

ADP RESPONSE TO CBC MATRIX
5/26/2010

Major Differences:

CAARR, Breining and CADAAC (CBC) have created a title of “Counselor Preparation and Testing Organization” (CPTO) to carry-out certain tasks, such as verifying and approving education, providing education and testing. To qualify as a CPTO however, the organization would have to have been accredited with the National Commission for Certifying Agencies (NCCA) prior to April 1, 2007. This requirement would forever limit CPTOs to the current, existing Certifying Organizations (CO's).

ADP proposes that the work required to carry-out the identified functions and tasks be performed by contractors. ADP's proposal does not specifically identify or name entities providing these functions. Each of the CO's may seek to contract with ADP. The required contract review process will enable ADP to determine the best, most cost-effective proposal(s) to carry-out the required functions.

Section 11975.64 of the ADP proposal requires ADP to contract for all of the following functions and tasks:

- Verification of educational requirements and continuing education hours
- Compiling transcripts
- Verification of hours and place of clinical supervision and work experience
- Assurance that the appropriate test was taken and the score is verified
- Administration of the required test(s)
- Fee collection (The fees were derived from the average charged by the current CO's)
- Obtaining and reviewing State and federal-level criminal offender record information search

Once all data is collected for registration, certification or licensing it will be transmitted to ADP via interface. ADP will be required to maintain a central database. This process will minimize cost and maximize the use of existing infrastructure.

CBC has eliminated the Clinical Supervisor level of certification (CAODC-CS). The CAODC-CS was established and defined through dialogue with stakeholders, including CBC. Supervision, or “administrative” supervision, is primarily concerned with work performance, knowledge and adherence to workplace policies, regulations and laws. Clinical supervision is different from administrative supervision, and encompasses both the clinical practice and professional development of the individual. Research has shown that clinical supervision is associated with increased professional development and decreased workforce turnover. Health Care Reform requires increased medical accountability, including appropriate supervision for those providing direct services. These changes will result in new levels of credentialing required for billing Medicaid and third-party payers. ADP remains committed to the CAODC-CS level to meet the demands of the changing health care environment.

CBC Comments on ADP Proposal	CBC Proposal	CBC Notes	ADP Response
There is no recognition or structure for utilizing existing certification bodies.	Recognizes "CPTOs" - Certification Preparation and Testing Organizations. Defines what organization can qualify for this status and by what means the department can revoke this status.	CBC method is less expensive and does not re-create the wheel The ADP model appears as a complete contradiction of current regulations nor does it utilize any of the current features of the regulation that are working.	ADP's proposal <u>requires</u> ADP to contract with entities to carry-out the specified functions. Any or all of the current certifying organizations could choose to contract (Section 11975.64). Using the current infrastructure would minimize cost and maximize efficiency.
Recognizes WASC and BPVE schools for education.	Recognizes WASC and BPVE schools for education.	All are in agreement that post secondary schools provide invaluable education to this field.	Agreement
Creates an advisory board comprised of a number of non-licensed and non-certified persons, including employers and facility owners who may seek to reduce regulatory efforts to raise quality. Meets at least two times per year.	Creates an appointed board comprised of licensed and certified professionals only. The board has the authority to trigger rule making or reporting from the department. Responsibilities for the board are codified.	CBC proposal more closely follows the licensure board of other professions in both structure and objectives. ADP board is weak and has no specific function. Membership would negate the goals of quality improvement. As previously stated in multiple Little Hoover reports ADP's ability to comply with current statutory authority is troubling and the proposal for a permissive advisory process would be unacceptable for both consumers and counselors.	ADP's proposal specifies that the Advisory Committee advises the Director on issues of public policy such as: treatment, emerging trends in recovery, counselor education ethics and other issues that the Director deems appropriate. It is important that this committee represent all stakeholders, including consumers, providers, advocates and counties in addition to certified and licensed AOD counselors. (Section 11975.46)
Gives the department wide latitude to alter most important sections regarding standards via changes in regulation.	States specifically the limited areas for which regulation would be necessary for <u>implementation</u> and sets time tables to complete.	CBC proposal removes opportunities for the department to change the law without consulting the legislature.	During stakeholder discussions, it was recognized that not all future needs could be foreseen. The goal of ADPs proposal is to provide flexibility, through a balance between statute and regulation, in order to meet current and future needs. We will continue to engage and listen to stakeholders throughout the legislative and regulatory processes.
Does not create any organizational structure to review the education or qualifications of applicants.	Utilizes existing education and certification bodies to determine competency. Requires the department to audit these organizations and sanction or remove those not in compliance.	CBC proposal gives the department <u>appropriate</u> latitude to address set standards via control over the certifying bodies.	ADP's proposal requires the Department to contract with entities to carry-out the specified functions. Implementation is dependent on the existence of contracted organizations and their infrastructure to succeed (Section 11975.64).
Test is confined to several instruments that may or may not reflect the level of credential being sought by an applicant.	Requires that tests be psychometrically validated for the level or credential being tested. Requires the department to audit CPTOs to ensure compliance.	Recognizes existing tests and gives flexibility to update testing methods as necessary. Reduces cost to the department in test administration, creation and redevelopment as the field changes in the future. There are no projections as to what the creation of a test would cost or the components discussed to develop a test or tests.	ADP's most recent proposal reflects amendments made to require that tests be psychometrically validated (Section 11975.50).

