

# ADVOCATES FOR RESPONSIBLE TREATMENT

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March 14, 2018

Ms. Paula Villescaz, Consultant  
Assembly Health Committee  
State Capitol, Suite #6005  
Sacramento, CA 95814

**AB 2214 (Rodriguez/Melendez)  
EMPHATICALLY OPPOSE  
Assembly Health Committee  
Hearing Date: March 20, 2018**

Dear Ms. Villescaz,

Advocates for Responsible Treatment, is an all-volunteer, citizens' advocacy group covering Southern California which wishes to ensure recovery businesses operate in a safe, humane and legal manner. We look for win-wins for both recovering addicts AND neighbors. We are aghast that the addiction treatment industry has managed to promote this bill to as many authors and sponsors as it has, and we highly recommend that they read the bill more closely.

Why is the for-profit industry suggesting it have ANOTHER voluntary certification system? Industry already pays a number of non-governmental associations for ineffective certification. If industry really wanted to change certification, all it has to do is ask its existing certifiers. Some of the worst treatment providers are presently certified to lure potential clients into a false feeling of security. SAMSHA (The branch of US HHS that oversees addiction) indicates they "approve of" accreditation by:

CARF International —

Commission on Accreditation of Rehabilitation Facilities(<http://carf.org>)

Council on Accreditation (<http://coanet.org/home/>)

The Joint Commission/

The Joint Commission-Accredited Recovery Network in Southern California

(<https://www.jointcommission.org>)

"The Top Accreditation in the Country"

National Commission on Correctional Health Care (<https://www.ncchc.org>)

Plus a couple of state's health departments. There is also:

American Addiction Centers (<https://americanaddictioncenters.org/accreditation/>)

Here's what CEO Tony Senella of Tarzana Treatment Centers said about non-governmental certification at the State Senate Health Committee Hearing on January 31st:

Senella: (43:28 on the video). *One of the significant issues that I don't know that the public at large or even members of the legislature fully understand is there is a substantial difference between the public system of care and the private system of care that does not contract for public funds. The oversight and accountability in the public system of care bar none is leaps and bounds above what goes on in the private sector... for many providers. Even though some of them voluntarily get accredited by accrediting bodies, I myself have three different accreditations by the joint commission and two certifications by the*





***joint commission-- the Joint Commission and other accrediting bodies don't really bother themselves too much with my business practices, so if I want to be some scam artist out there hustling admissions into my facility, even though I'm accredited and have to meet a certain set of standards to keep that accreditation, what I do in my business practices is largely NOT something they monitor or look into when they come do their site visits and their monitoring. And so in the private sector that does not contract with counties or other government entities, they do not have the same set of oversights, monitoring and auditing that the public sector does have.***

Industry is proposing yet another useless certification to lull the Legislature into believing this one will be different. Why? Because this bill is an attempt to prevent cities and the state from licensing and regulating houses that should be licensed and regulated.

In AB 2214, TWO very different types of houses are described. The one that is first introduced in the bill is defined: "*a recovery residence means a residential property that is operated as a cooperative living arrangement...*" This leads the reader to assume the housing has been defined. In most industry descriptions, this type of house is referred to as a "Sober Living Home." This would be a house where residents live independently and are reintegrating with a community.

HOWEVER, later, in 11834.19 (a)(3A), the bill describes "*Owners, managers, operators and residents observe and promote a zero tolerance policy...*" Who are these owners, managers, and operators? The bill said this was a collegial environment, not one where someone was operating the house.

NEXT, in 11834.19 (C), the bill says, "*Within the recovery residence, a resident who has been referred to, and has access to, ongoing outpatient treatment, aftercare or other recovery maintenance services commits to continue to use these services...*" This is not a person who is living independently. This is a person who is active in recovery and has an insurance contract; the industry wants that particular, dependent customer because the industry can convert a for-profit insurance contract into significant profits by billing as though the patient is receiving inpatient care. This is exactly the scenario-- a business-operated house providing services to a recovering addict with private insurance-- industry is exploiting throughout California because it is unregulated. Often, the patient stays in the house without paying rent because insurance is being billed for their housing, even though the business is not licensed for inpatient care. This is legally considered an "inducement."

Further below this, you see additional evidence that the house is actually a business operating a residence, not a cooperative living arrangement, because "*an onsite staff member has completed...*" training.

In (C) (5), we get to another benefit to industry. Despite this actually being a business operating a residence, "*If a residence is certified pursuant to this section, the activities at that residence shall be deemed a residential use of property and a use of property by a single family...*" This line is intended to keep the state and cities from setting higher standards or licensing businesses operating residences providing services that are being reimbursed by insurance. It is an end-run

around regulatory authority the state should be exerting. With this line, an operator could warehouse 15 adults in a house, and no governmental entity would have authority to inspect it.

But it gets worse, and we hope the Health Committee has not missed this detail because, if the Legislature passes this addiction treatment industry jackpot, AB 2214 requires that all court referrals for addicts be routed to FOR-PROFIT recovery. Recovering addicts in California's court system are currently protected from this rip-off by county organizations that route them only to locally approved and frequently inspected programs. Indeed, government and county programs, as described by CEO Tony Senella IN TESTIMONY TO THE LEGISLATURE, have far greater oversight and accountability than in the private sector. That oversight and accountability would STILL not exist in the scenario AB 2214 establishes because businesses would be paying a certification agency for their certification, an obvious conflict of interest.

AB 2214 was sponsored by the California Consortium of Addiction Programs and Professionals to shield their members from regulation and line their members' pockets. It is a disgrace. **We emphatically oppose AB 2214 (Rodriguez/Melendez) and have sent letters similar to this to the entire Assembly Health Committee.**

Sincerely,



Laurie Girand  
Steering Committee Member  
Advocates for Responsible Treatment  
<http://www.responsible-treatment.org>