Approved: 3-13-01
Date

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Senator Susan Wagle at 1:30 p.m. on February 15, 2001 in Room 231-N of the Capitol.

All members were present except:

Committee staff present: Ms. Emalene Correll, Legislative Research Department
Ms. Renae Jefferies, Revisor of Statutes
Ms. Lisa Montgomery, Revisor of Statutes
Ms. Margaret Cianciarulo, Committee Secretary

Conferees appearing before the committee: Senator Salmans, District 37
Ms. Phyllis Gillmore, Behavioral Sciences Regulatory Board
Mr. Ron Isenbarth, Kansas Association of Addiction Professionals
Ms. Donna Doolin, assistant Director of Substance Abuse Treatment and Recovery
Mr. Harold Casey, Substance Abuse Center for Kansas
Ms. Marla Rhoden, Program Analyst, Health Occupations Credentialing, KDHE

Others attending: See Attached Guest List

Hearing on SB 149 - addiction counselors licensure act

Upon calling the meeting to order, Chairperson Wagle announced that the Committee would be hearing on **SB 149** and called on Senator Salmans, the first proponent conferee to testify. Senator Salmans did not provide written testimony but did give a history on the Providers Committee which was patterned after the Mental Health Provider.

The next proponent conferee was Ms Phyllis Gillmore, Behavioral Sciences Regulatory Board, who stated that the bill would create a tiered level of licensure for counselors and requested adequate time for writing and implementing the regulations if passed. A copy of her testimony is (Attachment #1) attached hereto and incorporated into the Minutes by reference.

The next proponent was Mr. Ron Isenbarth, Kansas Association of Addiction Professionals stating the bill is substantially the same bill that was passed out of this Committee in the 2000 session as **SB398**. A copy of his testimony is (Attachment #2) attached hereto and incorporated into the Minutes by reference..

Next on the list was Ms. Donna Doolin, Assistant Director of Substance Abuse Treatment and Recovery, who stated that this bill allows individuals to practice within the confines of a recognized discipline that is shaped by competency-based standards. A copy of Ms. Doolin's testimony is (Attachment #3) attached hereto and incorporated into the Minutes by reference.

The last proponent conferee was Mr. Harold Casey, Substance Abuse Center for Kansas, who stated his interest is as both a counselor and as an administrator. A copy of his testimony is (Attachment #4) attached hereto and incorporated into the Minutes by reference.

Ms. Marla Rhoden, Program Analyst, Health Occupations Credentialing, KDHE, was the only opponent and was next to come before the Committee. Ms. Rhoden provided some history and requested that the legislature uphold its Act on Credentialing as the means by which such a request can be fairly evaluated. A copy of her testimony is (Attachment #5) attached hereto and incorporated into the Minutes by reference.

With all the testimony presented, the Committee then was able to present their questions to the conferees. Questions were asked by Senators Salmans, Barnett, Praeger, Harrington, Wagle and Steineger ranging from clarification, statute, gambling addiction, to referencing lines 18 through 23 of the bill as to an explanation of the review board and it's procedures.

Adjournment

As it was 2:30 p.m., the meeting was adjourned.

The next meeting is scheduled for February 19, 2001.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

DATE: Thursday, February 15

NAME	REPRESENTING
Donna Doolin	SRS/HCP
Lisa Gattis	Health Midwest
Jamie Ann Bauer	KAHP
Kris Collins	KAHP
Lloyd Edwards	KAAP

State of Kansas
Behavioral Sciences Regulatory Board

BILL GRAVES
Governor

PHYLLIS GILMORE
Executive Director

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Topeka, Kansas 66603-3817
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SENATE TESTIMONY
PUBLIC HEALTH AND WELFARE
FEBRUARY 15, 2001

SB 147

Madam Chair and Committee Members:

Thank you for the opportunity to testify today regarding SB 149. I am Phyllis Gilmore the Executive Director of the Behavioral Sciences Regulatory Board (BSRB).

The BSRB is the licensing board for most of the state's mental health professionals, the doctoral level psychologists, the master level psychologists, the clinical psychotherapists, the bachelor, master and clinical level social workers, the master and clinical level professional counselors, and the master and clinical level marriage and family therapists. Additionally, some of the drug and alcohol counselors are registered with the board, although most of them are certified with SRS at the present time.

SB 149 would create a tiered level of licensure for addiction counselors. If passed, this bill would place the new licensees under the BSRB. Licensure is a legislative decision and the BSRB is neutral on a recommendation related to SB 149. However, should you decide to move forward with licensure, the BSRB would welcome the addiction counselors and feel that we can serve them well.

