

**BEHAVIORAL SCIENCES REGULATORY BOARD
BOARD MEETING REVISED AGENDA
March 13, 2023**

The Board meeting will be a hybrid meeting with both an in-person and a virtual option to attend. The in-person option will be in the conference room at the BSRB office at 700 SW Harrison St. Ste. 420, Topeka, KS 66603. Also, the meeting will be conducted virtually on a Zoom platform and by telephone conference call. If there are any technical issues during the meeting, you may call the Board office at, 785-296-3240.

You may view the meeting here: <https://youtube.com/live/ehlbcO5tX9A?feature=share>

To join the meeting by conference call: 877-278-8686 (Pin: 327072)

The Behavioral Sciences Regulatory Board may take items out of order as necessary to accommodate the time restrictions of Board members and visitors. All times and items are subject to change

Monday, March 13, 2023

10:00 a.m. Call to Order and Roll Call

- I. Opening Remarks, Board Chair**
- II. Agenda Approval**
- III. Public Comment**
 - A. Deborah Ramberg, Human Resources General Director, Topeka Public Schools, USD 501**
- IV. Review and Approve Minutes from Previous Board Meetings on January 6, 2023; January 18, 2023; and February 8, 2023**
- V. Executive Director's Report**
 - A. Operations Updates**
 - B. Legislative Updates**
 - i. Update on BSRB Bill - HB 2340**
 - ii. Update on Other Bills Relevant to BSRB**
 - C. Other Updates**
 - D. Information on Licensing Process and Timeframes**
- VI. Staff Reports**
- VII. Complaint Review Committee Report**
- VIII. Professions Reports**
 - A. Licensed Psychology**
 - B. Social Work**
 - C. Professional Counseling**
 - D. Master's Level Psychology**
 - E. Marriage and Family Therapy**

- F. Addiction Counseling**
- G. Behavior Analysis**

10-Minute Break

- IX. Old Business**
 - A. Proposed Changes to Unprofessional Conduct Regulations by Advisory Committees**
- X. New Business**
 - A. Appointment of Advisory Committee Members**
 - i. Addiction Counseling Advisory Committee**
 - 1. Zenova Williams**
 - B. Appointment of Board Members to Hearing Panel**
 - C. Technical Modification to Advisory Committee Policy to Reflect Change in Legal Counsel**
 - D. Board Discussion on Possible Change in Interpretation of Regulations for Program Requirements for Educational Equivalency Review**
 - E. Board Consideration of Regulation Changes – Addiction Counseling**
 - i. Recognition of National Addiction Studies Accreditation Commission (NASAC) as National Accrediting Body for Option in Meeting Educational Requirements in K.A.R. 102-7-3**
 - ii. Other Coursework Requirements in Regulations**
 - F. Board Discussion on K.A.R. 102-2-12 – Requirement that Postgraduate Supervision Hours Must be Completed in Not More than Six Years**
 - G. Board Discussion on Types of Changes Necessary to be Reported for Clinical Training Plans**
 - H. Update on Contract with the Center for Credentialing and Education for Educational Equivalency Reviews**
- XI. Possible Executive Session**
- XII. Adjournment**

Licensed Specialist Clinical Social Worker

Topeka Public Schools is considering moving the district clinical social workers that hold the Licensed Specialist Clinical Social Worker (LSCSW) credential to a higher level of education on our salary schedule.

Based on information from our Social Work department and other area school districts, we believe the LSCSW credential is comparable to a doctorate level degree for clinical social workers due to the time and amount of work it takes to achieve the credential.

Topeka Public Schools would like a letter of support from the Kansas Behavioral Sciences Regulatory Board to validate this movement on our salary schedule, as the regulatory agency for the credential.

Sincerely,
Debbie Ramberg,
General Director, Human Resources
Topeka Public Schools

**BEHAVIORAL SCIENCES REGULATORY BOARD
BOARD MEETING MINUTES
JANUARY 6, 2023**

DRAFT MINUTES

- I. Call to Order and Roll Call.** The meeting was called to order by Mary Jones at 10:00 am.

Board Members. Mary Jones and David Anderson were present at the BSRB office. Jim Kilmartin, Jaqueline Lightcap, Richard Nobles, Andrea Perdomo-Morales, Cynthia Schendel, Laura Shaughnessy, Ric Steele, and Deb Stidham attended remotely by Zoom. Donna Hoener-Queal and Johnna Norton were absent.

Staff. BSRB Staff present by Zoom: David Fye, Leslie Allen, Tyla Wadsworth, Cindy D’Ercole. Legal counsel for the Board, Attorney Steve Kearney, was present by Zoom.

Guests. Elizabeth Pfalzgraf, National Association of Social Workers (NASW) Kansas Chapter – Board President; Becky Fast, Executive Director for the Kansas Chapter of NASW; and Dr. Tonya Ricklefs, Chair of Kansas Council of Social Work Educators and Board President-Elect for the NASW Kansas Chapter.

- II. Agenda Approval.** Jim Kilmartin moved to approve the agenda with a minor correction to the date reference. Cynthia Schendel seconded. The motion passed.
- III. Public Comment.** Elizabeth Pfalzgraf provided comment on workforce shortages and the safety of Kansas children and families, due to barriers in passing the national licensing exam. A request was made for consideration of removing the requirement to pass the national exam. Becky Fast provided comment that the ASWB exam shows bias and how the lack of passing test takers will cause a lack of mental health treatment for Kansans. It was noted that some other states have removed the testing requirements and have seen an increase in the number of licensed social workers. States have implemented supervised practice in lieu of testing and alternative pathways for non-English speakers. Tonya Ricklefs provided comment on educational standards programs must meet under accreditation criteria for the Council on Social Work Education (CSWE).
- IV. Minutes Approval:** Jim Kilmartin moved to approve the minutes from the Board meeting on November 14, 2022, with an adjustment to the phrasing of new business item D. Laura Shaughnessy seconded. The motion passed. Jim Kilmartin moved to approve the minutes from the Board meeting on November 28. Deb Stidham seconded. The motion passed.
- V. Executive Director's Report.** David Fye, Executive Director for the BSRB, reported on the following topics:

- A. Outreach.** The Executive Director and Assistant Director have been meeting with students at universities who are approaching graduation to help with the expectation of the licensing process and disciplinary requirements of the profession.
- B. Expenditure and Revenue.** At the end of November 2022, revenue for this fiscal year totaled \$401,718, after the statutory 10.0 percent contributions that must be made to the State General Fund. The current balance in the BSRB Fee Fund is about \$2.2 million.
- C. Legislative Updates.** On December 21, 2022, the Executive Director provided an update to the Legislature on Board activities and items to be requested in a bill for the 2023 Legislature session at an interim special committee on mental health beds. The Legislative session begins on January 9, 2023. The State of the State address by the Governor will be on January 11, 2023. (*Note:* The State of the State address was later rescheduled to January 24, 2023). The BSRB's budget for fiscal year 2023 was originally approved by the 2021 Legislature, then revised by the 2022 Legislature. This year, the agency will present further revisions to the budget for FY 2023, as well as new budget requests for FY 2024 and FY 2025. Also, the agency will be requesting introduction of a bill including changes requested by the Board. The Executive Director will provide updates to the Board on any bills relevant to the BSRB. By consensus, the Board agreed for the Executive Director to alert the Board on bills relevant to the agency, then the Board could consider scheduling brief meetings to provide direction on possible testimony.
- D. PSYPACT-** There are currently seventy-four licensed Psychologists in Kansas that hold Authority to Practice Interjurisdictional Telepsychology (APIT) authorizations to practice under PSYPACT authority and there are seven individuals who hold Temporary Authorization to Practice (TAP) authorizations, which allow for a limited number of days of in-state practice in other compact states.
- E. Kansas Fight Addiction Grant Review Board (KFAGRB).** Jason Hess serves as the Board's appointee on the KFAGRB. Mr. Hess submitted a written update on the KFAGRB to the BSRB Board.
- F. Investigation Policy.** The Executive Director brought two items to the Board for clarification. The Executive Director asked the Board whether the Investigation Policy should reflect membership on the Complaint Review Committee will include (1) four professional members and one public member or (2) three professional members, one public members, and the last member either a professional member or a public member. By consensus, the Board confirmed that the final member of the Complaint Review Committee could either be a professional member or a public member. The Executive Director noted the current Investigation Policy states that orders from the disciplinary matters would be drafted by the disciplinary council. Currently, the orders are drafted in collaboration with legal counsel and the Executive Director for the BSRB. By consensus, the Board agreed to modify the language to reflect this operational change.

- G. Social Work Compact.** The language for a social work compact is still in draft form. The drafting team is hoping to meet in February to finalize the language. In the most recent version of the draft language, the compact requires the passage of a national licensing exam for all levels of licensure under the compact.
- H. Association of Social Work Boards (ASWB).** There have been several conversations on the exam data and steps that ASWB has taken to respond. ASWB has included more materials for test prep for universities on their website.
- I. Strengthening People and Revitalizing Kansas (SPARK).** In February 2021, the Executive Director previously applied for modernization federal grant funding related to the COVID-19 pandemic, through the SPARK Committee. Recently, the SPARK Committee informed applicants that previous submissions were considered “ideas for proposals,” rather than official submissions, and that the process would be reopened to all agencies to submit applications for federal funding. The BSRB will be re-submitting requests for funding for modernization of certain technology.
- J. Kansas Health Institute (KHI) Report.** The Executive Director noted KHI recently released a report that included certain licensee totals for the BSRB, as part of a series on workforce shortages. The Executive Director noted agency staff was able to see a draft copy of the report before it was published and expressed concerns to KHI staff that the totals in the report appeared to significantly under-represent the actual number of licensees. This under-reporting appeared to be due to the criteria used by KHI in the report, in which (1) individuals with a business address outside of Kansas were excluded and (2) only included individuals who voluntarily chose to report their frequency of hours worked when renewing their licenses. The Executive Director noted he will clarify information in committees if provided the opportunity to do so.
- VI. Staff Reports.** The Executive Director highlighted a report created by the BSRB, which shows historic totals of permanent licensees. Trends differ by professions, but overall, the number of individuals with permanent licensees under the BSRB continues to increase.
- VII. Complaint Review Committee (CRC) Report.** Cindy D’Ercole, Lead Investigator for the BSRB, reported that at the end of December, the BSRB received 97 complaints. In FY 2022, the BSRB received a total of 205 complaints.
- VIII. Professions Reports**
- A. Licensed Psychology.** The Advisory Committee met on December 13, 2022. They worked on finalizing unprofessional conduct regulations and discussed reciprocity and education requirements. The Advisory Committee recommended to the Board replacing the license requirement of having “good moral character” with a standard of “meriting the public trust” to be consistent with other professions and to follow a more commonly accepted license standard in other states.

- B. Social Work.** The Advisory Committee met on December 20, 2022. They discussed possible language on care of clients who are in crisis and possible changes to reciprocity requirements.
- C. Professional Counseling.** The Advisory Committee met on December 8, 2022. The Advisory Committee welcomed four new members; worked on possible changes to unprofessional conduct regulations; discussed the care of clients in crisis; and education requirements.
- D. Master's Level Psychology.** The Advisory Committee met on January 5, 2023. They worked on unprofessional conduct regulations; discussed possible requirements for psychometrician licensure; adding another member; and possible changes to reciprocity requirements.
- E. Marriage and Family Therapy.** The Advisory Committee met on December 9, 2022. They discussed possible changes to reciprocity requirements and changes to unprofessional conduct regulations.
- F. Addiction Counseling.** The Advisory Committee met on December 16, 2022. There was a presentation from the National Addiction Studies Accreditation Commission (NASAC) and creation of new student temporary licenses. The Advisory Committee also discussed possible changes to reciprocity requirements and potential changes to unprofessional conduct regulations.
- G. Behavior Analyst.** The Advisory Committee did not meet before the Board meeting and will be meeting Monday, January 10, 2023.

IX. Old Business

- A. Discussion on Professional Counseling Multi-State Compact Legislation.** On August 1, 2022, the Professional Counseling Advisory Committee received a presentation on a multi-state compact for professional counseling. On October 3, 2022, the Advisory Committee discussed the compact and recommended the Board support the compact, if a bill was brought before the 2023 Legislature. In November, the Board heard public comment in support of the compact from the President of the Kansas Counseling Association. The Executive Director noted that there is still lack of clarity whether there will be a cost to Kansas to be a member in the compact, as the model language provides authority for an amount be charged, but the compact commission current has not implemented a fee. Additionally, the model language includes language on background checks based on fingerprinting, which the BSRB does not currently require. The compact is currently approved in 17 states. Cynthia Schendel moved that if legislation is introduced, the BSRB should provide proponent testimony in support of the compact. The motion was seconded by Richard Nobles. The motion passed.

B. Continued Discussion on Social Work License Examination. Board members discussed reports that some individuals were struggling to pass the licensing examination, as well as the report from ASWB on disparities in examination passage rates. The Social Work Advisory Committee discussed support for increasing the timeframe for temporary licenses to allow applicants more time to take the licensing examination. The Advisory Committee also supports allowing coaching and mentoring individuals preparing to take the licensing examination to count as continuing education. Board members discussed whether the disparity in the passage rates for these exams is unique to social work or if this is common among standardized exams. It was noted that most professions have not released similar data, so it is difficult to know whether similar disparities exist for certain professions. Ric Steele, Chair of the Licensed Psychology Advisory Committee, noted that he has seen smaller reports concerning certain applicants for the psychology licensing examination, and these reports showed disparities for the same groups. It was noted that the Council on Social Work Education (CSWE) previously recommended states pause a requirement of the licensing examination for the bachelor level and master's level applicants. It was noted that the most recent draft language for the social work multi-state compact included a requirement of passage of a licensing examination for all levels of licensure, so if Kansas discontinued or pass requiring the licensing examination, this could impact the state's ability to join the compact. Board members expressed a desire to continue discussing issues related to this topic and expressed a desire to for more information on other licensure pathways in different states.

C. Follow up on Executive Director Annual Evaluation and Executive Session.

Dave Anderson, Vice-Chair of the Board, made the following motion:

Pursuant to K.S.A. 75-4319, I move that the Board recess into executive session for 30 minutes and reconvene the open meeting at 12:20 p.m. The meeting will be reconvened remotely by conference call at 1-877-278-8686, PIN 327072, and by Zoom as directed in the notice of meeting that was sent to individuals who requested notice and is published on the Board's website: ksbsrb.kansas.gov.

The justification for closure is to discuss personnel matters of non-elected personnel. The Board's legal counsel, Steve Kearney is to be included in the executive session. The subject to be discussed in the executive session is personnel evaluations.

Cynthia Schendel seconded. The motion passed.

When the executive session ended, the Board moved to the next item on the agenda.

X. New Business

A. Consideration of Memorandum of Understanding for Legal Services from the Kansas Department for Aging and Disability Services. The Board entered a

contract for limited legal services with Kearney and Associates on November 28, 2022, with the terms that the BSRB will be investigating other options for long-term legal services. The Executive Director stated he has been in communications with representatives from the Kansas Department for Aging and Disability Services (KDADS) and representatives from KDADS would be willing to provide both Board legal services and disciplinary services to the BSRB, through a Memorandum of Understanding (MOU) through the end of FY 2023. During this time, the BSRB would be able to research and consider other options for long-term legal services. It was noted that the agreement could be terminated earlier than the end of the fiscal year, if the BSRB identified another provider of legal services prior to the end of the term of the MOU. The Executive Director informed the Board that he believed this agreement would be the best option for legal services for the Board and encouraged the Board to agree to the MOU. Jim Kilmartin moved for the Board to enter into the MOU with KDADS. Cynthia Schendel seconded. The motion passed.

B. Appointment of Board Members for Hearing Panels. The Executive Director noted an applicant for a Master's Level Psychology license requested a hearing, so a hearing panel would need to be appointed, including David Anderson, Jim Kilmartin, Richard Nobles, Cynthia Schendel, and Deb Stidham. Mary Jones moved to appoint the hearing panel. Richard Nobles seconded. The motion passed.

C. Consideration of Possible Changes to Statutes and Regulations

I. Reciprocity Statutes. The Board discussed the general reciprocity statute for the professions, which requires most applicants to have either licensure from a jurisdiction with substantially equivalent license requirements or have practiced in that jurisdiction for 48 of the past 54 months. Three Advisory Committees recommended the time period be lowered to 12 months. The Social Work Advisory Committee also recommended allowing a provisional license for applicants short of 12 months of practice in their jurisdiction. Two Advisory Committees recommended eliminating the time period, so it would be sufficient to hold a license in another jurisdiction. The Board discussed the value in having consistency in reciprocity requirements across professions. Dave Anderson moved to request language in a bill before the Legislature to adopt a standard of holding a license in another jurisdiction with a similar scope of practice for 12 months. Jim Kilmartin seconded. The motion passed.

