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Bill Number: Proponent HB 2340

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Chairwoman Gossage and Members of Senate Committee for Public Health and Welfare:

Thank you for the opportunity to provide testimony in support of HB 2340 as amended by the House committee. This legislation is an important bill which addresses workforce shortage and improves capacity to deliver high quality, mental health crisis services in Kansas. I am a Licensed Masters Level Social Worker, and Vice President for Policy & Prevention at Kansas Suicide Prevention Headquarters (KSPHQ) located in Lawrence, KS. We are a suicide prevention resource center and one of four 988 Suicide & Crisis Lifeline call centers operating for Kansas. We provide first line call coverage for the 103 counties in Kansas and backup coverage to Johnson and Sedgwick counties. We are also the only center to provide text and chat crisis counseling for those who contact 988 from Kansas.

For over 50 years, KSPHQ has provided high quality crisis counseling services to the people of Kansas. Over the years, we have relied on both volunteers and paid staff to deliver these services. Individuals that have been through our program have delivered mental health and substance use treatment services across this state. We have a reputation both locally, in Douglas County, and statewide of supplying highly desirable candidates to a variety of mental health and substance use treatment agencies. We often hear that our in-house training and the experience our counselors gain on the phone has prepared our workforce to deliver high quality services, and I take great pride in hearing that feedback.

As the demand for mental health crisis services increases in Kansas, it is becoming increasingly important that we are able to develop and keep our workforce in whom we invest significant time and energy. KSPHQ strongly the inclusion of **diagnostic impressions** as an activity which can be used in pursuit of a clinical license as a social worker. This change would have a very real impact on increasing the number of clinical level social workers who are available to provide services in Kansas. For my agency, it means that we have the opportunity to keep our workforce longer since they will not need to leave our agency to pursue face-to-face therapy work in order to pursue this higher level of licensure; instead, individuals could pursue clinical licensure while remaining at KSPHQ.

I can attest to the significance of the work our counselors do on the phone and via text message. I feel certain that the ability to rapport with any person who calls, assess safety and current mental status, and provide empathetic, collaborative counseling are the types of skills the state's employers desire in clinical level social workers. Inclusion of **diagnostic impressions** as a clinical activity would increase otherwise limited opportunities for social workers to provide crisis intervention with clinical supervision. I am also here to support other measures in this legislation which remove barriers for social workers seeking and maintaining licensure, such as the decrease in the reinstatement fee.

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KSPHQ also stands in support of the changes in the legislation which amend the course work required for clinical licensure. This change will enable a generalist approach to education which will enrich our workforce. Additionally, it mirrors the requirements in surrounding states. Additionally, we encourage the committee to ensure there is not board approval requirement added to those wishing to provide clinical supervision.

Thank you for the opportunity to share how HB 2340 is poised to make a real difference for workforce shortages in Kansas. I am happy to answer any questions the committee members may have at the appropriate time.

Respectfully submitted,

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