

**BEHAVIORAL SCIENCES REGULATORY BOARD
BOARD MEETING AGENDA
MARCH 14, 2022**

Due to the COVID-19 pandemic, the Board office is practicing social distancing. The office space does not allow for a meeting while practicing social distancing, therefore, the meeting will be conducted virtually on the Zoom platform.

You may view the meeting here:

https://youtu.be/jm_7EzIDyTw

To join the meeting by conference call: 877-278-8686

The pin: 327072

If there are any technical issues during the meeting, you may call the Board office at, 785-296-3240.

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 14, 2022, 10:00 A.M.

- I. Call to Order and Roll Call**
- II. Agenda Approval**
- III. Minutes Approval for Previous Board Meetings: January 10, 2022, and February 17, 2022**
- IV. Executive Director's Report**
- V. Staff Reports**
- VI. Complaint Review Committee Report**
- VII. 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

VIII. Old Business

- a. Discussion on Types of Licensees Needed for Pre-Approved Continuing Education Providers

IX. Executive Session - Format for Executive Director Annual Evaluation

X. New Business

- a. Terms for Behavior Analyst Advisory Committee Members
- b. Board-Approved Trainings for Clinical Supervisors
- c. Executive Director Serving on Committees
- d. Board Meeting Format

XI. Preview of Topics for Next Board Meeting

- a. Discussion of Impaired Provider Programs
- b. Approach to Telehealth Standards
- c. Delegation of Statutory Duties

XII. Adjournment

**BEHAVIORAL SCIENCES REGULATORY BOARD
BOARD MEETING DRAFT MINUTES
JANUARY 10, 2022**

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

Board Members. Board Members present by Zoom: Leslie Sewester, David Anderson, Donna Hoener-Queal, Mary Jones, Jacqueline Lightcap, Johnna Norton, Bruce Nystrom, Andrea Perdomo-Morales, Ric Steele, Deb Stidham, and Carolyn Szafran.

Staff. BSRB Staff present by Zoom: David Fye, Leslie Allen, and Cindy D'Ercole. Assistant Attorney General Laine Barnard was present by Zoom.

Guests. Grace Meikenhous and David Irwin

- II. Agenda Approval.** Deb Stidham moved to approve the agenda as written. Mary Jones seconded. The motion passed.
- III. Minutes Approval:** Carol Szafran moved to approve the minutes from the Board meeting on September 13, 2021, with a revision to note the next meeting date for the Social Work Advisory Committee Meeting would be October 19, 2021. Deb Stidham seconded. The motion passed. Deb Stidham moved to approve the minutes from the September 27, 2021, Board meeting. Mary Jones seconded the motion. The motion passed. Donna Hoener-Queal moved to approve the minutes from the Board meeting on October 25, 2021. Mary Jones seconded. The motion passed.
- IV. Executive Director's Report.** David Fye, Executive Director for the BSRB, reported on the following topics:

A. BSRB Staff. The Governor directed most state agencies to have staff return to working in state offices full-time, unless the agencies were utilizing an approved telework plan. As of January 3, 2022, all licensing staff is back in the office full-time. In June 2021, the BSRB developed a telework plan that was approved by the Department of Administration. The agency is utilizing an approved telework plan for the two BSRB investigators, allowing them to work remotely two days each week. The

open administrative assistant position has been filled since the end of December.

B. BSRB YouTube Channel. Currently, the BSRB has streamed or uploaded 42 videos of Board and Advisory Committee meetings that have been viewed 917 times.

C. Revenue and Expenditures. The budget was submitted in the fall on September 15, 2021. The revised budget matches the same amounts approved by the 2021 Legislature, with internal adjustments attributable to savings related to the pandemic and increased costs for certain services.

D. 2022 Legislative Session. The Governor's State of the State address will be on January 11, 2022. It is anticipated there will be no modifications to the budget of the BSRB. The Executive Director will be tracking bills that relate to mental health professionals and the Board. Legislation is being requested by the BSRB to include three recommendations by the Board: (1) allowing Master's level practitioners to test for Licensed Addiction Counselor licenses; (2) adding clean up language to correct the unintended consequences of an amendment added to 2021 House Bill 2208 that limited the types of practicums for applicants seeking a clinical level social work license, and (3) a new requirement adding 3 continuing education hours in Diversity, Equity, and Inclusion (DEI) for Licensed Psychologists each license renewal period.

E. PSYPACT. On January 1, 2022, Kansas officially became a member-state in a multi-state compact for Licensed Psychologists titled PSYPACT. Information has been posted to the BSRB site concerning the way licensees may apply to practice under PSYPACT, general information on the compact, and a link to all licensees practicing under PSYPACT. BSRB will be working with PSYPACT for verification of licensure and disciplinary matters.

F. Updates on Special Meetings. The 2021 Legislature passed legislation creating the Kansas Fights Addiction Review Board (KFARB) and the Kansas Fights Addiction Grant Fund for share of the proceeds of federal legislation concerning opioids. The KFARB is organized under the Attorney General's office. The Executive Director has been in contact with that office, but no meetings have been scheduled. The Executive Director will continue to track this. The Overdose Fatality Review Board was

proposed in legislation during the 2021 Legislative session, but the legislation did not pass. The Kansas Department of Health and Environment (KDHE) received a grant from the Centers for Disease Control and Prevention (CDC), and KDHE has used part of this funding to commence meetings of this Board. The Executive Director and Bruce Nystrom attended an organizational meeting in 2022, at which time the group indicated it would renew efforts for a bill to pass during the 2022 Legislative session. The Executive Director was invited to speak at a Federation Association of Regulatory Boards (FARB) conference at the end of January 2022 on the topic of “Protecting the Public through Creative Access to Information.”

- V. Staff Report.** The Executive Director highlighted two tables created by the BSRB, each table showing the number of permanent licenses under the BSRB from January 2018 to current. One table reflects total permanent licenses grouped by profession while the other table shows the number of permanent licenses by license type.
- VI. Request for Adjustments to Terms of Finalized Order.** The Executive Director reported the BSRB received a request for adjustments to the terms of a finalized order previously entered by the Board on Grace Meikenhous. Ms. Meikenhous previously submitted a letter with requests for adjustments, which had been distributed to the members of the Board for review. At the Board meeting, Ms. Meikenhous clarified the requests in her letter and made other requests for the Board to consider. David Irwin, the supervisor for Ms. Meikenhous, provided additional information to the Board. Board members and Laine Barnard, legal counsel for the Board from the Attorney General’s office, asked questions of Ms. Meikenhous and Mr. Irwin.

Executive Session. David Anderson, Vice-Chair for the Board, moved the following: *“pursuant to K.S.A. 75-4319, the Board recess into executive session for 20 minutes and reconvene the open meeting at 11:06 a.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.ks.gov. The justification is consultation that would be deemed privileged in the attorney-client relationship with the Board’s legal counsel, Assistant Attorneys General Laine Barnard and Jane Weiler. The subject to be discussed in the executive session concerns request for reconsideration.*

Board staff who are included as the client in the executive session are David Fye and Leslie Allen.” Mary Jones seconded the motion. The motion passed.

Request for Adjustments to Terms of Finalized Order – Continued. Upon conclusion of the executive session, the Board reopened the meeting. Upon reopening the meeting, Mary Jones moved to grant permission for Ms. Meikenhous’ sixth request, which was phrased as follows:

“Allow me to be a contract employee in a "private practice": I am still required to be under close supervision with my LMFT even if I am in this type of setting - they are often private pay, and therefore I would not run into this credentialing issue. What if Eric Parks agreed to hire me on as a contract employee, or I worked in a practice where my clinical supervisor was also located?”

Carolyn Szafran seconded the motion. The motion passed. Mary Jones moved to deny the remainder of the requests for adjustments to the terms of the final order. Ric Steele seconded the motion. The motion passed.

VII. New Business

A. Behavior Analysis Advisory Committee Recommendations for New Members. The Behavior Analyst Advisory Committee recommended Allison Bell, Emily Kessler, Christine Marie Stiehl, and Alice Zhang be appointed to the Behavior Analysis Committee. The Board Chair appointed these members to the Advisory Committee.

B. Social Work Advisory Committee Recommendations for New Members. The Social Work Advisory Committee recommended Sarah Berens, Mary Gill, Catherine Rech, Eric Schoenecker be appointed to the Social Work Advisory Committee. The Board Chair appointed these members to the Advisory Committee.

