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Blueprint for the States: Policies to Improve the Way States Organize
and Deliver Alcohol and Drug Prevention and Treatment
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Introduction

Good afternoon Governor Dukakis and panelists. I want to thank you for this opportunity to discuss the placement of alcohol and drug agencies within state structures. I appreciate that you are taking on this issue. Leadership on alcohol and drug issues is more important now than ever.

The California Department of Alcohol and Drug Programs is the single state agency in California. The department is one of 14 departments within the California Health and Human Services Agency. The Department employs more than 300 people and has an annual budget of \$615 million. Our mission is that all Californians understand that alcoholism and drug addiction are chronic conditions that can be prevented and treated.

As Director, I am appointed by the Governor and confirmed by the Senate. I am responsible for all Departmental operations including: program, licensing, driving under the influence, criminal justice collaboration, budget, legislative, legal, research, press and information management.

I sit at the table with other directors from health and human services, social services, mental health, developmentally disabled, aging and community services.

Collaboration is a hallmark of my department. At any given time, we are working with law enforcement, corrections, health, mental health, social services, county government, primary care providers and education on alcohol and drug issues.

Recommendation

The decision on where to place a state alcohol and drug agency is a state by state decision. To be effective, alcohol and drug agencies should have a direct cabinet relationship such as a Drug Czar or cabinet level placement.

Unfortunately, that is not happening as more and more states are creating a behavioral health model which is designed to mask the merger of mental health and alcohol and drug programs.

A 12-state study conducted in 2004 by the AVISA Group concluded that alcohol and drug agencies should be placed in a structure that encourages autonomy, visibility and the kind of access that is necessary to promote inter-agency collaboration in order to effectively address alcohol and drug issues.

The study also found that in state alcohol and drug agencies, fiscal, data and research staff are necessary to support the organization's mission as well as the federal reporting and fiscal requirements.

The AVISA Group found that there are several traits that are important to a state alcohol and drug agency:

- Closely connected to the Executive and Legislative branches
- Ability to identify and act on threats and opportunities
- Ability to collect and distribute data
- Collaboration

California seriously considered a merger of the two agencies in a recommendation that went to the Governor in 2004. In the Governor's wisdom he set up committees to look at the recommendation. The recommendation was soundly defeated because of public outcry and because the alcohol and drug treatment providers strongly disagreed. The rationale for the merger was made on several faulty assumptions:

- Mental Health possessed the knowledge, skills and abilities to address a community-based drug and alcohol treatment and prevention system
- Addiction is a mental health issue

- A merger would cure individuals with co-occurring disorders

It became clear that alcohol and drug issues would get lost in mental health issues such as sexually violent predators and problems associated with mental hospitals. And more importantly, it became clear that the Governor would lose representation at the federal level.

Moving alcohol and drug programs into mental health would impact the effectiveness and efficiency of both departments and have a dramatic effect on the consumers they serve.

A merger works when mental health and alcohol and drugs are co-equals or when the alcohol and drug administrator is promoted to oversee both operations.

Observations

Alcohol and drug treatment is a cost effective response to many of the social and criminal problems that communities face today. Focusing and prioritizing treatment to serve those clients who impose the greatest consequences and costs on states and their communities outweighs the potential cost savings and program efficiencies that may be achieved by merging alcohol and drug programs with mental health or any large bureaucracy.

As states move toward outcome driven programs, it is important that states have drug and alcohol programs that are appropriately placed and adequately staffed in order to collect data and improve program outcomes in order to retain federal funding.

Alcohol and drug agencies provide leadership at the state and federal levels.

A free standing alcohol and drug program advocates with greater authority. The agency serves as the single point of contact for the Governor, Legislature and Federal Government. Alcohol and drug agencies also serve as the single point of contact for the diversity of agencies, organizations and populations which are involved in, or impacted by, alcohol and other drug problems. The autonomy provides the agency with the ability to establish policy, and to be responsive and flexible to changing drug trends, needs and priorities.

The single state agency can quickly assess drug trend data, identify gaps in services along the continuum of care, and establish priorities for the allocation of resources. Alcohol and drug agencies are able to develop and implement social marketing campaigns to seriously attack the insatiable demand for drugs.

Alcohol and drug agencies offer a full array of services.

Of all the departments in the Health and Human Services Agency, we have the most in common with public health. We provide treatment but invest 20% of our resources into prevention and we work with constituents at the community level.

Collaboration between the mental health agencies and alcohol and drug agencies on issue specific items is important. In California, our joint efforts on co-occurring disorders have been extremely effective and would not be enhanced by the consolidation of the two entities.

In California, we are moving closer to a chronic disease model. Without a separate department to emphasize the prevention and treatment of alcohol and other drug problems, states will lose their focus on issues that continue to impact communities.

Alcohol and drug agencies advocate for their clients.

Alcohol and drug programs provide a voice for the many clients who receive services that are discretionary and vulnerable to reduction or even elimination in tight budget times.

Science and research in the alcohol and drug field are helping society to understand that alcohol and drug problems are chronic conditions not moral failings. Without the ability to maintain a separate identity, alcohol and drug agencies lose ability to focus on behaviors and science which help us inform policymakers and the public.

There is limited funding for alcohol and drug programs. Alcohol and drug agencies do not enjoy insurance coverage and there are minimal dollars from Medicaid. The Medicaid drug benefit is optional and many states have dropped the benefit, particularly for Narcotic Treatment Programs. However, alcohol and drug problems drive costs and policy in many other systems such as criminal justice, public health, education, welfare and social services.

Additional Recommendations

Finally, in conclusion, we offer the following recommendations:

1. States should create and maintain free standing departments dedicated to alcohol and drug issues.

2. State alcohol and drug directors should have a direct cabinet relationship such as a Drug Czar or cabinet level placement.
3. States should recruit directors with legitimate alcohol and drug credentials and with the knowledge, skills, and abilities to run the state alcohol and drug program.
4. States need to assure that alcohol and drug organizations have the capacity to collect and report on distinct outcomes related to alcohol and drug treatment and prevention.
5. State alcohol and drug departments should be organized so that they can share best practices and research from alcohol and drug prevention and treatment with mental health and other related disciplines.
6. State alcohol and drug organizations should organize alcohol and drug agencies to promote the collection and sharing of alcohol and drug related indicator and outcome data in systems where there are common populations.
7. State alcohol and drug agencies should be organized to establish state level planning, coordination, and policymaking councils to engage all major systems involved in or impacted by alcohol and drug problems.

8. State alcohol and drug departments should have the capability to work directly with the press and legislature on policies and other issues related to drug and alcohol abuse.

9. State alcohol and drug programs should be equipped to conduct social marketing campaigns to reduce alcohol and drug use in their state.

Thank you again for this opportunity to talk about the placement of alcohol and drugs agencies.