II. Addiction Counseling. The Addiction Counseling Advisory Committee recommended the Board consider requesting language in a bill before the Legislature to create two new student temporary licenses for addiction counseling. One of the student temporary licenses is for students who have not yet finished the educational requirements to receive a licensed addiction counselor license, but would be able to work under a specific set of criteria, for a specific set of providers, while finishing the education to receive a permanent license. This student temporary licensure would last two years and could be renewed for one two-year period. The second type of student temporary license

would be for graduate-level students who are finishing coursework to qualify for a permanent licensed master's addiction counseling license. Board members expressed concerns regarding the scope of practice for individuals holding a student temporary license at the graduate level. Cynthia Schendel moved to request bill language for the bachelor's level student temporary license. Richard Nobles seconded. The motion passed. The Board did not take action to approve the recommendation for the second student temporary license for individuals pursuing a licensed master's level addiction counseling license.

XI. Adjournment. The meeting was adjourned.

DRAFT

**BEHAVIORAL SCIENCES REGULATORY BOARD
BOARD MEETING MINUTES
JANUARY 18, 2023**

I. Call to Order and Roll Call. The meeting was called to order by Chair Mary Jones at 10:00 a.m.

Board Members. Board Members present by Zoom: Mary Jones, David Anderson, Donna Hoener-Queal, Jim Kilmartin, Johnna Norton, Laura Shaughnessy, Ric Steele, and Deb Stidham. Jacqueline Lightcap, Andrea Perdomo-Morales, Richard Nobles, and Cynthia Schendel were absent.

Staff. BSRB Staff present via Zoom: Executive Director David Fye. Jared Langford from KDADS legal counsel was present via Zoom.

II. Agenda Approval: Mary Jones moved to approve the agenda as written. Deb Stidham seconded. The motion passed.

III. Old Business

A. Consideration of Possible Changes to Statutes and Regulations

i. Psychology

- 1. Change License Standard from Good Moral Character to Merit the Public Trust in K.S.A. 74-5310.** The Executive Director stated the requirements for licensure for other professions include language that an individual must “merit the public trust.” For the Psychology profession, there is a requirement of “good moral character.” It was noted the Licensed Psychology Advisory Committee recommended to the Board changing the standard from “good moral character” to “merit the public trust,” to be more consistent with other professions and other states. David Anderson moved to request language in a bill before the Legislature to remove the requirement of “good moral character” and add a new requirement that license applicants “merit the public trust.” Ric Steele Seconded. The motion passed.
- 2. Remove Language Requiring Continuing Education Hours for Individuals Holding Temporary License in K.S.A 74-5316.** The Executive Director noted K.S.A. 74-5316 includes language requiring 25 continuing education hours for psychologists with a temporary license. It was noted that individuals with temporary licenses for other professions are not required to take continuing education hours and the Board is currently not enforcing the requirement for psychologists with a temporary license to take continuing education hours, so the Executive Director asked the Board to recommend statutory changes to the Legislature removing language on continuing education requirements for psychologists with a temporary license. David Anderson moved to request language in a bill before the Legislature to strike the language. Deb Stidham seconded. The motion passed.

ii. Marriage and Family Therapy

- 1. Add New Language Concerning Practicums in K.S.A 65-6404.** The Executive

Director noted inconsistencies between the statutory and regulatory language for practicum requirements for the Licensed Marriage and Family Therapy license. The Board was presented with two options on possible language. The first option would include a shorter amount of language to be included in a bill for the Legislature, but would need to be accompanied by follow up regulatory language after passage. The second option would include language of a bill for the Legislature, but no following up regulatory language would be needed. Both sets of language clarified a requirement of a supervised practicum in the Master's degree program with at least 300 hours of a direct client or additional postgraduate supervised experience as determined by the Board or completed academic practicum and a masters degree program with at least 300 hours of direct plant contact or completion of additional postgraduate supervised experience. The Executive Director also sought approval for new language that individuals would be able to make up postgraduate experience while working with a temporary license. David Anderson moved to adopt the language in the second option. Deb Stidham seconded. The motion passed. The Executive Director noted section (C) of the statute requires a 350-hour practicum for clinical applicants, but it was requested to lower this amount to 300 hours, to be consistent with the requirement for the non-clinical license. Deb Stidham moved to lower the hours to 300. Laura Shaughnessy seconded. The motion passed.

iii. Professional Counseling

- 1. Remove Physical Presence Requirement from "In Residence" Definition for Professional Counseling in K.A.R. 102-3-3a.** The Executive Director informed the Board that the Professional Counseling Advisory Committee recommended K.A.R. 102-3-3a be modified to remove the physical presence requirement from the "in residence" definition and to add language to clarify the hours of face-to-face contact in front of core faculty could be obtained either in-person or by screen, which is consistent with similar changes recommended by the Board for the social work, addiction counseling, and marriage and family therapy professions. David Anderson moved to adopt the proposed regulation changes. Donna Hoener-Queal seconded. The motion passed.

iv. Social Work

- 1. Add Language to Allow Continuing Education Hours for Mentoring or Coaching Individuals Taking Licensing Examination in K.A.R. 102-2-4a.** The Executive Director informed the Board that the Social Work Advisory Committee recommended K.A.R. 102-2-4a be modified to permit a maximum of ten continuing education hours per license period, for social workers providing mentoring or coaching to individuals preparing to take an examination required for licensure as a social worker, as evidenced by documentation signed by the individuals receiving the mentoring or coaching. It was noted the Board and Advisory Committee had received reports from individuals struggling to pass the licensing examination and this change would be a way the Board could assist in addressing this issue. Deb Stidham moved to adopt the proposed regulation language. Ric Steele seconded. The motion passed.

v. Addiction Counseling

- 1. Clarifications on Student Temporary Addiction Counselor License.** The

Executive Director noted most licenses for the BSRB include an age limit, however the recently approved language concerning the creation of a new Student Temporary Addiction Counselor license did not include an age limit and the Board was asked whether a minimum age should be included in the bill language for consideration by the Legislature. Deb Stidham moved to set the minimum age at 20. Mary Jones seconded. The motion passed.

vi. Behavioral Analysis

- 1. Add Language Authorizing License Reinstatements in K.S.A. 65-7505.** The Executive Director informed the Board the Behavioral Analysts statutes do not include authority for the Board to reinstate Behavior Analyst licenses or Assistant Behavior Analyst licenses, so if those licenses expire, those individuals must reapply for licensure. The Executive Director informed the Board the Behavior Analyst Advisory Committee recommended the Board add language in a bill for the Legislature to add reinstatement authority to the BSRB and to allow the Board to charge a license reinstatement fee. David Anderson moved to request language in a bill before the Legislature. Jim Kilmartin seconded. The motion passed.

vii. All Professions

- 1. Standardizing Timeframe and Fee for Temporary Licenses.** The Executive Director noted that the timeframe for temporary licenses varies from one year to two years, depending on the profession and the Executive Director requested the Board standardize the length of time by making temporary licenses last two years. This change would be consistent with the two-year timeframe for the newly created Social Work Candidacy Temporary license for students graduating from programs that are in candidacy for accreditation by the Council on Social Work Education (CSWE), and the newly created Student Temporary Licensed Addiction Counseling license. It was noted that only the 6-month Reinstatement Temporary License would have a shorter time period. It was noted that one of the benefits of moving temporary licenses to two years would allow more time for individuals to work, if they are having difficulty passing the examinations needed for licensure. Deb Stidham moved to adopt the changes. David Anderson seconded. The motion passed.

The Executive Director further noted there is a significant difference in the cost for temporary licenses, some temporary licenses as low as \$50 and some temporary licenses as high as \$150. The Executive Director requested the Board standardize the fee for a temporary license by reducing certain fees so temporary licenses would be \$50. Dave Anderson moved to adopt the change. Laura Shaughnessy seconded. The motion passed. The Executive Director requested the Board set the fee for 6-month Reinstatement Temporary License at \$25. Deb Stidham moved to adopt this change. Laura Shaughnessy seconded. The motion passed. The Executive Director requested the Board set the amount for the Student Temporary Licensed Addiction Counseling license fee to \$50. Deb Stidham moved to adopt this change. Jim Kilmartin seconded. The motion passed. The Executive Director recommended the Board set the fee for the Candidacy Temporary Licenses to \$50. Mary Jones moved adopt the change. Deb Stidham seconded. The motion passed.

- 2. Statutory Organization and Cleanup.** The Executive Director informed the Board

that clean-up and other modifications are needed to several BSRB statutes and requested authority make these changes in the language to be included in a bill for the legislative session. By consensus, the Board recommended providing the Executive Director authority to provide further adjustments to the language to be included in a bill before the Legislature for this purpose.

IV. Adjournment. Deb Stidham moved to adjourn the meeting. Laura Shaughnessy seconded. The motion passed.

DRAFT

**BEHAVIORAL SCIENCES REGULATORY BOARD
BOARD MEETING MINUTES
FEBRUARY 8, 2023**

- I. Call to Order and Roll Call.** The meeting was called to order by Chair Mary Jones at 10:00 a.m.

Board Members. Board Members present by Zoom: Mary Jones, David Anderson, Donna Hoener-Queal, Jim Kilmartin, Jacqueline Lightcap, Johnna Norton, Andrea Perdomo-Morales, Ric Steele, Cynthia Schendel, and Deb Stidham. Richard Nobles and Laura Shaughnessy were absent.

Staff. BSRB Staff present via Zoom: David Fye and Leslie Allen. Jared Langford, legal counsel for the Board from the Kansas Department for Aging and Disability Services was present via Zoom.

- II. Agenda Approval:** David Anderson moved to approve the agenda as written. Donna Hoener-Queal seconded. The motion passed.

III. New Business

- A. Review of Legislation Relating to the BSRB.** David Fye, Executive Director for the BSRB, provided an overview of 2022 Legislature relevant to the BSRB.

- i. **HB 2153 Concerning Human Trafficking.** HB 2153 would add a new annual requirement of anti-human trafficking training for certain individuals, including all individuals authorized to practice by the BSRB. This training would be provided by the Attorney General's office and the training was expected to be free and available by electronic means. The Board recommended that, if the agency was able to provide testimony at a hearing on the bill, neutral testimony should be provided with an amendment that the training match the license renewal period of 2 years, rather than annual training, and be required only for individuals with a permanent license.
- ii. **HB 2239 Concerning Continuing Education for Licensing Boards.** HB 2239 would require boards that determine qualification for licensure to issue an exemption from continuing education, for any licensee that self-certifies they performed no less than 1,000 hours in the lawful occupation during a license period. The Board strongly recommended opponent testimony, if this bill received a hearing.
- iii. **HB 2257 Concerning Licensure for Music Therapists.** HB 2257 would create licensure for music therapists under the Board of Healing Arts. The Board requested the Executive Director speak to the Executive Director for the Board of Healing Arts concerning the origin of the bill and report back to the Board.

- iv. **HB 2258 Concerning Conversion Therapy.** HB 2258 would define conversion therapy and prohibit the use of conversion therapy on minors by a person licensed by the BSRB or other select licensing bodies. The Board recommended monitoring the bill and reporting back if there was further action by the Legislature this session.
- v. **HB 2337 Concerning the Telehealth Advisory Committee.** HB 2337 would establish the Kansas Telehealth Advisory Committee and identify 22 voting members. It was noted that none of the 22 members would be appointed by the BSRB. The Executive Director noted he will continue to monitor this bill.
- vi. **Appropriations Bills.** The Executive Director noted the House and Senate pass an appropriations bill each legislative session, which includes expenditure limitations for the BSRB. The BSRB's budget was heard by the House Higher Education Budget Committee and the Senate Transparency and Ethics Committee. In the House, the budget passed out of Committee with a proviso that prohibits the BSRB from spending money in FY 2024 and FY 2025 to adopt or impose a condition of obtaining or renewing a license or permit any incentive or requirements that applicants for such licensure or permit undergo, demonstrate familiarity with, or support any training, education, or instructional program that includes diversity, equity, inclusion, anti-racism, critical race theory, or other related topics. The Executive Director noted the agency does not currently require such training, however if any of those items should pass in a bill before the legislature, the agency would not be able to enforce those new requirements. The Executive Director noted he would monitor any changes and provide updates to the Board.
- vii. **BSRB Bills.** The Executive Director stated two bills with identical language (HB 2340 and SB 176) were requested on behalf of the BSRB, based on recommendations by the Board. Copies of both bills are posted on the BSRB website. HB 2340 will be heard by the House Health and Human Services Committee on Monday, February 13, 2023.

B. Consideration of Agreement for Expert Review Services. The Executive Director stated that, due to the different methods by which individuals may qualify for licensure under the BSRB, the agency contracts with experts for certain educational equivalency reviews. However, the number of experts the Board has been able to identify for this purpose is less than the rate by which the agency is receiving applications needing this level of review. The Board previously received information on services by the Center for Credential and Education (CCE). The Executive Director spoke to licensing bodies contracting with CCE and received positive reports. The Executive Director asked the Board for authority to enter into a contract with CCE, for an amount not to exceed \$5,000, for the review of certain applications. Jim Kilmartin to grant authority for this contractual agreement. Dave Anderson Seconded. The Motion passed.

IV. Adjournment. The Meeting was Adjourned.

Executive Director's Report

Agency Updates

- Outreach
- Update on Revenues and Expenditures

Legislative Updates

- Update on BSRB Bill – HB 2340
- Update on Bills Relevant to the BSRB

Other Updates

- Update on the Psychology Interjurisdictional Compact (PSYPACT)
- Update on the Kansas Fights Addiction Grant Review Board
- Update on Social Work Multi-State Compact Draft Language
- Update on SPARK Funding

Information On Licensing Process and Timeframes

Advisory Committees / Other Meetings Facilitated Since Last Full Board Meeting on January 6, 2023

- January 9 – Behavior Analyst Advisory Committee Advisory Committee Meeting
- January 12 – BSRB Staff Meeting
- January 18 – Board Meeting
- January 26 – Non-Cabinet Agency Leadership Meeting
- January 30 – License Application Review Meeting Under the Kansas Administrative Procedures Act (KAPA)
- February 6 – Professional Counseling Advisory Committee
- February 7 – Licensed Psychology Advisory Committee
- February 8 – Board Meeting
- February 13 – Complaint Review Committee Meeting
- February 28 – License Application Review Meeting under the KAPA
- March 1 – BSRB Staff Meeting
- March 3 – Addiction Counseling Advisory Committee Meeting

Other Meetings Attended

- January 20 – American Association of State Counseling Boards (AASCB) By-Law Revision Subcommittee Meeting
- January 27 – Presentation to Post-Doc Fellows at Kansas University Medical Center
- January 30 – Presentation on the BSRB to the House Human Services Committee
- February 1 – Budget Presentation to the House Higher Education Budget Committee
- February 6 – Budget Recommendation by House Higher Education Budget Committee
- February 8 – Budget Presentation to the Senate Transparency and Ethics Committee
- February 10 – Presentation to Social Work Students at Washburn University
- February 13 – Hearing on HB 2340 (BSRB Bill) in House Higher Education Committee

- February 14 – Budget “Report Out” in House Appropriations Committee
- February 14 – Hearing on HB 2288 (Professional Counseling Multi-State Compact) in House Health and Human Services Committee
- February 15 – Hearing on HB 2375 (Social Work Temporary Candidacy Licenses) in House Higher Education Budget Committee
- February 15 – Final Action on HB 2340 in House Health and Human Services Committee
- February 17 – Final Action on HB 2375 in House Higher Education Budget Committee
- February 21 – Budget “Report Out” in Senate Ways and Means Committee
- February 23 – Dual Presentation with Representatives from the Kansas Health Institute, “Understanding the Behavioral Health Workforce in Kansas”
- February 28 – Presentation to Students at MidAmerica Nazarene University Counseling Program
- March 2 – Presentation to Students at Kansas University Counseling Psychology Program

Kansas Fights Addiction Grant Review Board Update March 2023

The Kansas Fights Addiction Grant Review Board (KFAB) has met twice since your last update.

January 20

The KFAB Board met to review and approve a funding strategy. An RFP budget of \$5,000,000 was approved to implement a two-step RFP process to be managed through Sunflower Foundation's Grant Management System.

RFP 1 would be released in March pending final approval by the Board in the February 2023 meeting. This RFP would be focused on 4 treatment categories and include a funding total of \$3,000,000. No award would exceed \$200,000 and be limited to a 12-month period. The 4 categories include:

1. Treatment
2. Recovery
3. Harm Reduction
4. Linkages to Care

RFP2 would be released later in the Spring 2023 and would be focused on 3 prevention strategies. The funding total for RFP 2 would be \$2,000,000. No award would exceed \$200,000 and be limited to a 12-month period. The 3 prevention strategies include:

1. Prevention
2. Providers & Health Systems
3. Public Safety, First Responders, Criminal Justice

In addition, the Board was provided an overview of the grant strategy framework employed by Sunflower Foundation as well as the Needs Assessment Framework approved during a previous meeting.

