JOHNSON COUNTY MENTAL HEALTH CENTER

6000 Lamar Ave.
Suite 130
Mission, KS 66202
Fax: 791-5652
831-2550

OTHER SERVICE LOCATIONS

Adolescent Center for Treatment
301 N. Monroe St.
Olathe, KS 66061
Fax: (913) 782-0609
782-0283

Adult Detoxification
2205 W. 36TH Ave. - Suite 1
Kansas City, KS 66103
Fax: (913) 897-6802
(913) 897-6101

1125 W. Spruce St.
Olathe, KS 66061
Fax: 782-1186
782-2100

Community Support Services
6440 Nieman Rd.
Shawnee, KS 66203
Fax: 962-7843
962-9955

Family Focus (Children)
1125 W. Spruce St.
Olathe, KS 66061
Fax: 782-1186
782-2100

Regional Prevention Center
6000 Lamar Ave.
Suite 130
Mission, KS 66202
Fax: 362-9348
362-1990

After Hours Emergency Service
Fax: 588-6568
384-3535

Senate Public Health and Welfare Committee

SB 217 – Opponent

March 7, 2013

Madame Chair and Members of the Senate Public Health and Welfare Committee, thank you for this opportunity to provide testimony in opposition to SB 217. My name is Deborah Stidham and I am the Director of Addiction Services at the Johnson County Mental Health Center. My remarks regarding this bill are based on my 27 years of experience working in the field of addictions. This experience also includes the 11 years I spent serving in leadership positions with the SRS Department of Addiction and Prevention Services which regulates and funds the alcohol and drug treatment providers in Kansas.

Just last session, I stood before this committee as a member of the Addiction Counselor Advisory Group urging your vote to pass SB 100. SB 100 was an amendment to the Addiction Counselor Act that came about as a result of the Joint Committee on Rules and Regulations' directive to the BSRB Executive Director, Tom Hawk, to form a "compromise committee" which was comprised of all the BSRB licensing groups including the KNASW. The task of that committee was to work out differences that had arisen between the groups as a result of the Addiction Counselor Act. I was a member of that committee and we came to agreements that became part of SB 100, which included the provision to allow professionals already licensed by the BSRB to more easily qualify for Addiction Counselor Licensure if they wished to work in the field of addictions. Essentially, SB 100 allows BSRB clinically licensed professionals to take (and pass) a standardized national examination in addictions in lieu of taking addiction specific coursework or demonstrating experience in the field of addictions. Another agreement created the option for Licensed Bachelors' Social Workers to take significantly fewer hours in addiction coursework than someone who has completed their degree in a "related field". No one on the compromise committee, including the KNASW, provided testimony in opposition to SB 100 during the last legislative session. In fact, it was stipulated in the compromise agreement that all parties would act in good faith and not try to undermine the efforts of the compromise committee in the future. A copy of the compromise agreement is available from the BSRB, or for your convenience, I have brought copies with me today.

History of Addiction Counseling Credentialing in Kansas

The Kansas legislature passed legislation going back as far as 1993 to assure that a competent workforce for addiction treatment existed. Even in 1993, BSRB licensed professionals were required to take 18 hours of additional college coursework in addiction theory and practice in order to practice addiction counseling. The 18 hours were later increased to 27 hours based on feedback from our institutions of higher education that 18 hours were not sufficient. It was not until 2003 that BSRB licensed individuals were allowed to take a standardized national test in Addictions Counseling in lieu of the coursework.

For years, the addiction field attempted to professionalize the field further through Licensure. Finally in 2010, after many arduous efforts, the Addiction Counselor Act was passed. The Addiction Counselor Act assures that alcohol and drug treatment services will, in fact, improve outcomes for consumers. SB 217 negates those efforts by stating unequivocally that addiction treatment services are just like all other mental health

services and specialized training isn't necessary. Let us look to history to determine the veracity of that claim. The reason the addiction field has grown up a part from the rest of the professions is clear when you understand the history of treatment for this disorder.

For centuries, we struggled to successfully treat alcoholism and drug addiction. Physicians and other clinicians didn't understand that addiction is a primary brain disease with an etiology and course of its own. Finally, in 1956, the American Medical Association declared that Alcoholism is a disease. So the notion that the effective treatment of alcoholism and drug addiction can be lumped into the same treatments for mental illness is not only inaccurate but barbaric. Unfortunately, despite the growing body of literature in addictions and the number of evidence based practices available today, the majority of physicians and mental health clinicians are still not required to take coursework in addictions. The University of Kansas School of Social Work does not require any coursework in addictions, and offers only a 1-hour elective in its undergraduate program and a single graduate school elective in addictions. This oversight is made even more tragic given the increasing prevalence of this disorder and its impact on our children, families, businesses and state budgets.

When I began my career as an alcohol and drug counselor 27 years ago, there were very few mental health professionals working as addiction counselors. And despite the movement toward integrated service delivery and an increasing focus on improving outcomes for this population, some mental health agencies still refuse to treat this population, preferring instead to refer them elsewhere for services. Whether they do this because they don't have the expertise to treat them or for some other reason, this bill would allow these same agencies to provide these services and receive reimbursement for them with no requirement that their clinicians are adequately trained in addictions.

The State of Kansas has much to be proud of in its long standing efforts to recognize and professionalize the addictions field. For years, the State's colleges and universities have worked closely with policy makers to ensure that their addiction counseling curriculums are based on the latest scientific research and incorporate the knowledge and skills outlined in SAMHSA's publication, "Addiction Counseling Competencies, The Knowledge, Skill and Attitudes of Professional Practice". This collaboration between education and policy makers demonstrates the level of commitment the State of Kansas as a whole has had to assuring that Kansas consumers receive services from a trained and competent workforce.

The importance of a competent addictions workforce cannot be understated when you consider the potential fiscal impact of this bill. According to a study by the National Center on Addiction and Substance Abuse, which examined the impact of untreated addiction on state budgets, their data found that nearly 20% or $1 billion of Kansas State government spending (child welfare, corrections, etc.) was spent on the "shoveling up" the consequences of addiction while only 0.3% ($18,808,000) was spent on addiction prevention, treatment, and research. If we are to get a handle on these costs and spend our treatment dollars wisely, a well-trained addiction treatment workforce is not a luxury but a necessity.

In closing, I urge the committee to oppose SB 217. Thank you for the opportunity to provide testimony. I will stand for questions.