Kansas Chapter
National Association of Social Workers
…advocating for the practice and profession of Social Work…

Testimony on SB 217
March 7, 2013
Senate Public Health and Welfare
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The Kansas Chapter, National Association of Social Workers (KNASW) is the professional association working on behalf of the profession and practice of social work in the state. There are over 6,000 licensed social workers practicing throughout most of Kansas' 105 counties. You will find us working in both the public and private sectors where we apply our training and expertise in many fields, including child welfare, corrections, domestic violence, hospitals and health, mental health, community-based prevention, problem gambling, schools, and veterans and military care, to name a few. And, yes, we are also qualified and licensed to practice in the field of substance abuse and addictions.

Many of us were educated at one of the eight schools across Kansas that prepare students to enter this noble profession: Bethel University, Fort Hays State, Kansas State, Newman University, Pittsburg State, University of Kansas, Washburn and Wichita State. These accredited institutions require students to receive a minimum of 50 to 60 hours of social work education. Graduates then must pass competency tests in order to be licensed by the Kansas Behavioral Sciences Regulatory Board (BSRB). Since 1976, social workers have been licensed to practice at three levels of expertise: the baccalaureate (LBSW), the master (LMSW), and the independent clinical social worker (LSCSW).

Today we are here to ask you to support **Senate Bill 217**, which corrects a problem that we were assured would never occur* but has: Since July 1, 2011, licensed social workers have been prevented from practicing our profession in the field of addictions. More specifically, state-licensed drug treatment facilities that receive Medicaid reimbursement are prohibited from hiring us.

The hiring prohibition comes from an internal policy of the Kansas Department of Aging and Disability Services (KDADS) that excludes anyone who does not have the newly established "licensed addictions counselor" (LAC) or "licensed clinical addiction counselor" (LCAC) designation from working at state licensed drug treatment facilities. A November 19, 2012, letter from KDADS states:

> "Current ***policy*** requires that Medicaid reimburseable services for substance abuse in a State-licensed Alcohol and Drug Treatment Facility must be provided by a licensed addiction counselor (LAC) or a licensed clinical addiction counselor (LCAC)." (emphasis mine)

This policy has serious ramifications for more than half of those persons who need treatment. Approximately 60% of persons who have a substance abuse problem also suffer from a primary mental health disorder. In fact, this is so common that it is referred to as a person with a co-occurring disorder. An example might be a person with PTSD who gets high to escape his recurring nightmares or someone suffering from depression who "self-medicates" with alcohol.

Keep in mind that the LAC or LCAC who is hired to treat this person is *not* licensed to treat mental health disorders such as PTSD or depression, and you begin to understand just how problematic KDADS' policy really is. In many cases, KDADS' restrictive policy is likely to result in either substandard care or dual treatment and double billing.

Substandard care: Substandard care occurs when there is an improper or incomplete diagnosis. The LAC is not permitted to perform any diagnosis work. The LCAC is permitted to issue a diagnosis of only a substance use disorder. This means that the LCAC cannot, by their statutory authority, perform a comprehensive assessment and evaluation for purposes of a correct mental health and substance use diagnosis. Their restriction results in an incomplete assessment because they cannot assess for mental health disorders. An incomplete assessment will result in substandard care because the primary mental health diagnosis will not be identified or treated. This leaves the client with inadequate and ineffective intervention.

Dual treatment and double billing: IF a person does obtain a comprehensive assessment and evaluation from a mental health provider who can determine the correct diagnosis, and there is a co-occurring disorder, the individual is forced to go to two different providers—one for the primary mental health diagnosis and either an LAC or an LCAC for the substance abuse problem. The mental health intervention is delivered through the public mental health system while the substance abuse intervention is delivered through the public substance use system. This splits the treatment into two separate systems. It also creates the potential for dual treatment and double billing. This is the opposite of integrated care.

SB 217 fixes this misguided provider policy and its ramifications by establishing that substance abuse services in state-licensed facilities may be provided by any individual who is licensed by the Behavioral Sciences Regulatory Board (BSRB), without an additional license under the same board. It also states that services provided will be reimbursed through Medicaid, now known as KanCare.

SB 217 creates the opportunity for comprehensive, integrated care for those 60% of persons suffering from both mental health and substance use disorders. Social workers and others can provide the dual treatment they deserve. LACs or LCACs can concentrate on the 40% who have only a substance abuse problem.

