# Association of Community Mental Health Centers of Kansas, Inc.

534 S. Kansas, Suite 330, Topeka, KS 66603
Telephone (785) 234-4773 Fax (785) 234-3189
Website: www.acmhck.org

Michael J. Hammond
Executive Director


**Testimony to Senate Committee on Public Health and Welfare**
**on Senate Bill 217**

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Madame Chair and members of the Committee, my name is Mike Hammond, I am the Executive Director of the Association Community Mental Health Centers of Kansas, Inc. Thank you for the opportunity to provide testimony in opposition of Senate Bill 217.

In Kansas, Community Mental Health Centers (CMHCs) are the local Mental Health Authorities coordinating the delivery of publicly funded community-based behavioral health services. The CMHC system is state and county funded and locally administered. In Kansas, you first must be designated by your County to serve as the CMHC to the county residents, then you must secure a license from the Kansas Department on Aging and Disability Services (KDADS), to become the publicly funded CMHC and recognized as such by the State of Kansas. Consequently, service delivery decisions are made at the community level, closest to the residents that require behavioral health treatment. Each CMHC has a defined and discrete geographical service area. Together, they employ over 4,500 professionals. The CMHCs provide services to Kansans of all ages with a diverse range of presenting problems. Together, this system of 27 licensed CMHCs form an integral part of the total behavioral health system in Kansas. As part of licensing regulations, CMHCs are required to provide services to all Kansans needing them, regardless of their ability to pay. This makes the community behavioral health system the "safety net" for Kansans with behavioral health needs. Collectively, the CMHC system serves nearly 127,000 Kansans. As we know, many individuals with mental health problems also have co-occurring substance use disorders. The majority of the 27 CMHCs in Kansas are also certified as alcohol and drug treatment facilities.

The Association strongly opposes Senate Bill 217 which essentially negates all aspects of the addiction counselor licensure act and the work of the Kansas legislature just 3 years ago by allowing anyone licensed by the Behavioral Sciences Regulatory Board (BSRB) to provide substance abuse treatment services and receive reimbursement for such service with no assurance of competency. This bill would undo 20 years of workforce development that has gone on in Kansas in regard to establishing a level of competency for those providing alcohol and drug treatment services and would lower the standard of care and quality of care provided and received.

Substance abuse services are specialized/different enough from traditional mental health counseling that the extra training, supervised experience and licensure is warranted. That recognition by the BSRB is the long-standing basis for a separate certification/license for alcohol/drug providers being established. Nearly every State requires alcohol and drug counselors to meet certain competency standards to provide clinical services to individuals receiving care. These standards are established by State boards or other designated State authorities. The certification boards are authorized to examine and certify all drug and alcohol counselors and professionals for entry into the alcohol and drug counseling profession; provide professional

competency standards that promote excellence in care, appropriate education, and clinical training of counselors; and assist counselors in providing quality treatment services. Graduate training in social work is not any more rigorous than training programs in clinical psychology, community counseling, marriage and family therapy, etc….and none of those disciplines routinely make substance abuse treatment a focus of their core curriculum.

It is interesting to note that the National Association of Social Workers (NASW) recognizes the need for this specialized credential and training. The NASW has in place a national credential called the Certified Clinical Alcohol, Tobacco and Other Drugs Social Worker. Under the requirements of this credential, a social worker would be required to have 180 contact hours of relevant professional continuing education and 3,000 hours of paid, supervised clinical experience in an agency that provides treatment to those affected by substance use disorders. The NASW recognizes that the generalist social work training is only a critical foundation. This, in fact, run counter to SB 217.

This bill is a direct challenge to the work of the Legislature in the last three years and places at great risk the integrity of the entire substance abuse treatment system in Kansas. The journey to the creation of the Addiction Counselor Licensure has been long and hard fought. For the past three years, the Association has supported the Legislature in the creation of the addiction counselor licensure act. Now, barely two years later, one interest group is attempting to undue all your work and jeopardizes the quality of services to consumers in the process.

The CMHC system employs many very good social workers. The KDADS requires the additional license as part of certifying a CMHC to provide substance abuse treatment services. This bill would allow any agency or independent practitioner to identify themselves as a substance abuse treatment provider without demonstrating even basic knowledge or competency in this area. Make no mistake, this is an issue of consumer protection. The requirement to establish this education and competence was established by the AAPS credential clear back in 1993 through legislative action. Until the Addiction Counselor Act was passed in 2010, this credential was required for anyone (including those licensed by the BSRB) to work in a licensed facility, to qualify to apply for a facility license (which applies to independent practitioners) or to access public funds for substance abuse treatment. This is a significant scope of practice issue and threatens to take us back decades. I would think you would not want a family practice MD, who is competent and legitimately licensed physician, performing specialty procedures if they were not board certified in that specialty. The same logic applies.

The State, through KDADS, has to retain the authority to stipulate minimum competency standards for those working in licensed treatment facilities and for those who receive substance use disorder specific funds. It is common practice for funders of all types of services to do this. It is important that you know that all surrounding States have certification standards of some kind above and beyond simple licensure to be a provider.

This is about the right care by the right person at the right time by those appropriately trained. As you know, KanCare seeks to integrate care and remove silos of health care delivery. This legislation would do just the opposite. It would further fragment service delivery by undermining the standards of care that consumers of substance abuse services should expect. The CMHC system is moving towards fully integrated care where behavioral health care and primary care are integrated. This legislation works against the principles and goals of KanCare by allowing individuals without sufficient training and expertise to provide this service.

We aren't experiencing access issues in this arena. There is nothing broken that needs fixed. Having the mental health and substance abuse safety net systems standing before you today expressing concern about this bill should indicate this is unsound public policy. For all these reasons, the Association and its membership urge you to oppose passage of Senate Bill 217.

Thank you for the opportunity to testify. I am happy to stand for questions.