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Requires RAODCs to complete numerous hours of education in non-counseling related subjects: co-occurring disorders, recordkeeping, scope of practice, ethics.	Respects the registration process and career ladders of CPTOs.	ADP model would prohibit entry into the field for a large majority of entry-level counselors, causing extreme workforce issues. CBC model encourages registrants through the process, focusing on the skills needed to treat addiction in a <u>supervised</u> environment.	Stakeholders, including CBC representatives, reached consensus that introductory education in <u>counseling related subjects</u> including: co-occurring disorders; recordkeeping; scope of practice and ethics should be required <u>prior</u> to registration as a counselor. Registrants can provide direct counseling services to clients and should have, at a minimum, education in these important areas.
For certification, requires 250 hours of clinically supervised work experience, a recognized test, HS diploma or GED, 350 hours AODA education or AA or BA in AODA or clinically focused major, and passes a background check.	Requires 160 hour practicum (clinically supervised) and 2,080 work experience (clinically supervised), 315 hours approved education, background check.	CPTOs are required to verify education, testing and work experience requirements, subject to audit by the department.	ADP's proposal recognizes either, 2,080 hours of work experience or 250 hours of clinical supervision to receive certification as a CAODC (Section 11975.35(d)). The individual seeking certification at the CAODC level can choose either path. Verification and approval of the hours is done by the contractors. Stakeholders, in open meetings including CBC representatives, reached consensus on the required 350 hours of education. ADP's proposal <u>requires</u> the department to <u>contract</u> with outside entities for the purpose of verifying education and work experience and testing. Entities contracted with ADP will be subject to oversight and auditing by the department (Section 11975.64).
Grandparents currently certified counselors at the certified level.	Grandparents currently certified counselors at the certified level.	All in agreement that currently certified counselors should be recognized.	Agreement
Creates a masters level clinical supervisor position. Allows <u>interns of other professions</u> to supervise AODA interns. Requires 550 hours of supervised work experience (less than what a licensed person is required to obtain).	Respects current supervision requirements of CPTOs. Allows CPTOs to set requirements for type and manner of supervision according to the credential being sought. Allows employers to better match the individual needs of their programs with those provided by the individual CPTO's	ADP model creates an undocumented, unproven supervisor level which establishes supervisors with less experience than supervisees. Master level education is required for supervision at all levels, creating major workforce issues.	ADP's proposal identifies certified counselors to provide supervision of registrants seeking certification as a CAODC (Section 11975.60(f)). ADP's proposal removes interns from providing clinical supervision and allows registrants seeking certification as a CAODC to complete work experience in lieu of clinical supervision. (Section 11975.35(d))