Additionally, the board feels that the current registration of alcohol and other drug abuse counselors act does not offer adequate public protection. The low number of current registrants evidences this. We have about 100 registrants. Secondly, the board feels that another regulatory structure would have value, especially if supported by SRS. Lastly, the board sees the BSRB as the appropriate licensing board for the new licensees. The board also understands why the Legislature might decide there needs to be an additional board member to provide direction to the board for this specific profession.

The only concern of the board relates to the effective date of the bill. It would not be possible to have regulations in place upon publication in the statute book. Therefore, we respectfully request adequate time for writing and implementing the regulations.

Thank you for the opportunity to speak to you this afternoon. I will be happy to stand for questions.

Senate Public Health & Welfare Committee
Meeting Date February 15, 2001
Attachment 1-1

TESTIMONY IN SUPPORT
FOR SB 149
SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
Submitted by Ronald Eisenbarth, Legislative Chairperson
KANSAS ASSOCIATION OF ADDICTION PROFESSIONALS
(KAAP) (formerly KADACA)
Thursday, February 15, 2001

TO: Chairperson Wagle and Committee members

I want to thank you for the opportunity to appear before you today in support of licensure of alcohol and drug addiction counselors as proposed in SB 149. SB 149 is substantially the same bill that was passed out of this committee in the 2000 Session (as SB 398) and passed the Senate on a 37-3 vote.

I am presenting this testimony on behalf of KAAP, an umbrella association that was formerly named the Kansas Alcoholism and Drug Addiction Counselors Association or KADACA. Approximately 500 certified addiction counselors comprise the addiction counselors' section of the association.

KAAP is now in its 27th year as an association. As a founding member, I have been involved in counselor credentialing with the association since 1976 when the counselor certification testing process was first established. Since 1980, the KAAP credentialing process has been affiliated with NAADAC – the National Association for Addiction Professionals formerly the National Association of Alcohol and Drug Abuse Counselors. When the national test was implemented in 1990, KAAP began utilizing this test and continues to do so today. Through utilization of the national association's test, KAAP certified members are also eligible for national certification.

We now believe it is time to move to licensure. In 1991, we completed the Department of Health and Environment credentialing review and were approved to develop a legislative proposal for registration of alcohol/drug counselors to be under the jurisdiction of the Behavioral Sciences Regulatory Board (BSRB). This proposal was developed and the Registration Bill was introduced in the 1992 session of the Kansas Legislature. During the legislative process, language was also added to the bill that mandated that the Department of Social and Rehabilitation (SRS) develop minimum qualifications (standards) for counselors working in state-licensed facilities as certified alcohol and drug abuse counselors. This legislation, SB 458, was passed into law and became effective January 1, 1993.

Therefore, for over eight years, there have been three credentialing processes available and in place for alcohol/drug counselors. Two of these credentials, SATR, formerly ADAS, since May 1999 (see Attachment 1A) and the registration credential (RAODAC) are provided by state law.

One of these credentials, SATR, is mandatory for counselors working in state-licensed facilities as alcohol/drug counselors, while the other BSRB registration is a voluntary process. Neither of these credentials offer a career ladder.

Senate Public Health & Welfare Committee
Meeting Date February 15, 2001
Attachment 2-1

The third credential is the KAAP certification process (Attachment 1B). This process is not formally recognized by the state, although several programs prefer or require KAAP certification for their counselors. The KAAP process does offer a career ladder for counselors as well as a credential that is recognized by NAADAC.

Through January 1, 2001, the following figures are counselors certified by KAAP and the level to which they are certified:

CADC I	-	192
CADC II	-	169
CADC III	-	108
TOTAL		469

The fledgling field of alcohol and drug addiction counseling developed in the 1970's and continued to grow through the 1980s and 90s. The need of a state-approved credentialing process was becoming more apparent as insurance companies were beginning to recognize addiction as an illness, which the American Medical Association (AMA) and the World Health Organization (WHO) had done in the 1950s. As a result, some insurance companies were requiring state-approved credentialing of counselors providing services.

The inconsistencies in these three separate credentialing processes are obvious and are why we approached the Legislative Task Force on Providers of Mental Health Services in 1998. In hopes of establishing a process that could be recognized by the state, insurance companies and reciprocity organizations, KAAP was invited to present a proposal to this Task Force and as a result, alcohol/drug counselor licensure was approved as a formal agenda item by this Task Force for 1999.

KAAP appeared before the Task Force at a formal hearing in July 1999 to present a history of alcohol/drug programs and counselor credentialing in Kansas (Exhibit 1) and to present a licensure concept for addiction counselors in Kansas. The concerns and questions that arose at that time were responded to or were subsequently addressed by meetings with SATR staff and other representatives. KAAP presented a draft licensure plan to the Task Force at its September meeting. Further revisions were made at that meeting and we appeared again at the November meeting of the Task Force.

