of our workforce and also to provide training opportunities that may not be offered elsewhere, the CCB will be sponsoring several training events during the fall months. Already booked are “The Missing Link? How Poor Nutrition Propagates Substance Use Disorders” with Craig Gordon, a tireless advocate for proper nutrition (September 11) and “Addressing the Roots of Addiction with EMDR Therapy: An Introduction” on September 29 with Hope Payson, LCSW. Hope is long time social worker with experience in providing EMDR to clients as well as being an EMDRIA-approved consultant. The focus of this event is only to provide information to the participant about what EMDR is and how it can help people struggling with SUDs. This event is designed for information only and is not intended to prepare an individual to practice EMDR.

Additional trainings are being developed by professionals in the field of family therapy, treatment of co-occurring disorders and clinical supervision. Notification of trainings will be sent out through our email list and forwarded to the Connecticut Clearinghouse for distribution through their listserv. Please pay attention to the location of each training event as noted on the flyers. If there are specific topics you would like to see covered, feel free to let us know, we would be glad to look into making it happen.

Leadership and learning are indispensable to each other.
John F. Kennedy
CCB Advertising Rates

Website

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We can also provide with custom packages depending upon your needs, including email notifications and mailing list information for our nearly 1500 subscribers that you want to reach. Contact Jeff for details. Spread your message!

Remember, you represent not only yourself, but your agency, our Connecticut system of care and the profession as a whole.

Professionalism Matters

Do you work with clients involved with DOC or CSSD supervision? Become a Certified Criminal Justice Professional (CCJP). Click [HERE](#) for more information.
Connecticut native and University of Hartford alumnus Vin Baker joins us to tell of his rise to the height of NBA stardom, his fall from that pedestal and his story of recovery and redemption through a focus on what is important to him. This is not to be missed.

Autographed copies of his book “God and Starbucks” will be available for purchase.