February 24

The KFAB Board met to review and approve the final draft and timeline for the two RFP's approved at the January 20 meeting. RFP 1 is to be released on March 6, 2023 (See attached) with a response deadline of April 28, 2023. RFP 2 is to be released May 8, 2023.

Additionally, the first annual KFAB report to the Governor was reviewed and approved.

Attached below are copies of both the correspondence that went out on March 6 announcing the Treatment RFP and the RFP itself.

Information Provided by Jason Hess on March 6, 2023

From: [Diana Marsh \[KDADS\]](#)
To: [Diana Marsh \[KDADS\]](#)
Cc: [Sara Jackson](#); [Krista Machado](#)
Subject: FW: Kansas Fights Addiction Grant Opportunity
Date: Monday, March 6, 2023 10:06:02 AM
Attachments: [image001.png](#)
[KFA Treatment Request for Proposals FINAL Release 3.6.23.docx](#)

This email is being sent blind-copied because of the number of recipients.

From: Krista Machado <kmachado@sunflowerfoundation.org>
Sent: Monday, March 6, 2023 9:38 AM
To: Diana Marsh [KDADS] <Diana.Marsh@ks.gov>
Cc: Sara Jackson (sara@hradac.com) <sara@hradac.com>
Subject: Kansas Fights Addiction Grant Opportunity

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good morning,

Please share with GBHSPC, KCC, and your other networks that may be interested in this funding opportunity.

Today the Kansas Fights Addiction (KFA) Grant Review Board released their first of two [Request for Proposals](#) (RFP). The KFA grant program is funded by the Kansas Office of the Attorney General opioid settlement recoveries intended to support substance use disorder services in Kansas.

The priority areas and associated strategies within both RFPs were established by the Kansas Prescription Drug and Opioid Advisory Committee's (KPDOAC) 2023-2027 state strategic plan. These priority areas were split into two RFPs.

The KFA Board has made \$3 million available in the first funding opportunity, which will prioritize strategies within the priority areas of treatment, recovery, harm reduction, and linkages to care.

The second RFP will be released on May 8th, and it will prioritize the areas of prevention, providers and health systems, and public safety which includes law enforcement, corrections, and first responders. The board has made \$2,000,000 available for the second RFP.

Eligible organizations serving Kansans are invited to apply. Eligibility is limited to nonprofit organizations and units of state and local governments, that provide services in Kansas for the purpose of preventing, reducing, treating, or otherwise abating or remediating substance abuse or addiction.

Eligible organizations may apply for up to \$200,000 through the RFP. Organizations interested in

applying for this first RFP, must submit a [confirmation of intent to apply by 5 p.m. March 30, 2023](#), and the **deadline to apply is 5 p.m. April 28, 2023**.

The RFP, as well as additional information on deadlines and submissions, frequently asked questions, the grant application and review process, eligible organizations, and allowable strategies can be found on the KFA page on the [Sunflower Foundation website](#). Sunflower Foundation serves as the administrator for the KFA grant program.

Opioid Settlement Background Information

The Kansas opioid settlements are split into two funds – 75% going to the KFA Fund (KFAF) and 25% to the Municipalities Fight Addiction Fund (MFAF), with \$200,000 dedicated annually to K-TRACS, the Kansas prescription drug monitoring program. The KFA Act directs all recovery to opioid and SUD abatement. The MFAF 25% is distributed evenly across the 205 participating counties and municipalities. This funding opportunity comes from the KFAF is administered through the KFA grant review board. Additional information about the KFA board and the opioid settlements is available at ag.ks.gov/about-the-office/affiliated-orgs/kansas-fights-addiction-act-grant-review-board.

Thank you,

Krista Machado | *Director, Kansas Fights Addiction*

Sunflower Foundation 5820 SW 6th Avenue | Topeka, KS, 66606 | (785) 670-6749



Sunflower Foundation

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Sunflower Foundation
HEALTH CARE FOR KANSANS

**Kansas Fights Addiction Grant Review
Board and Sunflower Foundation on
behalf of the Kansas Office of the Attorney
General**

REQUEST FOR GRANT PROPOSALS

FOR

Substance Use Disorder (SUD) Abatement Programs

within the priority areas of: Treatment, Recovery, Harm Reduction, and Linkages to Care

*NOTE: RFPs for activities related to Prevention, Providers and Health Systems, and Public Safety and First Responders to be released **May 8, 2023***

Request for Proposals (RFP)

Kansas Fights Addiction 2023 – Treatment Grant

Key Dates

RFP Release: Monday March 6, 2023

(Online Application Opens March 21, 2023)

Informational Webinar: Monday, March 20, 2023, 12:00pm – 1:00pm CDT

Wednesday, March 29, 2023, 10:00am to 11:00am CDT

Confirmation of Intent Deadline: 5:00 pm CDT on Thursday, March 30, 2023

Application Deadline: 5:00 pm CDT on Monday, April 28, 2023

Funding Announcements: Anticipated to be on or before Friday, September 1, 2023

To ensure a timely and appropriate response to all inquiries, please send questions in writing to kmachado@sunflowerfoundation.org.

Grant Title:	Kansas Fights Addiction 2023 Treatment Grant
Description:	The Kansas Fights Addiction Grant Review Board, Kansas Office of the Attorney General (OAG), and Sunflower Foundation are accepting applications for 2023 Kansas Fights Addiction grant program. The purpose of this program is to prevent, reduce, treat, or mitigate the effects of substance abuse and addiction. The Kansas Fights Addiction (KFA) grant program is funded by the Kansas opioid settlements obtained by the OAG. Sunflower Foundation serves as the grant administrator for the KFA grant review board. To learn more about KFA visit https://ag.ks.gov/about-the-office/affiliated-orgs/kansas-fights-addiction-act-grant-review-board .
Eligibility:	Eligibility is limited to state entities, municipalities, and non-for-profit private entities that provide services in Kansas for the purpose of preventing, reducing, treating, or otherwise abating or remediating substance abuse or addiction and has released or will release its legal claims arising from covered conduct against each defendant that is required by the opioid litigation.
Total Available Funding:	\$3,000,000.00
Award Ceiling	\$200,000.00
Length of Project:	12 months
Match Required?:	No
Authorizing Statute	KFA grants are authorized under the Kansas House Bill 2079, Kansas Fights Addiction Act, codified as KSA 75-775 to -781.

Purpose and Overview

The Office of the Attorney General negotiated opioid settlement payments for Kansas and its counties and municipalities. These direct payments to Kansas consist of both one-time payments and recurring payments for up to 18 years.

The Kansas Fights Addiction Grant Review Board, Kansas Office of the Attorney General (OAG), and Sunflower Foundation are accepting applications for 2023 Kansas Fights Addiction grant program. The purpose of this program is to prevent, reduce, treat, or mitigate the effects of substance abuse and addiction. The Kansas Fights Addiction (KFA) grant program is funded by the Kansas opioid settlements obtained by the OAG. Sunflower Foundation serves as the grant administrator for the KFA grant review board. To learn more about KFA visit <https://ag.ks.gov/about-the-office/affiliated-orgs/kansas-fights-addiction-act-grant-review-board>.

Strategies included within this RFP were developed by the Kansas Prescription Drug and Opioid Advisory Committee's (KPDOAC) needs assessment and state strategic planning. This strategic planning included diverse input and data collection. State plan included input from:

- Over 55 different state and local organizations in Kansas who participated in state plan development;
- A public comment survey that received 825 responses from 85 Kansas counties;
- A partner survey with 265 responses from 77 Kansas counties;
- 20 key informant interviews;
- Over 27 hours of subject matter expert sub-committee meetings divided by area of expertise; and
- Kansas epidemiologists, data experts, and evaluators in SUD field.

The priority areas of focus for this RFP are Treatment, Recovery, Harm Reduction, and Linkages to Care. These priority areas include the following prioritized strategies in which are eligible strategies within this RFP.

Treatment

1. Expand access to treatment for those who are uninsured/underinsured
2. Expand MAT/MOUD services
3. Facilitate integration of mental health and SUD services
4. Naloxone distribution in treatment centers and criminal justice settings
5. Expand telehealth services for SUD treatment services, including MAT/MOUD
6. Coordinate a continuity of care model for high-risk populations including individuals discharged from hospitals and justice-involved populations (jail-based SUD treatment and effective re-entry programs)
7. Target treatment resources to high impact, low-capacity geographical areas (rural/frontier)
8. Increase coordination across the continuum of care to mitigate gaps and barriers and ensure appropriate access, navigation, and intentional transition to the next level of care needed
9. Expand access to adolescent treatment services

Recovery

1. Peer recovery services
2. Expand recovery housing
3. Expand the recovery ecosystem
4. Adolescent recovery services
5. Target recovery resources to high impact, low-capacity geographical areas (rural/frontier)

Harm Reduction

1. Targeted naloxone distribution
2. Expand social detoxification services
3. Expand access to HIV and HCV/HBV testing and treatment (e.g., PrEP)
4. Condom distribution/safe sex education among IV drug users

Linkages to Care

1. Expand and coordinate overdose/behavioral health outreach teams
2. Post-overdose linkage to care policies in hospitals/Emergency Departments
3. Community health worker (CHW)/peer navigation for those with SUD
4. Implement SUD screening and referral processes (e.g., SBIRT)
5. Implement/expand referral management systems (e.g., Integrated Referral and Intake System)

Populations To Be Served

Populations served may include, but are not limited to, individuals with, or at risk of developing, opioid use disorders (OUDs) and any co-occurring substance use disorder or mental health (SUD/MH) issues; individuals involved in the criminal justice system and in need of medications or other services for substance use disorders; and/or children impacted by substance use.

DEADLINE AND SUBMISSION PROCESS

1. Confirmation of Intent (COI) to Apply Deadline

A Confirmation of Intent is requested by 5:00pm CDT on Thursday March 30, 2023, via survey at <https://www.surveymonkey.com/r/9VRNYJH>. Sunflower Foundation is requesting that prospective applicants submit a brief survey notifying Sunflower Foundation of the organization's intent to apply for this funding opportunity. COI shall indicate the name of the organization intending to apply and the priority area(s) and strategy/strategies the organization is considering for their application. COI is not required but is strongly encouraged to assist in structuring an efficient review process.

COI Survey Questions Include:

- Name of Organization
- Type of Organization

- Priority areas of interest
- Primary contact
- Additional comments (optional)

2. Proposal Deadline

Proposals must be submitted online by 5:00pm CDT on Friday, April 28, 2023.

3. Submission Process

To be considered for Kansas Fights Addiction funds, please complete the application electronically. This application is not a commitment for funds, nor does it obligate the Kansas Fights Addiction Grant Review Board to grant or lend any form of financial assistance. The online application will open on **March 21, 2023**, at https://ksfightsaddiction.fluxx.io/user_sessions/new.

All applicants are encouraged to participate in one of two informational webinars. The webinars will offer identical content.

The first webinar is scheduled for **Monday, March 20, 2023, 12:00 pm to 1:00 pm CDT**. Please [click here](#) to register for the March 20 webinar. The second webinar is scheduled for **Wednesday, March 29, 2023, 10:00 am to 11:00 am CDT**. Please [click here](#) to register for the March 29 webinar.

After registering, you will receive a confirmation email containing information about joining the webinar. **Webinar capacity is limited so please register early if you plan to participate. A recording of the informational webinar will be available** on the [Sunflower Foundation website](#).

While not a requirement, **participation is encouraged** as an opportunity to hear foundation staff discuss the RFP and address questions from potential applicants. However, if you are unable to join in the briefing, the foundation always welcomes your direct contact with any questions you may have about the criteria, guidelines, or application process for this RFP. Please note that this is a competitive grant process and staff's ability to provide direct guidance is limited. **Please send all inquiries in writing** to kmachado@sunflowerfoundation.org.

Applicants are encouraged to read through the entire application before beginning the proposal submission process. All proposals must be submitted online. For questions regarding online submission please contact kmark@sunflowerfoundation.org.

4. Funding Announcements

For applications received by the Friday, April 28, 2023, deadline, funding announcements are expected by **Friday September 1, 2023**.

Grants may begin once the Letter of Agreement (LOA), the grant contract, has been executed between the foundation and the awarded organization. Initiation and execution of LOA to follow funding announcements.

BACKGROUND

Opioid Epidemic Nationally and In Kansas

The opioid epidemic has taken an enormous toll on our country. The United States has lost over a million lives to drug overdose since 1999. It is estimated that in 2021, over 107,000 people died of a drug overdose in the US, and opioids were involved in 75% of these deaths. In Kansas we saw the highest number of drug overdose deaths 2019 (393), then 2020 was 21.4% higher than that at 477, and 2021 was 42.1+ higher than 2020 at 678 drug overdose deaths. It is anticipated that another heartbreaking record will be set for even higher number of overdose deaths in our state in 2022.

Nationwide Opioid Settlements

Several nationwide settlements have been reached with companies to resolve their liabilities in thousands of lawsuits across the country associated with their role in fueling the opioid epidemic. Participating states, cities and counties were required to surrender any individual suits they were pursuing to join the nationwide settlements. Our state and 205 units of local government signed on to the nationwide settlements and have received initial payments. To date several major opioid manufacturers, distributors, and retailers have offered to settle nationwide such as McKinsey and Associates, Mallinckrodt PLC, Janssen/Johnson & Johnson, McKesson, Amerisource-Bergen, Cardinal Health, Purdue Pharma, CVS, Walgreens, and Walmart.

Kansas Opioid Settlements

The Kansas opioid settlements are split into two funds, 75% to the Kansas Fights Addiction Fund (KFAF) and 25% to the Municipalities Fight Addiction Fund (MFAF). \$200,000 is dedicated to the Kansas prescription drug monitoring program, K-TRACS, annually. The Kansas Fights Addiction Act directs all recovery to opioid and SUD abatement. As of January 2023, the Kansas Office of the Attorney General has recovered more than \$340 million in settlements related to unlawful opioid manufacturing, marketing and distribution. Payments will be made to Kansas for up to 18 years, a majority of which to be frontloaded.

While we cannot change the past, we can now leverage opioid settlement funds to sustain and strengthen our ongoing response and make transformative change. This grant opportunity is just the first of many to come in the future years to help our state combat and find new and innovative approaches to addressing the opioid epidemic. It is our hope that with this new funding stream over the next 18 years we will be able to see transformative change to improve and save the lives of Kansans impacted by substance use.

PROGRAM DETAILS

Summary

The goal of this funding is to prevent, reduce, treat, or mitigate the effects of substance abuse and addiction in Kansas.

Eligible Organizations

Eligibility, defined by statute, is limited to state entities, municipalities, and non-for-profit private entities that provide services in Kansas for the purpose of preventing, reducing, treating, or otherwise abating or remediating substance abuse or addiction and has released or will release its legal claims arising from covered conduct against each defendant that is required by the opioid litigation.

Examples of eligible organizations include but are not limited to the following: units of state and local governments, SUD treatment organizations, prevention organizations, community coalitions, behavioral health organizations, mental health centers, federally qualified health centers, healthcare organizations, law enforcement agencies, first responder, public safety, criminal justice organizations, recovery support organizations, supportive and transitional recovery housing programs, organizations within the recovery ecosystem, community-based organizations, youth-serving organizations, schools, universities, community colleges, GED programs, libraries, food assistance programs, employment assistance programs, legal aid programs, housing authorities, health departments, hospitals, pharmacies, veterans organizations, social service organizations, foundations, faith-based organizations, home visiting programs, early childhood service organizations, crisis centers, rural health clinics, etc.

Organizations must meet the following criteria:

- A tax-exempt status under Section 501(c)(3) of the Internal Revenue Service Code; or
- An instrumentality of state or local government, provided KFA funding will not supplant existing work; and
- Embrace diversity and inclusion across multiple dimensions, including race, ethnicity, gender, sexual orientation, disability, age, geography, and socioeconomic status. This includes delivering Culturally and Linguistically Appropriate Services (CLAS), which are respectful of and responsive to the health beliefs, practices and needs of diverse patients.

Opioid abatement projects proposed in grant applications must meet one (1) or more of the following qualifying project criteria pursuant to Kansas House Bill 2079, Kansas Fights Addiction Act, codified as KSA 75-775 to -781.

KFA grants can only support services provided in Kansas or for Kansans. If an organization is based in or provides services in another state, prorated support of the proposed work will be considered only if documentation is provided to verify the percentage of services provided in Kansas or for Kansans.

