



## Testimony to Senate Public Health and Welfare Committee on House Bill 2340

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Chair Gossage 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 HB 2340.

Kansas CMHCs have a combined staff of over 5,000 providing behavioral health services in every county of the state in over 120 locations. Together, they form an integral part of the mental health system in Kansas offering a network of access to a comprehensive array of community-based treatment for mental health and substance use disorders, as well as medical services across the state.

Ensuring an adequate workforce is an ongoing challenge. In recent years, our Kansas CMHCs have lost staff not only to private practice but also to schools, hospitals, and other organizations. As CMHCs transition to Certified Community Behavioral Health Clinics (CCBHCs), they are reimbursed for the true cost of providing services (for Medicaid clients), thus providing additional resources to more effectively recruit and retain staff. However, we still need qualified professionals to fill those positions.

A majority of Kansas counties qualify as health professional shortage areas, and multiple strategies are needed to increase the workforce. HB 2340 will lessen the burden on qualified clinical staff seeking licensure, thus encouraging them to choose to stay and work in Kansas and ensure they are able to enter the workforce more quickly.

Masters-level clinicians (social workers, psychologists, marriage and family therapists, and professional counselors) comprise the largest percentage of the CMHC clinical workforce and are continuously in demand. These professionals are on the front lines of providing care to our clients and perform a wide variety of functions including working with families, developing treatment plans, and providing therapy. In addition to the bill’s provision for increasing the allowable time frame for temporary licenses, we support creation of a community-based license for these professions who commit to practicing at a licensed community mental health center, federally qualified health center, substance use disorder program, or psychiatric treatment facility for a period of two years. The goal is twofold: to allow for new graduates to enter the workforce more quickly and to incentivize service within the community safety net system.

An additional challenge for new professionals entering the workforce is timely processing of license applications. To address this challenge, we support establishing a 30-business day deadline for processing license applications as well as an option for expedited processing of an application to be completed within 15 business days for an additional \$100 fee.

In conclusion, we believe this bill can help to expand and enhance our workforce and is a welcome addition 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.