Approved: 3-25-96
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on March 15, 1996 in Room 526-S of the Capitol.

All members were present except:

Committee staff present:
Bill Wolff, Legislative Research Department
Norman Furse, Revisor of Statutes
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Ron Hein, representing the Mental Health Credentialing Coalition
Dan Lord, Ph.D., President of the Ks. Association for Marriage and Family Therapy
David Elsbury, President of the Kansas Association of Masters in Psychology
Lloyd Stone, Kansas Mental Health Counselors Association
Ruth N. Driver, member of the Kansas Art Therapy Association
Tammi Hawk, President, Kansas Chapter, National Association of SocialWorkers
David O. Hill, Ph.D., licensed psychologist, Prairie Village,

Others attending: See attached list

Hearing on HB 2692 - Licensing master level psychologists, marriage and family therapists, and professional psychologists

Ron Hein, representing the Mental Health Credentialing Coalition, testified before the Committee in support of **HB 2692** which would change registration to licensure with regards to the three mental health professions currently registered. Mr. Hein felt that this legislation would result in fewer turf battles between mental health professionals and would make no changes in their scope of practice. The bill, as amended by the House, equalizes the requirements for the groups, including licensing exams and post graduate supervised experience. Mr. Hein also provided written testimony from other proponents of the bill. (See Attachment 1)

Dan Lord, Ph.D., President of the Kansas Association for Marriage and Family Therapy, also testified in support of the bill. Dr. Lord noted that peer professions should be allowed fair participation in the mental health delivery system in Kansas through an equal level of credentialing, and that consumers should have access to a continuum of care through the services of peer mental health professions. (Attachment 2)

David Elsbury, President of the Kansas Association of Masters in Psychology, expressed his support for **HB 2692** and noted that there are thirteen states which license masters level psychologists, and of these, three states license them to practice independently. He pointed out that in the bill, the masters level psychologist would be required to complete an additional 2000 hours of supervised practice and take a psychology licensing exam. These requirements brings the RMLP's training to a similar standard to that of other licensed masters level mental health professionals without changing the RMLP's scope of practice. (Attachment 3)

Lloyd Stone, Kansas Mental Health Counselors Association, also testified in support of the bill and noted that not having licensed counselors in Kansas results in an economic loss for the state. Since counselors are licensed in all surrounding states, not only are those who have been educated in Kansas are crossing the borders to practice, but Kansas residents are crossing the border in order to avail themselves to licensed practitioners. He also pointed out that licensure of the professionals covered in the bill would help to insure that qualified practitioners are available in the remote areas of the state. (Attachment 4)

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

Ruth N. Driver, member of the Kansas Art Therapy Association, testified in support of the proposed legislation and recommended that the 50 to 75 art therapists in Kansas be included in the credentialing and registration process. She noted that art therapists practice in a wide variety of settings such as in-patient treatment, mental health centers, troubled adolescents centers, geriatric facilities, with populations at-risk and in battered women's facilities. (Attachment 5)

Tammi Hawk, President of the Kansas Chapter, National Association of Social Workers, urged the Committee not to act on the bill but to examine the credentialing problems, return the licensure conflict over to KDHE and the three professional groups requesting such licensure. She pointed out that KNASW does not take issue with the content of this bill, but with opposition from attempts to circumvent the KDHE process regarding the existing credentialing law and technical expertise that addresses each groups' standards and merits. (Attachment 6) Committee discussion related to the licensing and credentialing process, protection of the public in relation to registered professionals, and the make-up of the technical review committee.

David O. Hill, Ph.D., licensed psychologist, Prairie Village, spoke in opposition to the bill. He noted that the three groups represented in the bill are circumventing the established credentialing process, and they have not yet demonstrated why there is a need to change their level of credentialing, other than to position themselves better to receive insurance reimbursement. Dr. Hill recommended the bill be further amended by (1) eliminating all grandfathering provisions from the bill, (2) require that any person who is licensed under the bill pass an appropriate licensing examination, (3) that the membership on the BSRB not be changed at this time, and (4) require RMLP's who may become licensed under the bill use the title, "Restricted Licensed Master's Level Psychologist". (Attachment 7)

During Committee discussion, it was pointed out that third party reimbursement may be an issue with the proponents and opponents of the bill, and the Chair announced that discussion on this issue would continue at the next meeting of the Committee. The Chair also made reference to a letter from William P. Douglas, Emergency Services Director, American Red Cross, that was addressed to State Representative Phyllis Gilmore, who pointed out that it is a requirement that disaster mental health volunteers be licensed in order to respond to disasters outside of the state of Kansas.

Written testimony was also provided by John Homlish, Behavioral Sciences Regulatory Board, (Attachment 8); Jane Kohrs, licensed psychologist, Great Bend, (Attachment 9): Forrest L. Swall, School of Social Welfare, KU, (Attachment 10); Carl S. Myers, Assistant Professor of Social Work, Washburn University, (Attachment 11); Avis D. Garrett, Ph.D., Art Therapy Association, (Attachment 12); and Connie Williams, art therapist, Saint Francis Academy, Salina, (Attachment 13).

Adjournment

The meeting was adjourned at 11:00 a.m.

The next meeting is scheduled for March 18, 1996.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 3-15-96

NAME	REPRESENTING
Leslie Rutschman	KNASW
Kathy Waddell	BSRB
Carl Myers	Social work Educator
STEVE KEARNEY	KNASW
TAMARA HAWK	Pres - K NASW
Meggen Griggs	KNASW
Mary Jane O'Leary	Counseling Psychology
Mary Linden-Kinnaley	KAMFT + Catholic Social Services
Debbie Shillen	Kingman Co
Wade Jones	KAMFT - Mental Health Ctrs East Central KS
Carolyn McClung	SRS - MH & DD
Mindy M. Rawley	Farm Bureau / Capitol Experience
James Huss	Farm Bureau / Capitol Experience
Bill Stinchcomb	K-NASW
Daniel Hill	Farm Bureau / Capitol Experience
David Eisenmayer	(KAMP) KS Assoc. of Psych.
Boyd L. Lemer	KAMP - KS Assoc of Marital & Family
Donna Kater	KCA - Kansas Mental Health Counselors
David C. Hull KPD	KPA / KAPP

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 3-15-96

NAME	REPRESENTING
Joyce Vangrum	KMHC
Willa Kozlowski	KMHC
Gary Hausmann	KBA
Connie L. Williams	Kansas Art Therapy Assoc. KATA
Dr. Avis Garrett A.T.R.B.C.	" " " "
Ruth K. Diener, M.A	" " " "
Sharol A. Stone	KMHCA
Pat Grimwood	KMHCA
Phyllis A. Gilfoyle	Alliance of Ind. Practitioners in Mental Health
Jeff Heir	MHCC
[illegible]	SRS
Georgie Pinnell	KAMFT
[illegible]	KAMFT
David Hatzlick	KS Dental Assn
Meg Jenson	KS Medical Society
John Peterson	KS Assn of Psychologists
Camille Nohe	AG
John S. Homlish, PhD	BSRB
Mary Ann Gabel	BSRB

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 3-15-96

NAME	REPRESENTING
Susan Linn	Ks Psychological Assoc.
Janet Cohen PhD	Ks. Psychological Assoc
Carol Dellinger	KMHCA
Jim Gordon	Self
Phyllis Horning	Hamilton Co. Farm Bureau
Rick Mans	Ks. Health Institute

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Ronald R. Hein
William F. Ebert
Stephen P. Weir
Melissa A. Wangemann

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
TESTIMONY RE: HB 2692
Presented by Ronald R. Hein
on behalf of
MENTAL HEALTH CREDENTIALING COALITION
March 15, 1996

Madam Chairman, Members of the Committee:

My name is Ron Hein, and I am legislative counsel for the Mental Health Credentialing Coalition (MHCC). The Coalition is comprised of three organizations and their members: Kansas Association for Marriage and Family Therapy (KAMFT); Kansas Association of Masters Level Psychologists (KAMP); and the Kansas Counseling Association/Kansas Mental Health Counselors Association (KCA/KMHCA).

HB 2692 recognizes that with the exception of psychiatrists, all the mental health professionals with masters or higher degrees are regulated by the Behavioral Sciences Regulatory Board (BSRB). This bill would change registration to licensure with regards to the three mental health professions which are currently registered, but makes no changes in their scope of practice. The bill also provides for an equal number of representatives of all the licensed groups on the Behavioral Sciences Regulatory Board itself, so that all masters level or higher professions will be "at the same table", and so that there is no disparity of strength between any of the professions. Lastly, the bill as amended by the House makes equalizes the requirements for the groups, including licensing exams and post graduate supervised experience.

The bill does not provide for any changes in scope of practice of any of the professions, nor does it make any changes regarding insurance or health care reimbursement laws.

We believe this legislation will result in fewer turf battles between mental health professionals. By being at the same table, and having a dialog and communication between the professions, we believe that there will come a greater understanding and awareness by and between the respective professions. The end result will be the ability to focus on a comprehensive mental health care delivery system that recognizes differences and distinctions of individual professional groups.

You may hear opponents contend that these groups should go through the credentialing process. These three groups have all been through the credentialing process. All three met all criteria for credentialing as provided in the statutes, according

Senate Public Health & Welfare
Date: 3-15-96
Attachment No. 1

to the technical committee. However, all three groups received differing treatment when it came to the Secretary's recommendation and subsequent action by the Legislature. Therefore, the appropriate process is not to require another technical committee, but for the legislature to make the decision which it has the capability of making.

What is also ironic about the opponents' contention about the credentialing process, is that neither the social workers nor the Ph.D. psychologists were required to go through the credentialing process which was required of the three groups seeking licensure today. Without going through that process, their licensure was granted to them by the legislature.

Today there is a hodge podge of statutes that show no consistency regarding licensure or registration. The Board of Nursing licenses mental health technicians who are required to have only a high school diploma and pass a training course. Baccalaureate level social workers are licensed. Physical therapy assistants are certified while physical therapists are registered. Doctoral level MFT's are only registered in Kansas. [See chart attached]

It is time to bring some common sense to the credentialing issue as it relates to mental health. It is time to stop the turf battles, to eliminate the turf protection by licensed groups who seek superiority over other equally qualified groups. It is time to bring everybody to the same table and to create a dialogue. The result will be a greater understanding of each other, and ultimately better public policy regarding delivery of mental health services in the state of Kansas.

We urge passage of HB 2692. Thank you very much for permitting me to testify, and I will be happy to yield to questions.

	SOCIAL WORK	MFT'S	PROFESSIONAL COUNSELORS	PSYCHOLOGISTS	NURSES	MENTAL HEALTH TECHNICIANS
PHD	LICENSED	REGISTERED	REGISTERED	LICENSED	LICENSED	N/A
POST MASTERS CURRICULA AND/ OR CLINICAL	LICENSED	REGISTERED	REGISTERED	REGISTERED	LICENSED	
MASTERS	LICENSED			REGISTERED	LICENSED	
B.A.	LICENSED				LICENSED	
ASSOCIATE					LICENSED	
HIGH SCHOOL	N/A	N/A	N/A	N/A	?	LICENSED

Shaded = Licensed Professionals

RESPONSE TO SOCIAL WORKERS' CONCERNS

One of the most important things that a group must do when dealing with the legislature is to provide accurate and truthful information. The National Association of Social Workers' March/April, 1996, newsletter states "The Kansas Credentialing Act was established in 1986 to evaluate applications for credentialing at various levels... [The three groups in the Mental Health Credentialing Coalition] have attempted to bypass this process (the same process that licensed clinical psychologists and social workers)".

Clinical psychologists were licensed in 1967 and social workers were licensed in 1974, both years before the 1986 establishment of the Kansas Credentialing Act. All three of the groups in the Mental Health Credentialing Coalition have been through the credentialing process at KDHE, and neither the clinical psychologists nor the social workers have been through that process, despite the statement that the NASW has released to its membership as the number one reason why social workers should oppose HB 2692.

That same newsletter also states that "BSRB will have the authority to consider, conduct hearings and make recommendations to the legislature on future changes to the licensure acts for all six groups". HB 2692 does not do that as amended by the House Subcommittee.

The newsletter further states that the groups seeking licensure "are not equal in training, supervised clinical experience, educational standards, scope of practice, or diagnostic ability to the licensed groups." As amended by the House, the three groups have equal training, supervised clinical experience, educational standards, as the highest level of social workers, LSCSW's. Masters social workers, bachelors social workers, and those grandfathered associated social workers have far inferior training, supervised clinical experience, and educational standards as those set out in the bill for the three groups seeking licensure.