C. Executive Director Evaluation. The Executive Director noted the Expectations of Board Members policy (and previously the Board Governance Policy) calls for the Board to conduct an annual review of the Executive Director’s performance, however the policy did not specify how this review should be conducted. The Executive Director noted that personnel matters may be conducted in executive session, so if the Board

chooses to do so, it could enter into an executive session for the purposes of discussion this item. The Chair of the Board noted that the Board has some flexibility in this area, ranging from a formal process to an informal process. The Executive Director noted he was unaware if a standard process was used by other Boards for the performance review of their Executive Directors. The Chair highlighted a document which had been used by the Board in the past, which provided a rough outline of criteria to be evaluated.

Executive Session. Carolyn Szafran moved the following: *“pursuant to K.S.A. 75-4319, the Board recess into executive session for 15 minutes and reconvene the open meeting at 11:38 a.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.ks.gov. The justification for closure is to discuss personnel matters of non-elected personnel. The Board’s legal counsel, Assistant Attorneys General Laine Barnard, will be included in the executive session. The subject to be discussed in the executive session is personnel evaluation. Board staff who are included in the executive session is Leslie Allen.”* Deb Stidham seconded the motion. The motion passed.

Executive Director Evaluation Continued. Upon conclusion of the executive session, the Board took no formal action involving an Executive Director evaluation.

D. 2022 Board Member/Advisory Committee Member Training. The Executive Director noted that last spring, training for Board members and Advisory Committee members was held at each Advisory Committee meeting by legal counsel for the Board. The Executive Director asked for the Board’s input on whether a similar method should be used for training in 2022. Board members expressed comments in favor of training being conducted at Advisory Committee meetings, but requested an abbreviated training highlighting matters relevant to Board members and Advisory Committee members. Board members also requested highlights from the new Expectations of Board Members policy and other new policies.

E. Board Consideration of Bills During 2022 Legislative Session. The Executive Director noted he will be tracking bills that relate to mental

health topics, bills affecting the BSRB, and bills affecting regulatory boards. The Executive Director noted that sometimes bills are introduced and scheduled for hearings with little time for the Board to meet to take positions on those bills. The Executive Director asked the Board if they would like to use the method utilized last year or use a different process. Board members requested to use the same method as the previous year and noted that communication last year was excellent.

F. Clarification of Possible Interaction Between House Bill 2066 and Provisional Licenses. The Executive Director summarized that 2021 HB 2066 expedited the processing time for certain reciprocity applications for military members, military spouses, and other select individuals. The bill also provided a different path for reciprocity, reducing the length of practice experience in another jurisdiction down to one year, if other requirements were met. Under the agency's provisional license requirements, individuals could obtain a provisional license in certain situations when those applicants were within one year of meeting the requirements for licensure. The agency sought clarification whether these two policies should operate separately or if they should overlap. Legal counsel for the Board and Board members clarified that these two policies are separate tracks for licensure and should not be used in combination.

G. Types of Licensees Needed for Pre-Approved Continuing Education Providers. The Executive Director stated the BSRB is able to pre-approve continuing education providers, so long as a social worker is connected to the program. The Board discussed whether to allow other professions to serve in that role instead requiring participation by a social worker. Board members expressed support for changing the regulation to allow all professions to serve in the required licensee role. Staff for the BSRB will draft language to be reviewed by the Board at the next Board meeting.

H. Review Draft Guidance Document for Public Attendees of Meetings. The Executive Director noted the agency has received an increase in questions and an increase in individuals wishing to attend meetings to provide public comment, so creation of a document was necessary to clarify the role of the Board, Advisory Committees, and the BSRB for public attendees of meetings. The Executive Director drafted a guidance document which provides guidelines for public attendees at meetings; explains how public comment will operate at Board and Advisory Committee meetings; and clarifies what topics are relevant for public

comment at these meetings. The guidance document also clarifies the BSRB values receipt of other information, such as complaints against practitioners, but to ensure the agency is operating fairly and consistently in its investigative process towards both members of the public and licensees, that type of information must be received and processed using the Report of Alleged Violations (RAV) forms on the BSRB website, rather than by being aired in a public forum. Board members requested small changes to the document, then the Board adopted the Guidance Document by consensus and directed the document to be posted to the BSRB website.

VIII. Old Business

A. Review Expectations for Board Members Policy and Advisory Committee Policy. The Executive Director noted the previous Board Governance Policy has now been split into two new documents: (1) an Expectations for Board Members Policy and (2) an Advisory Committee Policy. The Executive Director provided a summary of the changes to the language in both documents. The Executive Director noted current language states Advisory Committee Chairs will be Board members appointed by the Governor to represent that profession on the Board, however the Behavior Analyst profession is not listed in statute as having an appointee on the Board. The Board recommended adding language that Advisory Committee Chairs will be members of the Board and if a 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. The Board approved both documents and authorized the documents to be uploaded to the BSRB website.

B. Continued Discussion on "In Residence" Educational Requirements. The Assistant Director noted the current regulatory language for the Marriage and Family Therapy profession requires that for any program, half of all coursework must be completed "in residence," physically at the location of the educational institution. However, the Marriage and Family Therapy Advisory Committee recommended changing the existing regulatory language to allow accredited programs by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) not to be required to meet the residency requirement. This would bring this profession in line with the requirements for the Professional

Counselor profession. The BSRB would need non-COAMFTE accredited programs to continue to have half of their coursework completed in residence. The Assistant Director noted that she would review this language with the Regulations Editor for the Office of Chief Counsel for the Department of Administration.

IX. Complaint Review Committee Report. Bruce Nystrom, Chair of the Complaint Review Committee (CRC), reported that the complexity of cases has increased and he complimented the BSRB investigators for their work summarizing cases for the CRC. Cindy D’Ercole, Lead Investigator for the BSRB, reported that the agency has recently seen an increase in complaints / Report of Alleged Violations (RAVs) against licensees, following an unusual decrease in RAVs during the first year of the pandemic in FY 2021. It was noted that some of the reason for the increase in RAVs may be due to the license renewal process being reinstated for all licensees, following the expiration of the Governor’s Executive Orders that delayed enforcement of expiration of licenses during the first year of the pandemic. Board members noted it would be helpful to identify the most common areas where violations have occurred. The Executive Director noted the RAV tracking process traditionally used by the agency includes linking each RAV to the primary license held by the licensee, to avoid double counting of RAVs by practitioners who hold more than one license. However, the Executive Director noted he has been working on a separate list so that Board member can see how many RAVs were received against each separate license type, which will be available for Board members to review at the next Board meeting.

X. Professions Reports

A. Licensed Psychology Advisory Committee. No news to report.

B. Social Work Advisory Committee. Carolyn Szafran, Co-Chair for the Social Work Advisory Committee, reported the Advisory Committee met on October 19, 2021, and November 3, 2021, and reviewed 30 applicants who has requested consideration to be added to the Advisory Committee. The Advisory Committee also discussed whether to recommend requiring continuing education hours in diversity, equity, and inclusion. The next meeting of the Advisory Committee is on February 15, 2022.

C. Professional Counselor Advisory Committee. No news to report.

D. Masters Level Psychology Advisory Committee. David Anderson, Chair of the Master's Level Advisory Committee, reported the Advisory Committee met on November 4, 2021, and recommended adding three new members to the Advisory Committee. The Advisory Committee discussed whether to recommend a continuing education requirement for hours in diversity, equity, and inclusion; whether a change was needed for the in-residence educational requirements for the profession; and whether a change should be recommended to allow licensees with more than one license to sync their expiration dates. The Advisory Committee recommended allowing licensees the ability to request the expiration dates by synced as an optional change that could be requested. The next meeting is February 10, 2022.

E. Marriage and Family Therapy Advisory Committee. No news to report.

F. Addiction Counselor Advisory Committee. Deb Stidham, Chair of the Addiction Counselor Advisory Committee reported the Advisory Committee met on December 17, 2021, to welcome new Advisory Committee members. New Advisory Committee members received some basic information on the Kansas Open Meeting Act and received general guidelines for new Advisory Committee members, as well as updates from the BSRB. The next meeting for the Advisory Committee is March 18, 2022.