Applicants demonstrating the following will be given priority in the selection process:

- Qualified applicants that are not otherwise seeking or receiving funds from opioid litigation.
- Applications to expand availability of certified drug abuse treatment programs authorized by KSA 2020 Supp. 21-6824.
- Applications proposing **science and data-driven approaches** to the work.
- Applications proposing **new and innovative approaches** to the work.
- Applications providing services in one or more of the 21 counties identified within the 5th quintile of highest vulnerability risk in [KDHE's Opioid Vulnerability Assessment](#).
- Applications that also include strategies to address the following
 - Decrease stigma
 - Utilizes and/or enhances data and surveillance
 - Addresses policy issues
 - Enhances workforce development, recruitment, and retention within the behavioral health field

Grant Awards

Grant awards will not exceed a maximum amount of \$200,000. Awards will be based, in part, on the proposed work, the applicant's capacity, and the ability of the applicant to address needs and propose new and innovative approaches to strategy implementation. This will be a competitive grant program, which means not all qualifying and meritorious proposals will be funded. If awarded, all grant payments from the Sunflower Foundation to the grantee organization will be made via electronic payments.

Use of Grant Funds

Opioid abatement projects proposed in grant applications must meet one (1) or more of the following qualifying project criteria pursuant to Kansas House Bill 2079, Kansas Fights Addiction Act, codified as KSA 75-775 to -781.

Applicants are required to submit a project budget and associated narrative which describes how the grant funds will be used for opioid and/or any co-occurring substance use disorder abatement strategies to prevent, reduce, treat, or mitigate the effects of substance abuse and addiction in Kansas.

Grant Term

Grants are expected to be accomplished within one year from the date of the grant award, some exceptions may apply. If you have questions about the term, please send an email to kmachado@sunflowerfoundation.org to discuss before applying.

Reporting Requirements

All grantees will be required to submit at least one program/work report and at least one financial report. All reporting requirements and deadlines will be clearly stated in the Letter of Agreement

between the grantee and the foundation. The grantee will be asked to download and file reports electronically via Sunflower’s online grants management system.

Final reports are due within 30 days of the end of the grant period. Reports may include but are not limited to:

- Detailed account of funding spent on approved uses
- Services provided
- Number of individuals served
- Aggregated and de-identified demographic information for individuals served.
- Summary of impact(s), successes or challenges of the project funded with opioid settlement funds this project period.

Funding Exclusions

- Supplantation of existing funding
- Non-abatement strategies
- Opioid litigation expenses
- Campaign contributions

ONLINE APPLICATION SUBMISSION

Getting Started

The application will guide applicants through the process of opening an account. **All** applicants must have a current online account in order to complete the application, applicants may complete the registration to create an account in advance of the application opening. **All** applications must be completed and submitted using the online application. A guide to the online application system can be found here [KFA Application Technical Assistance Guide](#). The online application will open on **March 21, 2023**, at https://ksfightsaddiction.fluxx.io/user_sessions/new.

Components of the Online Application

A. Online Fields *(applicants may copy and paste into the online application)*

- Applicant Information
- Project Information
- Description and Narrative
 - Organization Capacity and Project Overview
 - Goals
 - Need
 - Resources
 - Sustainability
 - Evaluation
 - Budget

B. Attachments - Additional Forms & Supporting Documents

(uploaded by applicant as part of the final submission process)

Documents

- Budget Form
- Budget Narrative

Organizational Documents:

- 501c3 Nonprofit: IRS-990 or 990-N, copy of current financial statements, including statement of activities YTD and statement of financial position, and copy of most recent audit, if available.
- Unit of Local Government: copy of most recent financials, copy/link to most recent audit, if available.

Documentation Due Upon Award

- Signed LOA between the applicant entity and Sunflower Foundation
- ACH electronic payment processing form
- Signed Agreement to release right to litigation of entities associated with opioid settlements

NOTE: Additional documentation may be requested during the application review process. If applicants have difficulty uploading attachments, please contact the foundation prior to the application deadline date.

If awarded, all grant payments from the Sunflower Foundation to the grantee organization will be made via electronic payments.

IMPORTANT TIPS:

- Always write the draft of your application offline and save in a Word document, then copy and paste into the online application when you are ready to submit. This reduces the chance of losing any work if your online submission process gets interrupted.
- Once your application is complete, but before you submit it, we suggest you have someone not involved in writing the application review it for completeness, clarity, and consistency.
- The Sunflower Foundation Grants Management System **does NOT auto-save your work**. **Make sure you save often**, and after you've saved you are able to leave the session and return to it at a later date. If you do NOT save, your work will be lost.

Notice of Public Disclosure

Sunflower Foundation and the Kansas Fights Addiction Board are subject to the Kansas Open Meeting Act (K.S.A. 75-4317 et seq.) and the Kansas Open Records Act (K.S.A. 45-215 through 45-223). Consequently, all materials received in this application process may be subject to public release pursuant to these statutes.

Grant Review

The KFA grant review process will rely on a scoring rubric which addresses the seven sections to the application on a scale of 0-100. Reviewers will score each section of the application based on the quality of responses; maximum points available under each section are listed below under ONLINE APPLICATION TEXT.

ONLINE APPLICATION TEXT

To assist your planning, the questions from the online application and the evaluation criteria are provided below. **Please note that the questions below are only provided to assist in offline planning. All applicants who wish to apply must do so through the online system. Application will be available for online submission on March 21, 2023, at https://ksfightsaddiction.fluxx.io/user_sessions/new.**

Please ensure your responses are **brief, concise, and clear**. While there are no length limitations for responses, please keep responses to three paragraphs or less for each question.

A. ORGANIZATION CAPACITY AND PROJECT OVERVIEW (20 points)

1. Provide a brief description of your organization, including a brief overview of the organization's history, key programs and services.
2. Describe your organization's capacity to implement the proposed project and any relevant experience with similar projects or programming, including past achievements and evidence of impact.
3. Please describe the purpose of your proposed project, types of services to be provided, and how services will be delivered. Please also include description of how your proposed project is **science and data driven**.
4. Please describe the population to be served by this project, including an estimated number of individuals to be served and any relevant demographic information related to individuals to be served.

B. GOALS (20 points)

1. Please identify reasonable goals with a timeline for completion for your proposed project. Goals should be specific, measurable, achievable, relevant, and time-bound (SMART).
2. Please describe the process(es), plan(s), and/or project activities you will complete to meet your goal(s) and to deliver the proposed project/services.
3. Please list what project outcome(s) you would like to see and how you plan to measure.

C. NEED (30 points)

1. Description of the need for the proposed project, including quantitative and/or qualitative data as appropriate, how the proposed project will address the need, and what your organization is

currently doing to address the need.

2. Please describe how the proposed project is **innovative in its approach** to addressing substance use disorder.
3. Please identify potential barriers to implementation and how your organization will work to mitigate them.

D. RESOURCES (15 points)

1. Please list the key staff that will be responsible for the project and what role each of them will play, including their relevant experience.
2. Please describe any additional resources and/or funding that will be used to support this project or related projects. Please list any relevant funding sources your organization receives for SUD programming such as funding from sources such as *KDADS, KDHE, SOR, OD2A, Block Grant, SB123, SPF Rx, SAMHSA, CDC, HRSA, BJA, or other SUD related funding source*.
3. Please describe how the organization is/will collaborate with other organizations to accomplish implementation of this project including any entities funded through the Municipalities Fights Addiction Fund (Counties/Cities) and/or partners working on SUD issues in your community including activities funded by the above funding sources. Please describe how your organization will ensure activities are not duplicated.

E. SUSTAINABILITY (5 points)

1. Please tell us your plans for sustaining your project after the grant period ends. As a result of the grant funding, what work will be sustained, enhanced or expanded?

F. EVALUATION (5 points)

1. Explain how you plan to evaluate your project: how you will measure that your project did or did not achieve the goal(s) outlined above.
2. What does the applicant organization expect will be different in a year as a result of the funding? In two years? For instance, what systems will be changed? What populations will benefit? Be specific.

G. Budget (5 points)

The budget section will include a standardized budget form and associated budget narrative. Maximum indirect rate shall not exceed 10% of the total budget. The budget template also includes a technical guide to aid in completion. See standardized budget form for more information.

GENERAL FREQUENTLY ASKED QUESTIONS (FAQS)

FAQs will be compiled and shared publicly as new questions and information becomes available. Below is a list of initial questions we anticipate arising. FAQs will be posted on the [Sunflower Foundation website](#).

1. Where do I find the Sunflower Foundation Grant Management System to submit my online application?

The online application will open on March 21, 2023, and can be found at https://ksfightsaddiction.fluxx.io/user_sessions/new.

2. How many priority areas and strategies may an entity apply for?

Entities may apply for multiple strategies within one priority area or across priority areas. Applicants should include goals and responses in the application that reflect activities for all strategies selected.

3. Will there be an opportunity to renew the grant if awarded?

The Kansas Fights Addiction grant review board has not established funding priorities for futures years at this time. The board is completing a needs assessment that will assist in future funding strategy development.

4. If an entity received direct funding from the MFAF, can they also receive KFA funds from the settlement?

Yes, however these applicants should clearly describe the need for KFA dollars, MFAF budget and activities plans, and ensure that funding is not supplanted.

5. Are letters of support required?

No.

6. What if the applicant organization does not know or is unable to obtain information related to what their local MFAF funds are being used for?

While it is not required that applicant organizations coordinate activities with MFAF activities, it is strongly encouraged to ensure that no duplication is occurring, and funds are being best utilized and leveraged. It will be expected that any awarded grantees make their best effort to collaborate with MFAF and other opioid and SUD related funding sources in their community.

7. OK, I'm ready to fill out the online application... now what?

Sunflower uses an online grants management system called Fluxx.

Create a Fluxx account with Sunflower:

Set up an account by clicking here: https://ksfightsaddiction.fluxx.io/user_sessions/new

- Click on “Create an account now” (lower right side of screen) and follow instructions.
- When your registration has been processed and approved by Sunflower Grant Staff, you will receive an email with your Fluxx Username and a link to set your password.
- Use your login/password to enter the Fluxx portal and the KFA application card will appear and allow you to begin your application on March 21, 2023. The [technical assistance guide](#) will walk you through how to register and navigate the system.

*Note – if your organization has registered in the Sunflower Foundation grants management system in the past, you will need to create a new account within the KFA system which is separate related to KFA grants only and does not connect to information within the general Sunflower Foundation grants management system.

8. How long will it take to review my application?

Timing is dependent upon scheduled meetings of the Kansas Fights Addiction board. Reviews are scheduled to occur between the dates of May 12, 2023 and July 14, 2023 and will be presented at the following KFA board meeting for board review and approval.

9. If our request is approved, what are next steps?

Sunflower Foundation will email a Letter of Agreement/LOA (grant contract) which includes payment and reporting schedule, dependent upon size and length of grant.

10. How many applications may one community or one organization submit?

Communities and organizations can submit more than one application when and where applicable, however funding is limited. It is highly encouraged that organizations and communities collaborate to maximize impact and minimize number of applications. The Kansas Fights Addiction Act requires at least 1/8 of awarded funding each year be spent in each of the four congressional districts, thus geographic distribution will be considered when making awards.

Session of 2023

HOUSE BILL No. 2340

By Committee on Health and Human Services

2-7

1 AN ACT concerning the behavioral sciences; increasing the membership
2 of the behavioral sciences regulatory board; relating to licensure and
3 regulation; professional counselors, social workers, marriage and
4 family therapists, addiction counselors, behavior analysts,
5 psychologists and master's level psychologists; decreasing the years of
6 practice required for reciprocity licensure; requiring that clinical social
7 work supervisors be approved by the board; providing additional
8 continuing education requirements; establishing license categories for
9 applicants from social work programs in candidacy for accreditation
10 and for temporary reinstatement; extending the license period of
11 temporary licenses; amending K.S.A. 65-5802, 65-5806, 65-6302, 65-
12 6313, 65-6314, 65-6402, 65-6407, 65-6608, 65-6614, 65-6618, 65-
13 7504, 65-7505, 74-5302, 74-5318, 74-5361, 74-5365, 74-5366, 74-
14 5367 and 74-7501 and K.S.A. 2022 Supp. 65-5804a, 65-5807, 65-5808,
15 65-6306, 65-6309, 65-6322, 65-6404, 65-6405, 65-6406, 65-6411, 65-
16 6610, 65-6611, 65-6613, 74-5310, 74-5315, 74-5316, 74-5363 and 74-
17 5375 and repealing the existing sections; also repealing K.S.A. 74-
18 5339.

establishing a community-based license for professional counselors, social workers, marriage and family therapists and psychologists;

19
20 *Be it enacted by the Legislature of the State of Kansas:*
21 New Section 1. (a) On and after January 1, 2024, any licensee
22 providing postgraduate clinical supervision for any individual working
23 toward licensure as a clinical social worker shall be a board-approved
24 clinical supervisor.
25 (b) An application for a board-approved clinical supervisor shall be
26 made to the board on a form and in the manner prescribed by the board
27 and shall be accompanied by the fee as provided by K.S.A. 65-6314, and
28 amendments thereto.
29 (c) Each applicant for board-approved clinical supervisor shall
30 furnish evidence satisfactory to the board that the applicant:
31 (1) Is currently licensed by the board as a specialist clinical social
32 worker and has practiced as a specialist clinical social worker for at least
33 two years following licensure;
34 (2) is not the subject of any disciplinary action of the board that
35 would prohibit providing clinical supervision, as determined by the board;
36 and

1 (e) A person who is waiting to take the examination required by the
2 board may apply to the board for a temporary *professional counselor*
3 license to practice as a licensed professional counselor by:

4 (1) Paying an application fee of not more than \$150; and

5 (2) meeting the application requirements as stated in K.S.A. 65-
6 5804a(b)(1), (2) and (4), and amendments thereto.

7 (f) (1) A temporary *professional counselor* license may be issued by
8 the board after the application has been reviewed and approved by the
9 board and the applicant has paid the appropriate fee set by the board for
10 issuance of a temporary license.

11 (2) Absent extenuating circumstances approved by the board, a
12 temporary *professional counselor* license issued by the board shall expire
13 upon the date the board issues or denies a license to practice professional
14 counseling or ~~12~~ 24 months after the date of issuance of the temporary
15 license. No temporary license will be renewed or issued again on any
16 subsequent application for the same license level. The preceding
17 provisions in no way limit the number of times an applicant may take the
18 examination.

19 (g) A person practicing professional counseling with a temporary
20 *professional counselor* license may not use the title "licensed professional
21 counselor" or the initials "LPC" independently. The word "licensed" may
22 be used only when followed by the words "by temporary license," such as
23 licensed professional counselor by temporary license, or professional
24 counselor licensed by temporary license.

25 (h) No person may practice professional counseling under a
26 temporary *professional counselor* license except under the supervision of a
27 person licensed by the behavioral sciences regulatory board at the
28 independent level.

29 (i) Nothing in this section shall affect any temporary license to
30 practice issued under this section prior to the effective date of this act and
31 in effect on the effective date of this act. Such temporary license shall be
32 subject to the provisions of this section in effect at the time of its issuance
33 and shall continue to be effective until the date of expiration of the
34 temporary license provided under this section at the time of issuance of
35 such temporary license.

36 Sec. 4. K.S.A. 65-5806 is hereby amended to read as follows: 65-
37 5806. (a) An applicant who meets the requirements for licensure pursuant
38 to ~~this the professional counselors licensure act~~, has paid the license fee
39 provided for by K.S.A. 65-5808, and amendments thereto, and has
40 otherwise complied with the provisions of this act shall be licensed by the
41 board.

42 (b) Licenses issued pursuant to this act shall expire 24 months from
43 the date of issuance unless revoked prior to that time. A license may be

(j) (1) An individual may apply to the board for a community-based
professional counselor license to practice professional counseling in the
scope of employment by a community mental health center, as defined in
K.S.A. 39-2002, and amendments thereto.

(2) A community-based professional counselor license may be issued by the
board after the board reviews and approves the application and the applicant
has paid the fee set by the board for issuance of a community-based
professional counselor license.

(3) (A) Absent extenuating circumstances approved by the board, a
community-based professional counselor license issued by the board shall
expire:

(i) Upon the date the board issues or denies a license to practice
professional counseling; or

(ii) 24 months after the date of issuance of the community-based
professional counselor license.

(B) No community-based professional counselor license shall be renewed
or issued again on any subsequent application for the same license level.
This paragraph shall not be construed to limit the number of times an
applicant may take the examination.

(4) A person practicing professional counseling with a community-based
professional counselor license may use the title "licensed professional
counselor" or the initials "LPC" independently.

(5) No person may practice professional counseling under a community-
based professional counselor license except under the supervision of a
person licensed by the board to practice at the independent level.