It would appear that some of the opposition to this bill may be due more to a lack of understanding about the provisions of the bill than anything else. Part of this results from the fact that the Mental Health Credentialing Coalition approached the NASW with a request to meet and explain the provisions of the bill, but the NASW refused to meet with the Coalition.

Following are legislative study comments regarding Social Workers as recorded in the Interim Committee Report to the 1974 Kansas Legislature when Social Workers sought licensure:

> "One note often echoed was that licensing is a step towards assuming greater responsibility by the profession as to the qualifications, actions, and behavior of its members. Licensing, it was frequently noted, can insure that both the agencies involved and the public are aware of the educational level and preparation of the individual social workers in whom a commitment of trust is

being invested. It was suggested that this becomes increasingly more important as new methods of social service delivery are being developed.

It was noted that social workers are closely associated with people in distress and that regulation is necessary to insure that those people who find themselves in this position have qualified people available to help them."...

"One item stressed was that most social workers recognized that social services can and must use a wide range of personnel with different knowledge and skills acquired through education and experience."

The Committee went on to draw its conclusions and recommendations which included the following: "The Committee feels that the licensing proposal as it has evolved offers a step toward the assumption of greater responsibility by the social work profession for the qualifications and behavior of its members, and, in addition, would provide the public with adequate assurances that the services offered by a particular practitioner and that practitioner's ability are based upon adequate levels of training and experience."

The Committee then approved legislation ultimately adopted by the Legislature which would license not only masters social workers, but baccalaureate social workers, and protected the scope of practice by the credential of licensing.

Testimony in Support of House Bill 2692
March 15, 1996

My name is Mary Winden-Donnelly. I have worked in the state of Kansas for over 17 years, providing marriage and family therapy services. I am a clinical member of the American Association of Marriage & Family Therapy and an RMFT in the state of Kansas.

I am the director of the Marriage and Family Counseling program with Catholic Social Service in the Kansas City and Leavenworth area. I also consult regionally on the delivery of clinical services in the Northeastern area of Kansas covering 21 counties. I am responsible for hiring and ongoing supervision of staff which includes a multi-disciplinary group of mental health professionals. These groups represent professional counseling, marriage and family therapy, social work, psychology and nurse clinicians.

Our agency has a history of over 30 years commitment and experience to providing quality clinical services to the citizens of this state. On an annual basis we serve over 1,700 individuals and families, provide over 12,500 hours of therapy services and maintain eight major offices in 11 regions. We have outreach offices in rural areas, as well.

The environment that we have fostered within our agency is that of cooperation and collaboration among disciplines of marriage and family therapy, social work, counseling, psychology and nursing. It is the type of environment which House Bill 2692 could create within the state of Kansas instead of the present discriminatory, two-tier credentialing system.

The present two-tier credentialing system undermines an environment which fosters cooperation among professions and supports turf issues which ultimately impacts benefit to the public. It also presents a confusing picture to consumers and creates a hardship for administrators trying to explain the artificial differences between licensure and registration.

I have a great deal of experience and knowledge of the qualifications, training and the level and quality of services provided by all of the mental health disciplines seeking licensure. I hold in great respect the disciplines represented. I am also aware of the burdens created by this discriminatory level of credentialing.

These disciplines deliver essentially the same services and are qualified to do so. There is strong support of this legislation among our staff, including social workers and psychologists. Our staff works side by side, consults with each other and is enriched by the differences in academic training. These differences in perspective have a positive impact on the level, quality and cost effectiveness of services.

The benefits of eliminating this archaic, two-tier level are many. It will reduce confusion among the public and it will also serve as an issue of just and honest representation to those in disciplines who until now have only been allowed to be registered in this state.

It has been posed to me as to whether this legislation is only about money and jobs. There is a question whether this legislation could possibly open doors to other professions which, until now, have been closed. It is my study of this bill and strong belief that this legislation is not about money and jobs. Instead, it is about honesty, justice and acknowledging the hard earned level of qualifications, training and experience that these professionals provide to the public. The reality is that professionals in these areas have made a commitment of thousands of their own dollars to their academic training, post-degree supervision and ongoing supervision so that the very best in quality services can be provided to the public.

It is my hope that turf issues can be put aside, that the worthiness and the contribution of professionals in these areas be treated with honesty, forthrightness and that the kind of cooperative spirit which is so necessary in our field be afforded in judging this legislation.

My name is Jessie Skillen. I'm a retired R.N. with 26 years of full-time nursing. My career experience includes 3½ years as medical assistant in a neuro-psychiatric clinic, 6 months private duty in Louisiana, 18 months with the American Red Cross Blood Donor program, 8 months in EKG at Wesley Hospital, 16 months as R.N. supervisor (float) in the Allen County Hospital, 19 years in intermediate care facilities as Director of Nursing, 8 years as R.N. consultant at six intermediate care facilities, presenting inservices on a variety of subjects.

I am currently active in Council on Aging, SCHICK (certified insurance counselor for seniors), president of the Norwich Care Center, Inc. board of directors, (trying to establish a nursing home in Norwich), and a member of the Kingman Community Hospital Board.

We are struggling to establish and maintain quality health care for rural areas. It is obvious that locally available and prompt mental health care encourages preventive measures, reducing hospitalization and debilitating illness that can result in the necessity of nursing home care.

Just knowing that competent professional help is near is encouragement to elderly and disabled to remain in their home.

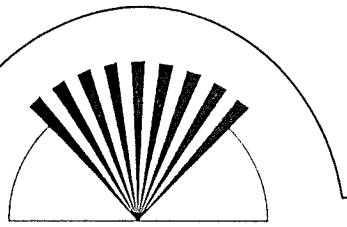
Mental health problems in the elderly cause self isolation, deficient nutrition, physical fatigue to the degree of immobilization, and insomnia. Depression or

disorientation may cause a person to neglect personal hygiene and fail to take prescribed medication. Weakness can result in falls and injuries and lead to hospitalization and nursing facility placement.

In our rural area, we have access to a master's level social worker one day a week, unless she is involved in other duties that require her to be away from the office even that often. We have two master's level psychologists in our Horizons Mental Health clinic. The R.M.L.P.'s are the providers who are readily available for many senior citizens in rural areas. We should be encouraging professionalism for these mental health providers.

We are all aware of the necessity to control hospital and nursing facility expense. Appropriate and timely mental health treatment can help to hold costs down. As a former director of nursing in a nursing home, I wish I had time to tell you about people who came to be admitted who were frail, frightened, and withdrawn. After a few weeks, many were happy, rehabilitated people.

As a resident in a rural area, I encourage you to pass HB 2692, the mental health coalition credentialing bill.



Family Service & Guidance Center

TO: The Honorable Sandy Praeger, Chairwoman, Public Health and Welfare Committee

FR: E.W. (Dub) Rakestraw, Chief Executive Officer, Family Service and Guidance Center of Topeka

DT: March 15, 1996

RE: H.B. 2692

Chairwoman Praeger and the honorable members of the Senate Public Health and Welfare Committee, thank you for this opportunity to provide testimony.

While scheduling conflicts prevent me from appearing personally, I hope you will give serious consideration to my written comments.

I wish to speak in favor of HB 2692. As the CEO of a licensed community mental health center, I employ approximately 37 professional mental health clinicians who are under the licensing or registration jurisdiction of the Behavioral Sciences Regulatory Board.

There are two major points of the proposed legislation I particularly wish to support. First, increasingly, I experience third-party payers of mental health services restricting coverage of services to those who are "licensed." Invariably this means that some of the very best (i.e., most effective) clinicians on my staff are unable to serve those who have health insurance policies with such restrictions. I have 15 registered master level psychologists on staff who, while they may be just as effective in the outcome of services as the licensed specialist clinical social workers or licensed psychologists on my staff, are unable to deliver services to those whose health insurance covers "licensed" clinicians but not those who are "registered." In terms of the services they perform or the results they achieve, they are indistinguishable from those on staff who are "licensed." Consumer satisfaction and outcome data support this factually.

Secondly, the vast majority of those professionals who are under the regulation of the Behavioral Sciences Regulatory Board, do not have representation on the Board itself. The composition of the Board has not kept pace with the legal recognition you, the Kansas Legislature, has provided to a broad range of service providers. Having one's profession regulated by a Board on which one doesn't have representation simply doesn't make sense. It is time the legislature assures those who are regulated by the Behavioral Sciences Regulatory Board they will have representation on the Board.

I urge you to favorably accept HB 2692 and recommend it for passage.

Thank you for your time and consideration.

E.W. (Dub) Rakestraw, CEO
Family Service and Guidance Center of Topeka

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FAX 234-4853

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KACES

KANSAS ASSOCIATION FOR COUNSEL EDUCATION AND SUPERVISION

A Division of the Kansas Counseling Association

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PAST-PRESIDENT
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TO: TO WHOM IT MAY CONCERN

FROM: Dr. Edward R. Butler ERB
President

DATE: January 8, 1996

This letter is to confirm that the Kansas Association for Counselor Education and Supervision (KACES) wishes to lend it's unqualified support of legislation which would provide for the licensure of professional counselors. This association has a long tradition of being supportive of efforts to improve the credentialing of counselors, be they private practitioners, school or other institutional counselors. We are pleased that the Mental Health Credentialing Coalition has been established and we stand ready to assist the MHCC in its efforts.

KACES membership is comprised of counselor educators from all six state universities and of counselor supervisors at all levels. If any of our membership can provide information or other means of support in the effort to gain Professional Counselor Licensure, feel free to let me know.

KAADA *Kansas Association Adult Development and Aging*

February 1, 1995

To Whom It May Concern:

RE: MENTAL HEALTH CREDENTIALING COALITION

As President of the Kansas Association of Adult Development and Aging, I represent a group of people in Kansas who strongly support the licensing of Counselors, Marriage and Family Therapists and Masters Level Psychologists. In addition KAADA supports a balanced board consisting of Psychologists, Counselors and Social Workers to become the credentialing agency for these professionals in the State of Kansas.

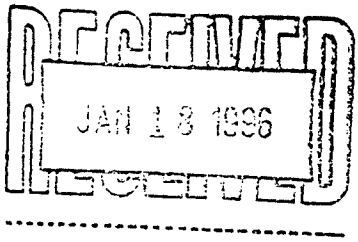
The Kansas Association of Adult Development and Aging appreciates your consideration given this matter.

Sincerely,

Jan Stalling, Ed D.

Jan Stalling, Ed.D.
President
Kansas Association of Adult Development and Aging

KCA
KANSAS
COUNSELING
ASSOCIATION



January 4, 1996

To Whom It May Concern:

This is to confirm that the Kansas Counseling Association wishes to lend its unqualified support for licensure for professional counselors in the state of Kansas. The Kansas Counseling Association is comprised of mental health, marriage and family, private agency, post-secondary, elementary, middle school and high school, career, specialists in group work, adult development counselors and counselor educators across the state of Kansas.

We are pleased that the Mental Health Credentialing Coalition (MHCC) has been formed to join professional counselors, masters level psychologists and marriage and family therapists in an effort to work together to improve the delivery of mental health care to the public and increase communication and awareness among the various mental health providers. This cooperation has been long overdue and we support the role of professional counselors in this group.

We believe this legislation will be an important vehicle for the elimination of turf battles among mental health professionals and will provide a credentialing commission that would have the expertise to look at scopes of practice in the area of mental health.

Thank you for your anticipated support in this matter.

Sincerely,

Sheila Orth

Sheila Orth
professional counselor
Kansas Counseling Association president

SEWARD COUNTY COMMUNITY COLLEGE, 1801 NORTH KANSAS, LIBERAL, KANSAS 67901
(316) 629-2714 - OFFICE

1-13

Kansas School Counselor Association

January 24, 1996

To Whom It May Concern:

This is to confirm that I on behalf of the Kansas School Counselor Association wish to lend its unqualified support for licensure for professional counselors in the state of Kansas. The Kansas School Counselor Association is comprised of nearly 400 elementary, middle school, high school and post secondary professional school counselors across the state of Kansas.

I am pleased that the Mental Health Credentialing Coalition (MHCC) has been formed to join professional counselors, masters level psychologists and marriage and family therapists in an effort to work together to improve the delivery of mental health care to the public. This endeavor will increase communication and awareness among the various mental heath providers. This cooperation has been long overdue and school counselors support their role in this group.

This legislation will be an important vehicle for protection of our publics, elimination of turf battles among mental health professionals, and would provide a credentialing commission that would have the expertise to look as scopes of practice in the area of mental health.