At that time, leadership of the Task Force asked Dr. Dan Lord, a member of the Task Force and a Licensed Marriage and Family Therapist, to work with us to help ensure that language in the KAAP proposal is compatible with other disciplines licensed by the BSRB. This was accomplished and on December 10, 1999, we presented our final draft to the Task Force. The Task Force voted in favor of submission of the proposal to the 2000 Legislature.

SB 149 will provide both practice and title protection and as a result provide protection to the consumer of counseling in Kansas. Other key points of SB 149 for consideration are:

Attachment 2-2

1. **UNIFORM STANDARDS:** Creates uniform standards for qualifications for those performing alcohol and drug counseling to Kansans. Currently, standards for various credentials are diverse.

2. **ACCOUNTABLITY:** Allows for a mechanism to hold individuals accountable for those performing alcohol and drug counseling to Kansans. Since there is not licensure at the present time, there is no manner by which the state can enforce action in situations of malpractice or to prohibit the counselor from continuing to practice.

3. **PROTECTS PUBLIC:** Protects Kansans by providing assurances that licensed addiction counselors have met qualifications to possess a level of competence not presently available in Kansas. As with licensing of all professions by the state, the public will know that a licensed addictions counselor has met certain standards. It is only through licensure of addiction counselors that standards can be established as to professional competency.

4. **RECOGNIZABLE STANDARDS:** Would allow various Kansas agencies and departments, such as Department of Corrections and Social and Rehabilitation Services, to have a recognizable license for use in providing services.

5. **DUI STATUTES:** Would allow existing statutes to be amended to fulfill the Legislature's intent in the area of DUI, specifically, K.S.A. 8-1567 and 8-1008. This important area is without guidance for the sentencing judge as to competency of those performing evaluation and providing treatment that are mandatory requirements.

6. **PRIVILEGE:** Would create the protection, for individuals in addiction counseling, of privilege verses mere confidentiality that is currently in effect from disclosing information obtained during the counseling process subject to certain limitations. SRS currently requires questionnaires to be completed by individuals receiving state funds for counseling which in many situations would violate constitutionally protected 5th Amendment rights.

Due to the enormous impact of alcohol and drug abuse to the Kansas economy and to Kansans individually, licensure for addiction counselors is necessary. KAAP has worked very closely with other stakeholders in the development of SB 149. We seek your support of this very needed legislation.

Kansas would be well served with the passage of SB 149. I stand for any questions.

Attachment 2-3

DATE: July 9, 1999

TO: Chairwoman and Members
of the Task Force on Providers of Mental Health Services

FROM: Ronald Eisenbarth, Legislative Chair, Kansas Alcoholism and Drug Addiction Counselors Association (KADACA)

SUBJECT: History of Alcohol and Drug Programs and
Counselor Credentialing in Kansas

I want to thank you for this opportunity to provide you with a brief history of drug and alcohol programs and counselor credentialing in Kansas. I feel very close to this topic since I have effectively been involved in the alcohol and drug treatment field in Kansas since the late 1960s. I am also a founding member of KADACA, which celebrates its 25th anniversary this year.

Prior to the late 1960s, treatment efforts in Kansas for alcoholics or persons who abused alcohol were largely confined to state mental institutions where the accepted practice was to admit and house them in psychiatric wards. They were usually labeled with some form of mental disorder. In this era, alcoholism on its own was rarely a diagnosis, even though a decade earlier, in the 1950s, the American Medical Association and the World Health Organization had already identified and classified alcoholism as a disease.

Alcoholics treated in the mental health institutions rarely received any type of treatment that is utilized today. Those efforts were generally ineffective. One notable exception was a separate unit to treat alcoholics at the VA Hospital in Topeka that began in the late 1940s. Even this program utilized mostly psychiatric treatment instead of the 12-step philosphies that are prevalent in alcohol/drug treatment today. In cases where recovery was initiated, it was often due to a physician, nurse or a mental health professional knowing and contacting a person in Alcoholics Anonymous (AA) and getting that person to guide the client into the AA program.

Unfortunately, most alcoholics entering treatment in the 1960s were chronically addicted, 40 or older, male, and often in poor to very poor health. Most needed intensive medical treatment as well as strong affiliation with self-help groups like AA.

In the late 1960s, the State of Kansas appointed a committee on alcoholism comprised mainly of alcoholics in recovery and medical professionals who had become interested in alcoholism as a medically treatable illness. This committee made little progress because it had little direction and

Attachment 2-4

practically no funding. The State Division of Institutional Management did have a designated staff person whose title was Consultant on Alcoholism, however, the consultant's role was primarily directed toward the state's mental hospitals.