G. Behavior Analyst Advisory Committee. Bruce Nystrom, Chair of the Behavior Analyst Advisory Committee, reported the Advisory Committee met on October 27, 2021, to recommend new members to be added to the Advisory Committee. The Advisory Committee recommended that a member be added to the Board to represent the Behavior Analyst profession on the Board. The Executive Director noted that membership on the Board is specified in statute, which states that there are 8 professional members on the Board and 4 public members. Of the 8 professional members, the statutes outline specific other professions to be represented on the Board, but does not state a Behavior Analyst is to hold a Board seat. Therefore, for a Behavior Analyst to be added to the Board, the BSRB statutes would need to be changed, which would require a bill to be passed by the Legislature for this change to be put into law. Board members discussed that the Behavior Analyst profession makes up the

smallest number of practitioners under the BSRB and so long as a Board member serves as the Chair of that Advisory Committee and reports recommendations back to the Board, there could be representation to that group of practitioners without changing law. Board members asked whether a significant number of Behavior Analysts hold other licenses under the BSRB. Board members asked the Executive Director to research the number of Behavior Analysts who hold another license under this BSRB and to provide this information at the next full meeting of the Board.

- XI. Adjournment.** Bruce Nystrom moved to adjourn the meeting. Deb Stidham seconded the motion. The motion passed.

**BEHAVIORAL SCIENCES REGULATORY BOARD
BOARD MEETING DRAFT MINUTES
FEBRUARY 17, 2022**

- I. Call to Order and Roll Call.** The meeting was called to order by Chair Leslie Sewester at 8:00 a.m.

Board Members. Board Members present by Zoom: Donna Hoener-Queal, Mary Jones, Jacqueline Lightcap, Johnna Norton, Bruce Nystrom, Leslie Sewester, Laura Shaughnessy, Ric Steele, Deb Stidham, and Carolyn Szafran.

Staff. BSRB Staff David Fye and Leslie Allen were present by Zoom. Assistant Attorney General Jane Weiler was present by Zoom.

Guests. None.

- II. Agenda Approval.** The agenda was approved as written.

- III. Review of Legislation Relating to BSRB.** David Fye, Executive Director for the Behavioral Sciences Regulatory Board, noted that he requested the Board meeting to inform the Board about legislation having an impact on the BSRB and to allow the Board the opportunity to ask questions and to request introduction of testimony or amendments. The Executive Director provided an overview of the following bills:

- A. SB 497.** The Executive Director stated SB 497 was introduced in the Senate Judiciary Committee and the original requestor was Bill Roe, Senior Advisor from the Attorney General's office. Among other provisions, the bill would require the Attorney General's office to develop human trafficking prevention training and this training would be required on an annual basis for several groups of employees and licensees in Kansas, including all licensees under the BSRB. It was noted that the bill included outdated terminology "all registered alcohol and drug abuse counselors," rather than referencing addiction counselors licensed by the BSRB. Members of the Board expressed concern about who would monitor and enforce the training

requirement, whether one hour would be enough time for adequate training on this topic, and the price for this training. Board members also noted that requiring this additional training in a statute outside of the BSRB statutes would create a fragmented system of requirements for practitioners and would make it difficult for licensees to identify all requirements. It was noted the agency received no notice and was not contacted about this proposed requirement of yearly training for the over 13,000 licensees under the agency and Board members noted that a voluntary training would be more effective at serving a helpful purpose. As SB 497 has already received a hearing, the Board requested an amendment be pursued to remove BSRB licensees from the bill for the concerns referenced. If the bill moves forward including BSRB licensees, outdated references to certain licensees should be corrected. If the bill is passed out of Committee and licensees for the BSRB continue to be included in the bill, the Board requests the Executive Director submit testimony at future House Committee hearings on this bill, raising the concerns noted by the Board.

B. HB 2672. The Executive Director stated HB 2672 was introduced by Representative Bill Rhiley and would create the Open Borders for Kansas Jobs Act. The bill would change reciprocity statutes for several occupational professions, but the social work profession was the only profession under the BSRB included in the bill. For the social work profession, the bill would remove the BSRB's discretionary authority in reviewing applicants, as the bill mandates the Board issue a license to Social Work applicants who hold a certificate or license to practice in a jurisdiction with substantially equivalent requirements for obtaining that certificate or license. The bill strikes a current statutory requirement that applicants must have an absence of serious disciplinary actions and strikes existing requirements for bachelor level and master's level applicants to have practiced in that jurisdiction for 48 of the last 54 months prior to applying for licensure. Additionally, the bill removes the current requirement for bachelor level social workers to have completed a baccalaureate degree in social work from a regionally accredited university; for master's level social workers to have completed a master's degree in social work from a regionally accredited university; and for clinical social workers to have met the

requirements for the master's level social work license and the requirement to demonstrate competence to diagnose and treat mental disorders. Board members expressed concerns about the ability for the Board to fulfil the public protection of the agency if these changes were made to the social work reciprocity statutes. The Board requests the Executive Director submit testimony opposing these changes for the social work profession, if the bill is scheduled for a hearing in a House Committee.

C. HB 2552. The Executive Director stated HB 2552 creates new Kansas Tele-Health Advisory Committee for establishing standards for telemedicine, outlines membership for the Committee and duties, and changes regulations regarding distant sites or private locations. The bill does not include a representative from the BSRB as part of the Committee. The Board requests the Executive Director offer testimony if the bill receives a hearing and the Board requests the Executive Director request an amendment to add at least one member representing the BSRB on the Committee.

D. Substitute for SB 34. The Executive Director noted the original version of SB 34 would have set a 5-year sunset on all existing regulations for state agencies and would have required any new regulations to sunset 5 years after being introduced. The bill would have required agencies to put regulatory language into statutes if they wished the provisions to continue after the 5-year sunset. This bill received a hearing last year by the Senate Committee on Federal and State Affairs, but the bill was not worked by the Committee or voted out of the Committee. Unexpectedly, earlier this week, the Committee worked the bill and changed it so substantially that it is now a substitute bill. After making changes, the Senate Committee voted the bill favorably for passage as a substitute bill. The Executive Director noted the new version of the bill would require each state agency to submit a report to the Joint Committee on Administrative Rules and Regulations on a schedule defined in the bill. Agencies would need to include in the report an analysis of each regulation, noting if the regulation was necessary to implement law or if the regulation should be revoked. Jane Weiler, Assistant Attorney General, noted that this bill is linked to an

effort to add a constitutional amendment to the ballot on the topic or regulations. Members of the Board noted concerns, including that time spent by the agency to create this report would take away from time dedicated to the public protection mission of the Board. Additionally, it was noted the bill included outdated terminology, including a reference to the Board of Psychology, which has not existed since the 1980's. Board members noted the intent behind this regulation may have good motivation, as some state agencies have not reviewed their regulations in a long time and do need to be reviewed. However, some of the reason that older regulations are not reviewed and updated is because new regulatory language is needed every year due to new laws being passed. The Executive Director noted the next step in the legislative process would be to see if the bill is worked on the Senate floor. If the bill is passed by the Senate, it would be assigned to a House Committee. If that occurs, the Board requests that testimony be submitted on behalf of the BSRB, requesting the agency to be exempt from the bill, as the BSRB is already reviewing and updating its regulations.

- IV. Adjournment.** Deb Stidham moved to adjourn the meeting. Carolyn Szafran seconded the motion. The motion passed.