Sincerely,

Larry R. Dreiling

Larry R. Dreiling, President
Kansas School Counselor Association

1-14

State of Kansas
House of Representatives

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COMMITTEE ASSIGNMENTS
GOVERNMENTAL ORGANIZATION AND ELECTIONS
HEALTH AND HUMAN SERVICES
JOINT COMMITTEE ON CHILDREN AND FAMILIES
SELECT COMMITTEE ON DEVELOPMENTAL DISABILITIES

TOPEKA

PHYLLIS GILMORE
Representative, Twenty-Seventh District

TESTIMONY ON HB 2692

Madam Chair and Committee Members, thank you for the opportunity to provide written testimony in support of HB 2692. As chairperson of the sub-committee for this issue, I truly feel that careful examination was given to the original bill. We made many amendments which I believe both enhance the involved professions and offer good protection to the public.

I do not feel that the credentialing procedure has been compromised. All three groups went through the process with KDHE and then exerted their statutory right to request a legislative decision regarding their level of credentialing. This is precisely what is prescribed by law.

A careful review of current credentialing levels of all mental health professionals can leave little doubt that the decisions in this bill are fair and appropriate to all 5 professions.

Thank you for consideration of my testimony. Please call me if you have additional questions.

Respectfully Submitted,

Phyllis Gilmore

Phyllis Gilmore
Representative 27th District

Senate Public Health and Welfare Committee
Testimony regarding HB 2692
Presented by Daniel Lord, Ph.D.
President, Kansas Association for Marriage and Family Therapy
March 15, 1996

Senator Praeger, Members of the Committee:

Thank you for receiving my testimony. My name is Dan Lord. I direct the Marriage and Family Graduate Program of Friends University at Wichita, KS. and hold a registration as a marriage and family therapist (MFT) in Kansas. I am also serving my professional association in the voluntary and elected role of president for the Kansas Association for Marriage and Family Therapy. Members of this association are MFTs, social workers, psychologists, and counselors.

I am one of several persons who have helped to refine the credentialing concepts before you in HB 2692. As Mr. Hein has described, these ideas originally took shape in response to Senate action last spring. Since then, I have talked about credentialing with persons from every mental health profession and leaders in numerous service delivery systems. Each conversation has taught me much and reaffirmed my conviction that this bill is a useful and constructive step for the whole of mental health service delivery in Kansas.

This bill is presenting several basic concepts for you to consider. The first is that state regulation should first and foremost be for the protection of the general public from fraudulent practice. Especially in the field of mental health services, people depend on state regulation to assure that the persons from whom they seek help meet clear standards of training and education. Once Kansas utilized licensing for psychologists and social workers over twenty years ago, the state set licensing as the standard credential for our public to rely on. However, the state has refused to use this credential in the mental health area for qualified professions seeking credentialing after 1974. The result is a two tier regulatory system that has converted licensing into a credential for protecting professional turf rather than public interests.

The second principle guiding this legislation is that peer professions should be allowed fair participation in the mental health delivery system in Kansas through an equal level of credentialing. And, likewise, consumers should have access to a continuum of care through the services of peer mental health professions. By using the word "peer," I am referring to professions who represent a national identity, with defined bodies of theory, practice, and research, supported by separate professional associations, with specific ethical standards, entered through accredited graduate level education and training, and credentialed in states throughout the country. Marriage and family therapy meets all of the above criteria. In fact, all the states joining Kansas recognize this fact through licensure of marriage and family therapists (MFTs). This includes, Colorado, Oklahoma, Missouri and Nebraska. Kansas alone sits as an island credentialing one masters level profession through licensure and all the rest through registration.

Senate Public Health & Welfare
Date: 3-15-96
Attachment No. 2

A third principle in this bill is that peer mental health professions should share a commitment to work together with a primary focus on creating the best possible system of service delivery for the consumer. The focus here is benefit for the consumer, not for the professional. Our current regulatory structure in Kansas promotes the very opposite. Two of the five peer mental health professions are licensed. Those two professions are represented on the Behavioral Sciences Regulatory Board, the other three are not. If any of the three registered groups attempt to change their credentialing status, the two licensed professions oppose. The structure of the state credentialing process encourages an adversarial stance which guarantees more attention to turf battles than to consumer benefit. Our legislation corrects this problem by using an equal credentialing level and by creating equal representation of credentialed professions on the BSRB.

These three principles have lead us to the three steps of the bill as it now appears before you. One is equal credentialing for peer mental health professions. Two is equal representation of all five credentialed professions on the BSRB. And three is use of a consistent framework of education and training standards appropriate to the credentialing level of licensure. If it is important to your decision making, I will be glad to share more detail about the education and training standards of these groups at a later time.

In closing, I want to quote from testimony given by the social workers as recorded in the Interim Committee Report to the 1974 Kansas Legislature when social workers sought licensure.

> "It was noted that social workers are closely associated with people in distress and that regulation is necessary to insure that those people who find themselves in this position have qualified people available to help them....
>
> The Committee feels that the licensing proposal as it has evolved offers a step toward the assumption of greater responsibility by the social work profession for the qualifications and behavior of its members, and, in addition, would provide the public with adequate assurances that the services offered by a particular practitioner and that practitioner's ability are based upon adequate levels of training and experience."

We who drafted this bill affirm this central idea of professions "assuming greater responsibility" for our behavior toward one another and toward the citizens who look to us for advancements in mental health services. Passage of this bill is a crucial step in restoring this emphasis to the regulatory structure for mental health professions in Kansas.

Thank you for your attention. I will be glad to respond to questions.

UNITE ETHODIST

Youthville

March 14, 1996

Senator Sandy Praeger
Chairman Public Health and
Welfare Committee
State Capitol, Room 526 South
Topeka, KS 66612

Dear Senator Praeger:

As a licensed social worker in Kansas working for a private family service agency, I am very much in favor of legislative support for HB 2692. All well-trained master's level health professionals (psychologists, social workers, marriage and family therapists, and registered counselors) should have equal access to employment, through equal treatment in the regulatory process.

Currently, master's level social workers have a huge advantage over the other professions, because of the licensing provision. As a person who is in a position to hire many master's level professionals, especially in western Kansas, I can attest to the fact that there aren't enough social workers around to fill the jobs. We have had to begin recruiting out of state. Also, as a believer in the multi-disciplinary team concept, I think clients are better served by people with varying areas of expertise working in collaboration with one another.

I am particularly bothered by the fact that MFT's cannot get registered until two years of experience post-master's and there has yet to be one test scheduled for that purpose during the five years following passage of the legislation, although I understand from the BSRB that there may be one scheduled for this May. Social workers on the other hand, can be fully licensed at the master's level immediately upon graduation.

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900 West Broadway
P.O. Box 210
Newton, Kansas 67114
(316) 283-1950
Fax (316) 283-9540

Please feel free to call me if additional information would be helpful. I trust you will give thoughtful consideration to supporting the passage of HB 2692 this session.

Sincerely,

Karen L. Baker

Karen L. Baker, LSCSW
Vice President of Program Development

KLB:clc

Kansas Association of Masters in Psychology

P.O. Box 713, Pittsburg, Kansas 66762

SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE
TESTIMONY RE: HOUSE BILL 2692
Presented by David Elsbury, RMLP on behalf of
Kansas Association of Masters in Psychology
March 15, 1996

Madam Chairperson, Members of the Committee:

My name is David Elsbury and I am President of the Kansas Association of Masters in Psychology or KAMP. KAMP is a chapter of the Northamerican Association of Masters in Psychology. It's membership is comprised of persons who share an interest in the practice of psychology at the masters degree level.

As president of KAMP and a practicing Registered Masters Level Psychologist, I urge this committee to approve House Bill 2692 because it increases and standardizes the educational requirements for masters level psychologists, marriage and family therapists, and professional counselors, establishes consistency of credentialing of mental health professionals practicing at the masters level, and provides for representation of these mental health professionals on the Behavioral Sciences Regulatory Board. Currently, none of these groups has representation on the Board itself. By not allowing the groups to participate in the regulatory process, it reduces communication and does not promote collaboration between the professions. All groups work best together when the members have the ability to speak with each other, be heard, and participate in decision making.

In the mid 1980's masters level psychologists were given registration by the Legislature. It represented a compromise between this group and the doctoral level psychologists and was one with which neither was totally satisfied but both were able to accept. The doctoral level psychologists were assured of retaining their dominance in the private sector and the masters level psychologists were finally accorded statutory legitimacy and assured of an employment environment that valued their competency. More importantly, community mental health centers and state hospitals could now afford to hire a trained professional to provide psychological services to the public sector, thus benefiting the vast majority of the citizens of Kansas. Also, the Registered Masters Level Psychologist has been able to demonstrate their ability to practice their profession with skill and with an admirable record of meriting the public trust.

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Passing HB 2692 improves the credentialing of masters level psychologists to licensure. In the United States this is not unusual. There are thirteen states which license masters level psychologists. Of these, three license them to practice independently. RMLP's in the State of Kansas receive as much or more training to prepare them to work in the mental health field as social workers. It is noted that only the Licensed Specialist in Social Work can practice in the private sector but social workers are licensed at both the bachelors and masters degree level. In HB 2692, the masters level psychologist will be required to complete an additional 2000 hours of supervised practice and take a psychology licensing exam. These requirements brings the RMLP's training to a similar standard to that of other licensed masters level mental health professionals without changing the RMLP's scope of practice.

I wish to express my thanks to Senator Praeger and the committee members for allowing me to speak for this bill. I urge you to vote in favor of HB 2692 in order to correct inconsistencies in mental health credentialing at the masters degree level, improve the standard of these professions for the public, and improve the representation of these groups on the Behavioral Sciences Regulatory Board.

The Counseling Center

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315 S. Rose Hill Rd.
ROSE HILL, KS 67133

March 14, 1996

Senator Sandy Praeger, Chairperson
Public Health and Welfare Committee
Topeka Capitol, Room 128 South
Topeka, Kansas 66612

Re: H.B.2692

Dear Senator Praeger:

In lieu of testimony, I am writing in support of H.B.2692. Since my experience has been with registered masters level psychologists, I will confine my remarks to that group. After 23 years employment in the mental health field, I am hopeful that RMLPs may finally attain credentials appropriate to their expertise.

We can no longer justify, or afford, to maintain an "uneven playing field". For years, masters level clinicians have been treating the same kinds of cases as other professional groups. In rural areas, the bulk of the work has been provided by this group, not by Ph.D.s or social workers who tend to congregrate in metropolitan areas.

Consumers will suffer greatly if RMLPs are not given licensure. It is common knowledge that managed care companies have often restricted access to treatment by using licensure as a screening device. By denying licensure, we are helping companies limit consumer choice. It follows then, that freedom of access becomes even more critical for those Kansans who reside in rural areas.

There has been considerable hype concerning how Ph.D.s and social workers are the only professionals worthy of licensure. In reality, the aforementioned belief is a misconception which may have been promoted more by self-interest than real life truths. Furthermore, I do not believe that any research exists that clearly identifies one group as consistently superior to all others with respect to client outcomes and consumer satisfaction.

I trust that my brief comments will be helpful as your committee debates the merit of H.B.2692.

Sincerely,

Ron Fischer, Ph.D.

Ron Fischer, Ph.D.
Executive Director

RF/ns

KMHCA

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KANSAS MENTAL HEALTH COUNSELORS ASSOCIATION

A Division of the Kansas Counseling Association

TESTIMONY ON HB 2692

SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

Senator Praeger, members of the Public Health and Welfare Committee, my name is Lloyd Stone. I am from Emporia where I have been a counselor educator at Emporia State University for the past thirty years. Today I appear before you as a member of the Kansas Mental Health Counselors Association (KMHCA), as well as chair of their Professional Counselor Licensure Committee. KMHCA is a member of the Mental Health Credentialing Coalition (MHCC) which also includes the Kansas Association of Masters Level Psychologists, and the Kansas Association for Marriage and Family Therapy. The coalition was formed to enhance cooperation between these three groups as well as other mental health providers, and to introduce legislation that would provide for licensure of professional counselors, marriage and family therapists, and masters level psychologists. As you are probably aware, all three groups went through the "technical committee" process, as provided by the legislature, where they were recognized as health care providers. Ultimately legislation was passed which provided for all three groups to become registered. While registration may have been a step in the right direction, it does not clearly protect the public nor does it place professional counselors, marriage and family therapists, and masters

Senate Public Health and Welfare
Date: 3-15-96
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level psychologists on an equal basis with other mental health care providers. Registration, as I am sure you are aware, protects only the **title** of a profession. Therefore, registration is voluntary and so long as one does not call themselves by a particular **title**, they can **practice**. Needless to say, currently there are people engaging in private practice who call themselves something else in order to legally practice counseling. Voluntary registration, which we currently have for the three groups in this bill, provides little protection to the citizens who will go to these practitioners for service. Licensure, as this bill calls for, would provide **practice** protection as well as **title** protection and thereby protect the public by making it a misdemeanor to engage in private **practice** when not licensed, regardless of what they call themselves.