In 1967, a group of concerned citizens led by Dr. William Leipold, a psychologist, founded Valley Hope, a treatment center for alcoholics, in Norton in northwest Kansas. This program adopted much of the Minnesota Model from Hazelden, a world-renowned, Minnesota-based addiction treatment and research organization, which addressed alcoholism as an identifiable disease and utilized the 12-step model of recovery. Valley Hope was the first program in Kansas to identify alcoholism as a family disease and provided treatment for the family members as well as the alcoholic.

Monumental changes took place nationally when Congress passed the Alcoholism Intoxication and Treatment Act of 1970. This bill was designed and authored by Sen. Harold Hughes of Iowa, himself a recovering alcoholic. It brought sweeping changes in the philosophy, treatment and funding for alcohol abuse and alcoholism. With the passage of the Act, funding became available to develop statewide programs with initiation and development grants awarded to states to assist in establishing regional programs to identify and provide treatment for alcoholics.

As programs were developing in Kansas due to this new funding, the service base also increased, making it necessary to increase professional staffs to work with alcoholic clients. National data indicated eastern and western states as well as Canada and Minnesota were employing persons, most of whom were recovering, and giving them job titles of "alcoholism counselor." By this time, week-long summer schools on alcoholism had begun at the University of Nebraska and Utah. Some other states were also developing similarly focused training programs, including Kansas where agencies used these educational offerings to provide training for their counselors. The state hospitals were used in some cases as training sites for newly employed counselors. Valley Hope Center began offering a six-month counselor training program which was utilized by other agencies in the early 1970s.

By 1974, there were several counselors employed by various agencies and programs that had opened after 1970. St Francis Hospital in Topeka started the first hospital detoxification program in Kansas in 1971 and Valley Hope began it's Atchison program in 1972. St. John's Hospital in Salina and Menninger in Topeka both started 30-day, inpatient programs in 1974.

Meanwhile, information was being received from Washington, D.C., that groups of counselors were forming in several states to form counselor associations. In April 1974, an exploratory movement toward an association was started in Kansas when a group of 20 counselors from Atchison and Topeka met to discuss possible benefits of having a state counselor organization.

Attachment 2-5

This discussion resulted in a follow-up meeting in July at which 45 persons enthusiastically endorsed the forming of a state counselor association. The formal organizational meeting was held in September at which time the Kansas Alcoholism Counselors Association (KACA) came into being..

After two years of extensive work, education and investigation of other state associations, KACA established a counselor certification testing process. In 1976, a grandparenting process was initiated and the test was given to about 140 persons who had joined KACA by that time and had met some experiential requirements.

It was also at this time that KACA had joined with several states to form The National Association of Alcoholism Counselors, and in 1976 KACA hosted the first national membership meeting in Topeka. Sen. Hughes from Iowa was the keynote speaker.

KACA, striving to improve it's certification process, initiated an oral test which included presenting a case to a panel of peers. Passage of the written test, the oral test and documentation of three years of experience were required for counselor certification. Counselors-in-training and others with some experience in the field were brought into the association as associate members. That same year the state of Kansas, which by now had developed separately both alcohol and drug abuse units, began working with programs to develop program standards. Prior to this, there were no criteria for programs and anyone that wanted could basically offer services. Some services for drug abusers were being offered around the state so separate standards were developed for drug abuse. It should be noted that in the late 1970's, alcoholism and drug abuse were seen as two completely unrelated conditions. Terms such as chemical dependency and substance abuse, which are common today, were seldom used then. By 1978, the standards were adopted and programs had to be licensed in order to provide services. To be licensed, a program had to meet a host of specific criteria. Even though counselor was referred to throughout the standards, the only specifics for an alcoholism counselor were those of KACA, which was an association credential and not officially recognized.

By 1980, the National Association was very involved with counselor credentialing. KACA worked with the National Association and other states within NAAC to make certain the KACA certification process remained state-of-the-art. That continued to be a priority of KACA, and through the years KACA and later KADACA has been viewed nationally as a leader in the area of counselor credentialing, as well as several other alcohol/drug issues which have a national focus.

In the late 1970s, a group of drug abuse counselors formed in Kansas, and although much smaller than KACA, this association began to try to develop some of the same services for its members. By 1979, patient/client profiles in both the alcoholism and drug abuse fields were beginning to

Attachment 2-6

indicate that many persons were addicted to both alcohol and other drugs. In 1980, the State of Kansas combined alcohol and drug abuse units and encouraged programs and counselors to both work toward doing the same. By this time NAAC was also considering adding drug abuse to it's scope of responsibility. After many lengthy debates, NAAC changed it's name to National Association of Alcoholism and Drug Abuse Counselors (NAADAC).

