



Testimony to Senate Public Health & Welfare Committee on Senate Bill 238

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Mister Chair and members of the Committee, my name is Kyle Kessler. I am the Executive Director for the Association of Community Mental Health Centers of Kansas, Inc. The Association represents the 26 licensed Community Mental Health Centers (CMHCs) in Kansas that provide behavioral health services in all 105 counties, 24-hours a day, seven days a week. In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based mental health services. As part of licensing regulations, CMHCs are required to provide services to all Kansans needing them, regardless of their ability to pay. This makes the community mental health system the “safety net” for Kansans with behavioral health needs.

We appreciate the opportunity to testify in support of SB 238. The bulk of the provisions of SB 238 are either recommendations of the Mental Health Modernization and Reform Committee or in line with the conversations that occurred with the Committee relating to the behavioral health workforce issues in our state.

Telemedicine has been a gamechanger for behavioral health treatment during the Covid pandemic. The Centers for Medicare and Medicaid Services (CMS) allowed more flexibility in treating patients than ever before. In areas of rural and frontier Kansas, telemedicine had been used in behavioral health with success for nearly two decades. Gaps such as broadband and technology hardware had been a barrier. However, the use of telephone has been a significant addition, and the ability to use telemedicine in urban areas helped provide an additional access venue as well. We believe that supervision by televideo must be allowed as well for prospective clinical supervisees, so we strongly support those provisions of the bill.

Recruitment and retention of scarce clinical staff is a significant challenge for CMHCs. As such, we would support an amendment to the bill to remove the newly created supervision requirements as well as removal of the 200-hour supervision requirement, which create additional hindrances to maintaining an adequate workforce.

In conclusion, we believe that any provisions of this bill that can expand and enhance our workforce are welcome additions to the BSRB statutory and regulatory processes.

Thank you for the opportunity to appear before the Committee today, and I will stand for questions at the appropriate time.