1 (9) for a six-month reinstatement temporary license as a clinical
2 professional counselor, not more than \$50;

3 ~~(8)~~(10) for late renewal penalty, an amount equal to the fee for
4 renewal of a license;

5 ~~(9)~~(11) for reinstatement of a license, not more than \$175;

6 ~~(10)~~(12) for replacement of a license, not more than \$20;

7 ~~(11)~~(13) for a wallet card license, not more than \$5; and

8 ~~(12)~~(14) for application as a board-approved clinical supervisor, not
9 more than \$50.

10 (b) Fees paid to the board are not refundable.

11 Sec. 7. K.S.A. 65-6302 is hereby amended to read as follows: 65-
12 6302. As used in ~~this~~ *the social workers licensure act*, unless the context
13 clearly requires otherwise, ~~the following words and phrases shall have the~~
14 ~~meaning ascribed to them in this section:~~

15 (a) "Board" means the behavioral sciences regulatory board created
16 by K.S.A. 74-7501, *and amendments thereto.*

17 (b) "*Extenuating circumstances*" means *any condition or situation*
18 *caused by events beyond a person's control that is sufficiently extreme in*
19 *nature to result in the:*

20 (1) *Person's inability to comply with requirements; or*

21 (2) *inadvisability of requiring the person to comply with*
22 *requirements.*

23 (c) "*Psychotherapy*" means *the use of psychological and social*
24 *methods within a professional relationship to assist the person or persons*
25 *to achieve a better psychosocial adaptation to acquire greater human*
26 *realization of psychosocial potential and adaptation to modify internal*
27 *and external conditions that affect individuals, groups or communities in*
28 *respect to behavior, emotions and thinking and in respect to their intra-*
29 *personal and inter-personal processes. Forms of "psychotherapy" include,*
30 *but are not limited to, individual psychotherapy, conjoint marital therapy,*
31 *family therapy and group psychotherapy.*

32 (d) "Social work practice" means the professional activity of helping
33 individuals, groups or communities enhance or restore their capacity for
34 physical, social and economic functioning and the professional application
35 of social work values, principles and techniques in areas such as
36 psychotherapy, social service administration, social planning, social work
37 consultation and social work research to one or more of the following
38 ends: Helping people obtain tangible services; counseling with individuals,
39 families and groups; helping communities or groups provide or improve
40 social and health services; and participating in relevant social action. The
41 practice of social work requires knowledge of human development and
42 behavior; of social, economic and cultural institutions and forces; and of
43 the interaction of all these factors. Social work practice includes the

for a community-based professional counselor license, not more than \$175;
(11)
[And by redesignating accordingly]

1 about a social work program of a college or university. In entering such
2 contracts the authority to recognize and approve a social work program of
3 a college or university shall remain solely with the board.

4 ~~(f)~~(h) (1) Notwithstanding any pending candidacy for accreditation of
5 the masters of social work program at Fort Hays state university, the board
6 shall:

7 (A) Accept a master's degree from such program as from an
8 accredited college or university for the purpose of issuing a license as a
9 master social worker to an applicant under subsection (b); and

10 (B) not impose any additional or alternative requirements to
11 accreditation upon an applicant with such degree based on such program's
12 pending candidacy for accreditation.

13 (2) The provisions of this subsection shall apply retroactively and
14 shall expire on July 1, 2023.

15 Sec. 9. K.S.A. 2022 Supp. 65-6309 is hereby amended to read as
16 follows: 65-6309. (a) An applicant shall be exempted from the requirement
17 for any examination provided for herein, if the applicant has taken and
18 passed an examination similar to that for which exemption is sought, as
19 determined by the board.

20 (b) Upon application, the board shall issue ~~a temporary license~~
21 *bachelor's social work license or a temporary master's social work license*
22 to persons who have submitted documentation and met all qualifications
23 for licensure under provisions of this act, except passage of the required
24 examination, and who have paid the required fee.

25 (c) Absent extenuating circumstances approved by the board, a
26 temporary *bachelor's social work license or a temporary master's social*
27 *work license* issued by the board shall expire upon the date the board
28 issues or denies a license to practice social work or ~~12~~ 24 months after the
29 date of issuance of the temporary license. No temporary *bachelor's social*
30 *work license or temporary master's social work license* will be renewed or
31 issued again on any subsequent applications for the same license level. The
32 preceding provisions in no way limit the number of times an applicant may
33 take the examination.

34 (d) No person ~~may~~ shall work under a temporary *bachelor's social*
35 *work license or a temporary master's social work license* except under the
36 supervision of a licensed social worker.

37 (e) Nothing in this section shall affect any temporary license to
38 practice issued under this section prior to the effective date of this act and
39 in effect on the effective date of this act. Such temporary license shall be
40 subject to the provisions of this section in effect at the time of its issuance
41 and shall continue to be effective until the date of expiration of the license
42 as provided under this section at the time of issuance of such temporary
43 license.

- (i) (1) An individual may apply to the board for a community-based social work license to practice social work in the scope of employment by a community mental health center, as defined in K.S.A. 39-2002, and amendments thereto.
- (2) A community-based social work license may be issued by the board after the board reviews and approves the application and the applicant has paid the fee set by the board for issuance of a community-based social work license.
- (3) (A) Absent extenuating circumstances approved by the board, a community-based social work license issued by the board shall expire:
 - (i) Upon the date the board issues or denies a license to practice social work; or
 - (ii) 24 months after the date of issuance of the community-based social work license.
- (B) No community-based social work license shall be renewed or issued again on any subsequent application for the same license level. This paragraph shall not be construed to limit the number of times an applicant may take the examination.
- (4) A person practicing social work with a community-based social work license may use the title "licensed baccalaureate social worker" or "licensed master social worker" or the initials "LBSW" or "LMSW" independently.
- (5) No person may practice social work under a community-based social work license except under the supervision of a person licensed by the board to practice at the independent level.

1 *specialty shall be not more than \$50.*
 2 (10) Application fee for approval as board-approved continuing
 3 education sponsors shall be as follows:
 4 (A) Initial application fee for one year provisionally approved
 5 providers shall be not more than \$125;
 6 (B) three-year renewal fees for approved providers shall be not more
 7 than \$350; and
 8 (C) application fees for single program providers shall be not more
 9 than \$50 for each separately offered continuing education activity for
 10 which prior approval is sought.
 11 (11) *Application for approval as a board-approved clinical*
 12 *supervisor shall be not more than \$50.*
 13 (b) Fees paid to the board are not refundable.
 14 Sec. 12. K.S.A. 2022 Supp. 65-6322 is hereby amended to read as
 15 follows: 65-6322. (a) The board may issue a license to an individual who
 16 is currently registered, certified or licensed to practice social work in
 17 another jurisdiction, if the board determines that:
 18 (1) The standards for registration, certification or licensure to practice
 19 social work at the baccalaureate level in another jurisdiction are
 20 substantially the equivalent of the requirements in the social workers
 21 licensure act and rules and regulations of the board for licensure as a
 22 baccalaureate social worker; or
 23 (2) the applicant demonstrates compliance on forms set by the board,
 24 with the following standards as adopted by the board:
 25 (A) Registration, certification or licensure to practice social work at
 26 the baccalaureate level *with a similar scope of practice* for at least ~~48~~
 27 ~~of the last 54~~ 12 months immediately preceding the application, ~~with at least~~
 28 ~~the minimum professional experience as established by rules and~~
 29 ~~regulations of the board;~~
 30 (B) the absence of disciplinary actions of a serious nature brought by
 31 a registration, certification or licensing board or agency; and
 32 (C) completion of a baccalaureate degree in social work from a
 33 regionally accredited university.
 34 (b) The board may issue a license to an individual who is currently
 35 registered, certified or licensed to practice social work in another
 36 jurisdiction, if the board determines that:
 37 (1) The standards for registration, certification or licensure to practice
 38 social work at the master's level in another jurisdiction are substantially the
 39 equivalent of the requirements in the social workers licensure act and rules
 40 and regulations of the board for licensure as a master social worker; or
 41 (2) the applicant demonstrates compliance on forms set by the board,
 42 with the following standards as adopted by the board:
 43 (A) Registration, certification or licensure to practice social work at

<p>Community-based license fee for a baccalaureate social worker, master social worker or social work specialty shall be not more than \$175.</p> <p>(11)</p> <p>[And by redesignating accordingly]</p>

1 diagnostic and statistical manual of mental disorders of the American
 2 psychiatric association designated by the board by rules and regulations.
 3 When a client has symptoms of a mental disorder, a licensed clinical
 4 marriage and family therapist shall consult with the client's primary care
 5 physician or psychiatrist to determine if there may be a medical condition
 6 or medication that may be causing or contributing to the client's symptoms
 7 of a mental disorder. A client may request in writing that such consultation
 8 be waived and such request shall be made a part of the client's record. A
 9 licensed clinical marriage and family therapist may continue to evaluate
 10 and treat the client until such time that the medical consultation is obtained
 11 or waived.

12 (4) On and after January 1, 2002, a licensed marriage and family
 13 therapist may diagnose and treat mental disorders specified in the edition
 14 of the diagnostic and statistical manual of mental disorders of the
 15 American psychiatric association designated by the board by rules and
 16 regulations only under the direction of a licensed clinical marriage and
 17 family therapist, licensed psychologist, person licensed to practice
 18 medicine and surgery or person licensed to provide mental health services
 19 as an independent practitioner and whose licensure allows for the
 20 diagnosis and treatment of mental disorders. When a client has symptoms
 21 of a mental disorder, a licensed marriage and family therapist shall consult
 22 with the client's primary care physician or psychiatrist to determine if there
 23 may be a medical condition or medication that may be causing or
 24 contributing to the client's symptoms of a mental disorder. A client may
 25 request in writing that such consultation be waived and such request shall
 26 be made a part of the client's record. A licensed marriage and family
 27 therapist may continue to evaluate and treat the client until such time that
 28 the medical consultation is obtained or waived.

29 Sec. 15. K.S.A. 2022 Supp. 65-6405 is hereby amended to read as
 30 follows: 65-6405. (a) A person who is waiting to take the examination
 31 required by the board may apply to the board for a temporary *marriage*
 32 *and family therapy* license to practice as a licensed marriage and family
 33 therapist by:

34 (1) ~~Paying an application a temporary license~~ fee as established by
 35 the board under K.S.A. 65-6411, and amendments thereto; and

36 (2) meeting the application requirements as stated in K.S.A. 65-
 37 6404(a)(1), (a)(2) ~~and~~, (a)(4) and (a)(5), and amendments thereto.

38 (b) *A person who is waiting to take the license examination required*
 39 *by the board, and who has not completed a practicum including 300 hours*
 40 *of direct client contact but has been approved by the board to complete*
 41 *other postgraduate experience totaling 300 hours, may apply to the board*
 42 *for a temporary marriage and family therapy license to practice as a*
 43 *licensed marriage and family therapist by:*

(c) (1) An individual may apply to the board for a community-based marriage and family therapist license to practice marriage and family therapy in the scope of employment by a community mental health center, as defined in K.S.A. 39-2002, and amendments thereto.

(2) A community-based marriage and family therapist license may be issued by the board after the board reviews and approves the application and the applicant has paid the fee set by the board for issuance of a community-based marriage and family therapist license.

(3) (A) Absent extenuating circumstances approved by the board, a community-based marriage and family therapist license issued by the board shall expire:

(i) Upon the date the board issues or denies a license to practice marriage and family therapy; or

(ii) 24 months after the date of issuance of the community-based marriage and family therapist license.

(B) No community-based marriage and family therapist license shall be renewed or issued again on any subsequent application for the same license level. This paragraph shall not be construed to limit the number of times an applicant may take the examination.

(4) A person practicing marriage and family therapy with a community-based marriage and family therapist license may use the title "licensed marriage and family therapist" or the initials "LMFT" independently.

(5) No person may practice marriage and family therapy under a community-based marriage and family therapist license except under the supervision of a person licensed by the board to practice at the independent level.

1 (7)(8) for renewal for licensure as a clinical marriage and family
2 therapist, not to exceed \$175;

3 (9) for a six-month reinstatement temporary license as a clinical
4 marriage and family therapist, not more than \$50;

5 (8)(10) for reinstatement of a license, not to exceed \$175;

6 (9)(11) for replacement of a license, not to exceed \$20;

7 (10)(12) for renewal penalty, an amount equal to the renewal of
8 license;

9 (11)(13) for a wallet card license, not to exceed \$5; and

10 (12)(14) for application for approval as a board-approved clinical
11 supervisor, not to exceed \$50.

12 (b) Fees paid to the board are not refundable.

13 Sec. 19. K.S.A. 65-6608 is hereby amended to read as follows: 65-
14 6608. As used in the addiction counselor licensure act:

15 (a) ~~"Board" means the behavioral sciences regulatory board created~~
16 ~~under K.S.A. 74-7501, and amendments thereto.~~

17 (b) "Addiction counseling" means the utilization of special skills to
18 assist persons with addictions, and to assist such persons' families and
19 friends to achieve resolution of addiction through the exploration of the
20 disease and its ramifications, the examination of attitudes and feelings, the
21 consideration of alternative solutions and decision making, as these relate
22 specifically to addiction. Evaluation and assessment, treatment including
23 treatment plan development, crisis intervention, referral, record keeping
24 and clinical consultation specifically related to addiction are within the
25 scope of addiction counseling. Additionally, at the clinical level of
26 licensure, addiction counseling includes independent practice and the
27 diagnosis and treatment of substance use disorders.

28 (b) "Board" means the behavioral sciences regulatory board created
29 under K.S.A. 74-7501, and amendments thereto.

30 (c) "Extenuating circumstances" means any condition or situation
31 caused by events beyond an individual's control that is sufficiently extreme
32 in nature to result in the:

33 (1) Individual's inability to comply with requirements; or

34 (2) inadvisability of requiring the individual to comply with
35 requirements.

36 (d) "Licensed addiction counselor" means a person who engages in
37 the practice of addiction counseling limited to substance use disorders and
38 who is licensed under this act. Such person shall engage in the practice of
39 addiction counseling in a state-licensed or certified alcohol and other drug
40 treatment program or in completing a Kansas domestic violence offender
41 assessment for participants in a certified batterer intervention program
42 pursuant to K.S.A. 75-7d01 through 75-7d13, and amendments thereto,
43 unless otherwise exempt from licensure under K.S.A. 59-29b46(n), and

for community-based licensure as a marriage and family therapist, not to
exceed \$175;

(11)

[And by redesignating accordingly]

1 graduate program with standards consistent with those of the state
2 universities of Kansas, or the substantial equivalent of such program in
3 both subject matter and extent of training; and

4 (4) has had at least two years of supervised experience, a significant
5 portion of which shall have been spent in rendering psychological services
6 satisfying the board's approved standards for the psychological service
7 concerned.

8 (b) The board shall adopt rules and regulations establishing the
9 criteria which an educational institution shall satisfy in meeting the
10 requirements established under subsection (a)(3). The board may send a
11 questionnaire developed by the board to any educational institution for
12 which the board does not have sufficient information to determine whether
13 the educational institution meets the requirements of subsection (a)(3) and
14 rules and regulations adopted under this section. The questionnaire
15 providing the necessary information shall be completed and returned to the
16 board in order for the educational institution to be considered for approval.
17 The board may contract with investigative agencies, commissions or
18 consultants to assist the board in obtaining information about educational
19 institutions. In entering such contracts the authority to approve educational
20 institutions shall remain solely with the board.

21 Sec. 29. K.S.A. 2022 Supp. 74-5315 is hereby amended to read as
22 follows: 74-5315. (a) The board may grant a license to any person who, at
23 the time of application, is registered, certified or licensed as a psychologist
24 at the doctoral level in another jurisdiction if the board determines that:

25 (1) The requirements of such jurisdiction for such certification or
26 licensure are substantially the equivalent of the requirements of this state;
27 or

28 (2) the applicant demonstrates on forms provided by the board
29 compliance with the following standards as adopted by the board:

30 (A) Registration, certification or licensure as a psychologist at the
31 doctoral level *with a similar scope of practice* for at least ~~48 of the last 54~~
32 *12 months immediately preceding the application* ~~with at least the~~
33 ~~minimum professional experience as established by rules and regulations~~
34 ~~of the board;~~

35 (B) the absence of disciplinary actions of a serious nature brought by
36 a registration, certification or licensing board or agency; and

37 (C) a doctoral degree in psychology from a regionally accredited
38 university or college.

39 (b) An applicant for a license under this section shall pay an
40 application fee established by the board under K.S.A. 74-5310, and
41 amendments thereto, if required by the board. *Upon notification from the*
42 *board that all eligibility requirements have been satisfied, the applicant*
43 *shall pay the license fee as provided in K.S.A. 74-5310, and amendments*

(c) (1) An individual may apply to the board for a community-based
psychologist license to practice psychology in the scope of employment by a
community mental health center, as defined in K.S.A. 39-2002, and
amendments thereto.