Executive Director's Report

Agency Update

- Update on BSRB YouTube Channel
- Governor's Direction on State Offices and In-Person Meetings
- Staff Development
- Update on Revenues and Expenditures
- Advisory Committee Updates
- Update on Behavior Analyst Advisory Committee Request to Add Member to Board
- Results of Social Work Survey
- BSRB Investigation Policy
- Update on Expert Review Process for License Applications
- Strengthening People and Revitalizing Kansas (SPARK) SPARK Taskforce Funding Request for Conversion of Paper Records to Digital Records
- Update on Transfer of Secure Information to Board Members

Legislative Updates

- Update on BSRB Budget Approval by House and Senate
- SB 387
- HB 2734

Other Updates

- Update on PSYPACT
- Update on the Kansas Fights Addiction Grant Review Board
- Update on the Overdose Fatality Review Board
- Virtual Training for New Board Members by ASWB on June 2 and 3, 2022
- Strengthening People and Revitalizing Kansas (SPARK) Taskforce Funding Request

Advisory Committees / Other Meetings Facilitated

- January 14 – BSRB Staff Meeting
- January 24 – License Hearing
- January 25 – Licensure Application Review Meeting Under the Kansas Administrative Procedure Act (KAPA)
- February 7 – Professional Counselor Advisory Committee
- February 8 – Licensed Psychology Advisory Committee
- February 9 – Behavior Analyst Advisory Committee
- February 10 – Master's Level Psychology Advisory Committee Meeting
- February 11 – Marriage and Family Therapy Advisory Committee Meeting
- February 14 – Complaint Review Committee Meeting
- February 15 – Social Work Advisory Committee Meeting
- February 17 – Brief Board Meeting to Discuss Pending Legislation
- February 22 - Licensure Application Review Meeting Under KAPA

- February 28 – BSRB Staff Meeting

Presentations to Students

- February 22 – Presentation to K-State-Salina Social Work Students on the Importance of Policies at the Art of Policies Conference
- March 1 – Presentation to Mid-American Nazarene Professional Counseling Students
- March 2 – Presentation to KU Counseling Psychology Students
- March 4 – Presentation to Washburn University Social Work Students

Legislative Meetings

- January 19 – House Higher Education Budget Committee, Presentation on Performance Measures
- January 25 - Senate Public Health and Welfare Committee, Requesting Introduction of SB 387
- January 31 – House Higher Education Budget Committee, Budget Presentation
- February 1 – House Higher Education Budget Committee, Budget Recommendations
- February 7 – House Appropriations Committee, Budget Report Out
- February 9 – Senate Public Health and Welfare Committee, Hearing on SB 387
- February 9 – Senate Committee on Transparency and Ethics, Budget Hearing
- February 11 – Senate Public Health and Welfare Committee, Committee Working SB 387
- February 11 – Senate Ways and Means Committee, Budget Report Out
- March 9 – House Federal and State Affairs Committee, Provided Neutral Testimony on Substitute for SB 34

Other Meetings Attended / To Be Attended

- January 27-29 – Federation of Associations of Regulatory Boards (FARB) Conference in Fort Worth, TX
- February 4 – American Association of State Counseling Boards (AASCB) Annual Conference Day 1
- February 8 – Association of State and Provincial Psychology Boards (ASPPB) Board Administrators/Registrars Committee (BARC) Winter Meeting
- February 18 – AASCB Annual Conference Day 2
- April 21-23 – ASPPB Midyear Meeting
- April 28 to May 1 – ASWB Education Meeting

Behavioral Sciences Regulatory Board

Survey of Social Workers

December 2021

Introduction

At the May 18, 2021, meeting of the Social Work Advisory Committee of the Kansas Behavioral Sciences Regulatory (BSRB), the Advisory Committee members requested the creation of a survey to obtain current input from social work licensees under the BSRB. The members of the Advisory Committee requested input on matters affecting the social work profession and topics relevant to the work of the Advisory Committee. (The BSRB offered a survey to social workers on similar topics in 2015.) The Advisory Committee requested the Executive Director draft potential questions for a survey concerning the topics of issues related to supervision, Board-approved clinical supervisors, and other topics relevant to the social work profession.

At the October 19, 2021, meeting of the Social Work Advisory Committee, the Executive Director presented draft questions to the members of the Advisory Committee for review and consideration. The members of the Advisory Committee approved the questions and expressed a desire for a short survey to obtain both qualitative and quantitative data. Additionally, the members of the Advisory Committee requested questions to verify that responses were submitted by a broad range of practitioners, including social workers in urban, rural, and frontier areas of the state of Kansas.

As of November 2021, the number of social workers with a permanent license under the BSRB totaled 7,997, including practitioners with associate level licenses, bachelor level licenses, master's level licenses, and clinical level licenses. On Thursday, December 16, 2021, all social work licensees received an e-mail message from the BSRB with a link to complete a ten-question survey using SurveyMonkey. Licensees were informed that the survey would close at 5pm on Monday, December 20, 2021.

Over the five days that the survey was open for responses, 1,087 social workers completed at least part of the survey. The results of the survey are included on the following pages.

Q1 In What County Do You Practice Social Work?

1,069 Individuals Answered Question 1

- 1 All of KS
- 2 All- teleheath therapist
- 3 Anderson's Co, Tx
- 4 Anywhere in Kansas and Missouri
- 5 **Atchison (Answered by 4 Individuals)**
- 6 **Barton (Answered by 6 Individuals)**
- 7 Barton and Ellis
- 8 Bell County Texas
- 9 **Bourbon (Answered by 2 Individuals)**
- 10 **Brown (Answered by 5 Individuals)**
- 11 Brown, Doniphan, Atchison, Wyandotte, Johnson
- 12 Buchanan
- 13 **Butler (Answered by 11 Individuals)**
- 14 Butler and Harvey
- 15 Butler, Harvey, Cowley, Sumner, Kingman, Pratt, Greenwood, Chase, Rice, Kiowa
- 16 Carroll, Lafayette, Jackson
- 17 Cass
- 18 **Chautauqua (Answered by 2 Individuals)**
- 19 Cherokee
- 20 Clark county Las Vegas
- 21 **Clay (Answered by 3 Individuals)**
- 22 Clay county in Missouri principally
- 23 Clay, Mo
- 24 **Cloud (Answered by 7 Individuals)**
- 25 Cloud, Republic and Washington Counties
- 26 Cloud, republic, clay
- 27 Coffey
- 28 **Cowley (Answered by 9 Individuals)**
- 29 Cowley, Butler, Sumner, Sedgwick, Kingman
- 30 **Crawford (Answered by 13 Individuals)**
- 31 Currently enrolled back in school
- 32 Currently not practicing
- 33 Currently not practicing, but live in DG county
- 34 Dg
- 35 Dickenson
- 36 **Douglas (Answered by 59 Individuals)**
- 37 **Douglas and Shawnee (Answered by 3 Individuals)**
- 38 Dougy
- 39 Edwards, ford, Meade, Stafford, Comanche, Kiowa
- 40 El Paso County, Colorado
- 41 **Ellis (Answered by 10 Individuals)**
- 42 Ellis/ Johnson/ Wyandotte
- 43 **Ellsworth (Answered by 2 Individuals)**

- 44 Federal installation (Germany)
- 45 **Finney (Answered by 10 Individuals)**
- 46 Florida
- 47 **Ford (Answered by 7 Individuals)**
- 48 Ford, and 28 counties surrounding it.
- 49 Ford, Hodgeman, Gray
- 50 Franklin
- 51 Franklin + 15 other southeast counties
- 52 Franklin, Anderson, Osage, Miami, Coffey
- 53 Fremont
- 54 **Geary (Answered by 10 Individuals)**
- 55 Grant
- 56 **Harvey (Answered by 13 Individuals)**
- 57 Harvey and Reno
- 58 Have worked throughout an 18 County region and for awhile across whole state but based in Shawnee County.
- 59 Hodgeman
- 60 HV-HARVEY
- 61 I work for the Department of the Army and currently work in Germany
- 62 I work in Missouri
- 63 **Jackson (Answered by 24 Individuals)**
- 64 Jackson & Clay
- 65 Jackson (MO) & Johnson (KS)
- 66 **Jackson and Johnson (Answered by 2 Individuals)**
- 67 Jackson and Johnson (also licensed in MO)
- 68 **Jackson County (Answered by 3 Individuals)**
- 69 **Jackson County MO (Answered by 13 Individuals)**
- 70 **Jackson, Missouri (Answered by 4 Individuals)**
- 71 Jackson, Shawnee, Brown, Pottawatomie
- 72 **Jasper County, MO (Answered by 2 Individuals)**
- 73 **Jefferson (Answered by 2 Individuals)**
- 74 **Johnson (Answered by 153 Individuals)**
- 75 Johnson and Miami
- 76 Johnson and out of state
- 77 Johnson and Shawnee
- 78 **Johnson and Wyandotte (Answered by 4 Individuals)**
- 79 Johnson and Wyandotte, also LCSW AND SERVE 100 mile radius of the metro
- 80 Johnson Co Ks and Jackson Co MO
- 81 **Johnson County (Answered by 12 Individuals)**
- 82 Johnson County and Missouri
- 83 Johnson County, Mo
- 84 Johnson Wyandotte Douglas
- 85 **Johnson, Wyandotte (Answered by 3 Individuals)**
- 86 Johnson, Wyandotte, Leavenworth,
- 87 Johnson, Wyandotte, Miami, Leavenworth, Douglas
- 88 Johnson/ Jackson
- 89 **Kansas (Answered by 2 Individuals)**