At it's annual meeting in 1981, Kansas alcoholism counselors were beginning to talk about a merger with drug counselors. There was much resistance to this on both sides. However, with client profiles showing clients were often the same—with the basic difference in many cases being simply whether alcohol or another drug was the drug of choice for the client. Counselors began to work together and after two years of work and discussion the Kansas Alcoholism and Drug Addiction Counselors Association was formed in 1984. At the time of the merger, the combined membership totaled approximately 300 certified alcohol and drug counselors.

A small group of midwestern states in the early 1980s developed reciprocity standards so counselors could transfer certification from one state to another. This concept grew as counselor mobility throughout the states became an important issue in credentialing. KADACA in 1985 became one of the first states to join this consortium that came to be known as the National Corsortium for Reciprocity of Counselors (NCRC but now the International Consortium for Reciprocity of Counselors (ICRC). NAADAC in late 1989 had developed a similiar reciprocity process and in 1990 KADACA did a thorough investigation of both national groups to see to see which would best serve our membership. After much study of these two processes, KADACA, on a vote of its membership, changed its affiliation to NAADAC because it was felt that it was the strongest of the two. This was in 1990, and KADACA has maintained its reciprocity affiliation with NAADAC since that time. It should be noted that the two national groups have been involved in merger discussions for several years. It has appeared on at least two occasions that merger of the two national organizations would take place, but each time the attempts failed. It seems that both groups want the upper hand and are unwilling to compromise when the decision has to be made as to who will be responsible for reciprocity. Kansas again has to evaluate its position as more of our neighboring states are now affiliated with ICRC (new name) than NAADAC. This issue certainly needs to be put to rest at the national level permanently as there will be no true reciprocity among states until there is one recognizable system throughout the U.S.

In the mid 1980s, KADACA began talking with legislators as well as key SRS officials, primarily the ADAS commissioners of that era, regarding licensure. KADACA had long been aware that unless its certification process was formally recognized by the State it would never receive widespread recognition by insurance companies. By 1990, we had support both from key legislators and the ADAS Commissioner to develop a credentialing law. We also learned in our correspondence with NAADAC that the trend in 1990 (which continues even stronger today) is that

Attachment 2-7

licensure is the credential of the future. KADACA then began formulating a licensure plan and began work with two key legislators and legislative staff to move licensure forward. We also met with the director of the Behavioral Sciences Regulatory Board (BSRB) who indicated this credentialing process would be administered by BSRB if passed into law. The BSRB director also indicated that since our plan did not include a masters level criteria it would not qualify for licensure and we would have to settle for registration. After much discussion with our sponsoring legislators, members and other supporters, KADACA decided to draft legislation which was introduced in the 1992 session of the legislature. The bill was amended several times during the legislative process and when it finally passed near the end of the 1992 session it was our current registration law which went into effect January 1, 1993.

The bill which was passed and became law also included provision that gave SRS/ADAS the authority to develop standards for personnel working in licensed alcohol/drug programs, so long as those standards (see attachment A) are less than those required for registration. ADAS developed those standards which are now in place and serve primarily as required standards persons need to meet to work in the alcohol/drug field and enter the alcohol/drug counseling profession. KADACA supported this legislation in its passage, even though it was not the licensing law which we felt was needed. Our legislative sponsors advised we support this measure as a means of getting a credentialing law, with the prospect of applying for licensure at a later date.

This is why KADACA appears before this task force today. Six and a half years after implementation of this legislation, we have three different alcohol/drug counseling credentials available to counselors. Two of these credentials, ADAS (now SATR) and the registration credential are provided by state law. However, one of these credentials (SATR) is mandatory for a counselor working in a licensed alcohol/drug program, while the other (registration) is a voluntary process. Neither of these credentials offers a career ladder. The third credential available is the KADACA certification process. This process is not formally recognized by the State, although (attachment B) several programs prefer or require KADACA certification for their counselors. The KADACA process offers a career ladder for counselors. The inconsistencies, however, in these credentials is obvious. We need one licensing standard in Kansas for alcohol/drug counselors which provides for entry level, clear criteria for advancement and a recognizable career ladder to serve as an incentive for persons to move upward.

Later today Craig Collins, KADACA executive director, will present testimony on a counselor licensing concept that is currently being developed. I again want to thank you for the opportunity to provide you with a history of substance abuse treatment development in Kansas. For much of my adult life it has been my privilege to be a part of the profession and, I hope, in some small way have helped further its development.

Attachment 2-8

TOWARD A DRUG-FREE KANSAS

SRS/ALCOHOL AND DRUG ABUSE SERVICES CERTIFICATION OF COUNSELORS

On January 1, 1993, the Secretary of the Kansas Department of Social and Rehabilitation Services was directed by the passage of SB 458 to adopt rules and regulations and standards for counselors working in licensed and certified alcohol and drug abuse treatment facilities. The requirements for counselors are listed below.

