

February 9, 2021

HB 2208 – In-Person Proponent Testimony with Amended Changes

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Chair Landwehr and Members of the Committee – Thank you for the opportunity to address your Committee today on behalf of the Kansas Chapter of the National Association of Social Workers (KS-NASW). Social workers have been licensed at three levels of practice since 1976 - baccalaureate (LBSW), the master (LMSW), and the independent clinical social worker (LSCSW). Licensed Social workers are the largest provider of mental health services and provide more services than all licensed mental health care providers combined in Kansas.

This bill proposes three licensing changes for the social work profession:

- Adds a new requirement for supervision of master level social workers to become clinicians.
- Amends Kansas unique requirement for hours of client contact during MSW training from 350 to 200, and
- Permits BSRB to update licensing service definitions in regulations to include telehealth options.

NASW-KS Chapter supports the work of the Special Committee on Kansas Mental Health Modernization and Reform to address recruitment, retention, and staffing shortages. We recommend the following strategies:

Workforce Shortage Solution #1: We ask the Committee to eliminate the **350 hours of direct client contact** required during the master of social work (MSW) field internship to become clinically licensed. Kansas is the only state in the nation with this additional requirement – (K.S.A. 65-6306 (C)).

- The current statutory requirement of an additional 350 hours creates an incentive for bachelor level students to move to neighboring states for their graduate work.
- HB 2208 lowers the standard to 200 hours but eliminating the 350 hours would align Kansas with licensing boards across the country who require the Council of Social Work Education standard of 900 hours.
- Kansas social work graduate programs average 1,200 hours due to this extra 350 hour mandate.

Workforce Shortage Solution #2: We ask the committee to not adopt additional requirements that could add barriers to our mental health workforce. During this pandemic our seniors, farmers, families, and schools are struggling with depression, anxiety, and suicide and now more than ever our policies must not place additional obstacles to grow the mental health workforce.

HB 2208 as written would **add a new supervision requirement** in 2022 not currently required. We are concerned that a new layer of cost is now added before a master of social work level could achieve their clinical license. HB 2208 requires a LSCSW (clinical social worker) to 1) obtain a BSRB “Board Approved Supervisor” status; and 2) a master’s level social worker seeking to obtain a clinical license would now need to work with a BSRB “Board-Approved Supervisor” or their current supervisor would need to achieve the BSRB mandated requirements.

Our concern is this requirement upon supervisors could delay the addition of more clinicians in Kansas. **Currently, only 17 states have similar requirements for supervisors as proposed in HB 2208.** This provision will necessitate:

- 1) completing an undefined number of hours of clinical supervision training as defined by regulation before providing clinical supervision,
- 2) submitting an application and paying a fee to get the title, and
- 3) paying for at least three hours of continuing education specific to clinical supervision every two years.

Workforce Shortage Solution #3: KS Chapter supports modernizing licensing definitions to include telehealth service options.

HB 2208 permits BSRB to update face to face licensing definitions for social workers and social work students in regulations to include telehealth service options.

Behavioral Health Provider Shortage Creates Barriers to Mental Health Service Provision in Kansas

The 2020 Special Committee on Mental Health Modernization and Reform reported on the shortages of behavioral health professions. The Committee documented difficulties with recruitment and retention of qualified professionals across the mental health continuum of care. The large numbers of retiring baby boomers are compounding the workforce shortage.

Currently, there are rural counties in the state that have no licensed psychologists or social workers.