(2) A community-based psychologist license may be issued by the board
after the board reviews and approves the application and the applicant has
paid the fee set by the board for issuance of a community-based psychologist
license.

(3) (A) Absent extenuating circumstances approved by the board, a
community-based psychologist license issued by the board shall expire:

(i) Upon the date the board issues or denies a license to practice
psychology; or

(ii) 24 months after the date of issuance of the community-based
psychologist license.

(B) No community-based psychologist license shall be renewed or issued
again on any subsequent application for the same license level. This
paragraph shall not be construed to limit the number of times an applicant
may take the examination.

(4) A person practicing psychology with a community-based psychologist
license may use the title "licensed psychologist" or the initials "LP"
independently.

(5) No person may practice psychology under a community-based
psychologist license except under the supervision of a person licensed by the
board to practice at the independent level.

(6) The board shall adopt rules and regulations to set the fee, if required by
the board, for the issuance of a community-based psychologist license in an
amount not to exceed \$225.

1 and

2 (4) satisfied the board that the applicant is a person who merits the
3 public trust; and

4 (5) upon notification from the board that all eligibility requirements
5 have been satisfied, paid the license fee established under K.S.A. 65-6314,
6 and amendments thereto.

7 ~~(d)~~(f) (1) The board shall issue a license as a specialist clinical social
8 worker to an applicant who:

9 (A) Has met the requirements of subsection ~~(e)~~ (e);

10 (B) has completed ~~15~~ credit hours as part of or in addition to the
11 requirements under subsection ~~(e)~~ (e) supporting diagnosis or treatment of
12 mental disorders with use of the American psychiatric association's
13 diagnostic and statistical manual, through identifiable study of the
14 following content areas: Psychopathology, diagnostic assessment,
15 interdisciplinary referral and collaboration, treatment approaches and
16 professional ethics;

3

[stricken material in lines 13-16]

17 (C) has completed a graduate level supervised clinical practicum of
18 supervised professional experience, including psychotherapy and
19 assessment, integrating diagnosis and treatment of mental disorders with
20 use of the American psychiatric association's diagnostic and statistical
21 manual or additional postgraduate supervised experience as determined by
22 the board;

, but not limited to,

or diagnostic impressions

23 (D) has completed as part of or in addition to the requirements of
24 subsection ~~(e)~~ (e) not less than two years of postgraduate supervised
25 professional experience, in accordance with a clinical supervision plan
26 approved by the board of not less than 3,000 hours of supervised
27 professional experience including at least 1,500 hours of direct client
28 contact conducting psychotherapy and assessments with individuals,
29 couples, families or groups, and not less than 100 hours of face-to-face
30 clinical supervision, as defined by the board in rules and regulations,
31 including not less than 50 hours of individual supervision, except that the
32 board may waive the requirement that such supervision be face-to-face
33 upon a finding of extenuating circumstances, integrating diagnosis and
34 treatment of mental disorders with use of the American psychiatric
35 association's diagnostic and statistical manual;

, including, but not limited to,

integrating diagnosis or diagnostic impressions and treatment of mental disorders with use of the American psychiatric association's diagnostic and statistical manual

36 (E) for persons earning a degree under subsection (c) prior to July 1,
37 2003, in lieu of the education and training requirements under
38 subparagraphs (B) and (C), has completed the education requirements for
39 licensure as a specialist clinical social worker in effect on the day
40 immediately preceding the effective date of this act;

41 (F) for persons who apply for and are eligible for a temporary license
42 to practice as a specialist clinical social worker on the day immediately
43 preceding the effective date of this act, in lieu of the education and training

Session of 2023

HOUSE BILL No. 2340

By Committee on Health and Human Services

2-7

1 AN ACT concerning the behavioral sciences; increasing the membership
2 of the behavioral sciences regulatory board; relating to licensure and
3 regulation; professional counselors, social workers, marriage and
4 family therapists, addiction counselors, behavior analysts,
5 psychologists and master's level psychologists; decreasing the years of
6 practice required for reciprocity licensure; requiring that clinical social
7 work supervisors be approved by the board; providing additional
8 continuing education requirements; establishing license categories for
9 applicants from social work programs in candidacy for accreditation
10 and for temporary reinstatement; extending the license period of
11 temporary licenses; amending K.S.A. 65-5802, 65-5806, 65-6302, 65-
12 6313, 65-6314, 65-6402, 65-6407, 65-6608, 65-6614, 65-6618, 65-
13 7504, 65-7505, 74-5302, 74-5318, 74-5361, 74-5365, 74-5366, 74-
14 5367 and 74-7501 and K.S.A. 2022 Supp. 65-5804a, 65-5807, 65-5808,
15 65-6306, 65-6309, 65-6322, 65-6404, 65-6405, 65-6406, 65-6411, 65-
16 6610, 65-6611, 65-6613, 74-5310, 74-5315, 74-5316, 74-5363 and 74-
17 5375 and repealing the existing sections; also repealing K.S.A. 74-
18 5339.

requiring the behavioral sciences regulatory board to process applications
within a certain time and establish an expedited application process;

19
20 *Be it enacted by the Legislature of the State of Kansas:*

21 New Section 1. (a) On and after January 1, 2024, any licensee
22 providing postgraduate clinical supervision for any individual working
23 toward licensure as a clinical social worker shall be a board-approved
24 clinical supervisor.

25 (b) An application for a board-approved clinical supervisor shall be
26 made to the board on a form and in the manner prescribed by the board
27 and shall be accompanied by the fee as provided by K.S.A. 65-6314, and
28 amendments thereto.

29 (c) Each applicant for board-approved clinical supervisor shall
30 furnish evidence satisfactory to the board that the applicant:

31 (1) Is currently licensed by the board as a specialist clinical social
32 worker and has practiced as a specialist clinical social worker for at least
33 two years following licensure;

34 (2) is not the subject of any disciplinary action of the board that
35 would prohibit providing clinical supervision, as determined by the board;
36 and

15

1 (3) (A) Has completed the minimum number of semester hours, or
2 the academic equivalent, of coursework related to the enhancement of
3 supervision skills approved by the board; or

4 (B) has completed the minimum number of continuing education
5 hours related to the enhancement of supervision skills approved by the
6 board.

7 (c) Each board-approved clinical supervisor shall complete, as a part
8 of the continuing education required under K.S.A. 65-6313, and
9 amendments thereto, at least three hours of continuing education related to
10 the enhancement of supervision skills, including at least one hour related
11 to ethics in supervision.

12 (d) This section shall be a part of and supplemental to the social
13 workers licensure act.

14 Sec. 2. K.S.A. 65-5802 is hereby amended to read as follows: 65-
15 5802. As used in the professional counselors licensure act:

16 (a) "Assessment" means selecting, administering, scoring and
17 interpreting instruments designed to describe an individual's aptitudes,
18 abilities, achievements, interests and personal characteristics.

19 (b) "Board" means the behavioral sciences regulatory board created
20 by K.S.A. 74-7501, and amendments thereto.

21 (c) "Consultation" means the application of principles, methods and
22 techniques of the practice of counseling to assist in solving current or
23 potential problems of individuals or groups in relation to a third party.

24 (d) "Extenuating circumstances" means any condition or situation
25 caused by events beyond an individual's control that is sufficiently extreme
26 in nature to result in the:

- 27 (1) Individual's inability to comply with requirements; or
- 28 (2) Inadvisability of requiring the individual to comply with
29 requirements.

30 (e) "Licensed clinical professional counselor" means a person who
31 engages in the independent practice of professional counseling including
32 the diagnosis and treatment of mental disorders specified in the edition of
33 the diagnostic and statistical manual of mental disorders of the American
34 psychiatric association designated by the board by rules and regulations
35 and who is licensed under this act.

36 (f) "Licensed professional counselor" means a person who is licensed
37 under this act and who engages in the practice of professional counseling
38 only under the direction of a licensed clinical professional counselor, a
39 licensed psychologist, a person licensed to practice medicine and surgery
40 or a person licensed to provide mental health services as an independent
41 practitioner and whose licensure allows for the diagnosis and treatment of
42 mental disorders.

43 (g) "Practice of professional counseling" means assisting an

New Sec. 2. (a) Within ¹⁵~~10~~ business days after receipt of an application for any license, registration, permit or certificate issued by the behavioral sciences regulatory board, the board shall notify the applicant whether the board believes that the application is complete. If the application is determined to be incomplete, the board shall notify the applicant of the information needed in order to complete the application. Once the application is determined to be complete, the board shall complete the review of the application and issue a decision thereon within 30 business days.

(b) (1) The behavioral sciences regulatory board shall adopt rules and regulations to establish an expedited application process for any license, registration, permit or certificate issued by the board. Upon request on the application to expedite the processing of such application and payment of the fee, the board shall complete the review of the application and issue a decision thereon within ¹⁵~~10~~ business days.

(2) (A) The board shall set the fee for an expedited application process by adopting rules and regulations. Such fee shall be in addition to any other fee established for the application but shall not exceed \$100. The board shall not charge such expedited application process fee to any applicant who is a military servicemember or military spouse.

(B) As used in this paragraph:

(i) "Military servicemember" means a current member of the army, navy, marine corps, air force, space force, air or army national guard of any state, coast guard or any branch of the military reserves of the United States or a former member who separated from service by honorable discharge or general discharge under honorable conditions.

(ii) "Military spouse" means the spouse of an individual who is a current member of the army, navy, marine corps, air force, space force, air or army national guard of any state, coast guard or any branch of the military reserves of the United States.

[And by renumbering sections accordingly]

**Behavioral Sciences Regulatory Board
History of Permanent Licenses July 2015 to Current**

	July 2015	July 2016	July 2017	July 2018	Jan 2019	July 2019	Jan 2020	Mar 2020	July 2021	Sept 2021	Nov 2021	Jan 2022	Mar 2022	May 2022	July 2022	Sept 2022	Nov 2022	Jan 2023	Mar 2023
LP	897	967	926	984	928	949	996	1,006	988	1,016	1,035	1,046	1,040	1,054	952	962	987	999	1,010
LASW	22	21	21	19	18	17	15	13	9	8	9	8	7	7	5	5	5	4	4
LBSW	1,756	1,754	1,764	1,725	1,668	1,638	1,601	1,577	1,466	1,427	1,413	1,393	1,389	1,377	1,346	1,327	1,313	1,295	1,280
LMSW	3,519	3,684	3,774	3,862	3,854	3,927	3,881	3,861	3,970	4,016	4,022	4,006	4,003	3,980	4,012	4,028	4,021	4,023	4,016
LSCSW	1,966	2,009	2,033	2,088	2,115	2,172	2,260	2,274	2,474	2,509	2,553	2,566	2,593	2,634	2,680	2,720	2,752	2,769	2,804
LPC	648	733	760	813	829	847	880	882	937	953	961	956	963	957	981	1,002	1,006	1,012	1,014
LCPC	500	546	561	619	661	704	747	747	843	896	929	947	978	945	1,034	1,047	1,077	1,088	1,104
LMLP	288	304	303	302	305	295	289	291	294	296	298	304	309	309	308	310	311	315	323
LCP	291	298	294	297	287	288	294	293	282	284	284	286	286	287	289	281	278	276	277
LMFT	354	350	340	347	335	324	330	327	335	324	319	329	326	330	330	318	312	319	320
LCMFT	444	499	535	566	587	611	618	620	681	703	719	726	736	745	754	763	773	776	783
LAC	930	919	729	620	612	618	572	569	578	520	520	521	524	522	522	523	526	530	535
LMAC	-	-	262	343	352	363	376	375	427	432	433	432	434	436	431	418	414	421	415
LCAC	537	528	541	527	546	566	546	541	570	536	537	542	547	551	556	561	566	568	574
LaBA	-	-	15	18	13	14	14	14	12	11	13	13	15	16	17	15	19	21	18
LBA	-	-	129	175	176	199	224	229	263	270	288	292	304	325	333	347	354	363	370
Total																			
Permanent Licenses	12,152	12,612	12,987	13,305	13,286	13,532	13,643	13,619	14,129	14,201	14,333	14,367	14,454	14,475	14,550	14,627	14,714	14,779	14,847

Note : In March 2020, the state of Kansas began to experience the COVID-19 pandemic. During this time, the Governor released Executive Orders which delayed enforcement of expiration of licenses until the end of May 2021.

**Behavioral Sciences Regulatory Board
History of Permanent Licenses July 2015 to Current**

	July 2015	July 2016	July 2017	July 2018	Jan 2019	July 2019	Jan 2020	Mar 2020	July 2021	Sept 2021	Nov 2021	Jan 2022	Mar 2022	May 2022	July 2022	Sept 2022	Nov 2022	Jan 2023	Mar 2023
Total LPs	897	967	926	984	928	949	996	1,006	988	1,016	1,035	1,046	1,040	1,054	952	962	987	999	1,010
Total SWs	7,263	7,468	7,592	7,694	7,655	7,754	7,757	7,725	7,919	7,960	7,997	7,973	7,992	7,998	8,043	8,080	8,091	8,091	8,104
Total PCs	1,148	1,279	1,321	1,432	1,490	1,551	1,627	1,629	1,780	1,849	1,890	1,903	1,941	1,902	2,015	2,049	2,083	2,100	2,118
Total LMLPs/LCPs	579	602	597	599	592	583	583	584	576	580	582	590	595	596	597	591	589	591	600
Total MFTs	798	849	875	913	922	935	948	947	1,016	1,027	1,038	1,055	1,062	1,075	1,084	1,081	1,085	1,095	1,103
Total ACs	1,467	1,447	1,532	1,490	1,510	1,547	1,494	1,485	1,575	1,488	1,490	1,495	1,505	1,509	1,509	1,502	1,506	1,519	1,524
Total BAs	-	-	144	193	189	213	238	243	275	281	301	305	319	341	350	362	373	384	388
Total Permanent Licenses	12,152	12,612	12,987	13,305	13,286	13,532	13,643	13,619	14,129	14,201	14,333	14,367	14,454	14,475	14,550	14,627	14,714	14,779	14,847

Note : In March 2020, the state of Kansas began to experience the COVID-19 pandemic. During this time, the Governor released Executive Orders which delayed enforcement of expiration of licenses until the end of May 2021.

RAV Statistics for FY 2023

July 2022	
Received	11
Closed	9
Total # of Cases	102

January 2023	
Received	22
Closed	12
Total # of Cases	102

August 2022	
Received	26
Closed	30
Total # of Cases	98

February 2023	
Received	11
Closed	13
Total # of Cases	100

September 2022	
Received	10
Closed	8
Total # of Cases	100

March 2023	
Received	
Closed	
Total # of Cases	

October 2022	
Received	25
Closed	14
Total # of Cases	111

April 2023	
Received	
Closed	
Total # of Cases	

November 2022	
Received	7
Closed	7
Total # of Cases	111

May 2023	
Received	
Closed	
Total # of Cases	

December 2022	
Received	18
Closed	37
Total # of Cases	92

June 2022	
Received	
Closed	
Total # of Cases	

Cases Open by FY

FY 2017	0	FY 2018	3	FY 2019	0
FY 2020	1	FY 2021	4	FY 2022	13
FY 2023	79				

RAV Statistics for FY 2023

February 2022

Cases OPEN by License FY 2023

Profession	# Open	Percentage	Permanent Licenses	RAV/Licensees
LP	15	15.00%	1,010	0.0149
LMLP	3	3.00%	323	0.0093
LCP	1	1.00%	277	0.0036
LMFT	3	3.00%	320	0.0094
LCMFT	13	13.00%	783	0.0166
LPC	16	16.00%	1,014	0.0158
LCPC	8	8.00%	1,104	0.0072
LBSW/LASW	1	1.00%	1,284	0.0008
LMSW	16	16.00%	4,016	0.0040
LSCSW	15	15.00%	2,804	0.0053
LAC	5	5.00%	535	0.0093
LMAC	2	2.00%	415	0.0048
LCAC	0	0.00%	574	N/A
LBA/LaBa	0	0.00%	388	N/A
No License	2	2.00%	N/A	N/A
Total	100	100.00%	14,847	0.0067

Cases Received for FY 2023 by License

Profession	# Received	Percentage	Permanent Licenses	RAV/Licensees
LP	17	13.08%	1,010	0.0168
LMLP	9	6.92%	323	0.0279
LCP	8	6.15%	277	0.0289
LMFT	3	2.31%	320	0.0094
LCMFT	14	10.77%	783	0.0179
LPC	14	10.77%	1,014	0.0138
LCPC	6	4.62%	1,104	0.0054
LBSW/LASW	1	0.77%	1,284	0.0008
LMSW	19	14.62%	4,016	0.0047
LSCSW	17	13.08%	2,804	0.0061
LAC	6	4.62%	535	0.0112
LMAC	2	1.54%	415	0.0048
LCAC	1	0.77%	574	0.0017
LBA/LaBa	0	0.00%	388	N/A
No License	13	10.00%	N/A	N/A
Total	130	100.00%	14,847	0.0088

Advisory Committee Policy

Adopted by the Board on January 10, 2022

Purpose: A BSRB Advisory Committee, as a creation of the Board, has the purpose of supporting the Board in carrying out its mission to protect the public. Members serve at the pleasure of the Board. Actions pertaining to informing, licensing, and disciplining of those persons regulated by the Board are the methods for accomplishing the mission.