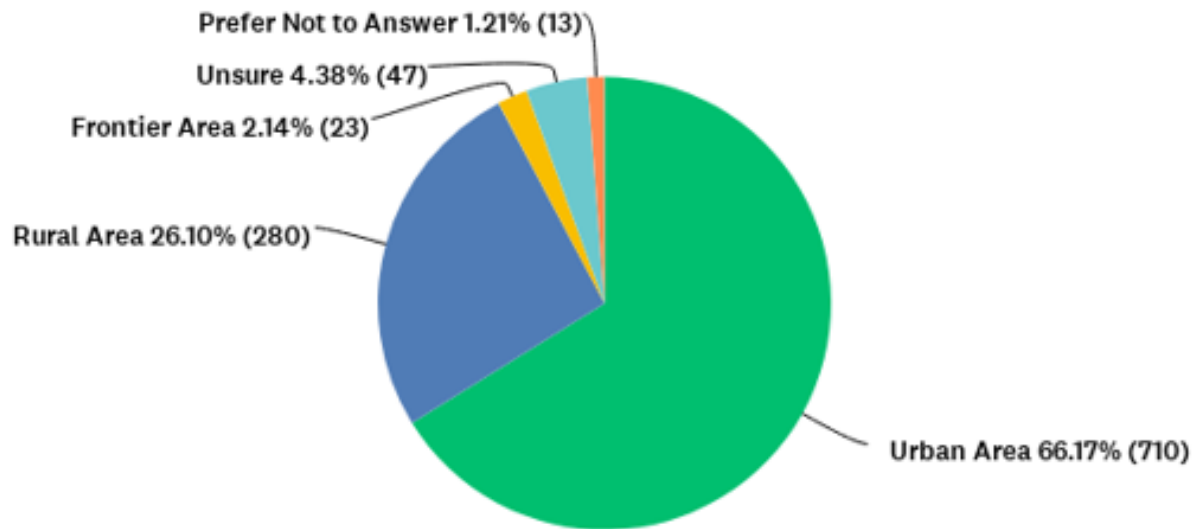
- 90 Kingman
- 91 Kingman and Pratt
- 92 **Labette (Answered by 7 Individuals)**
- 93 Lane
- 94 **Leavenworth (Answered by 19 Individuals)**
- 95 Leavenworth and Atchison
- 96 Leavenworth, Atchison, Jefferson, Johnson, Wyandotte
- 97 Leavenworth, Wyandotte, Atchison
- 98 Leavenworth/Atchison
- 99 Lincoln
- 100 Linn, Anderson, Miami
- 101 Live in MO
- 102 Logan
- 103 **Lyon (Answered by 9 Individuals)**
- 104 Lyon, Morris
- 105 Manatee
- 106 **Marion (Answered by 5 Individuals)**
- 107 Marion, Harvey, and McPherson
- 108 Marion/McPherson
- 109 **Marshall (Answered by 2 Individuals)**
- 110 **McPherson (Answered by 6 Individuals)**
- 111 McPherson, rice, Reno
- 112 **Miami (Answered by 8 Individuals)**
- 113 Missouri
- 114 Mitchell
- 115 **Montgomery (Answered by 8 Individuals)**
- 116 Multiple
- 117 Multiple but my base is in Ford County
- 118 Multiple counties, primarily in Northeastern KS
- 119 **N/A (Answered by 2 Individuals)**
- 120 NA-Unemployed by choice
- 121 **Neosho (Answered by 3 Individuals)**
- 122 Neosho Allen Anderson Woodson
- 123 Neosho, Crawford primarily
- 124 Neosho, Wilson, Allen
- 125 No particular county – I am a telehealth provider in 2 states. Personally my office is in my home in Johnson County, KS
- 126 None currently
- 127 Norton
- 128 Norton, and rush
- 129 Norton, Ellis, Thomas
- 130 Orange
- 131 Osborne
- 132 Out of state (Missouri) but licensed in KS as well.
- 133 Out of State/Kansas City, MO (Jackson County)
- 134 **Pawnee (Answered by 5 Individuals)**
- 135 **Phillips (Answered by 3 Individuals)**

- 136 **Platte (Answered by 2 Individuals)**
- 137 **Pottawatomie (Answered by 2 Individuals)**
- 138 Pratt
- 139 Pratt Kingman Harper barber
- 140 Prince William county VA
- 141 **Reno (Answered by 8 Individuals)**
- 142 Reno and Sedgwick
- 143 Reno, Harvey, McPherson, Barton, Stafford, Pawnee
- 144 **Retired (Answered by 2 Individuals)**
- 145 Retired from hospice catchment areas of Johnson, Wyandotte, Douglas, Miami, & Leavenworth

- 146 **Riley (Answered by 28 Individuals)**
- 147 Riley & Geary
- 148 Riley and 9 others
- 149 Riley, Geary
- 150 Rooks
- 151 **Saline (Answered by 15 Individuals)**
- 152 Saline, McPherson, Dickinson, Geary, Harvey, Marion, Barton
- 153 San Mateo, CA (VA)
- 154 Scott, Thomas
- 155 **Sedgwick (Answered by 188 Individuals)**
- 156 Sedgwick and Pawnee, principally
- 157 Sedgwick but not currently practicing SW
- 158 **Sedgwick County (Answered by 15 Individuals)**
- 159 Sedgwick, Butler, Sumner
- 160 Sedgwick, Harvey, Pawnee, Neosho,
- 161 Sedgwick, Reno, Cowley, Sumner, Harvey, Harper
- 162 **Seward (Answered by 2 Individuals)**
- 163 **Shawnee (Answered by 100 Individuals)**
- 164 **Shawnee and Jefferson (Answered by 2 Individuals)**
- 164 Shawnee and Leavenworth
- 165 Shawnee/Douglas
- 166 **Sheridan County (Answered by 2 Individuals)**
- 167 Sheridan, Logan, Sherman, Thomas, Cheyenne, Decatur, Graham, etc.
- 168 **Sherman (Answered by 2 Individuals)**
- 169 Sherman, Thomas, Logan
- 170 Smith Rooks Osborne Phillips
- 171 Southeast Kansas
- 172 Statewide
- 173 **Sumner (Answered by 4 Individuals)**
- 174 Tarrant County, Fort Worth, Texas
- 175 The entire state of Kansas
- 176 The organization for which I work serves Clay, Washington, NW Riley, Marshall, Cloud, and Republic Counties
- 177 **Thomas (Answered by 4 Individuals)**
- 178 Trego
- 179 **United States (Answered by 30 Individuals)**

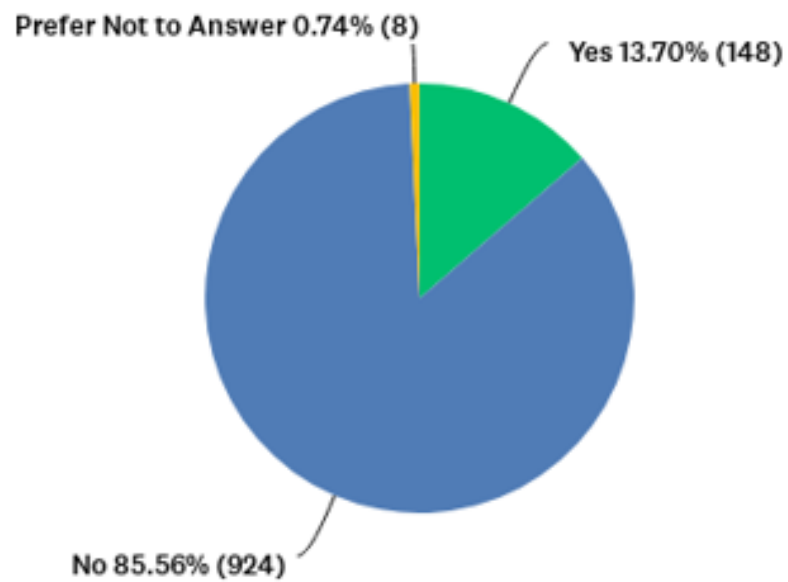
- 180 Vernon Parish, Louisiana. I am employed by the federal system and a DOD civilian.
- 181 Virginia Beach City, VA
- 182 Washington
- 183 Wichita
- 184 **Wyandotte (Answered by 54 Individuals)**
- 185 **Wyandotte & Johnson County (Answered by 3 Individuals)**
- 186 Wyandotte and Johnson, KS, but I also do telehealth to every other county in KS
- 187 Wyandotte, Johnson, Miami
- 188 Wyandotte/Jackson MO

Q2 Do you practice in a predominantly urban area, rural area, or frontier area?