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Grandparents those who are certified as clinical supervisors and hold an “advanced certificate,” and have five years experience.	No grandparent necessary.	Unknown who would be grandparented and if this would diminish the current workforce. Due to the lack of clarity of the ADP model those that have read it fear losing their jobs.	All individuals currently certified will be able to grandparent at the CAODC level. (Section 11975.36) ADP’s proposal specifies the grandparenting provisions for certification as a CAODC-CS and licensure as a LAODC. These provisions no longer require an “advanced certificate.” Individuals will now be able to clearly determine if they will qualify to grandparent at the newly created CAODC-CS level (Section 11975.40(e)(1)(A) or LAODC level (Section 11975.42(e)(1)(A).
For the LAODC the bill licenses persons with psychology and marriage family degrees with no requirement for AODA specific education (except co-occurring and ethics to make sure their own fields are protected). Requires 3,000 hours supervised work experience and passage of a background test and department recognized exam.	License level requires masters with AODA specific education. All licenses must meet the requirements of certification prior to receiving a license. Also requires education in law ethics and independent practitioner issues. Requires 4,000 hours supervised work experience, passage of a psychometrically verified test and passage of a background check.	ADP model seems to <u>give</u> the license away to already licensed individuals. CBC model uses the career ladder approach to validate education and experience as the individual builds his or her professional credentials. The ADP model would put countless individuals out of work unnecessarily. CBC model is respectful of the need to maintain the workforce currently in place while also increasing professionalism after the grandparenting period is closed.	Individuals with another license would not be required to obtain licensure as a LAODC. Other licensed professionals currently provide AOD counseling under their current scope of practice. That will not change with the passage of this bill. This bill cannot limit the scope of practice of another license. Any individual seeking to be licensed as an LAODC must obtain clinically supervised experience and pass the required test. ADP proposes that the AOD license should be equal to the license available in other fields. CBC is proposing that the AOD license be more difficult to receive. (Sections 11975.65 & 11975.70)
Licensure grandparent includes either of the following: A master’s degree and 3,000 work experience, or An “advanced certificate” as determined by the department and 3,000 work experience	Grandparent for licensure includes: passing a background check, passing a test validated for the licensure level, shows proof of five years experience <u>or</u> a masters degree, or has an advanced degree recognized by the CPTO.	CBC model allows the CPTO to determine licensure grandparent based on objective means. ADP model is vague as to who would be grandparented. This could cause many independent practitioners to close their practices thus reducing access to care for many.	ADP’s proposal specifies the grandparenting provisions for certification as a CAODC-CS and licensure as a LAODC. These provisions no longer require an “advanced certificate.” The current requirements for grandparenting are listed in Sections 11975.40(e) and 11975.42(e). Individuals are now able to clearly determine if they will qualify to grandparent at the newly created CAODC-CS or LAODC level.

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Tests are to be “validated,” however the validation process is not specified. Tests must “cover” the TAP 21 but is not specific after that.	Existing tests and validation procedures are respected by requiring CPTOs to invest in psychometric validation to the level of credential being tested as well as maintaining NOCA accreditation	CBC model is a tremendous savings to the state. While CPTOs must invest in testing instruments, the department maintains control of these instruments via the CPTO audit and approval process.	ADP’s proposal requires that tests be psychometrically validated (Section 11975.50).
Supervised work experience must be performed under the supervision of one of a list of possible credentialed persons. One hour of direct supervision per 40 hours of work is required. The calculation of accepted hours includes a 70% face-to-face or group counseling requirement. Work environment must be in an ADP licensed or certified setting.	Supervised work experience is defined as occurring in a setting where clinical supervision is present. One hour per 40 hours of work must be “directly” supervised. There is no specification for what percentage should be allocated to each of the core functions. The work environment is not required to be licensed or certified by the department. There is no requirement that the number of interns supervised be limited.	The ADP model would make obtaining the amount of hours exceedingly long—up to six years? The CBC model adopts CPTOs’ processes which include detailed requirements for performance of core functions in each of the domains of counseling. The stipulation that the work setting be licensed or certified by the department greatly reduces the number and types of agencies and businesses where experience may be gained.	Hours of clinical supervision are not the same as hours worked in an AOD program. Hours of clinical supervision are separate. Clinical supervision may or may not be provided at the approved setting and these hours are in addition to hours working in a program. Work experience must be gained in an approved setting and the required hours would be identical to the hours providing AOD counseling in an approved setting. (Section 11975.15(i)) An individual could complete the 250 clinically supervised hours required for certification as a CAODC in one year. ADP’s proposal does include the option of 2,080 hours of work experience, instead of clinical supervision, for individuals seeking certification as a CAODC. Working full-time, It would take one year to complete the required 2,080 hours of work experience. (Section 11975.35(d))
Scope of practice and exclusion language is standard. Recent additions clarify (unnecessarily) that the language regards the AODA profession.	Scope of practice and exclusion language is standard and specific to the AOD professions. Each core function is carefully defined as to what is allowable	Agreement from all parties. CBC model gives more detailed definition. ADP version defines AODA scope as not MFTs’ or psychologists’.	Following extensive discussion in open meetings with all stakeholders, including CBC, and individual meetings with CMFTs and Psychologists, it was determined that scope of practice is not represented by a list of allowable functions or tasks. ADP does not want to define the scope of practice for an AOD counselor beyond what is appropriate for the profession now and in the future.
Boiler plate language is used for ethical violations etc.	Boiler plate language is used for ethical violations etc.	Apparent agreement.	Agreement
Fees are listed with no apparent relation to costs or future costs of each item.	Cost figures copied from ADP model and validated through our orgs as being appropriate and cost efficient.	CBC model needs to reflect a lower assessment for ADP. Some items listed would be done either partially or in whole by the CPTOs. ADP needs accurate reimbursement for the functions it provides, including enforcement.	The fees listed in ADP’s proposal are consistent with those currently charged by the existing certifying organizations. The fees are contained in the bill for clarity and the convenience of those seeking registration, certification or licensure. ADP will be required to contract for the functions specified in the bill. (Section 11977.15)

