

**Tim Davis, Ph.D., LCSW**  
**Hays, Kansas**  
[todavis@fhsu.edu](mailto:todavis@fhsu.edu)

Wednesday, February 10, 2016

Senate Public Health and Welfare  
SB 254

Dear Chairwoman Pilcher-Cook and members of the Committee:

Thank you for the opportunity to express my concern with SB 254 (or its substitute bill).

I have been a Licensed Specialist Clinical Social Worker (LSCSW) since 2001. I have a private practice serving children and families in the Hays area for over 15 years. I am currently a clinical supervisor for five practitioners. My supervisees include both master social workers and addiction counselors who are either working to qualify for independent licensure or require supervision for billing purposes. Over the years, I have done this work both as a volunteer, and at times receiving minimal compensation. I am one of just a handful of LSCSW's in this part of the state who has taken on this added responsibility. I do this mostly because I believe that the people of western Kansas deserve quality services from qualified practitioners. I desire to be a part of the solution, to develop well trained social workers to fill the gap in services, as well as to help other practitioners achieve their career goals of independent licensure.

I am also the Chair of the Fort Hays State University Social Work Program. In this capacity, I am training individuals to become bachelor social workers, many of whom go on to earn a master's degree and achieve the independent clinical license. In this role I have also provided supervision for many students over the years, at both the BSW and MSW level.

If passed, SB 254, will cause me to rethink my willingness to provide clinical supervision. Under this bill, BSRB will require that I obtain status as a "board approved supervisor." This would necessitate completing an undefined number of hours of clinical supervision training, paying an undefined fee to get the title, and paying an undefined fee every time I renew my license, as well as having at least three hours of continuing education specific to clinical supervision.

Providing clinical supervision is both a mentoring and screening responsibility. I am mentoring social workers and addiction counselors to help them increase their skills and knowledge in working with people, specifically for mental health and substance abuse diagnosis and treatment. Screening responsibilities include evaluating whether my supervisees are developing the appropriate level of expertise necessary for independent practice. This is an undertaking that licensed professionals already take very seriously.

Requiring additional credentialing will create a dilemma for me. In order to continue to supervise social work practitioners, I would need to be a board approved supervisor and incur all the costs and training requirements associated with the title. However, I could continue to supervise addiction counselors with no additional costs or training. As a result, supervisors in my situation, may be forced to discontinue providing supervision of social workers seeking additional training and licensure. This unfairly disadvantages social workers trying to achieve an independent license, while having little impact on addiction counselors. Unfortunately, this would also reduce the potential services available in Western Kansas, since LSCSW practitioners can offer more comprehensive services than additions counselors.

There should be no such advantage for one profession over another, particularly at the expense of the citizens of Western Kansas.

I urge you to reconsider this bill and dismiss the call to require social work supervisors to incur the additional cost of requiring a supervisor credential in order to offer the service of social work supervision.

Thank you.