As it pertains to counseling, not having licensed counselors results in an economic loss for the state. Since counselors are licensed in all surrounding states, not only are those who have been educated in Kansas crossing the borders to practice, but Kansas residents are crossing the border in order to avail themselves of licensed practitioners. Availability of licensed professionals would not only help to keep our Kansas trained practitioners in the state, but would help to keep **Kansas dollars** being spent for mental health care in **Kansas.**

Other reasons for licensure in addition to protection of the public and ending economic loss include; having consistent qualifications for private practitioners, assuring consistent continuing education requirements, having available a list of licensed practitioners that would aid the public in choosing a practitioner and would serve as a resource to medical personnel, school counselors, and others in the making of referrals to qualified professionals. Last, but very important, is the consideration that licensure of the professionals covered in this bill would help to insure that qualified practitioners are available in the remote areas of our state.

The masters level and above mental health professionals have come together to form the Mental Health Credentialing Coalition in order to propose legislation they believe is for the good of the people of Kansas. The Kansas Mental Health Counselors Association, along with the Kansas Counseling Association, Kansas School Counselors Association, Kansas Association for Counselor Education and Supervision, Kansas Association for Adult Development and Aging, as well as various other groups support the Mental Health Credentialing Coalition and HB 2692.

I thank you for the opportunity to be here and I respectfully request your support of HB 2692.

I would be glad to respond to, or refer, questions.

RUTH N. DRIVER, M.S.
Art Therapist
Fax (913) 235-9588

1934 SW High Avenue
Topeka, KS 66604-3125
Voice (913)235-9588

March 15, 1996

Senate Public Health and Welfare Committee
Honorable Chair Sandy Praeger and Members of the Committe

I am Ruth Driver, a member of the Kansas Art Therapy Association. I am currently serving as the Governmental Affairs Chair. I am from Topeka, have a Bachelor's of Art in Art and Psychology, and a Master's of Science in art therapy from Emporia State University. I have over 1,230 hours of client contact using art therapy as a vehicle for treatment.

I am here today to support HB2692 for Licensure of certain professional counselors, registered master level psychologist, and registered marriage and family practitioners. I would suggest that one component of mental health treatment at the masters level which has been left out of consideration for the crendentialing process is the 50 to 75 art therapists in Kansas. We practice in a wide variety of settings, in-patient treatment, mental health centers, troubled adolescents centers, geriatric facilities, with populations at risk, battered womens facilities.

Our professional association The American Art Therapy Association was founded by a Topeka resident and art therapist, Robert Ault in 1969. AATA membership is now at the level of 5,000 members. There are 35 graduate programs in art therapy in the United States . AATA has established a set of ethical guidelines which we work under: a registration process which requires 1,000 hours supervised direct patient contact hours ; in the last two years an outside testing firm was hired to write a credentialing board certification examine. AATA has worked hard to establish professional guidelines and criteria for their members.

The states of Texas and New Mexico have both passed Licensure for their art therapist in the last few years. Their consumers have the opportunity to use the services of art therapist who answer specifically to a governing body. Currently in Kansas artist services are not reimbursable with medicaid, medicare or insurance companies. Often a masters level art therapist is placed in a group setting with a bachelor's level licensed social worker, who is reimbursable in some agencies as case manager.

In closing I would like you to consider HB 2692 and the inclusion of art therapist for crendtialing and registration. I appreciate the opportunity to speak to you today.

Sincerely,
Ruth N. Driver

Senate Public Health & Welfare
Date: 3-15-96
Attachment No. 5

JayTalk

Junior League of Topeka ■ August 1995

5-2

When art makes a difference

Art is the visual component of communication, and through image-making one may express thoughts, relationships, forces, emotions, wishes, fantasies, and dreams. Art as a visual mode of communication may be better than the verbal mode for many children.

When young children think, they use some kind of symbol to represent what is not immediately present. Children use symbols to organize their experience in order to understand or communicate it.

One of the basic needs of humans is the need to utilize symbols in every day life, and it is one of the fundamental processes of the mind of humans. There are times humans are aware of this process and other times not; we just benefit from its results and realize that certain experiences have passed through our brains and have been processed there. (Langer, 1951).

The vocabulary in young children of mentally challenged and developmentally delayed populations may be limited in describing experiences, so symbol-making is called upon to communicate their experiences. There may be a physical impairment to talking such as a speech or hearing defect. In the case of sexual abuse, the traumatization may prohibit the individual from speaking aloud about the abuse. Strong emotions may be able to be expressed through an art process rather than be spoken.

Creative artistic expression is an important part of development in all children. It helps the child to organize, understand, and communicate to others ideas and feelings. It is important to encourage children to cultivate creativity, as creativity has been associated with the cognitive process in the arena of the possibility of creating something new, solving new problems, or finding new answers to old problems.

Our Children, Their Future

The arts foster cognitive and emotional growth. Children and youth express their feelings through the use of symbols. As children and youth grow they experience their associations with people, events, and objects through emotional responses. Children and youth portray their feelings through the graphic arts, dance movement, music-making, or poetic language, as all the while they are becoming more aware of their ideas about feelings (Kenney, 1994).

Social development is encouraged through participation in the creative artistic process. The social development of children is dependent upon their ability to communicate and cooperate. The arts can assist the development of the "whole" child in the areas of creativity, cognitive process, psychological process, motor and abilities and interpersonal skills (Kenney, 1994).

In today's society with all of the automation of work and the advances in technology humans are not interacting as much with other human beings as they are with a world of machines. Children are spending more of their time in front of the television, video games, and computers, nullifying their emotions. The arts can help us in eradicating emotional illiteracy to activate and express our emotions.

Art has become increasingly short-changed in our public schools because of budget and scheduling problems during a time in which society is experiencing more and more chaos and violence. Many children are emotionally illiterate.

They don't know what they think or how they feel. The estimate that sixty percent of all children will likely spend some part of their childhood in a single parent home also has great negative impact. In the majority of cases, the single parent will be the mother (Klatter, 1995).

Art Therapy—Both Art and Therapy

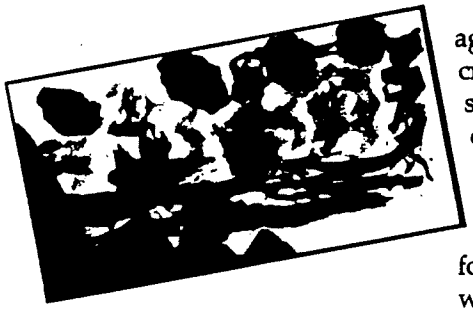
Art may be made available to children and adolescents under a variety of conditions. When art activities are made available to handicapped or disturbed children, the activities are educational and/or recreational. If the purpose in these settings is to teach art or to provide constructive use of leisure time, or if the primary purpose of the art activity is learning and/or fun, it would be identified as educational/recreational.

The crucial element of art therapy is to use both parts of its name and involve art and therapy in the art activity. Art therapy is a method of working with people with mental disorders or those who have difficulty in adjusting to everyday life. The visual arts become methods through which a client's thoughts, feelings and behaviors can be modified. Art therapy focuses on the artist, not on the art. The art therapist guides the client in experiences which will enhance the well-being of the client's life, with the art that is

Continued on page 17

• By Ruth N. Driver, M.S. • *Art Therapist* •

When art makes a difference



Continued from page 8

created being viewed as an incidental by-product of the process of growth. The goal of the art activity is primarily therapeutic.

The experience of childhood in the United States is universal yet extremely variable. We as a society seem to be seeing more school-aged children who have no clear concept of self and therefore no or very low self-esteem. These children are a product of their family, our culture and our times. The family has been the strongest influence in the past, but today with the dissolution of the family, children are left with a deficit in this arena.

Children need role models who love and value them, who assist them in becoming competent and healthy adults. Because this is increasingly not the case in our society, we are seeing an increase in the number of children and youth with educational failure, vulnerability to negative peer pressure, drug and alcohol abuse, teen pregnancy, dropping out of school, eating disorders, other addictive behaviors, battering relationships, crime and violence, and suicide. With the lack of positive role models for children, society needs to be creative in helping to provide this experience for children in non-traditional ways.

Adventures Through Art

A community assistance agency in an impoverished, high crime and violence area of Topeka sought to provide an additional opportunity for some of its youths to experience being loved, valued and nurtured. Adventures Through Art started with a fourteen-session summer program which continued in the fall.

Social guidelines and boundaries were established within the art room. The art therapist and other adult volunteers working with the program related to the youths in a respectful, loving and positive manner. The art therapy program gave youths the opportunity to project their inner world, their traits, attitudes, and behavioral characteristics, personality strengths and weaknesses through their drawing and painting.

The artwork was an easier form of communication than verbal for some of the participants. Through drawing and painting, youths portrayed what is important to them and what troubles them. The goal of the project was for youths to focus not on "objective realism" but on what they consider essentials in their lives. The art room provided a safe, secure and predictable environment twice a week. The art experience provided youths with a sense of personal power in having choices and an opportunity to begin to set boundaries.

Youths were given the opportunity to be responsible for their own behavior and the manner in which they interacted with the art materials and peers. Art activities were structured to allow youths to develop a sense of competency. Forgiveness of one's own mistakes was encouraged to allow learning from mistakes.

The art experience gave youths an opportunity to broaden thinking skills, to develop an area of expertise that was theirs alone, and to open up to taking risks in life. Ina healthy environment, they learned a new leisure skill, and received guidance on appropriate social skills.

The youths' paintings were shown citywide, the message being society thinks your artwork is important and we are proud of what you created.

The program director said most of the youths "in their wildest dreams would not have seen their artwork worthy of framing and being exhibited in public places."

Just hopefully, maybe this is the beginning of some of their dreams coming true.

Ruth Driver is an art therapist, practicing in the Topeka area since 1993. Her expertise has been gained by working with a wide variety of populations from children to geriatrics.

PROFESSIONAL EDUCATIONAL COMPARISIONS
MASTERS LEVEL MENTAL HEALTH PROFESSIONAL

5-5

PROFESSIONAL EDUCATIONAL REQUIREMENTS	PROF. COUNSELOR	M/F THERAPIST	ML PSYCHOLOGIST	ML ART THERAPIST
1. AGE	18 Yrs.	Age of majority	21 Yrs.	21 Yrs.
2. GRADUATE LEVEL CREDITS	Masters or doctoral degree Counseling 60 Specific	Masters or doctoratal degree M/FT 33 Specific	Masters in clincinal Psy. 36 Specific	Masters or doctorate degree Art Therapy 21 Art Therapy 12 Psychology 15 Studio Arts
3. PRACTICUM	3 Yrs. Practicum	500 Client contact hrs. supervised post-grad	750 Academic clock hr. or 1500 supervised work hrs.	600 Supervised practicum hrs. and 1000 supervised clinical hrs post-graduate
4.EXAMINATION	Passed Examination required by the board	Passed Examination required by the board	Passed Examination required by the board	Passed Examination required by the board
5. GOVERNING BOARD	Behaviorial Sciences Board	Behaviorial Sciences Board	Behaviorial Sciences Board	

5-6

Art program for Alzheimer's patients offers new ways of expression

WASHINGTON (AP) — The classroom is alive with activity and chatter. Women lean forward, intently pasting together fabric, paper and cardboard. Others draw with bright markers. Some sit still, content just to be there.

Florence Skuce, 87, gently claps her hands and inspects the small notebook she has created. "My book," she squeals. "Hooray."

Dorothy Ewin, 89, says she may use her notebook to record "little notations of things that are coming up."

Emma Maryman, 93, does not speak, but grins broadly at her finished product, assembled with lots of help from workshop leaders.

Within minutes, Dorothy has forgotten where her notebook came from. Others, too, soon will forget. The workshop, however, has been a success.

It is one of dozens sponsored each month by Arts for the Aging, a non-profit group in Washington that uses professional artists to bring art into the lives of the elderly, particularly victims of Alzheimer's disease.

The program sends painters, mimes, harpists, dancers, storytellers and others to adult day care centers and nursing homes to involve older people in the arts and stimulate their creativity.

One week participants may help make a quilt, another time they will learn pantomime, sometimes they hear stories, often they paint or draw.

The program succeeds where countless other arts and crafts projects "never seem to achieve anything but frustration," reports Sara Gibson of the Bethesda Fellowship House, an adult day care center in suburban Maryland. The artists "allow the often unusual creativity seen in Alzheimer's participants to flourish rather than attempting to stifle it with conformity."

Melissa Brown, recreation director for Iona House, another center visited by Arts for the Aging, said it gives patients with intellectual problems a new way to express themselves.

"Even the cognitively impaired elderly have the ability to appreciate art. Art can reach the emotional side of them, which can still be functioning and in need of being utilized."

