

Proponent Testimony on SB238 Senate Public Health and Welfare Committee February 24, 2021

Chair Hildebrand and Members of the Committee, my name is Rachel Marsh, CEO of the Children's Alliance of Kansas. The Alliance is an association of 18 private, non-profit child welfare agencies that collectively provide a full array of services for children and families in child abuse and neglect prevention, family preservation, foster care, adoption, independent living, and parent, youth, and child skill-building, mental health, and substance use treatment. Our members employ licensed social workers, professional counselors, marriage and family therapists, addiction counselors, and psychologists. These professionals work as case managers; in-home, outpatient, and inpatient therapists; managers and administrators; and behavioral health care coordinators. We thank the Behavioral Science Regulatory Board for bringing this bill and members of this Committee for your consideration. The Children's Alliance supports SB238, with one proposed modification.

As you are aware, Kansas has a workforce shortage in mental health and substance use disorder treatment. Children's Alliance members are all too familiar with the challenges of finding qualified applicants for behavioral health job openings in Kansas. Just as concerning, the children we serve experience first-hand, the service gaps created for children and families when our community partners face similar workforce challenges. Workforce shortages contribute to high caseloads, reduced client treatment contact, and high turnover for therapists, no matter where they are employed. Kansas's chronic behavioral health workforce shortage negatively impacts children and families involved in the child welfare system.

Child welfare providers frequently serve as master level practicum sites, and support masters level clinicians seeking clinical level licenses. Our training opportunities for master level professionals and our ability to support clinical licensing directly relates to our ability to retain and develop staff, contribute to job satisfaction, and reduce turnover in child welfare services.

We support the aspects of SB238 that make Kansas more competitive in terms of training and licensing masters level professionals and clinical therapists as a means of addressing the behavioral health workforce shortage. We also support the SB238 modifications to be sure televideo can be used for "face-to-face" clinical supervision.

We are concerned, however, about the new 'board-approved' requirement for supervision of social workers seeking clinical licensing. This proposed requirement is located in New Section 1 of SB238. We are concerned that this new requirement will significantly disrupt access to clinical supervision

hours, especially during the COVID-19 pandemic. Please bear in mind that social workers and the helping professionals already face secondary trauma, burnout, and compassion fatigue. These risk factors during the COVID-19 pandemic have only been exacerbated. Similar to first responders and medical health professionals, licensed master level and clinical level social workers have been working too many hours, for too many clients, for too many months. We fear that "one more thing" to make it harder to obtain a clinical license or provide clinical supervision will be a deterrent to expanding Kansas's workforce of clinical social workers – during a time when our state's mental health needs have skyrocketed. We ask you to strike this new section; or to approve an amendment that would ensure current clinical supervisors are grandfathered in, and that the bar to being "board approved" is clear, known, and vetted by social workers.

Thank you for your consideration of SB238 as an important step in addressing the shortage of behavioral health professionals in Kansas. I am happy to stand for questions at the appropriate time.

Members of the Children's Alliance of Kansas:

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