1,073 Individuals Answered this Question

Q3 Do you provide LSCSW clinical supervision to practitioners in Kansas?



1,080 Individuals Answered this Question

Q4 If you answered "Yes" on question 3, how many Kansas practitioners do you generally provide supervision to during the same time period? (If you answered "No" on question 3, please skip this question.)

161 Individuals Answered Question 4

- 1 **0 (Answered by 2 Individuals)**
- 2 **1 (Answered by 58 Individuals)**
- 3 **2 (Answered by 24 Individuals)**
- 4 **3 (Answered by 6 Individuals)**
- 5 **4 (Answered by 9 Individuals)**
- 6 **5 (Answered by 4 Individuals)**
- 7 6
- 8 8
- 9 **10 (Answered by 2 Individuals)**
- 10 15
- 11 **1-2 (Answered by 15 Individuals)**
- 12 **1-3 (Answered by 3 Individuals)**
- 13 **2-3 (Answered by 3 Individuals)**
- 14 3-4
- 15 3-5
- 16 5-7
- 17 (I just received my license this year, I plan to supervise as soon as I am eligible.)
- 18 1 ever...currently done
- 19 **1 or 2 (Answered by 2 Individuals)**
- 20 1-2. Not enough
- 21 Currently 4
- 22 Currently a back up for 1
- 24 I did historically and the most I was the primary sup for was 4 at the same time. Group and individual provided.
- 25 I supervised in the past, 1-2 supervisees at a time.
- 26 **N/A (Answered by 5 Individuals)**
- 27 No
- 28 No more than 4, currently 1
- 29 None
- 30 None at this time
- 31 None current has been up to 4
- 32 None currently at this time
- 33 None recently but have in the year
- 34 Not sure what the period of time is?
- 35 Not yet- I have undergone LCSW supervisor training in MO and think a similar course would be helpful in KS.
- 36 One clinical application pending, one LMSW student
- 37 Up to 3
- 38 Up to 5 between Kansas and Missouri
- 39 Usually 2-3

40 Usually just one, and I am not currently providing any supervision.
41 Zero to two

Q5 If you answered "Yes" on question 3, when you first provided clinical level supervision to practitioners, what training had you received prior to providing supervision? (If you answered "No" to question 3, please skip this question.)

157 Individuals Answered Question 5

- 1 0
- 2 12 hour supervision training for play therapy supervisor credential
- 3 12 hour training by the State of Missouri NASW and then 3 hours every other year after that
- 4 12+ hours of clinical supervision training in the state on Minnesota
- 5 12-18 supervision CE hours
- 6 15 hours of supervision coursework at the beginning and then 3 hours every 2 years
- 7 16 hour class, 20 years of clinical experience.
- 8 16 hour supervision course
- 9 16 hours of clinical supervision training with 3 hour refresher courses
- 10 16 hours of supervision training
- 11 16 hours on supervisory skills
- 12 20 years of experience working in community mental health
- 13 24 hours of training for clinical & play therapy supervision
- 14 3 courses in clinical supervision-12 credit hours
- 15 A large amount that was personally sought out
- 16 Academic Training and on-the-job training
- 17 Administrative and clinical supervision workshops, preparation from agency supervisor, reading BSRB statutes and regulations for social workers
- 18 ASWB Contemporary Clinical Social Work Supervision
- 19 BSRB training
- 20 CEU trainings I sought out and thru my work that focused on supervision
- 21 CEUs
- 22 Class in Clinical Supervision and continuing Ed class
- 23 Class in graduate school
- 24 Clinical Supervision "Ethical Practice and Legal Risk Management" Grad class through Newman
- 25 Clinical Supervision training
- 26 Clinical supervision training 6 hr ce
- 27 Clinical Supervisory Training
- 28 Continuing ed or what I sought myself
- 29 Courses and CEU offerings
- 30 Experience
- 31 Family Therapy, EMDR
- 32 General online training
- 33 General supervision training
- 34 General training on supervision
- 35 Graduate course in clinical supervision, clinical supervision was discussed as part of my own clinical supervision as well
- 36 Graduate coursework, CEUs
- 37 Graduate school

- 38 Graduate school class.
- 39 Have supervised in past and received no training
- 40 I am also a clinical supervisor in MO. They required a 6 hour supervision training sponsored by the state committee for social workers.
- 41 I attended this training in 2012 The Art of Clinical Supervision at University of Texas at Austin which is required in Texas. This is the link to the current course- <https://cvent.utexas.edu/event/8429950b-07c4-4c0e-88cb-eec871c75b85/summary>
- 42 I completed specific training and certification to provide supervision. I found this to be very helpful. This was connected to my LAC when I was in a different state.
- 43 I didn't have any training. I followed the training plan approved by the Board.
- 44 I had 15 hours of supervision training
- 45 I had not taken a class but had almost 20 years of practice experience before taking on a supervisee.
- 46 I had previously supervised interns during the their clinical internship when I worked at an agency.
- 47 I had researched ,completed CEU's, and collaborated with peers.
- 48 I had taken a 16 hour supervision course, along with another eight hour supervision course - so 24 CE hours towards supervision when I started.
- 49 I have been a work supervisor for many years. I've also been an educator. I have my LSCSW and rec'd my own supervision to gain this credential. I do not believe BSRB needs to approve who can provide clinical supervision.
- 50 I have had MSW students under my supervision for their field placement.
- 51 I have had my LSCSW for over 25 years. I have done some continuing Ed related to clinical supervision during this time.
- 52 I participated in a clinical supervision workshop a few years ago
- 53 I supervise in MO too so was required to complete an initial 16 hour supervision training and then 3 hours every renewal.
- 54 I took a 3 CEU supervision course to gain more information for best practice
- 55 I took a course so I could feel prepared.
- 56 I took a supervisor training several years ago
- 57 I took a two day social work supervisor training as well as additional supervisor training pertaining to play therapy supervising
- 58 I went through an intensive training to supervise clinicians through the University of California online as I was supervising one of their Master Students. The training was 15-18 hours. I did this more than 5 years ago. It prepared me well to supervise LSCSW clinicians as well. I received the training for free in exchange for supervising their student.
- 59 I've taken CEUS on how to be an effective supervisor etc.
- 60 Information provided by BSRB
- 61 It was a long time ago so hard to remember, maybe 4 hours. I taught in a social work program so likely had more experience than most. Training would have been nice.
- 62 It would especially be helpful to have components of training the explicitly go over differences between bordering states since several practitioners have dual licenses.
- 63 Just many years of experience in various settings and much experience with students, as instructor and field instructor.
- 64 Just my graduate and career training
- 65 Just my own supervisor/mentor

- 66 Limited- information included in MSW education and personal experience and research
- 67 **LSCSW (2 Individuals Answered "LSCSW")**
- 68 LSCSW and a clinical supervision course
- 69 Many years of practice and CEU's on Supervision
- 70 Master's Level Class at Newman College, CEU's this year on this topic
- 71 Minimal
- 72 MSW, Clinical supervision, and tons of workshops
- 73 Multiple supervision training focused CEU courses
- 74 My LSCSW, 5+ Here's clinical social work experience and a "pre-clinical supervision" related CEU.
- 75 My own clinical supervision
- 76 **N/A (6 Individuals Answered "N/A")**
- 77 **No (4 Individuals Answered "No")**
- 78 **No formal training (2 Individuals Answered "No Formal Training")**
- 79 No formal training. Researched best practices and Procedures on my own.
- 80 No formal, I did my own research and talked with peers. I also have experience in supervising 11 for their clinical.
- 81 No former clinical level supervision during my MSW schooling o
- 82 No mandatory training; completed my own training on clinical supervision.
- 83 No specialized training in supervision.
- 84 No specific training
- 85 No specific training to LSCSW supervision. I had trained graduate & undergraduate social work students. I had also been practicing as a departmental supervisor of social workers.
- 86 No specific training vast experience and education to draw on.
- 87 No training specifically on providing clinical supervision
- 88 No training when I first started some years ago.
- 89 **None (20 Individuals Answered "None")**
- 90 None. I had to seek training. The training is not related to practice, it's related to managing the logging of hours and interpret the breakdown of hours. A LSCSW-with the required 2 years of practice is competent to provide supervision. There are no tools or training from the BSRB to assist with the quality
- 91 Not currently supervising, but I went through an extensive training with the Army on Supervision which also certified me to be a clinical Supervisor in the State of Texas if I were to have been licensed there.
- 92 Not much, but I later received training through the BSRB. I just remembered that I also got some training through KU and Washburn for supervising students, which was useful.
- 93 One 6hr course
- 94 Online CEU's from Missouri SW Board--they require 12 hours initially, then 3 every license renewal period to maintain your ability to provide licensure supervision.
- 95 **Online training (2 Individuals Answered "Online Training")**
- 96 Personal experience including management experience
- 97 Pesi clinical supervision training
- 98 Post-MSW training: Menninger/PhD in Clinical Social work
- 99 Required supervision training for my RPT/S, 6ceu
- 100 Self learning through research
- 101 Self study
- 102 Some

