



Association of Community Mental Health Centers of Kansas, Inc.

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Michael J. Hammond
Executive Director

October 10, 2013

MEMORANDUM TO: Robert G. Bethell Joint Committee on HCBS and KanCare Oversight

FROM: Mike Hammond, Executive Director

RE: Testimony Received from KNASW and KPA

This week the Committee heard testimony from the Kansas-National Association of Social Workers (KNASW) and the Kansas Psychological Association (KPA) about a "KanCare reimbursement issue." I wanted to provide follow up to the Committee to provide another point of view and clarification.

The issue KNASW and KPA presented on is not a result of KanCare nor is it a KanCare reimbursement issue per se. It is an attempt to negate all aspects of the addiction counselor licensure act and the work of the Kansas legislature just three 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. This issue was most recently thoroughly debated during the 2013 Legislature, via SB 217, which was not acted on at the Committee level. The heart of the issue for us is protecting the established level of competency for those providing alcohol and drug treatment services so that the citizens of Kansas do not receive a lower standard of care and put at risk the quality of care provided and received.

It is important that you know 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.

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 jeopardize the quality of services to consumers in the process.

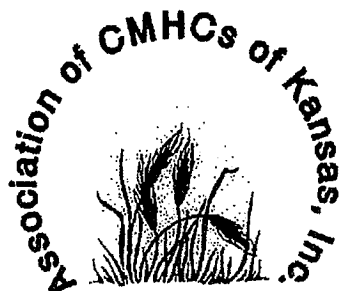
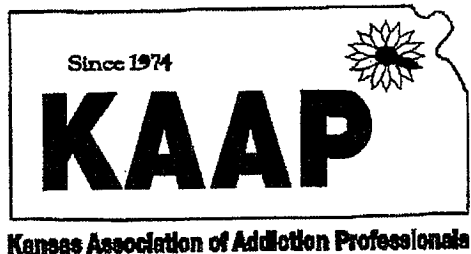
The CMHC system employs many very good social workers. The KDADS requires the additional license as part of certifying a CMHC to provide substance abuse treatment services. Allowing any agency or independent practitioner to identify themselves as a substance abuse treatment provider without demonstrating even basic knowledge or competency in this area is unsound public policy, unwise, and presents a serious 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.

This is about the right care by the right person at the right time by those appropriately trained. 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 expressing concern about the positions of K-NASW and KPA should indicate this is unsound public policy.

I am enclosing a copy of a joint letter issued by our Association and the Kansas Association of Addiction Professionals (KAAP), voicing support for the current KDADS standards for the granting of licenses for substance abuse treatment programs in Kansas.

Thank you for allowing me to share this information with you.



August 30, 2013

The Honorable Sam Brownback
Governor of Kansas
Statehouse, 2nd Floor
Topeka, KS 66612

Dear Governor Brownback:

We are contacting you today to voice our support for the current Kansas Department of Aging and Disability Services (KDADS) standards for the granting of licenses for substance abuse treatment programs in the State of Kansas.

On behalf of our two statewide organizations, the Association of Community Mental Health Centers of Kansas and the Kansas Association of Addiction Professionals, we represent the vast majority of substance abuse treatment providers in Kansas and our organizations are strongly supportive of KDADS policy that ensures the public is protected by having strict treatment standards.

Your office may be hearing from critics of the administration and KDADS policy regarding licensed substance abuse treatment facilities. The Legislature and professionals in the substance abuse treatment field have heard these arguments many times and the Legislature has rejected the critics' arguments. We urge your administration to remain steadfast in upholding the strongest licensing requirements for substance abuse treatment facilities.

Over the years, the Department of Social and Rehabilitation Services (SRS), then KDADS have both required standards on agencies that provide substance abuse treatment services to ensure public funds are used to provide services from professionals with education, training, and demonstrated competence in providing treatment in the substance abuse field. The KDADS licensing standards continue to uphold those standards.

Our organizations have chosen to communicate with you and Secretary Sullivan on behalf of our respective organizations rather than flood your offices with mass-generated letters from our members. We trust you will acknowledge that thousands of substance abuse treatment professionals stand behind our efforts to support KDADS current policy and urge you to remain firm in the Administration's current policy and prevent any effort to weaken the professional standards currently in place.

We both make ourselves available at your convenience to provide any additional information you may feel is necessary. We will certainly contact you again in the future if the circumstances change. We look forward to continuing to working in great cooperation with your office and Secretary Sullivan on behalf of Kansans in need of substance abuse treatment services.

Respectfully,



Dulcinea Rakestraw
President,
Kansas Association of
Addiction Professionals



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The Association of Community Mental
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