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COMCARE

A Licensed Community Mental Health Center and Certified Addiction Treatment Program
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Testimony to Senate Committee on Public Health and Welfare on Senate Bill 217

March 7, 2013

Madame Chair and members of the Committee. My name is Marilyn Cook and I am the Executive Director of COMCARE of Sedgwick County. We are a large, urban Community Mental Health Center in Wichita that includes an addiction treatment program. I appreciate the opportunity to speak with you this afternoon in opposition to SB 217. With me this afternoon is Jason Scheck, Director of our Addiction Treatment Program, who is a Licensed Specialist Clinical Social Worker with over ten years of experience working with clients with co-occurring disorders who is currently in the process of testing for and obtaining the Addiction Counselor's license.

One of the things that is beneficial about being old and being in a field for a long time is the ability to have a sense of where the field came from and the elements that contributed to our field's evolution. When I completed graduate school in the early 1980's addiction treatment as it was referred to then was provided primarily by individuals who were in recovery themselves with the belief that only someone that had experienced addiction could engage with and help clients who approached our system for help with this disorder. As a result of that philosophy, there were a large number of individuals who truly did have significant life experiences that helped them engage this population in treatment; but that early treatment often lacked the knowledge and professionalism that is gained with formal education. Over the years we have seen a growing number of individuals with co-occurring disorders, those with both a mental illness and a substance use disorder. We struggled for a long time as treatment providers trying to decide which to treat first and over the years came to the conclusion that these disorders were both primary factors in the lives of those who experienced

them and that they both needed to be the focus of treatment. I do believe however that clinicians without significant knowledge and experience with substance use disorders primarily treated the mental health issues first and foremost with the understanding that if the mental health issues were dealt with, the substance use issues would diminish. And in some cases that was true but more often than not the individuals coming to us for help really needed clear guidance on the nature and impact of substances on their lives as well.

We have learned so much about substance use disorders in the past ten years and the brain chemistry behind these disorders. And while licensed clinical providers are able to diagnose these disorders, without significant and specific addictions training, they are not necessarily able to treat them effectively. So in 2010, after a number of years attempting to join mental health and addictions counselors, the Addiction Counselor Act was passed with the understanding that specialized training in the field of substance use disorders is necessary for clinicians to successfully treat substance use disorders. KNASW was in agreement with this act that provided for standards for minimum competency in treating these disorders. It is unclear why they have changed this stance and are asking to undo these requirements. The licensure requirements entail having licensed master level therapists take and pass a nationally recognized test instead of having to meet 27 hours of college level course requirements on addictions. All of the counselors in our organization who treat substance use disorders have accomplished this. We cannot see a reason why all providers wanting to provide this treatment should not have to go through this agreed upon process.

Senate Bill 217 undoes the work and agreement that went into the Addiction Counselor's Act of 2010. We believe this verification of skills and knowledge of addictions is critical to treating clients who come to us for help and should remain as the core competency for providing this care. We urge you to oppose SB 217 and to keep in place the system that we know better ensures the outcomes we are seeking for individuals coming to us for treatment of these disorders.

Thank you for the opportunity to address this bill.