Individuals can be "grandparented" as a certified alcohol and drug abuse counselor if they can provide documentation of either #1 or #2:

1. Documentation of 1000 hours of alcohol and drug abuse counseling experience two years prior to January 1, 1993.
2. Documentation of 3000 hours of alcohol and drug abuse counseling experience 10 years prior to January 1, 1993.

If an individual cannot meet the requirements to be "grandparented" as a certified alcohol and drug abuse counselor, the individual must complete 18 hours of culturally appropriate post-secondary academic credit. The 18 college credit hours must be alcohol and drug abuse specific. Listed below are the areas that must be completed:

1. Screening and intake
2. Orientation and assessment
3. Treatment planning and counseling
4. Case management and crisis intervention
5. Education and referral
6. Reports and recordkeeping and consultation with other professionals
7. Multi-cultural and individual differences
8. Individual and professional ethics
9. Medical aspects and health related issues of alcohol and drug abuse, including emphasis on Acquired Immune Deficiency Syndrome (AIDS) and Sexually Transmitted Diseases (STD'S)

Counselors-in-Training must complete the 18 college credit hours within a three-year period beginng January 1, 1993, or, within a three-year period after the individual was hired by the program.

CONTINUING EDUCATION HOURS

The licensure/certification standards require alcohol and drug abuse programs to document the completion of 60 hours of continuing education activities for alcohol and drug abuse counselors every two years. The 60 continuing education hours should be acquired from activities which enhances the skills of the alcohol and drug abuse counselor. The documentation of the 60 hours of continuing education activities for alcohol and drug abuse counselors shall be kept in the program's personnel files. Programs will need to submit to ADAS a list of continuing education hours obtained by each counselor for the purpose of recertification.

Counselors-in-Training are not required to obtain the 60 hours of continuing education units.

GUIDELINES FOR LEVELS OF KAAP MEMBERSHIP

GENERAL MEMBERSHIP - Is non-voting and includes nurses, doctors, agencies, court service workers, etc.
STUDENT MEMBER: Is non-voting in KAAP but is a voting member in NAADAC. Includes counselors-in-training (SATR applicants in training, i.e., completing the 18 required college hours), must be full-time student working toward a degree in an addictions related field.
PRECERTIFIED COUNSELOR: Is non-voting in KAAP but is a voting membership in NAADAC. Must be employed in the alcohol/drug field in a counselor-in-training capacity. Must also be working toward certification.

Benefits from these categories include membership in the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) the *Counselor* publication from NAADAC and the *KAAP Newsletter*, KAAP membership directory, and workshop fees at member or student rate. Annual dues are one-half of certified membership dues.

CADC I - Applicants must meet the following criteria:

1. Documentation of High School diploma or GED.
2. Successful completion of SATR standards for employment:
   A. 18 hours of culturally appropriate post-secondary academic credit in the area of alcoholism/drug addiction counseling; and
   B. Ongoing documentation of 60 clock hours every two years of approved education.
3. Pass a KAAP-approved written examination.

CADC II - Counselor must meet the following requirements for one of two tracks:

1. Successful completion of CADC I requirements;
2. Passage of KAAP-approved ORAL test;
3. Have three years of paid, supervised work experience in a recognized substance abuse treatment and rehabilitation program with job duties assisting clients in the recovery process; and
4. Have attained a minumum of 270 CEUs of counselor education appropriate to the A/D treatment field.

OR....

1. Hold a bachelor's degree in a health related field, which includes 18 credit hours of alcoholism/drug addiction counseling;
2. Passage of KAAP-approved oral and written testing; and
3. Documentation of 500 hours of practicum in a recognized A/D facility.

CADC III - Counselors must:

1. Successful completion of CADC II requirements;
2. Be either a Registered Alcohol and Other Drug Abuse Counselor (RAODAC) or eligible for registration with Behavioral Sciences Regulatory Board (BSRB);
3. Successful completion of KAAP-approved written test;
4. Documentation of 500 hours of practicum;
5. Have five (5) years of employment in the A/D field; and
6. Hold a bachelor's degree in a health-related field, including 18 hours of A/D addiction studies.

continued on the back page

RETIRED MEMBER - A certified counselor who is no longer employed in the alcohol/drug field, has submitted a formal letter of request for retired status. Retired members attend KAAP workshops at no charge.

INACTIVE MEMBER - A certified counselor who is not currently working as a counselor and has submitted a formal letter of request for inactive status. Educational requirements are 60 CEUs every two years.

Benefits for both Retired/inactive members are a voting status, reduced dues, *Counselor* magazine, *KAAP Newsletter*, KAAP directory. An official letter of request is required to reactivate.