Licensed Specialist Clinical Social Workers Across Kansas

83 – Western Kansas

1,672 – Eastern Kansas

1,755 – Statewide

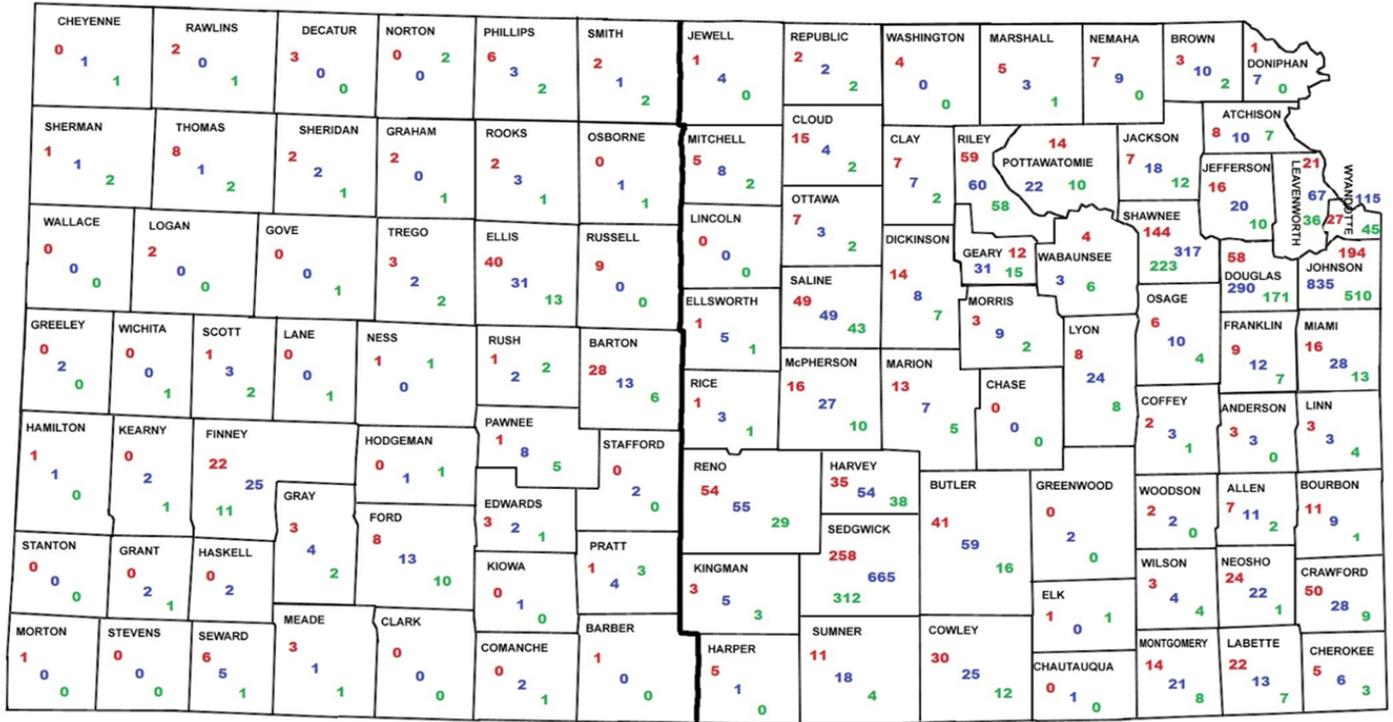
2019 Licensed Clinical Social Workers Living or Working in KS Compared to Neighboring States

State	Licensed Clinical Social Workers	LMSW	Total	Percent of clinical social workers of total
Missouri	5939	1857	7796	76 %
Colorado	6090	1612	7702	79 %
Oklahoma	2761	1072	3833	72 %
*Kansas	1755	3169	4916	36 %

Today, Kansas is facing a severe shortage of trained mental health responders. Through HB 2088, the Kansas Legislature has the opportunity to increase citizens’ access to mental health care by increasing access to appropriately trained licensed professionals.

We ask the committee to not adopt provisions in HB 2088 that add barriers to becoming a clinically trained social worker during this time of severe behavioral health shortages in Kansas. We believe by removing the *350 hours of direct client contact* that does not exist in any other state will encourage social work students to practice in Kansas while increasing the State’s ability to address the behavioral health treatment needs of children and families.

Licensed Bachelor, Master, and Specialist Clinical Social Workers in in 2019



Licensed Bachelor Social Workers

Statewide LBSW total=1,414
 Western Kansas LBSW total=73
 Eastern Kansas LBSW total=1,341

LBSW in Western KS: 5%
 LBSW in Eastern KS: 95%

Licensed Masters Social Workers

Statewide LMSW total=3,178
 Western Kansas LMSW total=73
 Eastern Kansas LMSW total=3,037

LMSW in Western KS: 4%
 LMSW in Eastern KS: 96%

Licensed Specialist Clinical Social Workers

Statewide LSCSW total=1,755
 Western Kansas LSCSW total=83
 Eastern Kansas LSCSW total=1,672

LSCSW in Western KS: 4.7%
 LSCSW in Eastern KS: 95.2%