Additional senior news on page 2B

Artists who conduct the workshops are specially trained to teach the aged and to help even Alzheimer's patients participate without getting frustrated at tasks that are too difficult.

"We try to bring out whatever is left in people," said Lolo Sarnoff, a 73-year-old retired scientist and active sculptor who created Arts for the Aging. "You have to be a little bit more patient, a little bit more repetitive, but they will do some very beautiful things."

Working with the arts has a "soothing effect" on the Alzheimer's patients and reduces their agitation, even though the classes themselves soon may be forgotten because of memory impairment, Mrs. Sarnoff said.

"They are incredibly happy when they can accomplish something, but you don't expect that they will remember. We just live in the moment with them."

Mark Rooney, a painter and art teacher who is Arts for the Aging's program director, said many patients learn and progress during workshops, though some may never master drawing even the basic border that is the first step in his classes. "One student makes Jackson Pollock-type scribbling throughout the class period, then holds it up with a sweet smile to ask, 'Is this what you wanted?'"

Rooney is fascinated with the work of eccentrics such as Pollock and Vincent van Gogh and sees Arts for the Aging as an opportunity to study that art in progress. "I personally respond to their art because it is very honest. It's not contrived in any way."

An estimated 2.5 million to 3 million Americans have Alzheimer's disease, the most common cause of severe intellectual impairment in older people. The numbers are expected to mushroom as the nation's population ages.

At first, individuals may experience only subtle changes in memory. But as the disease progresses it can cause serious forgetfulness, confusion, irritablility and changes in personality and judgment that leave patients unable to care for themselves.

Bodil Meleney, a sculptor and part-time executive director of Arts for the Aging, said it is one of many support systems family members need as they struggle with the daily demands of caring for a loved one with Alzheimer's.

"We fit in as a small cog in the whole thing. The artwork seems to calm them down, they are pleased with what they have done."

Mrs. Sarnoff started Arts for the Aging "like everything else in my life — by mistake." She said she happened to answer the telephone at the Art Barn, a community-run art gallery, when the National Institutes of Health called six years ago seeking someone to teach an art class for Alzheimer's victims.

That pilot program was so well received that she began organizing similar workshops from the Art Barn and last year she created a separate non-profit organization "dedicated to enhancing the lives of the aging through art."

Arts for the Aging, financed entirely by private grants and donations, celebrated its first anniversary with a gala benefit Oct. 11 at the West German Embassy that featured an exhibit of artwork by Alzheimer's patients.

The program now sends paid artists into 10 adult day care centers in the Washington area and Mrs. Sarnoff hopes to export the idea to other parts of the country. Arts for the Aging also plans to create a pamphlet for teachers and caregivers at senior centers around the country and is seeking financing for a research project with Georgetown Medical Center's Department of Gerontology to evaluate the effect of artistic stimulation on Alzheimer's patients' behavior.

The American Art Therapy Association, Inc.

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1969 - 1994

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MISSION STATEMENT OF THE AMERICAN ART THERAPY ASSOCIATION, INC., AS APPROVED BY THE BOARD OF DIRECTORS, April 30, 1994.

The American Art Therapy Association is an organization of professionals dedicated to the belief that the creative process involved in the making of art is healing and self-enhancing.

Its mission is to serve its members and the general public by providing standards of professional competence and developing and promoting knowledge in, and of, the field of art therapy.

The American Art Therapy Association, Inc.
1202 Allanson Road, Mundelein, IL 60060 (708) 949-6064 FAX (708) 566-4580

ART THERAPIST: Model Job Description

Definition

The art therapist treats individuals, couples, families, and groups through therapeutic art tasks. While the art therapy process utilizes art making as a means of nonverbal communication and expression, the art therapist will typically make use of verbal explorations and interventions as well. The art therapist may act as a primary therapist or as an adjunctive within the treatment team, depending upon the needs of the institution and treatment objectives of the patient. He/she provides a range of services, including preventive services, diagnostic evaluation, assessment, and treatment using art therapy techniques and process.

Application

The art therapist treats a variety of populations in diverse settings, including but not limited to, the emotionally disturbed, the physically disabled, the elderly, the developmentally delayed, both inpatient and outpatient, community mental health centers, family service agencies, rehabilitation centers, medical hospitals, corrections institutions, developmental centers, educational institutions, private practice, and other facilities.

Duties

Art therapists assist their clients in alleviating distress, reducing physical, emotional, behavioral, and social impairment, and promoting positive development. Within agency guidelines and professional standards, art therapists may provide any, or all, of the following diagnostic evaluation: development of patient treatment plans, goals, and objectives; case management services; and therapeutic treatment. Art therapists also maintain appropriate charting records and periodic reports on patient progress as required by the agency, participate in professional staff meetings and conferences; and provide information and consultation regarding the client's clinical progress in the art therapy setting. Art therapists may also function as supervisors, administrators, consultants, and as expert witness.

Educational Requirements (Training and Experience)

The American Art Therapy Association defines entry level into the profession at the Master's Degree level. The art therapists will have graduated from a minimum of a two-year Master's program, or the equivalent, which will have included a minimum of 600 hours of supervised practicum experience. Some programs require 1,000 hours of practicum. Those Masters, institute, or clinical programs which are approved by the American Art Therapy Association meet educational standards set forth by the Association. AATA also certifies the competency of individual art therapists who can meet the specific requirements of the Association. Art therapists certified by AATA are designated A.T.R. (Art Therapist, Registered).

May 5, 1987
Maxine Junge, MSW, LCSW, A.T.R., Chair
Clinical Committee

AMERICAN ART THERAPY ASSOCIATION
1202 Allanson Road, Mundelein, IL 60060
(708) 949-6064 FAX (708) 566-4580

EDUCATION STANDARDS

Effective date April 30, 1994

(This document replaces the "Guidelines for Academic, Institute and Clinical Art Therapy Training," revised October, 1989; effective January 1, 1993.)

MISSION STATEMENT:

The American Art Therapy Association is an organization of professionals dedicated to the belief that the creative process involved in the making of art is healing and life enhancing.

It's mission is to serve its members and the general public by providing standards of professional competence and developing and promoting knowledge in, and of, the field of art therapy.

EDUCATION COMMITTEE STATEMENT OF PURPOSE:

The Education Committee's purpose is to serve the art therapy profession and general public by:

1. establishing and promoting standards for education;
2. supporting the development of educational programs and encouraging diversity among these programs;
3. fostering communication among educators;
4. providing information to the public regarding educational standards and opportunities.

INTRODUCTION:

The field of Art Therapy came into existence through the pioneering efforts of independent practitioners. These Standards were developed to assist educators in planning and implementing effective graduate level programs of study.

EDUCATION STANDARDS

for Programs Providing Art Therapy Education

The American Art Therapy Association, Inc. (AATA) grants approval for educational programs preparing students for practice as art therapists. Approved programs must meet the following standards adopted by the AATA. These Standards are predicated on the view of the AATA that preparation for the practice of art therapy is achieved at the master's degree level.

I. ADMISSION OF STUDENTS

A. The program shall require that each student admitted to the program must hold a bachelor's degree from an accredited institution in the United States, or have equivalent academic preparation from an institution outside the United States.

B. The program shall require that each student, before admission to the program, must submit a portfolio of original art work, which is evaluated by the faculty of the art therapy program as demonstrating competence with art materials in preparation for the program.

C. The program shall require that each student admitted to the art therapy program must successfully complete not later than one (1) year after entering the program (and including credits taken before admission)

1. At least fifteen (15) semester hour credits (or twenty-two [22] quarter-hour credits) of study in studio art;
2. At least twelve (12) semester hour credits (or eighteen [18] quarter-hour credits) of study in psychology which must include developmental psychology and abnormal psychology.

II. FACULTY

The program must demonstrate that the numbers of faculty members and their assignments adequately provide for course teaching, student advisement, and supervision of students.

A. The director of the program in art therapy must
   1. be a full time appointee of the institution housing the program;
   2. be a Registered Art Therapist (A.T.R.).

B. At least half the members of the graduate faculty teaching core curriculum courses must
   1. have practiced art therapy within the most recent five (5) year period preceding evaluation of the program;
   2. be a Registered Art Therapist (A.T.R.).

C. SPECIALIZATION

The art therapy program should include thesis or equivalent. In addition to core courses, and over and above the twenty-one credits listed above, the program must provide opportunities for specialization in a sub-area of art therapy, such as, but not limited to:

1. children, adolescents, adults, or the elderly;
2. individual, group, or family therapy.

D. PRACTICAL TRAINING

Each student must be required to successfully complete supervised practice as follows:

1. at least six hundred (600) hours of supervised art therapy practice;
2. at least half of the total hours of supervised practice must be in individual, and group and/or family art therapy;
3. the balance of the supervised hours must include discussion of student work with the supervisor(s), and related activities including, but not limited to, case review, recordkeeping, and staff meetings.

E. SUPERVISION

Supervision may take place on or off site.

1. For every ten (10) hours of patient contact, there must be one (1) hour of supervision by a Registered Art Therapist (A.T.R.).
2. If supervision is provided in a group, the ratio of seven (7) students to one (1) supervisor may not be exceeded.
3. For every ten (10) hours of related activity, there must be one (1) hour of supervision by either a Registered Art Therapist (A.T.R.) or a qualified professional with at least a master's degree in a related discipline.

III. CURRICULUM

A. A minimum of twenty-one (21) graduate credit hours (or thirty-one [31] quarter-hour credits; or three hundred fifteen [315] clock hours) in art therapy are required. The length of time needed to complete the program should be no less than two years or four full-time semesters of study or equivalent.

B. REQUIRED CORE CURRICULUM

A sequential course of study must include the following components:

1. history of art therapy;
2. theory of art therapy;
3. techniques of practice in art therapy;
4. the application of art therapy with people in different treatment settings;
5. psychopathology;
6. assessment of patients and diagnostic categories;
7. ethical and legal issues of art therapy practice;
8. standards of good practice in art therapy;
9. matters of cultural diversity bearing on the practice of art therapy;

IV. EVALUATION

A. STUDENT EVALUATION

1. Each student must be evaluated regularly on achievement and progress in course work and clinical competencies.
2. The program must maintain a record of the evaluation of each student in each course and in supervised practice.

B. PROGRAM EVALUATION

1. The program must maintain and follow a regular procedure by which the courses, practical training, instructors, supervisors, and administrators are evaluated by students, graduates, and employers of graduates. Recommendations for change are to be solicited, gathered, and considered.
2. The evaluations of the program must be used to modify the program so as to promote its improvement, and implement recommendations as appropriate.

V. FACILITIES AND EQUIPMENT

A. The program must have regular access to the following facilities:

1. classrooms for academic courses;
2. studio space for working with art materials;
3. offices and conference rooms for faculty study and student advisement.

B. The program must have regular access to the following equipment:

1. audio-visual equipment for classroom instruction;
2. studio art equipment and special supplies;
3. office supplies for documents needed in instruction and record keeping.

C. Both students and members of the art therapy faculty must have access to a collection of art therapy literature including texts, books, and journals.

VI. STAFF SUPPORT

Secretarial, clerical, and other administrative support must be available to the director and faculty of the art therapy program.

NASW

National Association of Social Workers KANSAS CHAPTER

March 15, l996

Senator Praeger and members of the Public Health and Welfare Committee:

My name is Tammi Hawk and I am President of the Kansas Chapter, National Association of Social Workers. *I am from Manhattan, have been licensed and worked at all three levels over the past 21 years. I am here to present our concerns about SB 2692 .*

We urge you to stop the bill in this committee OR, with legislative support to examine the credentialing problems, return the conflict over licensure issues to KDHE and the three professional groups.

KNASW does not take issue with the content of this bill *or see the amendments made in the House as relevant to our concerns. That misses the point completely.* ***Our opposition comes from the attempt to circumvent the KDHE process that is the existing credentialing law and technical expertise to address each groups' standards and merits.***

SB 2692 in not a bill about public protection. *It is a bill that only benefits the career track of three professional groups.*

The Health Occupations Credentialing Act took existing turf battles out of the legislature by its enactment in l986. *This bill brings these turf battles back to you to function as experts in setting standards.*

SB 2692 does not increase available practitioners to under served areas of the state or offer increased public protection. *Passage does not give these three groups the increase scope of practice to bill for third party payments or to diagnose. Counselors and MFT's are now able to practice independently in any community as self-pay providers. RMLP's continue to be required to practice under the current supervision guidelines.*

KNASW has never become involved in opposing or supporting the KDHE credentialing efforts of any other profession. *Our position has been to remain neutral and trust the technical expertise of KDHE to address these concerns.*

The KDHE process is a non-biased, non-political assessment of technical standards. *The technical committee is made up of professionals and consumers who cannot in any way gain personally or professionally from the decisions of the committee. Each serves a 12 mo. appointment.*

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consumers who cannot in any way gain personally or professionally from the decisions of the committee. Each serves a 12 mo. appointment.