OTHER PROVISIONS - Any administrator/teacher/trainer is eligible to maintain their level of certification provided they meet the criteria of that level. Otherwises, such persons will be returned to general membership status. Anyone who has reverted to general membership status will be required to meet the criteria for their prior level in order to regain that status. As an example, a counselor serving in an administratve capacity may have failed to keep the continuing education requirements current for his or her level of certification and was placed in the general membership category for that omission. This provides a means for the counsleor to regain his certification level, using procedures for CEU catch-up previously approved the KAAP board.

MAINTAINING CERTIFICATION:

1. Payment of annual dues
2. Documentation of 60 hrs of ongoing continuing education every two years (same recertification cycle as SATR).

TESTING FEES:

1. Written test - $75, Administrative fee - $25; total - $100
2. Re-test written - $75
3. Oral Test - $60

Kansas Department of Social and Rehabilitation Services
Janet Schalansky, Secretary

Docking State Office Building
915 SW Harrison, 6th Floor North
Topeka, Kansas 66612-1570

for additional information, contact:

Operations
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Senate Public Health and Welfare Committee
February 15, 2001 at 1:30 p.m.

Testimony on Senate Bill 149

Health Care Policy
Donna Doolin, Assistant Director for Substance
Abuse Treatment and Recovery
785.296.3773

Senate Public Health & Welfare Committee
Meeting Date February 15, 2001
Attachment 3-1

Kansas Department of Social and Rehabilitation Services
Janet Schalansky, Secretary

Senate Public Health and Welfare Committee
February 15, 2001 at 1:30 p.m.

Testimony on Senate Bill 149

Chair Wagle and committee members, I am Donna Doolin, Assistant Director of Substance Abuse Treatment and Recovery for the Department of Social and Rehabilitation Services (SRS/SATR). Thank you for this opportunity to testify before you today.

SRS supports SB149, which would provide for the licensure of substance abuse counselors. Every addicted person and significant other should have the best quality care available from qualified/competent addiction counselors to ensure the maximum opportunity for a successful recovery from addiction. We believe SB 149 will increase the availability of that high quality care.

Substance related disorders comprise the largest diagnostic category in the DSM IV (Diagnostic and Statistical Manual of Mental Disorders); 125 to be exact. A high percentage of individuals who have a substance abuse disorder also have a co-existing mental illness disorder. Substance related disorders frequently co-exist with the other 15 diagnostic categories in the DSM IV. Although substance abuse and mental illness frequently co-exist, addiction treatment is a separate and distinct specialty. This speciality requires a specific level of competency or knowledge, skill, and attitude in order to function effectively at various levels of practice. SB149 would carve out this speciality, and allow individuals to practice within the confines of a recognized discipline that is shaped by competency-based standards.

The proposed legislation would provide increased, statutory accountability for the field of substance abuse. As the field of substance abuse moves forward, there is a greater need for this level of accountability. Licensure would allow for a consistent, mandatory credentialing system which would include penalties for staff who demonstrate unethical behavior or other poor practice. SB 149 would also address the issue of "professional scope of practice" by embedding national standards in the recommendations for the licensing system in order to reinforce substance abuse workers as valued professionals.

SB149 would also advance the recognition of substance abuse as a profession, by establishing a credentialing process that includes nationally recognized educational standards for individuals who enter the substance abuse workforce. A competency-based career ladder would be established, along with the opportunities for competency-based professional advancement it affords.

Thank you for this opportunity to testify before you today. I would be happy to address any questions you may have.

Attachment 3-2

SAACK Substance Abuse Assessment Center of Kansas, Inc.

731 North Water #4 • Wichita, Kansas 67203 • (316) 267-3825 • (316) 267-3843

02-15-2001

Chairperson Susan Wagle and Members of the Senate Public Health and Welfare Committee

Re: Senate Bill 149

My interest in supporting Senate Bill 149, enacting the addictions counselor licensure act, are both as a counselor and as an administrator. I began working in the addiction field, as a volunteer, in 1982. I was certified through the Kansas Alcoholism and Drug Abuse Counselors Association in 1984. I completed Senior Certified in 1990. At the present time, I am a Member of the Board for the Kansas Association of Addiction Professionals (KAAP). I am also a Member of the Board of the Kansas Alcohol and Drug Service Providers Association. I have a Bachelor's degree from Wichita State University and have been working on a Masters degree in Public Health.

Since 1982, I have worked in social model and medical model programs, for profit and non-for profit facilities including Via Christi Medical Center, Prairie View Inc. and COMCARE, Sedgwick County Mental Health. At the current time I am the Chief Operating Officer of the Substance Abuse Assessment Center of Kansas (SAACK). SAACK is the Regional Alcohol and Drug Assessment Center for Region 1 serving Harper, Harvey, Kingman, McPherson, Reno, Rice, Sedgwick and Sumner counties.

