

The Washington State Council on Alcoholism and
The Association of Alcoholism Programs in Washington State

POSITION ON CERTIFICATION OF MENTAL HEALTH CENTERS

FOR ALCOHOLISM TREATMENT

February 1987

Overview

The Department of Social and Health Services is planning to introduce a proposed regulation to allow certification of mental health centers, even though there are existing community alcoholism services. This appears to be in response to a position paper from the Washington Community Mental Health Council which asserts that there is no legal basis for the policy of the Bureau of Alcohol and Substance Abuse in not approving mental health programs.

The policy of the Bureau of Alcohol and Substance Abuse, however, is clearly based on written law and intent of law, and is only now subject to this criticism because written regulations implementing the law were never adopted. This position paper lays out the history of the development of a "discrete" alcoholism treatment system in Washington State, and the foundation for expanding that system to encompass drug abuse treatment as well as alcoholism. A draft of a proposed regulation is being petitioned in accordance with RCW 34.04.060.

Background

In 1972 the State of Washington passed the Uniform Alcoholism and Intoxication Act (RCW 70.96A). This law included a stipulation that "a discrete program of alcoholism is established within the department of social and health services, to be administered by a qualified person who has training and experience in handling alcoholism programs or the organization or administration of treatment services for persons suffering from alcoholism problems" (section 70.96A.030).

This requirement was made by the Legislature deliberately and in response to an great outcry from citizens of this state that alcoholism was not a mental problem, and its services should be separated from mental health permanently.

The full arguments for separation of alcoholism from mental health were articulated by the citizens through the Washington State Council on Alcoholism, which prepared a white paper on this topic dated July 28, 1972 (see Attachment A). Their position was supported by Father James Royce, a nationally reknowned pioneer of education in alcoholism treatment, a charter member of the Washington

State Citizens Advisory Council on Alcoholism, and then Dean of the nation's first alcohol studies program at Seattle University (see Attachment B). The Department of Social and Health Services Citizens Advisory Council on Alcoholism also unanimously supported this position (see Attachment C for copy of minutes of September 21, 1972).

After passage of RCW 70.96A, the Department of Social and Health Services attempted to circumvent the law and place alcoholism services under mental health and to independently develop regulations accomplishing mental health control of alcoholism services. There was a highly publicized confrontation between the Department and the alcoholism constituency over the issue of separation of alcoholism from mental health. Attachment D is a copy of a briefing paper presented to Mr. Dolliver of Governor Evans' office (now a State Supreme Court Justice) by citizens and the Washington State Council on Alcoholism setting forth the concerns of the constituency.

After intervention of Governor Evans' office and passage of S.B. 2435 in 1973 (now RCW 70.96.070) designating a more clearly delineated citizens advisory group to oversee the implementation of alcoholism services and regulations by the Department, a separate Office on Alcoholism was established to administer a complete continuum of alcoholism services.

The intent of complete separation of alcoholism services from mental health services was clear to all at that time. The Department also had this understanding as the Washington State Comprehensive Alcoholism Plan for 1976 prepared by the Department of Social and Health Services acknowledged "...it (S.B. 2435) very specifically separates alcoholism from mental health" (page 3). The intent of Senator Bill Day, prime sponsor of this legislation, in using the word "discrete" was to separate alcoholism from mental health completely, from the D.S.H.S. administrative level on down through all service levels.

Thus, a separate alcoholism service delivery system, with community alcoholism centers at the hub, was established in every county. Only in the smallest rural areas, where per capita funding was inadequate, was an exception made to the establishment of discrete community alcoholism centers.

At that time alcoholism and drug treatment were considered two different kinds of problems: Drug addicts were considered to have a psycho-social problem, and their treatment was relegated to mental health counselors. Alcoholism was considered a primary disease with a biogenetic origin and treated by a variety of approaches, most based on Alcoholics Anonymous principles.