The Health Occupations Credentialing Act establishes its criteria in sections 65-5006 and 65-5007. 5006 identifies nine basic criteria *that have to be met for any group to be credentialed; certified, registered, or licensed. These nine criteria are* ***not an issue*** *of concern and have been met by the three groups as well as the licensed groups.*

Section 65-5007 identifies the 3 specific criteria for licensure. *These three criteria are areas of contention between KDHE and the three groups supporting this legislation.*

The three groups supporting this bill have been repeatedly determined by KDHE to fall short in ***at least one of these three areas.***

1) The credential should be at the least restrictive *level necessary for the protection of the public's health, safety and welfare. Licensure is the most restrictive of the three.*

2) *Licensure is the appropriate level* ***when other existing statutory regulation under civil and criminal statutes*** *are not adequate to protect the public's health, safety, and welfare.*

3) *Licensure is the appropriate level when the occupational or professional groups of health care personnel to be licensed* ***perform functions not ordinarily performed by persons in other occupations or professions.***

Solutions ?

1) Move the credentialing act into objective study to determine if the nine credentialing criteria and the 3 licensing criteria are appropriately restrictive and take input from all credentialed groups.

OR....

2) Kill the bill in this committe, support the decisions already made by the KDHE technical committee, move out of the middle of current and future turf issues, and expect the groups to meet the credentialing standards as they stand.

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March 15, 1996

Testimony Presented to the Senate Committee
on Public Health and Welfare

RE: HB 2692 - An act concerning the behavioral sciences regulatory board; relating to licensure, regulation and scope of practice issues of professional counselors, marriage and family therapists and masters level psychologists.

The Kansas Psychological Association (KPA), and the Kansas Association of Professional Psychologists (KAPP) oppose this bill on the grounds that the three groups represented in HB 2692 are circumventing the established credentialing process. This bill was brought to the Legislature last year and was not acted on. Testimony has been given by Lisa Bray of the Kansas Department of Health and Environment regarding proposed changes to the credentialing process which would better define the procedure for eliciting sufficient detail from applicants to address the statutory and regulatory criteria for technical review. In her testimony, Ms. Bray refers to the standard procedure which requires applicant groups to "...bring forth clear and convincing evidence that the occupation should be credentialed. Evidence and proof must be more than hypothetical examples or testimonials." All three groups represented in HB 2692 have already gone through the credentialing process and two of the groups, Marriage and Family Therapists and Registered Master's Level Psychologists were recommended for registration. The Professional Counselors were recommended for licensure but when they brought a bill to the Legislature, they were approved for registration also. Hence, HB 2692 ignores the prior decisions coming out of the established credentialing process and the legislature.

These three groups have yet to demonstrate why there is a need to change their level of credentialing, other than to position themselves better to receive insurance reimbursement. Although the groups have stated in their testimony that obtaining insurance coverage is not a primary concern, the evidence such as that contained in the memo from David Elsbury to the members of the Kansas Association of Master's in Psychology suggests otherwise.

Granting these three different groups licensure in a single bill also mixes different levels of training and different types of practice into an omnibus bill which would not only grant a higher level of credentialing but would also totally change the composition and function of the BSRB.

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KPA and KAPP were not involved in the inception or introduction of this legislation. However, after we found that the bill had been introduced, we met with the sponsoring groups and have had several meetings with Members of the House of Representatives. So far our concerns regarding what we consider to be a dangerous precedent in HB 2692 have gone unheeded. We are concerned that making credentialing changes of this magnitude without evaluating them carefully passes more risk to consumers.

In our conversations with the House of Representatives, we were fairly consistently told that this bill would pass. So far in our conversations with the Senate we have gotten the same message. Hence, if the bill is to be made into law without further study, we strongly urge the Senate to accept the following amendments.

The Amendments:

1) Eliminate all Grandfathering provisions from HB 2692.

   All three groups represented in HB 2692 have had previous grandfathering periods within the recent past. All persons who qualify for licensure should meet the requisite experience and pass a qualifying exam. A two year Temporary License may be issued while these standards are satisfied.

2) Any person who is licensed under HB 2692 should pass an appropriate licensing examination.

   Currently HB 2692 states that after the date of this act, master's level psychologists who apply for Licensure must pass the Psychology Licensing Exam "with a minimum score of 60% correct or a score higher than the mean score of all first time Master's candidates, <u>whichever is lower</u>". The 60% score is low enough and is significantly lower than the level required for doctoral level psychologists. The RMLP's and other groups in HB 2692 argue that their training plus experience qualifies them to practice at the same level as persons with doctoral degrees. Hence, they should be able to pass the examination at least at the 60% level. We have long argued that people with master's degrees in psychology must take more coursework to upgrade their education or professional status. Some applicants may have to take review courses in order to pass the test, and such programs are available for this purpose. As

indicated above, a two year Temporary License may be issued while giving licensees time to meet all requirements of the bill in order to maintain licensure.

3) The membership on the BSRB should not be changed at this time and sections 39 and 40 of HB 2692 dealing with board membership should be deleted.

   The BSRB structure suggested in 2692 will have devastating consequences on the effectiveness of the Board. There is only one practice of psychology, the "practice of master's level psychology" does not exist. RMLP's are already appropriately represented by the Psychology members of the BSRB and there is no need to add two more representatives to BSRB to represent LMLP's. The multilevel licenses of Social Work are represented on the BSRB by two representatives. There are also two levels of degree for Marriage and Family Counselors and Licensed Professional Counselors (i.e. Master's and Doctoral levels) and each of these two groups will be represented by two BSRB members.

4) RMLP's who may become licensed under HB 2692 should use the title: "Restricted Licensed Master's Level Psychologist"

   The term "Licensed Master's Level Psychologist" can cause confusion for consumers as it does not clearly separate psychologists who are licensed for independent practice (doctoral level professionals) from those who practice under the direction of an independently licensed professional (master's level professionals). To clear up this confusion, we recommend the term "Restricted Licensed Master's Level Psychologist".

In summary, we feel that our concerns regarding what we consider to be a dangerous precedent in HB 2692 have largely gone unheeded. We encourage the Senate not to pass HB 2692 because it abandons the credentialing process. This is a risky precedent because it places the Legislature in the position of making credentialing decisions without the benefit of the more objective assessment available through the established credentialing process. We are concerned that making credentialing changes of this magnitude without evaluating them carefully passes more risk to consumers.

STATE OF KANSAS

MARY GABEL, MPA, *Executive Director*

BOARD MEMBERS:
Public Members
JOHN S. HOMLISH, Ph.D.
LINDA MOSIER
EDWARD F. WIEGERS

Psychology Representatives
JAMES F. McLAUGHLIN, Ed.D.
JOHN G. RANDOLPH, Ph.D.

Social Work Representatives
CAROLYN RAMIREZ ALBOTT, LSCSW
KATHLEEN W. WADDELL, LSCSW

LICENSED PROFESSIONALS:
Psychologists
Social Workers

REGISTERED PROFESSIONALS:
Masters Level Psychologists
Professional Counselors
Marriage and Family Therapists
Alcohol and Other Drug Abuse Counselors

BEHAVIORAL SCIENCES REGULATORY BOARD
712 S Kansas Avenue
Topeka, KS 66603-3817
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March 15, 1996
Kansas Senate Committee on Public Health and Welfare
Senator Sandy Praeger, Chairperson
H.B. 2692

Testimony: John S. Homlish, Ph.D., Chairperson: Kansas Behavioral Sciences Regulatory Board

Thank you Senator Praeger and members of the committee for allowing me to appear before you this morning. My name is Dr. John Stephen Homlish. I am a resident of Topeka, Kansas and I serve as Chairperson of the Kansas Behavioral Sciences Regulatory Board.

I appear today to represent the BSRB and to testify on behalf of the Board's continuing concerns relative to H.B. 2692. It should be noted that the Board does not wish to express opposition to licensing the groups identified in H.B. 2692. At our March 11, 1996 meeting, several Board members voiced support for licensing these groups.

The Board requests that this committee delay passage of H.B. 2692 until our following questions and concerns are satisfactorily resolved.

(1). Does this act place financial responsibilities on the board that are not sufficiently covered by the fees prescribed in this act?

During our February 15 testimony before the House sub-committee on Health and Human Services, we expressed our opposition to H.B. 2692, based on the fiscal impact study that suggested that the fees in the bill would not adequately cover costs associated with its implementation. These costs include supporting a 46% expansion of board membership and revision of regulations; and the sustained costs of credentialing and regulating these groups. The fiscal note submitted by the budget office concluded that this act would create a significant deficit in the board's fee fund. Subsequent to our testimony, H.B. 2692 was amended to include the fee structures that now appear in the version presented for your consideration.

It is the Board's position that H.B. 2692 should not be passed until uncertainties regarding the fiscal impact of this legislation are sufficiently reviewed and clarified. Further, the board asks that you request a new fiscal note to determine the extent to which the implementation of this act is adequately covered by the prescribed fees. It is important to note, however, that we cannot assist in preparing a revised fiscal impact until the questions we raise are answered.

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(2). Does this act prescribe statutory and regulatory changes that may delay its full adoption or implementation until sometime beyond the expected beginning date of 7-1-96?

It appears to us that if H.B. 2692 is passed into law, the expected beginning date for transferring from registration to licensure, as well as the effects of Section 39, will occur on or about July 1, 1996. This expectation impacts several issues and raises administrative and procedural questions for the board.

First, Sec. 10.(b) [pg. 7, lines 19-26], Sec. 19(b) [pg. 12, lines 24-32], and Sec. 33(f) [pg. 21, lines 7-15] each contain similar language that indicates that on the day immediately preceding July 1, 1996 persons who are currently registered "shall be deemed to be a licensed professional counselor, (marriage and family therapist, or masters level psychologist) under this act." The wording further states that "such person shall not be required to file an original application for licensure under this act, but may apply to the board for a license in lieu of registration and payment of the fee set by the board of renewal of license..." It is not clear whether currently registered persons are required to apply to the board and pay a fee to convert their registrations to licenses. It is critical that the board have this question answered because it not only will have significant repercussions on the fiscal impact to the board, but also because it will enable the board to know how to regard those persons who chose not to apply for a license. Should any one of the currently registered persons fail to seek licensure, will they simply cease to be credentialed? Conversely, if the currently credentialed persons are not required to apply and pay a fee for the conversion, who will bear the costs for these conversions and increases in board member representation?

Second, it appears that no licenses may be issued, according to this act, until rules and regulations are adopted, including setting fees and amending credentialing requirements for heretofore unregistered applicants. The board is seeking legal counsel on the questions related to whether the process of adopting amended rules and regulations may be completed prior to the publication of this act in the statute book, or whether the process must wait until publication.

(3). Does this act, in light of such possible delays, and because of its prescribed quorum in Sec. 39 [pg.24, lines 25-31], create the potential inability on the part of the board to carry out its functions for an uncertain period of time?

The question of whether and to what extent the board may complete the adoption of rules and regulations, including hearings, has direct bearing on the quorum issue raised in Section 39. The act presumes that on, or about, July 1, 1996, the board will be composed of 13 members appointed by the Governor. The act also states that the six new appointees will be "licensed" and that the quorum for board meetings will be 7 (the current number of board members). Will the Governor be prevented from selecting the additional 6 appointees from among those currently credentialed until they are in fact "licensed?

The worst scenario in this case is that the board will not be able to meet until or unless all of its current members are able to attend, for so long as rules and regulations have not been adopted and for as long as there is a lack of licensed persons. In effect, until new appointments are made by the Governor, from the roster of licensed persons in the respective disciplines, the board will be prohibited from conducting its business unless seven members are present.

The board would prefer that Section 39 be amended to include language that takes into consideration a reasonable time frame for adopting rules and regulations, as well as the receipt and issuance of licenses.

The board is also concerned that this act requires that at least one position on the board is subject to appointment or reappointment every year. The current board member appointment rotation schedule is 3-3-1-0, which means that the terms of three persons expire in each of two successive years; one term expires in the subsequent third year; and in the fourth year, there are no term expirations. This rotation schedule provides the board with at least one year of continuity.

(4). Does this act shift the balance of "power" on the board from the public membership to members appointed from credentialed groups?

The Board is concerned that the newly aligned composition of the board proposed in this act reduces the ratio of public members to representatives of credentialed groups. In this act, after June 30, 1996 and until June 30, 1998, the percentage of public members to credentialed persons moves downward from 43% to 23%, whereas the percentage of coalition representatives is set at 46%. After July 1, 1998, the percentage of public members is set at 29%, whereas the percentage of coalition members is set at 43%.