I would like to present the following issues for discussion.

1. Research indicates that 50% of those clients experiencing a major mental health illness are also abusing alcohol or illicit drugs. The closing of the State Hospitals has greatly increased the number of clients experiencing co-occurring disorders being placed into the publicly funded substance abuse provider network. These clients do not represent the traditional consumer that we have seen in the past. The complexity of these cases demands a higher skill level than has previously been acceptable for substance abuse counselors. There is currently no incentive for counselors to obtain the additional educational credentials to meet the increase skills demands. Conversely, there is a disincentive for administrators to encourage additional academic growth. A major concern for administrators regarding the licensure bill is the effect on budgets regarding the potential increase in salary cost for the degrees being required.

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2. Even if the substance abuse field was not seeing greater numbers of the dual diagnosis clients, certification requirements for substance abuse counselors are inadequate. Virtually anyone can be certified as a counselor and obtain a facility provisional license upon satisfaction of minimal educational requirements. Current certification does not require a college degree, nor does it require any clinical experience beyond the minimal number of hours needed to complete a practicum. Agencies concerned about inappropriate behavior on the part of a counselor can remove that person from the agency but have no way to remove them from the profession. The system of accountability for substance abuse counselors needs to be comparable to that of other social service and healing professions.

3. The 2000 session of the Kansas legislature adopted Senate Concurrent Resolution No. 1632 urging the Governor "to establish statewide substance abuse standards to measure and evaluate the short term and long term performance outcomes, efficiencies and success of publicly funded prevention, education and treatment programs. Resolution No. 1632, on its own, demands a higher level of practice standards that present certification requirements does not support.

Sincerely,

Harold W. Casey

Attachment 4-2

KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde D. Graeber, Secretary

Testimony on Senate Bill No. 149

to the
Senate Committee on Public Health and Welfare

by
Marla Rhoden, Health Program Analyst, Health Occupations Credentialing

Thursday, February 15, 2001

Chairperson Wagle, I am pleased to appear before the Senate Committee on Public Health and Welfare to discuss Senate Bill 149 concerning the credentialing of addictions counselors. In order for the Committee to make an informed decision, some history may be helpful.

Alcohol and other drug abuse counselors have been authorized to apply for registration and use titles associated with those if they meet the qualifications and are registered by the behavioral sciences regulatory board. Registration has been in effect since 1992. The passage of legislation that authorized the registration of alcohol and other drug abuse counselors followed a credentialing study under the Kansas Act on Credentialing which found the appropriate level of credentialing to be registration. Further, in its findings the technical review committee stated that ". . . if at some point in time licensure would be considered, further analysis would be needed." This has not occurred.

In circumventing the Kansas Act on Credentialing, the legislature has not been afforded the opportunity of reviewing data cumulated through the process. The impact to taxpayers is one of ten criteria in the technical review process of the Act. Data from the applicant as well as testimony from opponents and proponents is presented during the technical review process identifying data on topics such as:

- how the unregulated practice can harm or endanger the health, safety or welfare of the public
- what is the public need and how will the public benefit by assurance of initial and continuing occupational or professional ability
- explanation of why the current arrangement is not adequate to protect the public
- describing and defining the effect of credentialing of the occupation or profession on the cost of health care to the public and assuring that the cost is minimal

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- assessing that the effect of credentialing on the availability of health care personnel providing services is minimal.

Perhaps the most compelling reason to conduct this review is to abide by the Kansas Act on Credentialing provision that all recommendations of the technical committee and the secretary shall be consistent with the policy that "the *least* regulatory means of assuring the protection of the public is preferred."

The applicant group desires to be able to practice by repealing the registration statute and replacing it with licensure without benefit of a technical review. Licensure of the group has previously been determined under a legislatively mandated process to be unnecessary. This past September, the Kansas Association of Addictions Professions (formerly the Kansas Alcoholism and Drug Addiction Counselors Association - KADACA) submitted a notice of intent to seek a change in level of credentialing for the licensure of alcoholism and drug addiction counselors. The Secretary was compelled to seek additional information from the group because what was submitted was incomplete. To date no response regarding the missing or incomplete information has been received.

Last year a bill was introduced and failed to achieve the same results: moving this professional group from registration to licensure without benefit of a technical review to determine the legitimacy for such an increase in level of credentialing.

Given this information, it may be more appropriate for amendment to the level of credentialing of the practice qualifications for addiction counselors to be the result of the review contemplated by the Health Occupations Credentialing Act, KSA 65-5001 et seq.

We respectfully request that Senate Bill 149 not be passed and that the legislature upholds its Act on Credentialing as the means by which such a request can be fairly evaluated.

Thank you again for the opportunity to comment on Senate Bill 149. I would gladly respond to any questions you may have.

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