Over the past fourteen years there has been increasing recognition that the mental health approach to treating drug problems has been ineffective while alcoholism treatment has been extremely successful. Today, most effective drug treatment programs exist outside of mental health settings and have embraced the alcoholism philosophy of chemical dependency diseases.

The evolution of the merging of alcoholism and drug treatment outside of mental health can be traced in Washington State:

* In 1978 the Office on Alcoholism and Office on Drug Abuse were brought together under a new Bureau on Alcohol and Substance Abuse in recognition of the commonality of the problems.

* Next, the regulations for the alcoholism treatment programs and drug treatment programs were merged under WAC 275.19 to accommodate the increasing numbers of programs that were serving persons with both alcohol and drug problems.

* Training programs for alcoholism counselors have been expanded in the past several years to prepare students for also treating drug problems. Even D.S.H.S. has developed a single approval process for continuing education of professionals in the field.

* In 1986 the two independent certification boards for alcoholism counselors and drug counselors began planning a consolidation to one credential for Certified Alcoholism and Drug Counselor since most professionals were working in treatment settings serving both types of clients.

* In the summer of 1986 the Department of Social and Health Services completely substituted the Bureau of Alcohol and Substance Abuse for the mandated "discrete program on alcoholism" and abolished the Office on Alcoholism.

Since establishing a full continuum of separate alcoholism services, the credibility of alcoholism treatment has never been questioned. In fact, while alcoholism and chemical dependency programs are reporting up to 80 percent successful treatment outcomes, mental health professionals still have been able to little more than provide drug substitutions. A recent study by NIAAA showed that chemically dependent persons treated in independent alcohol and drug treatment programs recovered far more often than those treated in mental health settings.

As recently as February 20, 1986, the D.S.H.S. Citizens Advisory Council on Alcoholism strongly opposed a suggestion from the Department that mental health centers be approved to treat alcoholics. In fact this citizens group unanimously passed a recommendation that "alcohol and drug treatment should be provided separately from the mental health system and that the department should be advised not to certify mental health centers for alcohol/drug treatment nor to certify alcohol/drug agencies to provide mental health treatment." The council also asked that their consensus on the issue be widely disseminated to all affected parties. (Copy of this section of the minutes may be found in Attachment E.)

While we see that there is a strong rationale for joining alcoholism and drug treatment services, this should never be done at the expense of the alcoholic. The alcoholism system has demonstrated itself to be the most effective treatment system in all of the D.S.H.S. It also provides more service for the dollar than either mental health or drug services. It has a constituency of tens of thousands of recovering men, women, and children, who are equally committed to a discrete and separate system of alcoholism services.

It is not only our belief, but historically documented, that the intent of RCW 70.96A was to maintain a separation of treatment of alcoholism from

treatment of mental illness. A completely separate continuum of care was established to assure that alcoholics did not find themselves in mental hospitals and psychiatric units, being mistaken for someone with a psychological problem. It is unfortunate that at that time there was not the knowledge about other drugs that there is today, and drug treatment could also have been separated.

The alcoholism community has for a great many years represented the only successful drug treatment resource. Although some mental health centers have received the state funding to provide outpatient drug treatment, few have followed an abstinence model and so have had little impact on reducing the numbers of drug addicted. It was only after it became apparent that large numbers of drug addicted people were turning to alcoholism treatment programs for help, that the Department actually formally licensed these programs for drug treatment.

Chemical addiction of any kind is not a mental problem but a biophysical disease. And its treatment comes from abstinence from all mind-altering drugs, not insight therapy or abstinence only "from their drug of choice."

Request for Action

The recommendation of the Department of Social and Health Services Citizens on Advisory Council on Alcoholism is a matter of record: The Department should maintain a discrete alcoholism treatment system, separate from mental health treatment, and that drug treatment should also be separated from mental health.

The citizens of this state concerned about alcoholism and appropriate care, as represented by the Washington State Council on Alcoholism, and the professional treatment community, as represented by the Association of Alcoholism Programs in Washington State, agree with the Department's advisory group in this recommendation.