The position of the board is that the current ratio or percentage of public members to appointees from credentialed groups reflects the original intent of the legislation establishing the BSRB; that is, to assure the board's purpose of protecting the public interest and its objective determination that credentialed persons merit the public trust is best served by a voting block of public members that protects against the "fox guarding the hen house." The board will strongly support any changes in Section 39 that assure that the current ratio, or percentage of of public members is preserved.

In summary, the board has no opposition to licensing the groups mentioned in this act. However, the board requests that no action on H.B. 2692 be taken until this committee and the board are satisfied that our various concerns and questions have been adequately addressed.

In my view, this current board is acutely aware of its role to protect the public interest. Further, the board recognizes that it is unable to fulfill its principal role in an environment of financial stress and uncertainty. For this reason, the board came before this committee last session to seek relief from its financial burdens by asking for you to increase its current capitated statutory fee structure. Finally, the board also recognizes that it cannot

fulfill its principal role in an environment of procedural or administrative uncertainties. For this reason, the board asks this committee to delay passage until the confusions in the identified sections are resolved.

960314/testimon/2692s/#1

Testimony before the Kansas Senate Committee on Public Health and Welfare 3/15/96 re: HB 2692

by Jane Kohrs, Ph.D., Licensed Psychologist
Great Bend, Kansas

The purpose of this testimony is to explore the potential future impact of licensing additional provider groups under the current house bill from a rural Kansas perspective. Part of the premise offered by RMLP's seeking licensure is that client populations in the Western part of Kansas are underserved. The RMLP's maintain that there is a need for additional licensed providers.

I have worked at the mental health center in Great Bend, Ks for seven years and in private practice in the Great Bend area for eleven years. My experience has been that there is not an abundance of counseling work available in my geographical area. I travel to Great Bend, Hoisington, Salina, Abilene, Hutchinson, McPherson, Buhler, and Nickerson in order to have enough clients for a 30 to 35 hour per week caseload. My husband, also a licensed psychologist, travels to Pratt, Salina, Great Bend and occasionally parts of Western Kansas. Our schedules are not full and we do not have waiting lists.

Where is the evidence that there is work available to these groups if they are licensed? My concern is that colleges have provided educations in various mental health areas but that there will not be occupations sufficient to provide all these individuals a livelihood. Licensure will not cure this problem. Further cutbacks in mental health are expected with managed care systems and reductions in State funded social programs. If this bill is passed, will there be a proliferation of mental health providers who cannot treat the whole person because of their more limited training? Will Kansas find greatly increased numbers of providers with limited expertise, thereby creating risk to the public? Further consideration of potential impact and evidence of actual need should be made before passing such a bill.

Furthermore, the three groups seeking licensure are different and should go through the formal credentialing process individually. In the case of RMLP's, there is an attempt to bypass the educational requirements and credentialing requirements for licensure in the practice of psychology. Licensing groups who do not follow the established career path of their own profession is a dangerous precedent, especially when opportunities for further education can be made available. If this bill is passed, KPA recommends amendments to insure that further requirements such as the licensing exam, are also not bypassed. Thank you for your consideration of this perspective on HB 2692.

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To Members of the Health and Welfare Committee

The Kansas Senate

Concerning HB 2692 that would provide licensing for
Professional Counselors, Registered Marriage and Family Therapist and Registered Masters Level Psychologists

Forrest L. Swall, Faculty Member
School of Social Welfare, The University of Kansas
March 15, 1996

This statement is in opposition to the proposal contained in HB 2692. Because of my background in the social work profession, my remarks will address the nature of social work and the attributes that formed the basis for social work liscensure in 1974.

First a word about the meaning of the term *profession:* a profession is a vocational field, but with special characteristics. The primary commitment of a professional is to the profession and its clientele rather than to the employer. For a profession to be regulated through one or more levels of credentialing, there must be a clear public interest.

Professions share four major characteristics that include:

1. *specialized knowledge and skills.*
2. *a code of ethics*
3. *a practice of self regulation*
4. *licensing for the legal control of use of a title and the practice of the profession*

Social work *education* became accredited in 1948. For nearly fifty years the profession has maintained a strong commitment to educational standards that assures the quality of service delivered by social work practitioners in the United States and Canada.

The social work *code of ethics* provides a basis for protecting the public from incompetent and unscrupulous practitioners. Long before social work liscensure social workers engaged in an active program of *self regulation.*

Second,on the matter of licensure: the primary function of liscensure is to provide some degree of public control and protection. Contrary to the interests of many within the various professions, regulation is not primarily for their protection except in an indirect way. There is no justification for any group to carve out exclusive rights to a title or a practice for their own ends.

Credentialing simply has to do with assuring the publics served that a member of a group that claims to perform a service does have the professional training to provide the service.

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Members of a profession may, intentionally or unintentionally, use their credentials for purely self serving ends, but that is not reason for providing any legislative sanction. Other social and health related professions and vocations have sought licensure from time to time. These requests formed the basis for adopting the current **Kansas Credentialing Act**

The Credentialing Act designated the Kansas Department of Health and Environment the task of reviewing requests for credentialing and making recommendations to the legislature. The legislature had determined that their members did not have the knowledge and expertise to make informed judgements about the attributes of groups seeking credentialing. Members of the legislature anticipated the likelihood of future requests for credentialing, such as the request now before this Committee.

It is my firm belief that the procedure established in the Kansas Credentialing Act was sound. There is always a possibility that the work of KDHE should be reviewed. The criteria applied to requests may need reexamination and materials need to be updated periodically. I believe that the legislature and the citizens of Kansas are better served by making full use of the provisions established through a sound deliberative process.

As well intended as the request of the groups named in HB 2692 is, it is not sufficient for them to set forth what is in the best interest of the public. We have a long standing tradition of protections that call for the use of commissions and accrediting bodies in matters such as this.

The legislative intent of the Credentialing Act was to make certain that groups applying for credentialing meet the criteria established. In order to maintain the legislature's commitment to public protection' it is important to reaffirm the legislative commitment to a procedure that serves the larger public.

Adoption of HB 2692 would place future legislators in the position of having to spend enormous amounts of their time studying and responding to accreditation standards. This would be necessary to assure protection of the public. Adoption of HB 2692 would open the door to politically based credentialing determinations.

I strongly urge the Committee either to *not act on HB 2692*, or to *vote to not pass*. I suggest that the groups named in the proposed bill be directed to follow the process as outlined in the credentialing provisions established in the Kansas Credentialing Act.

March 15, 1996

KANSAS STATE SENATE, PUBLIC HEALTH AND WELFARE COMMITTEE;

Testimony of Carl S. Myers, Assistant Professor of Social Work
Washburn University

RE: HB 2692

Senator Praeger and members of the committee:

I am Carl Myers, a licensed specialist clinical social worker, and an assistant professor of social work at Washburn University where I have taught students seeking the BSW degree for the past eighteen years. I earned my MSW degree for the University of Utah, and moved to the State of Kansas in 1976 in order to take advantage of three years of additional post-graduate clinical training programs through the Menninger Foundation. I have enjoyed practicing and teaching social work, as well as living and raising a family in a State which is nationally known for its foresight and progressiveness in high quality mental health and social services care.

Although I am a tenured faculty member at Washburn, a member of NASW, and the Kansas Council on Social Work Education, my remarks today are solely my own, as a BSW educator, and do not represent an official position statement from the university or the various professional groups or associations in which I hold membership.

The central focus of HB 2692 is in regard to differentiating levels of legal regulation among other professional groups whom I am not qualified to comment about. However, I understand that during the course of the considerations of this bill, questions have been raised concerning the nature of the training and professional practice of the BSW social worker, and I would like to have the opportunity to provide the committee with information in this regard.

Senate Public Health & Welfare
Date: 3-15-96
Attachment No. 11

History of BSW licensing:

Frankly, I was surprised to read HB 2692 since it seems to once again require legislative committees to attempt to make determinations which are very complex and highly technical regarding legal regulation of mental and social health care providers and practices. Perhaps you will forgive me for noticing a kind of "de ja vu" in this testimony as I relate the history of multi-level licensure for social work practitioners. This reminds me a great deal of the "behavioral science credentialing debates" of the late 1970's.

Kansas was the first state in the nation to pass a multi-level licensing law for social workers in 1974 (SB623). At that time, the legislature approved an "associate level" of licensure to create a category in order to "grandfather" those SRS employees with non-social work related education. By attrition and by design, this level of licensure was phased out in preference to having specifically trained professional social workers providing vital and mandated social services to the diverse population of persons and families served by SRS.

In the fall of 1978, the sunset process directed the legislative post audit division to begin an investigatory process which led to the recommendation to abolish approximately 35 state regulatory agencies, including the boards of examiners of both social work and psychology. In essence, sunset meant the legislature would have to specifically re-enact these various boards, eliminating the legal regulation of these practices entirely, or recommend a different administrative structure for these activities to continue.

In the 1979 legislative session, numerous professional groups, and as I recall, factions within the groups approached the members of the House Committee on Governmental Organization to urge the committee to re-enact a licensing law that would include various groups and exclude various others. Most of these proposals called for the continuation of separate regulatory boards. The central purpose of legal regulation was often lost in the confusion over disparate philosophies of education, scope of practice , consumer access to services, the need for public protection, and frankly professional self-interest.

In those days, I served on the NASW "Legal Regulation Task Force". I recall this process before the legislature with some degree of embarrassment since it reminded me, at its worst, of a "cat fight" (among otherwise dignified and highly trained professionals), and at its best, a disorganized "can of worms" for legislators to try to figure out.

Recognizing the enormous complexities of these issues, the House Committee on Governmental Organization extended the status quo for one year, and recommended the matter be dealt with in the interim session. The interim committee on Governmental Organization considered the audit report recommendations, patiently heard impassioned testimony from the various groups, and recommended proposal 19 which would include licensure for social workers, psychologists and others, under the concept of an "amalgamated board". In the 1980 session, Proposal 19 became HB 2751, and later modified to become HB 3210. Ultimately HB 3210 was approved by the senate which established the current Behavioral Science Regulatory Board, and provided for the licensure of PhD. Psychologists and the three levels of social work licensure including the BSW, MSW, and LSCSW.

At the same time, the larger question of health care credentialing was considered by the legislature. In the 1978 session, HB 2718 established a Statewide Health Co-ordinating Council (SHCC) and directed them to develop a procedure for the review of health care professions desiring to obtain state licensing. The SHCC report was submitted to the 1979 legislature, and referred for interim committee study. The interim committee produced proposal 34 which ultimately became HB 2755 in the 1980 session.

This credentialing process called for the development of specific criteria to be met in order for occupational groups of health care personnel seeking credentialing action. The basic elements of these criteria include the notion that the unregulated practice of the occupation can harm or endanger the health, safety, and welfare of the public, the practice of the occupation requires specialized knowledge, skill and training, and that the public is not effectively protected from harm by any other means.

I understand that the Health Occupations Credentialing Act, sections 65-5006 and 5007 specify nine discrete criteria.

The process for determining if these criteria were met involved a review by an Ad Hoc Technical Committee with staff support from the Department of Health and Environment, with a report of findings submitted to the Secretary of Health and Environment who in turn would make a recommendation to the state legislature.

These criteria were applied to the profession and practice of Social Work and the continuation of licensure was recommended at all levels of practice.

BSW educational process and levels of practice:

Social work is unique among the helping professions in its recognition of the BSW as the entry level of professional practice. Undergraduate education in social work is designed to prepare students for practice, as a primary objective of the educational process.

The licensing laws regulating social work practice require that a prospective professional social worker receive their education and training through a college or university accredited by the Council on Social Work Education. Accredited schools of social work are regularly and thoroughly reviewed for compliance with established and nationally uniform professional standards.

Washburn University is one among eight accredited undergraduate social work programs in Kansas.

At Washburn a BSW student is required to complete a total of 124 academic hours distributed among the areas of general education, and electives (51 hours), specific social work courses, (52 hours), and social work correlated courses such as psychology, sociology, anthropology, political science, and economics, (21 hours).

After completion of required classroom work, students must successfully complete a supervised field training practicum which involves sixteen hours per week in an agency, for two continuous semesters (480 "clock hours").

Outcome objectives of undergraduate social work education include a "core" of knowledge, skill, and competency which includes, but is not limited to the following:

Identifying and assessment of situations where the relationship between people and social institutions need to be initiated, enhanced, restored, protected or terminated;

Based upon multi-dimensional assessment, develop and implement plans for improving the well-being of people to restore or enhance capacities for social functioning.

