



Community Health Center of Southeast Kansas

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Proponent Testimony of SB238 with Amended Changes
Senate Public Health and Welfare Committee
February 22, 2021

Chair Hildebrand and members of the Committee, my name is Eric Thomason. I am the Director of Behavioral Health and Addiction Treatment Services for Community Health Center of Southeast Kansas (CHC/SEK). CHC/SEK is a 501(c)(3) public charity, federally qualified health center (FQHC), and Kansas not-for-profit corporation. We are proud to serve 12 communities throughout Southeast Kansas and Northwest Oklahoma. We employ over 650 staff who are committed to improving the lives of those in our communities. CHC/SEK served 61,480 unique patients in 2020 during 222,351 visits. Of that number, 36,805 were for behavioral health or addiction treatment services.

I am grateful for the opportunity to present testimony in support of Senate Bill 238 with amended changes. This bill moves to reduce requirements for licensure by the Behavioral Sciences Regulatory Board (BSRB), however it further restricts social workers ability to provide and receive clinical supervision. Additionally, SB 238 maintains a barrier to recruitment of social workers into the state of Kansas. Kansas currently requires an additional 350 hours of direct client contact during the master's in social work (MSW) field internship. A requirement that is not shared by our neighboring states. Our organization has seen firsthand the difficulty of licensure by reciprocity for well trained and experienced clinical social workers attempting to serve the patients of rural southeast Kansas. Clinical social workers play an integral role in our ability to provide school based behavioral health services and serve as behavioral health integration into our primary care services. These service lines are imperative to providing quality behavioral healthcare to those who otherwise would not receive the service.

CHC/SEK currently employs nine LCSWs and is providing clinical supervision to nine LMSWs. as part of creating tomorrow's healthcare providers today. There is a disproportionate shortage of clinical social workers in our service area which makes this process increasingly difficult. Additional certification, registration, and the cost associated with obtaining "Board Approved Supervisor" designation will add additional obstacles to correcting this behavioral healthcare shortage.

I respectfully recommend the following changes:

1. Remove the new supervision requirement of "Board Approved Supervisors."
2. We ask the committee to eliminate the additional 350 hours of direct client contact as required during the MSW field internship. This creates unnecessary challenges in licensure for individuals completing graduate training and certification outside of Kansas.

I greatly appreciate the Committee's foresight to improve the quality and access behavioral healthcare in the Kansas.

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