The long-term policy of the Bureau of Alcohol and Substance Abuse in not allowing mental health centers to be certified for alcoholism treatment is clearly based in law and legislative intent.

In order to clear any confusion about the intent of RCW 70.96A, the citizens and alcoholism professionals of this state through their representative bodies recommend the following actions be taken immediately:

1. A regulation implementing this recommendation should be promulgated. Pursuant to RCW 34.04.060, we are petitioning the Secretary of the Department of Social and Health Services for the adoption of amendments to WAC 275-19 to assure a separate and discrete chemical addiction service system. Attachment F is a draft similar to the regulation prepared by BASA without the exception for mental health centers.

2. The Citizens Advisory Council on Alcoholism and Substance Abuse should be reappointed so that representatives from the drug constituency are selected with the same criteria as is set forth for the alcoholism citizens advisory council in RCW 70.96A.070.

In other words, there should be at least two recovered drug addicts, broad representation from citizen and community groups, and two representatives from recognized organizations involved with drug problems. Since mental health centers make up a very small part of the total drug treatment system, they should not be disproportionately represented on the Advisory Council. At least one of the groups representing drug interests should be a citizen group.

If the Department is unwilling or unable to reconstitute the new combined council, then the Citizens Advisory Council on Alcoholism should be restored to its independent status in order to allow unadulterated input into the Department as was intended by RCW 70.96.070.

3. We recommend that the Bureau of Alcohol and Substance Abuse be raised to the level of Assistant Secretary, with all alcohol and drug services brought under the coordination of that Assistant Secretary.

The nation's third greatest health problem (only after heart disease and cancer) deserves greater attention than being buried in the bureaucracy. We are concerned at what appears to us to be an increasing displacement of the authority of the Director of the Bureau under the current administration and a dilution of his ability to carry out the duties of the program director set forth in RCW 70.96A.040, .050, and .060.

The Bureau Director should have direct access to the Secretary of the Department and other governmental agencies, particularly at this time when the public's attention is focused on alcohol and drug problems and over fourteen governmental agencies are involved in providing some type of alcohol/drug treatment or education program. Duplication of service as well as rivalry and competition between state agencies can be minimized if at least within D.S.H.S. all alcohol and drug services are coordinated under a single authority who reports to the Secretary.

Conclusion:

We believe that implementation of the above three changes would preserve the intent of RCW.70.96A. We also believe that the Department would be better able to identify and hold accountable both alcohol and drug treatment services. Most importantly, it will increase availability of appropriate and effective treatment for drug addiction in the manner it has been available to the alcoholic for the past two decades.

The decision of whether mental health centers should be approved for alcoholism treatment should not be based on arguments of fairness, need to increase private fees, or threats of lawsuit. The function of the Department of Social and Health Services is protect the best interests of the public and consumer.

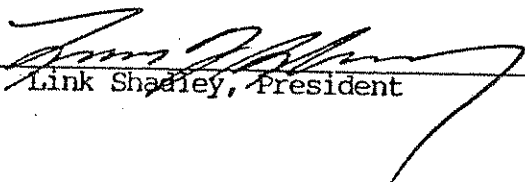
If there is any doubt about what those people think, go to any open meeting of Alcoholics Anonymous and ask the individuals you meet there. Ask how many of them with drug problems are there because of a referral from mental health. Ask how many of them were satisfied with their counseling from mental health professionals. They have no turf or territory to protect, only personal experience upon which they base their conclusions.

They will tell you, as we have, that the best interests of the public and consumer are served by preserving a discrete chemical dependency treatment system.

Dated February 4, 1987

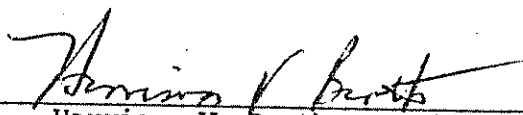
The Washington State Council on Alcoholism

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