To enhance problem-solving, coping, and developmental capacities of people;

Proficiency in the evaluation of service delivery systems and client centered objectives of the delivered services.

Link people with systems that provide them with resources, services and opportunities.

Actively participate with others in creating new, modified, or improved service, resources, opportunities, and systems that are more equitable, just, and responsive to human and societal needs.

Why is the BSW licensed?

In view of the established credentialing criteria and process, perhaps the most compelling reason that the professional standards of the BSW level of social work practice is assured through licensure is the fact that most of the people served by BSW's have little or no choice in the selection of the practitioner who may be in a position to make decisions or recommendations which have a major impact on the nature and circumstances of their lives. For example, should a child be removed from an allegedly abusive home? What services are needed? How should they be provided?

Licensed BSW's practice social work in a number of diverse settings and institutions of society. Certainly, most are familiar with the social worker's central role in child welfare services. They are also central in adult protective services as well. They are employed most often by social institutions such as public welfare, schools, hospitals, nursing homes or the court system. In spite of a wide diversity in the settings of BSW practice, they do have certain limitations imposed to their practice, most notably, in providing unsupervised, fee for service private psychotherapy practice. BSW's are not recognized, nor reimbursed for their services through third party payers, nor are they sanctioned to practice independently of supervision.

The professional role of the BSW practitioner in the mental health arena is often at the community level in roles such as intake worker, or case management as a member of a service delivery team.

In light of the present trends in public policy to rely more heavily on community based mental health services, and also in view of the movement toward "privatization" of certain child welfare services, the importance of assured high professional standards of education and practice of the BSW social worker is especially critical.

Thank-you for your patience and attention.

Avis D. Garrett, Ph.D., A.T.R.,B.C.
President, Kansas Art Therapy Association

March 15, 1996

Madam Chair and Members of the Committee:

I want to share that Art Therapy is important in the field of mental health. We have proven how art opens doors for processing human emotions—doors that would otherwise be closed. Art provides expression of unspoken feelings and guides the patient toward problem solving. And art therapy has proven to be a powerful tool in breaking through the resistance of many blocked areas in need of healing and behavioral change.

It is a therapy that works for all ages. For example, children who cannot verbalize the details of abuse, can use art to reveal those experiences. A trained art therapist is able to "read" the art and provide help and guidance. Older people have found art to be beneficial as well. One case which gained international attention was that of a 68-year-old woman from Wellsville, Kansas. Elizabeth "Grandma" Layton could not find release from her pain and depression until she discovered art therapy. By drawing herself over and over again in various situations, she literally drew away her pain. By putting pencil to paper, she expressed her anxieties, thereby opening fresh doors for growth. After six months of doing art, her lifelong depression was gone.

The scale below indicates a comparison of professional art therapy to the other behavioral science professions. It is the Kansas Art Therapy Association's sincerest wish to be endorsed for licensure.

Very truly yours, Avis D. Garrett Ph.D. A.T.R. B.C.

Avis D. Garrett, Ph.D, A.T.R., B.C.

PROFESSIONAL EDUCATIONAL COMPARISONS
Masters LevelMental Health Professionals

PROFESSIONAL EDUCATIONAL	PROFESSIONAL COUNSELOR	M/F THERAPIST	ML PSYCHOLOGIST	ML ART THERAPIST
1. AGE	18 years	Age of majority	21 years	21 years
2. GRADUATE LEVEL CREDITS	Masters or doctoral degree Counseling 60 Specific	Masters or doctoral degree M/FT 33 Specific	Masters in clinical psych. 36 Specific	Masters or doctoral degree Art Therapy 21 Art Therapy 12 Psycology 15 Studio Arts
3. PRACTICUM	3 years practicum	500 client-contact hours supervised post-grad	750 Academic clock hours or 1500 supervised work hours	600 supervised practicum hours 1000 supervised clinical hours post-grad
4. EXAMINATION	Passed Exam required by the board	Passed exam required by the board	Passed exam required by the board	Passed exam required by the board
5. GOVERNING BOARD	Behavioral Sciences Board	Behavioral Sciences Board	Beha Scier	

Senate Public Health & Welfare
Date: 3-15-96
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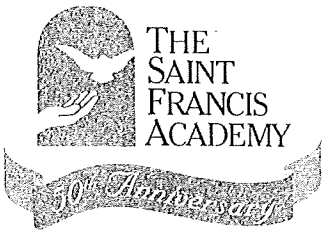

March 14, 1996

The Hon. Sandy Praiger
Kansas State Senate
Topeka, Kansas 66601

Madam Chairman and Members of the Health and Human Services Comittee:

My name is Connie Williams, and I am a registered art therapist at The Saint Francis Academy, Salina, Kansas, with a Bachelor's of Art degree in arts management, a minor in psychology, and a Master's of Science in Art Therapy. In addition, I have over 3,000 hours of direct client contact using art therapy as a vehicle for treatment.

I am speaking in support of HB 2692 for licensure of certain professional counselors, registered master level psychologists, and registered marriage and family practitioners. In addition, I support the registering of art therapists, as well as their admission to the Behavioral Sciences Regulatory Board.

I have been involved with the treatment program at The Saint Francis Academy four years. When I first started working at Saint Francis, art therapy was not a recognized component of the treatment program. Thanks to grants from the Kansas Arts Commission, a state agency, and the National Endowment for the Arts, a federal agency, art therapy has become a recognized, vital component of the overall treatment process at Saint Francis.

The Saint Francis Academy, Incorporated, offers a health care system of inpatient, residential, group care, and early-intervention programs for youth ages 10-18. See the attached brochure for program descriptions. For 50 years, Saint Francis has admitted adolescents for treatment from all races and creeds, from all across the nation. In 1995 we served more than 450 Kansas children and their families. Length of stay is a year or less. Troubled youths come from all life situations and represent a broad socioeconomic base.

The Art Therapy program at The Saint Francis Academy's Salina and Ellsworth campuses introduces adolescents to art for personal expression and a safe emotional outlet. The art therapists encourage these troubled youngsters to explore and discover their own creative resources, abilities, and talents through expressive arts therapy. Self-esteem improves as they learn to recognize, acknowledge, and define their problems and reach within themselves for solutions and healing. The program goal is to help each underserved

The Saint Francis Academy, Incorporated
509 E. Elm St., P.O
Salina, KS 67402-1
(913) 825-0541
(913) 825-2502 Fax
800-423-1342
http://www.tri.net/~

Senate Public Health and Welfare
Date: 3-15-96
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Saint Francis youth identify art interest and skills. They learn to express their feelings through arts. This experience encourages a lifelong interest and appreciation of the arts.

The Art Therapy program also includes an intergenerational arts/activities component. Last year, our youths participated in weekly groups averaging 15 senior citizens at two nursing centers, impacting more than 160 persons at these centers. The adolescents feel good interacting with the seniors, and the seniors enjoy and appreciate the youths' attention. The intergenerational component aids in empathy development, particularly difficult in these youngsters, by providing experiential validation while teaching altruistic values. See the attached letters of support from the nursing facilities.

As a psychiatric facility, our primary goal is to improve the mental health of our clients. Insight and healing are the emphasis of this program. An expressive therapy assessment is administered which looks at the individual's abilities, noting any physical limitations. It collects the youth's background information and interest in the expressive arts. The art therapist coordinates each assessment with the treatment plan, and art therapy goals are recorded in the youth's treatment record. The program uses art mediums for self-expression, addressing self-esteem, identity issues, and cultural differences in individual and group sessions. Our art therapy program moves the client along a continuum from highly structured to less structured art mediums as appropriate.

Art therapy offers self-exploration and expression many have never experienced before. Our youths often use the arts mediums to express anger and frustration over past and present trauma. These mediums allow physical and emotional expression that is often too difficult to verbalize. A youth may choose to work out an issue through the art process, then destroy the finished project, physically demonstrating resolution of the issue. Many clients leave emotionally charged art work with the art therapist - a metaphor for leaving the problems behind while starting a new life.

Art therapy program expectations include: an expressive therapy assessment; introduction to the arts and art mediums; tracking ability to stay on task; tracking ability to sustain interest in and complete a project, fostering ability to take ownership of a completed project; and learning to share materials, express ideas, and solve problems.

The art therapy program is one of many components of the total treatment program for each Saint Francis youth. Our art therapists work hand-in-hand with other therapists. It is imperative art therapists be registered, the same as other therapists. We must ensure the competency of staff for every component of treatment for every Kansas child. For this reason, I am asking each of you for your support of HB 2692. Thank you for your attention to this pertinent issue.

Sincerely,

Connie L. Williams MS ATR

Connie L. Williams, M.S., A.T.R.
Expressive Therapies Coordinator

Salina
Presbyterian Manor

2601 E. Crawford
Salina, Kansas 67401
(913) 825-1366

Presbyterian Manors
of Mid-America, Inc.
Corporate Office
Wichita, Kansas 67208
(316) 685-1100

Kansas City Presbyterian Manor
Arkansas City, Kansas

Clay Center Presbyterian Manor
Clay Center, Kansas

Emporia Presbyterian Manor
Emporia, Kansas

Farmington Presbyterian Manor
Farmington, Missouri

Fulton Presbyterian Manor
Fulton, Missouri

Hutchinson Heights
Hutchinson, Kansas

Kansas City Presbyterian Manor
Kansas City, Kansas

Lawrence Presbyterian Manor
Lawrence, Kansas

Manor of the Plains
Dodge City, Kansas

Newton Presbyterian Manor
Newton, Kansas

Parsons Presbyterian Manor
Parsons, Kansas

Rolla Presbyterian Manor
Rolla, Missouri

Springfield Presbyterian Manor
Springfield, Missouri

Sterling Presbyterian Manor
Sterling, Kansas

Topeka Presbyterian Manor
Topeka, Kansas

Wichita Presbyterian Manor
Wichita, Kansas

January 30, 1996

The Saint Francis Academy
501 E. Elm
Salina, Kansas 67401

Dear Saint Francis Academy:

Salina Presbyterian Manor staff and residents miss you! We sincerely wish to resume our intergenerational program. Many residents have benefited in the weekly interaction with your boys. The enthusiasm of the boys brought not only smiles but reminders of a time when our residents could run, play, and jump.

The wheelchair square dancing is especially missed. Residents enjoyed the sense of accomplishment, a bonding with each participant, and means to express joy. I can't help but think that the boys involved felt the same emotions. It is extremely sad that the project had to be abondoned in its infancy stage. The participants were so looking forward to a chance to preform.

Salina Presbyterian Manor would be most willing to help any way possible to resume this program. Teams, not individual disciplines achieve goals. The individuals involved in the program were a team from both St. Francis and Salina Presbyterian Manor. The overall team goal was to assist boys and residents to move from a current status to their highest practicable well-being. Success was determined by measuring psychosocial well-being (positive self-worth and satisfying social relationships). In addition attitudes about self/others and behavior in interactions (or lack thereof) with others was assessed. After the very first interaction both residents and boys clapped enthusiastically indicating their joy.

Sincerely,

Sally Donatell

Sally Donatell
LBSW

13-3

The intergenerational art therapy grant is an important and vital contribution to our residents in many ways.

As they work on their art projects, they gain confidence in themselves when they can start and finish a model from clay with their very own hands in spite of their handicaps. They gain mobility when working with finger paints and appreciate seeing their art displayed. The young men from St. Francis encourage and help the residents feel capable of mastering their art projects. There is an openness among the young men and our residents that helps make the projects a success.

When a resident is unable to use an arm, due to a stroke, a young man will pitch in and help the resident finish the chalk drawing or pottery piece, as they work in teams, (a young man and a resident), it gives each of them the sense of accomplishment, realizing they each needed the other to reach their goal of the finished project.

The residents that take part in this intergeneration activity seem more relaxed with a more desirable disposition and sleep better after the young men's visits which seems to be therapeutic for the residents.

Many of our residents have had so many losses in their lives that the art therapy uplifts their sprits and satisfies so many of their needs. They look forward to the visits with the young men.

It continues to be a positive experience for our residents as I believe it is for the young men. They have developed a camaraderie that surpasses all boundaries, even that of age. We feel the interaction between the young men and our residents multiplies its self many times over into the community by word of mouth when the residents are visited by their families. We are thankful for the young men that share a part of their time and talent with our residents each week and look forward to the art therapist again this year.

Patsy C. Armbrust

Patsy C. Armbrust SSD

FAX Memo — # Pages: 1

Date: 2-7-96 Time: 9:25

To: Donna Bartanek

Location: St Francis Academy-Salina

FAX #: 913 825 2502

From: Patsy Armbrust

Location: Ellsworth Good Samaritan

FAX# 913472354D Phone #913472316?