- 103 Some independent CEUs
- 104 SRS Supervisory Training and independent trainings on my own
- 105 State sponsored supervision training in the 2000s; CEUs
- 106 Supervision by MSW, Menninger Family Therapy Program
- 107 Supervision classes required as well as updates, reciprocity with Missouri
- 108 Supervision training through Kansas Assoc for Play Therapy
- 109 Supervision trainings
- 110 Supervision workshop 3 hours
- 111 Supervisor training as I was a supervisor
- 112 Took a on line virtual training put on by NASW
- 113 Took online course and read BSRB requirements
- 114 Took the MO supervisor course
- 115 Training at the beginning of the semester from K.U.
- 116 Training for precious employment as well as additional education
- 117 Training for providing clinical supervision? None formally, just read documents found online.
- 118 Training from my former Clinical supervisor
- 119 Training provided through MO
- 120 Training to supervise? Nothing in particular...only by reading the BSRB requirements and gathering info from a past supervisor/mentor.
- 121 Trainings related to ethics and clinical supervision
- 122 Utilized my experience providing therapy for several years
- 123 Various supervision/supervisor trainings that were available at that time
- 124 Very little
- 125 Wash u supervising supervisors
- 126 Went to a class on supervision; I would recommend a formal class as it was helpful
- 127 Yes

Q6 If you hold a LSCSW license, when you received clinical supervision, did you encounter any issues relating to the quality of supervision? Please explain. (If you do not hold a LSCSW license, please skip this question.)

453 Individuals Answered Question 5

Yes - 5 Individuals Answered "Yes"

No - 285 Individuals Answered "No"

N/A - 7 Individuals Answered "N/A"

Remainder of Responses Alphabetized Below

- 1 2014, no issues
- 2 Access to in person as well as clinical specific interventions
- 3 At times I felt as though I was getting the material needed to help with the board exam.
- 4 Consistency in the supervision schedule
- 5 Felt my supervisor could have been more informed and prepared
- 6 Finding a supervisor and back up supervisor
- 7 Found myself in a horrible ethical dilemma lost my position and practicing supervision. All not my fault.
- 8 I changed supervisors when I changed jobs. The first supervisor did not take it seriously. He was through my work. The second was outside my work and was excellent.
- 9 I did mine out of state
- 10 I did not have quality supervision
- 11 I do not hold a LSCSW license
- 12 I don't think so. students passed their tests.
- 13 I felt I received pretty good supervision!
- 14 I got my LSCSW in 1985 and my supervision was on the job from my work supervisor
- 15 I got my training in IL.
- 16 I had 1 supervisor who wasn't well versed on advocacy & policy. Fortunately the rest of my supervisors were incredible.
- 17 I had good supervision. I know many who did not.
- 18 I had reciprocity from Missouri
- 19 I had superb supervision because I was willing to pay for private hours, above those provided by my employer
- 20 I have always felt behind & as if I had missing pieces with regards to strong skills in various forms of psychotherapy and with writing progress notes.
- 21 I have five different supervisors due to staff changes at the agency I was working for.
- 22 I received excellent supervision while obtaining my licenses & afterwards, but had to hire outside supervision, a private practitioner with a track record & excellent reputation for providing quality supervision. I had to go outside of the CMHCs I worked for to insure I received the clinical experience, perspective & objectivity I needed to successfully work in those agencies since inside supervision was questionable & unpredictable.
- 23 I received exceptional clinical supervision.
- 24 I received my clinical supervision and initial license in Virginia. It was a lot easier to get supervision and find supervisors in that state.
- 25 I received supervision from a Missouri social worker that counted towards my Kansas licensure. However, I waited the requisite five years before I applied to Kansas for my LSCSW. A lot of the reason for this wait was the paperwork necessary to apply.

- 26 I received supervision in MO
- 27 I think it would be helpful to have a refresher or an informal ZOOM opportunity 1-2 x yr to see what others are doing. Also to keep updated on any BSRB changes to the clinical regs
- 28 I took a 2 yr of menninger clinical training, 4 hrs in every 2 wk. This was far superior training
- 29 I transferred my license from NY state and received clinical supervision there
- 30 I was able to get my supervision for free as part of the agency I worked for. It was not the best supervision but I had seasoned colleagues around me that helped me develop my self-observation and reflection skills in my work with clients.
- 31 I was blessed with 2 amazing supervisors.
- 32 I was concerned that my employment counted as full time clinical supervision (it was assumed) when actually there was no one available to provide supervision in the area of mental health.
- 33 I was fortunate to receive excellent supervision.
- 34 I was grandfathered in as held ACSW accreditation
- 35 I wish there was more practicing therapeutic techniques. My supervisor was very knowledgeable in a couple of niche areas and relied heavily on me to research therapeutic methods that were outside her experience.
- 36 I would have appreciated more topics and case scenarios and different therapy treatments discussed.
- 37 I would say my two supervisors were uninspired and I learned very little from either.
- 38 inconsistent provision by employer
- 39 Initially I had trouble finding a supervisor. Once I located one it went smoothly. I was unable to locate one in this area.
- 40 Issues regarding having to have multiple LSCSW supervisors for various reasons.
- 41 It has been decades since supervision and the provision of services less complex which could support there was included more processing and engagement supervision vs how to write a note so insurance will pay, or for specific diagnoses.
- 42 It was difficult to find enough LSCSW's willing to provide supervision and I'm excited to be able to provide that as soon as I can!
- 43 It was hard to find a back up LSCSW
- 44 It was lacking in some areas and stronger in others.
- 45 It wasn't as thorough in goals and objectives as it could have been.
- 46 It wasn't clear that there was any format to supervision.
- 47 Just scheduling issues
- 48 Just the location, at the time face to face was. required and my supervisor was 2 hours away. I did have an initial supervisor who was very unorganized, didn't meet regularly and wanted me to work for her in exchange for supervision. Found the set up to be unorganized and somewhat unethical. Moved on, paid per session for my supervision and was on a very structured schedule.
- 49 Knowing what topics to discuss
- 50 Limited structure to supervision
- 51 Long time ago and not in KS
- 52 My clinical supervision shared no information about what was expected of the process. No BSRB statues/regulation were discussed. Often, since it was at night we met, she would fall asleep. The supervisor was kind and licensure, but not very informative.