Process: An Advisory Committee fulfills its purpose by addressing issues referred to it by the Board through the Advisory Committee Chair or the Executive Director. A Committee may suggest issues it believes the Board should consider by referring those through the Chair of the Advisory Committee. When the latter occurs the Board has three courses of action from which to choose:

1. The Board can agree the issue needs to be addressed at the Board level.
2. The Board can agree the issue should be addressed and refer the matter to the appropriate person or committee for additional information, review, or analysis, which will then be brought back to the Board.
3. The Board can decide to not address the issue.

Structure of the Committee: Chairs of Advisory Committees will be members of the Board. If the profession is represented on the Board, the Chair of the Advisory Committee will be a Board member licensed in the discipline of the committee and appointed by the Governor to represent that discipline on the Board. Any other Board members appointed by the Governor to represent that discipline on the Board will serve as a member of that advisory committee. A public member of the Board will also be a member. There will be a minimum of three and a maximum of ten additional members appointed. The Executive Director will be a non-voting, ex officio member. The Assistant Director or Licensing Manager is encouraged to attend. **Legal counsel** ~~The Assistant Attorney General~~ representing the Board should attend meetings when their attendance is requested.

Terms for Advisory Committee members will be two years. They will be appointed by the Chair of the BSRB and can serve up to four terms. Appointments to the committee should be staggered to avoid having too many members of the Advisory Committee reach their maximum length of service at the same time. The policies and procedures under which the BSRB Board Members are expected to operate will apply also to the Advisory Committee Members. The Chair of the BSRB can remove members.

Selection: Members for the Committee may be nominated by anyone, including the public, committee members, members of a professional organization — either the discipline’s own or other’s — or through self-nomination. In reviewing nominations, the Committee should work to ensure that there is diverse representation including, but not limited to, geographic setting, gender, culture, and ethnicity. Members should provide representation of the levels of licensing for that discipline and those members should be selected from among public and private practitioners and educators. 1

The Committee as a whole discusses nominations and reaches recommendations on new members. The nominee's resume, a letter stating the reasons why he or she desires to be appointed, and a copy of the Board's mission and goals to which the nominee has indicated agreement, are reviewed. The Chair of the Committee will submit the Committee's recommendations for new members to the BSRB Board Chair. The Chair will review the recommendations and may request input before making a decision, which will be announced at a Board meeting.

After the appointment has been approved the Executive Director will inform the Advisory Committee appointee by letter or e-mail. The Executive Director may assist the new member by providing information, which will help orient the member to the Board's, and Advisory Committee's, role and function.

102-7-3. Educational requirements. (a) Each of the following terms, as used in this regulation, shall have the meaning specified in this subsection:

(1) “Core faculty member” means an individual who is part of the teaching staff of a program covered by this regulation and who meets the following conditions:

(A) Has education, training, and experience consistent with the individual’s role within the program and consistent with the published description of the goals, philosophy, and educational purpose of the program;

(B) has primary professional employment at the institution in which the program is housed; and

(C) is identified with the program and is centrally involved in program development, decision making, and student training as demonstrated by consistent inclusion of the individual’s name in public and departmental documents.

(2) “In residence,” when used to describe a student, means that the student is ~~present at the physical location of the institution or at any other location approved by the board for the purpose of completing coursework,~~ during which the student and one or more core faculty members, adjunct faculty members, or agency internship supervisors are in face-to-face contact either in person or by synchronous videoconferencing.

(3) “Related field” means a degree program in a helping profession and may include any of the following:

(A) Counseling;

(B) human development and family studies;

(C) marriage and family therapy;

(D) psychology;

(E) social work; or

(F) other degrees as approved by the board.

(4) “Primary professional employment” means at least 20 hours each week of instruction, research, or any other service to the institution in the course of employment, and related administrative work.

~~(4)~~ (5) “Skill-based coursework” means those courses that allow students to work on basic helping skills including open-ended questions, clarification, interpretation, response to feelings, and summarization.

(b) To qualify for licensure as an addiction counselor with a baccalaureate degree in addiction counseling or a baccalaureate degree in a related field that included all coursework requirements, the applicant shall hold at least a baccalaureate degree from a program that was accredited by the National Addiction Studies Accreditation Commission or hold one of the following:

(1) At least a baccalaureate degree in addiction counseling or a related field. When the degree was granted, the program met the standards approved by the board;

(2) at least a baccalaureate degree in addiction counseling or a related field, if the applicant began the program on or before May 1, 2011 and the baccalaureate degree ~~is~~ was conferred on or before June 1, 2012, from a program that was approved by the Kansas department of social and rehabilitation services, division of addiction and prevention services; or

(3) at least a baccalaureate degree in ~~addiction counseling or a related field, if the applicant began the program on or before June 30, 2012,~~ another course of study. As part of, or in addition to, the baccalaureate degree coursework, the applicant shall also complete ~~from a program that included~~ at least 30 semester hours, or the academic equivalent, in coursework on substance use disorders ~~and~~ that meets the coursework requirements in subsection (c).

(c) Each applicant for licensure as an addiction counselor shall ~~have~~ hold at least a baccalaureate degree from a program that was accredited by the National Addiction Studies Accreditation Commission or satisfactorily completed formal academic coursework that contributes to the development of a broad conceptual framework for addiction counseling theory and practice. This formal academic coursework shall be distributed across the substantive content areas specified in this subsection. For applicants who graduate on or after July 1, 2013, ~~two of the following courses shall be completed while the student is in residence: methods of individual counseling, methods of group counseling, practicum one, or practicum two~~ half of all skill-based coursework shall be completed while the

student is in residence, as defined in this regulation. ~~A maximum of three semester hours, or the academic equivalent, may be completed in independent study.~~ Except for the required courses in a practicum or its equivalent, there shall be at least three discrete and unduplicated semester hours, or the academic equivalent, in each of the following content areas:

(1) Introduction to addiction, which shall include the study of the nature of addiction and other substance use-related problems; models, theories, philosophies, principles, implications for medical and mental health conditions that coexist with addiction, and evidence-based strategies of addiction prevention, treatment, relapse prevention, continuing care, and recovery; and the impact of addiction on the individual, family, and society;

(2) methods of individual counseling, which shall include the study of culturally informed, ethical, evidence-based models and approaches to individual counseling; methods for establishing effective therapeutic relationships, developing realistic and achievable treatment goals, and assessing client ~~substance use~~ biopsychosocial needs, functioning, motivation, and progress; and strategies for crisis prevention and intervention;

(3) methods of group counseling, which shall include the study of culturally informed, ethical, evidence-based models and approaches to group counseling; group facilitation and counseling skills; and methods for establishing group goals and treatment outcomes;

(4) addiction pharmacology, which shall include the study of the nature of psychoactive chemicals; the behavioral, psychological, physiological, and social effects of psychoactive substance use; symptoms of intoxication, withdrawal, and toxicity; toxicity screen options, limitations, and legal implications; and the use of pharmacotherapy for treatment of addiction;

(5) co-occurring disorders, which shall include the study of the symptoms of mental health and other disorders prevalent in individuals with substance use disorders, screening and assessment tools used to detect and evaluate the presence and severity of co-occurring disorders, and evidence-based strategies for managing risks associated with treating individuals who have co-occurring disorders;

(6) addiction services coordination, which shall include the study of administrative, clinical, evaluative, and referral activities used to connect clients with treatment services and other community resources; navigation and coordination across multiple systems; and case management and advocacy skills used to assist clients in achieving their treatment and recovery goals;

(7) legal and ethical issues, which shall include the study of established codes of ethical conduct, standards of professional behavior and scope of practice; client rights, responsibilities, and informed consent; and confidentiality and other legal considerations in counseling;

(8) family and community studies, which shall include the study of family, social, and community systems; ~~the impact of addiction on the family and society~~; and the development of culturally informed skills utilized in the treatment and recovery process;

(9) at least six semester credit hours, or the academic equivalent, of practicum or its equivalent, which shall include the following:

(A) An experience that integrates didactic learning that is related to substance use disorders with face-to-face, direct counseling experience that includes intake and assessment, counseling, treatment planning, discharge planning, documentation, and case management activities;

(B) at least 400 clock-hours of practice; and

(C) at least one hour of supervision for every 10 hours of practice.

Supervision shall be provided by the educational program's faculty and agency staff, at least one of whom shall be licensed in the behavioral sciences; and

(10) for applicants who graduate on and after July 1, 2012, at least three discrete and unduplicated semester hours, or the academic equivalent, in the study of research, which shall include the study of basic research design and methodology; critical evaluation and interpretation of professional research reports; introduction to data collection, performance measurement, and outcome evaluation; and the application of research results in a treatment setting.

~~(d) To qualify for licensure as an addiction counselor with a baccalaureate degree in a related field with additional coursework in addiction counseling, the following requirements shall be met:~~

~~(1) The college or university at which the applicant completed a baccalaureate degree in a related field shall be regionally accredited with accreditation standards equivalent to those met by Kansas colleges and universities.~~

~~(2) The applicant shall meet the coursework requirements in subsection (c).~~

~~(3) The program through which the applicant obtained additional coursework in addiction counseling shall meet the standards approved by the board as specified in subsections (i) and (j).~~

~~(e) To qualify for licensure as an addiction counselor while holding a baccalaureate social work license in Kansas, the applicant shall complete the coursework specified in paragraphs (c)(1), (4), and (9).~~

~~(f)-(e) To qualify for licensure as a clinical master's addiction counselor or a clinical addiction counselor with a master's degree in addiction counseling or a master's degree in a related field that included all coursework requirements, the applicant shall hold at least a master's degree from a program that was accredited by the National Addiction Studies Accreditation Commission or the applicant shall hold one of the following:~~

(1) At least a master's degree in addiction counseling or a related field.

When the degree was granted, the program met the standards approved by the board; or

~~(2) a master's degree in addiction counseling or a related field, if the applicant began the program on or before May 1, 2011 and the master's degree is conferred on or before June 1, 2012 from a program that was approved by the Kansas department of social and rehabilitation services, division of addiction and prevention services; or~~

~~(3) at least a master's degree in another course of study addiction counseling or a related field. When the degree was granted, the program met the standards approved by the board. As part of, or in addition to, the master's degree coursework, the applicant shall also complete Part of the coursework completed for the master's degree shall be at least 30 graduate semester credit hours, or the academic equivalent, supporting the diagnosis and treatment of substance use disorders and shall meet the coursework requirements in subsection (g) (f).~~

~~(g) (f) Each applicant for licensure as a clinical master's addiction counselor or a clinical addiction counselor shall hold at least a masters degree from a program that was accredited by the National Addiction Studies Accreditation Commission or shall have satisfactorily completed formal academic coursework that contributes to the development of a broad conceptual framework for addiction counseling theory and practice.~~

This formal academic coursework shall be distributed across the substantive content areas specified in this subsection. For applicants who graduate on or after July 1, 2013, half of all skill-based coursework shall be completed while the student is in residence, as defined in this regulation. ~~A maximum of three graduate semester hours, or the academic equivalent, may be completed in independent study.~~ There shall be at least three discrete and unduplicated graduate semester hours, or the academic equivalent, in each of the following content areas:

(1) Addiction and recovery services, which shall include the study and critical analysis of philosophies and theories of addiction and scientifically supported models of prevention, intervention, treatment, and recovery for addiction and other substance-related problems;

(2) advanced methods of individual and group counseling, which shall include the study of practical skills related to evidence-based, culturally informed individual and group counseling techniques and strategies designed to facilitate therapeutic relationships and the educational and psychosocial development of clients as specifically related to their addiction;

(3) advanced pharmacology and substance use disorders, which shall include the study of the pharmacological properties and effects of psychoactive substances; physiological, behavioral, psychological, and social effects of psychoactive substances; drug interactions; medication-assisted

addiction treatment; and pharmacological issues related to co-occurring disorders treated with prescription psychotropic medications;

(4) integrative treatment of co-occurring disorders, which shall include the study of the relationship between addiction and co-occurring mental or physical disorders or other conditions and ~~evidenced-based~~ evidence-based models for the screening, assessment, and collaborative treatment of co-occurring disorders;

(5) assessment and diagnosis, which shall include the study of a comprehensive clinical assessment process that addresses age, gender, disability, and cultural issues; the signs, symptoms, and diagnostic criteria used to establish substance use-disorder diagnoses; and the relationship between diagnosis, treatment, and recovery;

(6) professional ethics and practice, which shall include the study of professional codes of ethics and ethical decision making; client privacy rights and confidentiality; legal responsibilities and liabilities of clinical supervision; and professional identity and development issues;

(7) applied research, which shall include the study of the purposes and techniques of behavioral sciences research, including qualitative and quantitative approaches, research methodology, data collection and analysis, electronic research skills, outcome evaluation, critical evaluation and interpretation of professional research reports, and practical applications of

~~research. A maximum of three semester hours, or the academic equivalent, may be completed in thesis or independent research courses;~~

(8) practicum or its equivalent, which shall meet the following requirements:

(A) Be a clinical experience that integrates didactic learning supporting the diagnosis and treatment of substance use disorders;

(B) include at least 300 hours of client contact; and

(C) provide at least one hour of supervision for every 10 hours of client contact. Supervision shall be provided by the program's faculty and agency supervisors, at least one of whom shall be licensed ~~at the clinical level by the board~~ or above the level of licensure being pursued; and

(9) six additional graduate semester hours of academic coursework that contributes to the development of advanced knowledge or skills in addiction counseling, supervision, or research.

~~(h) To qualify for licensure as a clinical addiction counselor with a master's degree in a related field with additional coursework in addiction counseling, the following requirements shall be met:~~

~~(1) The college or university at which the applicant completed a master's degree in a related field shall be regionally accredited with accreditation standards equivalent to those met by Kansas colleges and universities.~~

~~(2) The applicant shall meet the coursework requirements in subsection (g).~~

~~(3) The program through which the applicant obtained additional coursework in addiction counseling shall meet the standards approved by the board as specified in subsections (i) and (j).~~

(g) In order to be approved by the board, each program in another course of study that did not include addiction counseling coursework shall be regionally accredited, with accreditation standards equivalent to those met by Kansas colleges and universities.

~~(i)-(h) In order to be approved by the board, each addiction counseling program or related-field program, except the related-field degree listed in paragraphs (d)(1) and (h)(1), the program through which the applicant completed the required coursework in addiction counseling shall meet the following conditions:~~

(1) Have established program admission requirements that are based, in part or in full, on objective measures or standardized achievement tests and measures unless required for the degree in another course of study;

(2) offer education and training in addiction counseling, one goal of which is to prepare students for the practice of addiction counseling;

(3) require an established curriculum that encompasses at least one academic year of study for a baccalaureate degree or two academic years of study for a master's degree;

(4) have clear administrative authority and primary responsibility within the program for the core and specialty areas of training in addiction counseling;

(5) have an established, organized, and comprehensive sequence of study that is planned by administrators who are responsible for providing an integrated educational experience in addiction counseling;

(6) for a master's degree program, be coordinated or directed by an identifiable person who holds a graduate degree that was earned from a regionally accredited college or university upon that person's actual completion of a formal academic training program;

(7) have an identifiable, full-time core faculty member who holds an earned graduate degree in addiction counseling or a related field;

(8) have an established, identifiable body of students who are formally enrolled in the program with the goal of obtaining coursework for the concentration in the study of addiction counseling;

(9) require the student's major advisor to be a member of the program faculty;

(10) require each student to complete the institution's requirements for the number of credit hours that must be completed at that institution and to satisfactorily complete an addiction counseling practicum or its equivalent that

is provided by the program from which the student completes the concentration in the study of addiction counseling or a related field. The required practicum shall meet the following requirements:

(A) Accept as practicum students only applicants enrolled in the addiction counseling or related-field program;

(B) provide the majority of supervision by an individual who is licensed at ~~the clinical level~~ by the board at or above the level of licensure being pursued;

(C) exist as a distinct and organized program that is clearly recognizable within an institution or agency, as well as in pertinent public, official documents issued by the institution or agency, and that is clearly recognizable as a training program for addiction counselors;

(D) identify students as being in training and not as staff members; and

(E) be an integrated and formally organized training experience, not an after-the-fact tabulation of experience; and

(11) conduct an ongoing, objective review and evaluation of each student's learning and progress and report this evaluation in the official student transcripts.