SB 217 opens up potential employment in state-licensed drug treatment facilities to the free market while ensuring that the public will be protected because services will be provided by a licensed professional, whether it be a social worker, psychologist, addiction counselor or other professional licensed by the BSRB. ***Importantly: SB 217 does not compel changes to any hiring practices of the licensed drug treatment facilities***. Rather it expands their freedom to choose from a current pool of 1,300 to a potential pool of 9,000 licensed professionals.

Several arguments will be made against this legislation. Consider the following:

The claim: Addiction counselors have a specialty practice.
Fact: A specialty practice implies that no one else can do the work. However, the scope of practice for the other professions under the BSRB is inclusive of all mental health problems *including* substance use disorders. It is true that the addictions counselors operate within a restricted scope of practice that is limited to providing service to persons with a substance use disorder. One group's restricted scope of practice, however, does not remove that same practice from the inclusive scope of practice of everyone else. Addictions is a field of practice, but not a specialty practice.

The claim: KDADS is continuing a long-held policy of requiring social workers and others to obtain a certificate. The certificate happens to now be a license.
Fact: A certificate is not equivalent to a license. A certificate is a statement of completion. A license is permission and authorization, by statute, to engage in an activity. A license also provides public accountability because it enables the police powers of the state to remove or sanction an individual for unacceptable conduct.

Prior to July 1, 2011, then SRS' provider policy did not require clinical staff at state-licensed drug treatment facilities to be licensed by the BSRB or hold even a baccalaureate degree. Unlicensed persons were able to deliver the services.

As of July 1, 2011, two significant events occurred:
(1) Addictions counselors and clinical addictions counselors became licensed by the BSRB.
(2) SRS (now KDADS) adopted the new provider policy requiring that clinical staff be licensed by the BSRB as addictions or clinical addictions counselors. The policy excluded all other licensed professionals under the BSRB who are authorized to provide substance abuse services.

The claim: KNASW has broken a compromise agreement.
Fact: During the drafting of the Rules and Regulations that implemented the addictions practice act, it was recognized that some persons who are already licensed by the BSRB may want a second license to enable them to use the title of 'addictions counselor' or 'clinical addictions counselor' for marketing purposes. Such persons would have had to spend thousands of dollars and time in going back to school and the Rules and Regulations could not be used to remedy the situation. A change in the statute was the only way to solve the problem.

The compromise was the agreement of what details to change in the statutory language of the addictions practice act. The agreement was to support the legislation (SB 290) as a proponent. The compromise stands because the agreed upon language is now in the law. The agreement stands because KNASW was a proponent of SB 290.

Most social workers will not opt for an additional license because it is does not provide them with any benefits other than a title. It is still expensive and it is unnecessary for social work practice in the field of addictions. However, KNASW continues to support an individual's personal choice for professional designations. KNASW rejects any policy or practice that mandates an individual to obtain an additional license.

Other considerations:

- The National Institute of Drug Abuse (NIDA) says that "as many as 6 in 10 people with an illicit substance use disorder also suffer from another mental illness and the best way to treat such persons is through integrative care for both diagnosis." Under the current KDADS policy, there is minimal opportunity for integrated care for persons with co-occurring disorders.

- Social workers obtain a minimum of 50 to 60 hours of professional education to practice social work. Addictions content is included throughout the coursework. The national licensing examinations include competency questions on addictions. Contrast that with addictions counselors who are required to obtain only 27 hours of professional education to qualify for licensure.

- Substance abuse services include assessment and referral, crisis intervention, person centered case management, outpatient treatment, intensive outpatient, re-integration therapy and more. These interventions and treatments are well within what social workers have provided for nearly forty years.

- The Kansas State Medicaid Plain recognizes social workers and others as providers for rehabilitation services. One of the five rehabilitation services is "outpatient substance abuse services." Addiction counselors are not among the licensees recognized in the plan.

- Finally, the United States Bureau of Labor Statistics recognizes "substance abuse social workers" as a category of practicing social workers for projections on employment opportunities and wages.

I urge you to support **SB 217** and the licensed professionals who serve those in need throughout the state of Kansas.

* "nothing in the addictions counselor licensure act shall be construed to apply to the activities and services of qualified members of other professional groups including but not limited to attorneys, physicians, psychologists, masters level psychologists, marriage and family therapists, professional counselors, registered nurses or social workers performing services consistent with the laws of this state, their training and the code of ethics of their profession, *so long as they do not represent themselves as being an addiction counselor*." (From HB 2577, 2010) [emphasis mine]