

**Proponent Testimony on HB 2340
Senate Public Health and Welfare Committee**

March 20, 2023

Good morning Chairperson Gossage and members of the committee. Thank you for this opportunity to speak as a proponent of Senate bill 2340. My name is Cynthia Schendel. This bill was put forth by the BSRB of which I am currently a member, but I am speaking today as an individual LCSWSW who has practiced in Kansas for over 30 years. I had a private therapy practice for 25 years which I closed in 2016 and am now using my Social Work skills as a volunteer for the Red Cross and my church. I also serve on the Johnson County Juvenile Corrections Advisory Board.

This bill contains many changes and tweaks to current licensure requirements that should help to alleviate the mental health workforce shortage in KS. Like the rest of the country we are facing much greater needs for mental health services from clients who are in many cases suffering from increasingly serious illnesses. Now more than ever we need well trained practitioners who meet a high standard of competency. This is why, while I am fully in support of this bill, I am asking the committee to remove 2 amendments made in the House.

During the years I have been practicing I have seen an evolution in the licensing requirements for the LCSWSW credential. Initially the definition of Clinical Social Work was not as specific as it is now but since the sole legal privilege that is unique to this credential is the independent diagnosis and treatment of mental disorders, that eventually became the stated definition. This is why the required post-grad supervised experience became narrowly defined as “direct client contact conducting psychotherapy and assessment with individuals, couples, families or groups”. Also, as new mental health professions have achieved licensure and came under the governance of the BSRB there has been an effort to equalize the requirements for independent practice level licensure. All those other professions require that 1500 of the 3000 hours of post-grad supervised practice be specifically in diagnosis and treatment. So the amendment that would allow Social Workers to satisfy their 1500 hours with work “including but not limited to” diagnosis and treatment would allow many LCSWSW’s to be less qualified – yet legally allowed - to provide independent mental health treatment. The safety of the public would thus be compromised, especially since LCSWSW’s provide the majority of the psychotherapy in Kansas. I urge you to remove this amendment and leave the current requirements intact.

One of the things I love most about Social Work is that it can be practiced in so many different ways. There are Social Workers in administrative roles, advocacy roles, teaching roles, medical settings, prisons – almost everywhere (even the state legislature). Certainly there are Social Work skills that apply to all Social Work jobs, but treating vulnerable mentally ill clients is a very specific skill set that takes a long time and a lot of practice to learn to do well. That is why I am also asking you to strike the removal of 12 of the 15 currently required academic hours for the LCSWSW. There is flexibility in the scope of those classes but they are all important to becoming a competent and safe Clinical Social Worker, especially the class on ethics which this amendment would remove. If an applicant is only missing a few course hours but meets all other requirements there is already the possibility of provisional licensure with a set amount of time in which to complete them.

I understand that these amendments may have been proposed as an attempt to address workforce shortages by enabling more Social Workers to become LCSWSW’s. I do not believe re-defining what the credential means is the answer. I also understand that there may be many Social Workers who would like to have this credential for purposes of promotion or achieving a higher pay grade within their

organizations and who would. not be trying to provide mental health services. Those are legitimate concerns but should not be addressed by creating a space for less competent clinical practice. Our most basic Social Work ethic is that our clients must always be our highest priority. To provide a Specialist level of licensure for those practicing non-clinical Social Work could be accomplished through separate Specialist licenses which would need to be established through legislation. This would be allowed under the current statute and would be a much more appropriate way to expand opportunities for higher level licensing than watering down the existing one.

In conclusion, I ask you to remove the two amendments I have described in order to preserve the current high level of competency required of Kansas Clinical Social Workers.

I am open for any questions.