~~(j)-(i)~~ In order to be approved by the board, each ~~addiction counseling program or related-field program~~, college or university through which the applicant completed the required coursework in addiction counseling ~~except the related-field degree listed in paragraphs (d)(1) and (h)(1)~~, shall meet the following requirements:

(1) Be regionally accredited, with accreditation standards equivalent to those met by Kansas colleges and universities;

(2) document in official publications, including course catalogs and announcements, the program description and standards and the admission requirements for the addiction counseling or related-field-education-and-training program or the program through which the applicant completed the required coursework in addiction counseling;

(3) (A) Identify and clearly describe in pertinent institutional catalogs the coursework, experiential, and other academic program requirements that must be satisfied before conferral of the degree; or

(B) identify and clearly describe in pertinent institutional catalogs the coursework, experiential, and other academic program requirements that must be satisfied before completion of the addiction counseling coursework as specified in subsection (c) or (f);

(4) clearly identify and specify in pertinent institutional catalogs the intent to educate and train addiction counselors or related-field professionals;

(5) have clearly established the addiction counselor or related-field education program as a coherent entity within the college or university that, when the applicant's degree was conferred or addiction counseling coursework was completed, met the program standards in subsection ~~(i)~~-(h);

(6) have conferred the degree upon the applicant's successful completion of an established and required formal program of studies; and

(7) have a library and equipment and resources available that are adequate for the size of the student body and the scope of the program offered.

~~(k)~~ (j) The following types of study shall not be substituted for or counted toward the coursework requirements of this regulation:

- (1) Academic coursework that has been audited rather than graded;
- (2) academic coursework for which the applicant received an incomplete or failing grade;
- (3) coursework that the board determines is not closely related to the field or practice of addiction counseling;
- (4) coursework or training provided by any college, university, institute, or training program that does not meet the requirements of subsections ~~(i)~~ (h) and ~~(j)~~ (i); and
- (5) any continuing education, in-service activity, or on-the-job training.

(Authorized by K.S.A. ~~2013 Supp.~~ 74-7507; implementing K.S.A. ~~2013~~ 2022 Supp. 65-6610; effective, T-102-7-1-11, July 1, 2011; effective, T-102-10-27-11, Oct. 27, 2011; effective Jan. 20, 2012; amended, T-102-7-16-13, July 16, 2013; amended Dec. 2, 2013; amended P- _____.)

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Agency 102
Behavioral Sciences Regulatory Board

Article 2.—Licensing of Social Workers

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102-2-12. Licensed specialist clinical social work licensure requirements. (a) In order for an applicant who earns a degree before July 1, 2003 to qualify for licensure as a licensed specialist clinical social worker, the applicant shall meet, as a part of or in addition to the educational requirements specified in K.S.A. 65-6306 and amendments thereto, the following educational requirements:

(1) Satisfactory completion of at least three graduate academic hours in a discrete academic course whose primary and explicit focus is upon psychopathology and the diagnosis and treatment of mental disorders classified in the diagnostic manuals commonly used as a part of accepted social work practice;

(2) satisfactory completion of a graduate-level, clinically oriented social work practicum that meets the following requirements:

(A) Is taken after completion of the graduate-level, clinically focused academic courses that are prerequisite to entering the clinical practicum;

(B) is an integrated, conceptually organized academic experience and is not an after-the-fact tabulation of clinical experience;

(C) occurs in a practice setting that, by its nature and function, clearly supports clinical social work practice and consistently provides opportunities for the supervised application of clinical social work practice knowledge, skills, values, and ethics; and

(D) provides training and close supervision in a wide range of clinical social work practice activities with a population of clients presenting a diverse set of problems and backgrounds.

(b) Each applicant for licensure as a specialist clinical social worker who earns a degree on or after July 1, 2003 shall meet the following requirements:

(1) Satisfactory completion of 15 graduate-level credit hours supporting diagnosis or treatment of mental disorders using the "diagnostic and statistical manual of mental disorders" adopted in K.A.R. 102-2-14. Three of the 15 credit hours shall consist of a discrete academic course whose primary and explicit focus is upon psychopathology and the diagnosis and treatment of mental disorders as classified in the "diagnostic and statistical manual of mental disorders." The 15 graduate-level credit hours shall be from a social work program accredited by the council on social work education or a social work program in substantial compliance as prescribed in K.A.R. 102-2-6 and approved by the board; and

(2) completion of a graduate-level, supervised clinical practicum of professional experience that includes psychotherapy and assessment. The practicum shall integrate diagnosis and treatment of mental disorders with use of the "diagnostic and statistical manual of mental disorders" adopted in K.A.R. 102-2-14.

(c) Each applicant for licensure as a specialist clinical social worker shall meet the following requirements:

(1) Develop and cosign with the supervisor a clinical supervision training plan for the postgraduate supervised clinical experience required by K.S.A. 65-6306 and amendments thereto, on forms provided by the board. The applicant shall submit this plan to the board for consideration for approval before beginning clinical supervision. The clinical supervision training plan shall comply with K.A.R. 102-2-8(d). If changes or amendments to the plan occur after initial board approval, these changes or amendments shall be submitted to the board for consideration for approval;

(2) complete, **in not less than two years and not more than six years**, at least 3,000 hours of satisfactorily evaluated postgraduate, supervised clinical social work practice experience under the supervision of a qualified licensed specialist clinical social worker. At least 1,500 hours of the applicant's total postgraduate, supervised clinical experience shall be direct client contact conducting psychotherapy and assessments with individuals, couples, families, or groups;

(3) complete all required practice under supervision in accordance with K.A.R. 102-2-8(d); and

(4) participate in at least one hour of clinical supervision for each 15 hours of direct client contact to total 100 hours of clinical supervision. At least 50 hours of supervision shall be individual supervision. Unless extenuating circumstances are approved by the board, all supervision shall be conducted face-to-face either in person or, if confidentiality is technologically protected, by synchronous videoconferencing. There shall be at least two separate clinical supervision sessions per month, at least one of which shall be individual supervision. The supervision shall integrate the diagnosis and treatment of mental disorders with the use of the "diagnostic and statistical manual of mental disorders" adopted in K.A.R. 102-2-14.

(d) At the time of the individual's application for licensure as a specialist clinical social worker, the applicant's supervisor shall submit documentation that is satisfactory to the board and enables the board to evaluate the nature, quality, and quantity of the applicant's supervised clinical social work experience. This documentation shall include the following information:

(1) A written summary of the types of clients and situations dealt with during the supervisory sessions;

(2) a written summary that addresses the degree to which the goals and objectives of supervision have been met;

(3) a written statement and supportive documentation that describes the applicant's practice setting and provides a summary of the applicant's practice activities and responsibilities that occurred while under supervision;

(4) a statement indicating whether or not the applicant merits the public trust; and

(5) an evaluation of the applicant's supervised clinical social work experience. (Authorized by K.S.A. 2021 Supp. 65-6306, as amended by 2022 SB 453, sec. 3, K.S.A. 65-6308, and K.S.A. 74-7507; implementing K.S.A. 2021 Supp. 65-6306, as amended by 2022 SB 453, sec. 3, and K.S.A. 65-6308; effective, T-85-36, Dec. 19, 1984; effective May 1, 1985; amended May 1, 1987; amended Feb. 25, 1991; amended

Oct. 24, 1997; amended Aug. 4, 2000; amended July 7, 2003; amended April 22, 2005; amended Feb. 13, 2009; amended Dec. 16, 2022.)

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102-2-8. Supervision. (a) Supervision of nonlicensed social work service providers who participate in the delivery of social work services.

- (1) Social work consultation shall not meet the supervision requirements for any nonlicensed social work service provider.
- (2) Each licensee supervising one or more nonlicensed individuals who participate in the delivery of social work services shall specifically delineate the duties of each nonlicensed individual and provide a level of supervision that is consistent with the training and ability of the nonlicensed social work service provider.
- (3) Each licensee supervising one or more nonlicensed persons who participate in the delivery of social work services shall develop a written agreement. The agreement shall consist of specific goals and objectives, the means to attain the goals, and the manner in which the goals relate to the overall objective for supervision of the nonlicensed social work service provider. The licensee shall maintain the following documentation associated with the written agreement:
 - (A) A copy of the written agreement signed by both the licensee and the nonlicensed person;
 - (B) a summary of the types of clients and situations dealt with at each supervisory session;
 - (C) a written explanation of the relationship of the goals and objectives of supervision to each supervisory session; and
 - (D) the length of time spent in each supervisory session.
- (4) The supervisor shall provide no fewer than four hours of supervision per month for each supervisee.
- (5) The supervisor shall not have a dual relationship with the supervisee.

(b) Supervision of nonlicensed student social work service providers.

- (1) Social work consultation shall not meet the supervision requirements for any nonlicensed student social work service provider.
- (2) Each licensee supervising one or more nonlicensed students in the delivery of social work services shall specifically delineate each student's duties and provide a level of supervision consistent with the training and ability of each student.
- (3) Each licensee supervising one or more nonlicensed students who participate in the delivery of social work services shall develop a written agreement for each student that is consistent with the requirements of the student's academic social work program.
- (4) The supervisor shall not have a dual relationship with the supervisee.

(c) Supervision of holders of temporary social work licenses.

- (1) Social work consultation shall not meet the supervision requirements for any holder of a temporary social work license.
- (2) Each licensee supervising one or more individuals who hold a temporary social work license shall specifically delineate the duties of each temporary license holder and provide a level of supervision consistent with the training and ability of each individual.
- (3) Each licensee supervising a temporary social work license holder and that individual shall develop a written agreement. This agreement shall consist of specific goals and objectives, the means to attain the goals, and the manner in which the goals relate to the overall objective for supervision of that person. The licensee shall maintain the following documentation associated with the written agreement:
 - (A) A copy of the written agreement signed by both the licensee and the temporary social work license holder;
 - (B) a summary of the types of clients and situations dealt with at each supervisory session;
 - (C) a written explanation of the relationship of the goals and objectives of supervision to each supervisory session; and
 - (D) the length of time spent in each supervisory session.
- (4) At least one hour of supervision shall be provided for each 40 hours of service delivery.
- (5) The supervisor shall not have a dual relationship with the supervisee.

(d) Supervision of persons engaged in private practice or persons seeking licensure as a specialist clinical social worker.

- (1) A licensed specialist clinical social worker shall supervise the practice or delivery of social work services by the following persons:
 - (A) Any licensee who is attaining the two years of supervised experience required for licensure as a specialist clinical social worker; and
 - (B) any licensee who is not a licensed specialist clinical social worker and who is engaged in private clinical practice.
- (2) Any person attaining the supervised experience required for licensure as a specialist clinical social worker may be supervised by a social worker who is licensed as a clinical social worker authorized to engage in the private, independent practice of social work in another state and who is otherwise qualified.
- (3) To qualify as a supervisor, a licensed specialist clinical social worker shall meet these requirements:
 - (A) Have practiced as a specialist clinical social worker, in a position that included assessment, diagnoses, and psychotherapy, for two years beyond the date of clinical licensure. This requirement shall apply to each individual commencing a new supervisory relationship on or after April 15, 2009;

- (B) have, in full or in part, professional responsibility for the supervisee's practice of social work or delivery of social work services;
 - (C) not have a dual relationship with the supervisee;
 - (D) not be under sanction from a disciplinary proceeding, unless this prohibition is waived by the board for good cause shown by the proposed supervisor;
 - (E) have knowledge of and experience with the supervisee's client population;
 - (F) have knowledge of and experience with the methods of practice that the supervisee employs;
 - (G) have an understanding of the organization and administrative policies and procedures of the supervisee's practice setting; and
 - (H) be a member of the staff for that practice setting or meet the requirements of paragraph (d)(4).
- (4) If a qualified supervisor is not available from among staff in the supervisee's practice setting, the supervisee may secure an otherwise qualified supervisor outside of the practice setting if all of the following conditions are met:
- (A) The supervisor has a complete understanding of the practice setting's mission, policy, and procedures.
 - (B) The extent of the supervisor's responsibility for the supervisee is clearly defined with respect to client cases to be supervised, the supervisor's role in personnel evaluation within the practice setting, and other aspects of the clinical supervision training plan.
 - (C) The responsibility for payment for supervision is clearly defined.
 - (D) If the supervisee pays the supervisor directly for the supervision, the supervisor maintains responsibility to the client and to the practice setting.
 - (E) The parameters of client confidentiality are clearly defined and agreed to by the client.
- (5) Each social work practice supervisor shall perform these duties:
- (A) Meet according to K.A.R. 102-2-12(c)(4) with the supervisee for clinical supervision throughout the postgraduate supervised professional experience for at least one hour of clinical supervision for every 15 hours of direct client contact;
 - (B) meet with not more than six supervisees at a time in the supervisory meetings;
 - (C) provide oversight, guidance, and direction of the supervisee's practice of social work or delivery of social work services by assessing and evaluating the supervisee's performance;
 - (D) conduct supervision as a process distinct from personal therapy, didactic instruction, or social work consultation;
 - (E) ensure that the scope of the supervisor's own responsibility and authority in the practice setting has been clearly defined;
 - (F) provide documentation of supervisory qualifications to the supervisee;
 - (G) periodically evaluate the supervisee's role, use of a theoretical base, and use of social work principles;
 - (H) provide supervision in accordance with the written clinical supervision training plan;
 - (I) maintain documentation of supervision;
 - (J) provide the documentation required by the board upon a supervisee's application for licensure in sufficient detail to enable the board to evaluate the extent and quality of the supervisee's supervised experience;
 - (K) provide a level of supervision that is consistent with the education, training, experience, and ability of the supervisee; and
 - (L) ensure that each client knows that the supervisee is practicing social work or participating in the delivery of social work services under supervision.
- (6) Each supervisor and supervisee shall develop and cosign a written clinical supervision training plan at the beginning of the supervisory relationship. The supervisee shall submit an official position description and the training plan to the board and shall receive board approval of the plan before any supervised professional experience hours for clinical licensure can begin to accrue. This plan shall clearly define and delineate the following items:
- (A) The supervisory context, which shall include the purpose of supervision;
 - (B) a summary of the types of clients with whom and the situations in which the supervisee will typically work, as evidenced by the supervisee's official position description;
 - (C) a plan that describes the supervision goals and objectives, the means to attain and evaluate progress towards the goals, and the manner in which the goals relate to the overall objective of supervision;
 - (D) the format and schedule for supervision;
 - (E) the supervisor's responsibilities;
 - (F) the supervisee's responsibilities;

- (G) the plans for both the supervisee's and the supervisor's documentation of the date, length, method, content, and format of each supervisory meeting and the supervisee's progress toward the learning goals;
- (H) the plans for documenting the 3,000 hours of postgraduate supervised clinical social work experience, which shall include specifically documenting the 1,500 hours of direct client contact providing psychotherapy and assessment;
- (I) the plan for notifying clients of the following information:
- (i) The fact that the supervisee is practicing social work or participating in the delivery of social work services under supervision;
 - (ii) the limits of client confidentiality within the supervisory process; and
 - (iii) the name, address, and telephone number of the supervisor or other person with administrative authority over the supervisee;
- (J) a plan to address and remedy circumstances in which there is a conflict between the supervisor and the supervisee;
- (K) the date on which the supervisor and supervisee entered into the clinical supervision training plan, the time frame that the plan is intended to encompass, and the process for termination of the supervisory relationship by either party;
- (L) the steps for amending or renegotiating the clinical supervision training plan, if warranted, including submitting written notification of these changes to the board office as specified in paragraph (d)(7); and
- (M) a statement identifying the person who is responsible for payment, the terms of payment, and the mutual obligations and rights of each party with respect to compensation, if there is any compensation for supervisory services.

(7) All changes to the clinical supervision training plan shall be submitted by the supervisee to the board for its approval. The changes shall be submitted no more than 45 days after the date on which the changes took effect. If the supervisee fails to submit the changes to the board within that 45-day period, no supervised hours of practice shall be accrued or credited for any practice, beginning on the date the changes took effect through the date on which the changes to the plan are approved by the board. (Authorized by K.S.A. 74-7507; implementing K.S.A. 65-6303, K.S.A. 2021 Supp. 65-6306, as amended by 2022 SB 453, sec. 3, K.S.A. 65-6308, K.S.A. 2021 Supp. 65-6309, and K.S.A. 74-7507; effective, T-85-36, Dec. 19, 1984; effective May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended Feb. 25, 1991; amended Oct. 24, 1997; amended Aug. 4, 2000; amended Aug. 13, 2004; amended April 22, 2005; amended Feb. 13, 2009; amended Dec. 16, 2022.)

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