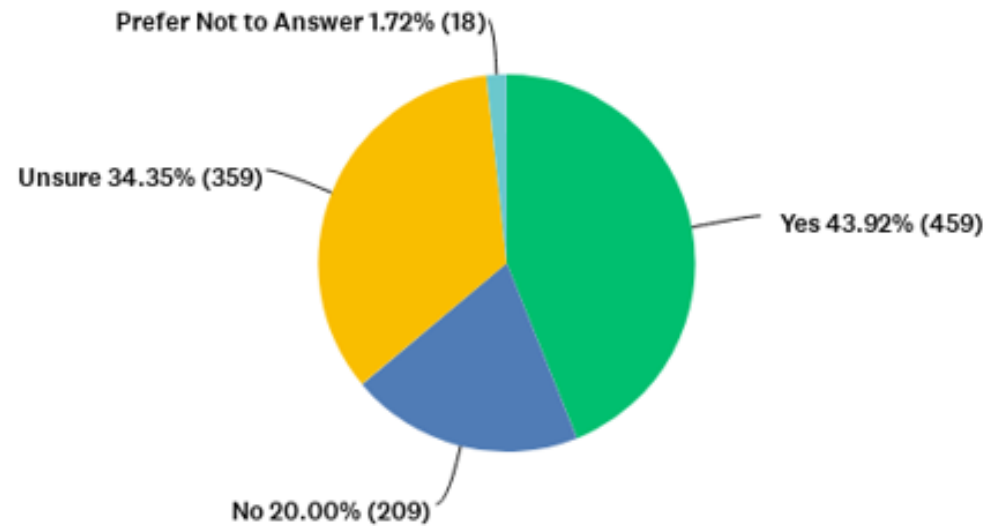
- 53 My clinical supervisors were wonderful mentors, but I wish that we had more structure to our sessions. I also wish that they we had discussed specific theoretical models, interventions, resources, professional development, ethics, etc. These are all things that I try to incorporate now in my role as a clinical supervisor.
- 54 My coordinator provided our supervision back in 1970's
- 55 My supervision was many years ago. Looking at the rest of this survey it would appear that we are becoming too rigid.
- 56 My supervision was quality
- 57 My supervisor struggled to articulate practice models and theories when I would bring "stuck" questions to supervision. It felt mostly as though she was monitoring me for compliance of ethics, calculating of hours and there was clinical discussion, but it was not always as deep as I waned.
- 58 No and if I did-I would have found a new supervisor
- 59 No challenges
- 60 No- great experience from Rebecca Sandoval
- 61 No I did not the quality was excellent. I was with an organization that had a very organized provider. I also received Supervision through Social Work PRN, highly capable group of social workers that is constantly working to be current in how it provides supervision.
- 62 No issues excellent supervision.
- 63 no issues on quality, I had a great set of supervisors
- 64 no issues that i recall. did my supervision in the 90's.
- 65 No issues, had a great supervisor.
- 66 No issues, mine was great experience
- 67 No issues. I was pleased with my supervision.
- 68 NO Issues...it was 100% group supervision which I found extremely helpful
- 69 No it was excellent
- 70 No problems with my supervision
- 71 No problems. I received sound supervision.
- 72 No, agency offered an internal LCSWC supervisor.
- 73 No, but I got my LSCSW through reciprocity because I couldn't find a supervisor that wanted to deal with all the extra paperwork Kansas requires.
- 74 No, but I received my supervision in Wisconsin.
- 75 No, but I received this 40 years ago!
- 76 No, but it was over 20 years ago
- 77 No, but the availability of it was a barrier
- 78 No, but there was some position instability on the part of the supervisor which created delays in supervision
- 79 no, good quality
- 80 No, great quality supervision
- 81 No, I advocated to make sure my supervision was strong and helpful
- 82 No, I found I had quality supervision.
- 83 No, I had a great experience and hope to provide supervision in the future.
- 84 No, i noticed a difference between the cost of supervision but quality was not a concern.
- 85 No, I was employed in Topeka, Kansas and found the area to be really well equipped in this way.
- 86 No, it was a fantastic experience
- 87 No, it was excellent.
- 88 No, it was within my agency.

- 89 No, mine was very helpful and supportive
- 90 No, my clinical supervision was an experience that helped my to gain knowledge, enhance critical thinking, and build a respected, professional relationship with my supervisor.
- 91 No, my supervisor was outstanding.
- 92 No, my supervisor went above and beyond. My supervisor followed and referenced ethical codes and obligations to the practice of social work regularly.
- 93 No, not in the quality but in availability
- 94 No, pleased with the quality. Had 3 different clinical supervisors.
- 95 No, we can all learn from each other.
- 96 No. I had a great supervisor.
- 97 No. My clinical supervisor was knowledgeable, consistent and caring. He is the reason I wanted to provide supervision to others.
- 98 No. My supervisor was incredible.
- 99 no. Only issue was had to travel a distance for in person, and had to jump through a lot of hoops, at that time, to get approval for tele-health to occur and be approved
- 100 No. But we struggled to incorporate theory and practice beyond Assessment and Dx.
- 101 No. I fully vetted supervisors and ensured we were company for the goals I had and the requirements for licensure.
- 102 No. I had a great experience!
- 103 No. I had excellent supervision
- 104 No. I had good supervision with a supervisor outside my agency that I paid for out of pocket.
- 105 No. I was happy with my supervision
- 106 No. My supervisor was top-notch.
- 107 No. My supervisor was wonderful and the quality of supervision was excellent.
- 108 No. Thankfully, my Supervisor provided Supervision free of charge. She was excellent. The process itself, however, was ridiculous. KS is a pretty strict state.
- 109 none that I'm aware of
- 110 None, my supervision was very helpful
- 111 None. It was excellent and very long ago.
- 112 No-received supervision in IL
- 113 Not quality, but requirement for hours was higher than in some other states.
- 114 Not really. Supervision was good.
- 115 Not structured enough
- 116 Not that I was aware of at the time. Looking back, more structure would have been ideal.
- 117 O
- 118 Only at the end when the supervisor was unreliable with his reporting
- 119 Quality of supervision was mixed.
- 120 Quality, no. It was difficult to find someone in the area resulting in the need to travel 2.5 hours. I had my direct client hours well before I had enough in person supervision hours
- 121 Received clinical supervision in IL then Ks through reciprocity
- 122 Supervisor not familiar with updates in training plan/documentation requirements.
- 123 Supervisor was very busy and appeared supervision was bothersome from his work week.
- 124 Supervisors were limited and I had a supervisor who worked with a different population than what I wanted trained in.
- 125 The boundary between clinical and supervisory supervision as my agency had my supervisor do my clinical supervision.
- 126 The quality was excellent.

- 127 The quality was great, however I worked at an agency and had several supervisor changes due to staff changes or resignations
- 128 The training seemed to be more weekly chats than supervision. There was little structure and it was more of a review of my week than instruction of any kind
- 129 There was very little availability for clinical supervision from individuals who has great representations. Also, it was extremely difficult to find someone of color to provide clinical supervision.
- 130 Turnover, had 5 different supervisors,
- 131 With first supervisor - supervisor didn't seem engaged, uncertain of path and structure in supervisor sessions
- 132 Would have liked more education/direction in addition to case review.
- 133 Yes because my agency (KVC) only had one option for a supervisor. She was not a good fit for me personally.
- 134 Yes but mine came thru military channels.
- 135 Yes- hard to find someone with same practice population, often felt supervision was not quality and supervisor was not focused on my time
- 136 Yes I lived in OK and had LCSW there. When I moved to Kansas the BRSB did not accept the supervisor from OK because she had been grandfathered in and had not taken the ACSW test. Later the BRSB agreed to accept the level of licensure from one state to another. the BRSB did not In
- 137 Yes towards the end the supervisor was too busy with her job and was preoccupied during sessions
- 138 Yes, boundaries, availability of supervisor
- 139 Yes, extremely limited supervisors available and what was available was very low quality
- 140 Yes, felt I was not put in a learning situation but more a "working" situation and was given the "sink or swim" method for private pay scale clients. This made it difficult for learning and testing for licensure. It seemed upon application approval the BSRB is more worried about what I, the supervisee, was doing vs what the supervisor was doing to help me learn. Once I made a change of supervisor this all changed and I learned and continue contact to still learn as a LSCSW from this person.
- 141 Yes, I had a terrible supervisor experience for 8 months. She was terminated eventually, and when I was applying for LSCSW licensure, I was forced by process to have that supervisor evaluate me on a form. I was rejected by the KSBSRB initially, and had to write up a ridiculous multi-page excuse explaining a very complicated situation to the BSRB, essentially begging to be licensed and not blamed for having a terrible supervisor. I think these types or processes need to be approved when someone obtaining their clinical hours is having a terrible experience.
- 142 Yes, I was assigned a supervisor at my CMHC, and there were not other LSCSW's on staff to provide supervision. We were not a good fit and I feel as though I did not receive adequate supervision. I ultimately ended up seeking outside supervision when available. The supervisors that I have had that have training in supervision changed the way I practice.
- 143 Yes, I was in a highly regarded family therapy training program (3 years), but technically it didn't count because my supervisor was a psychologist practicing the same as a social worker. Being totally transparent, I had to be manipulative to make it count. In that case, it didn't make sense that I couldn't count those hours.
- 144 Yes, it became apparent that my supervisor had predetermined that I would not be able to deal with the clients in a setting similar to the setting we both worked in due to my having the role of expressive therapist at that time.

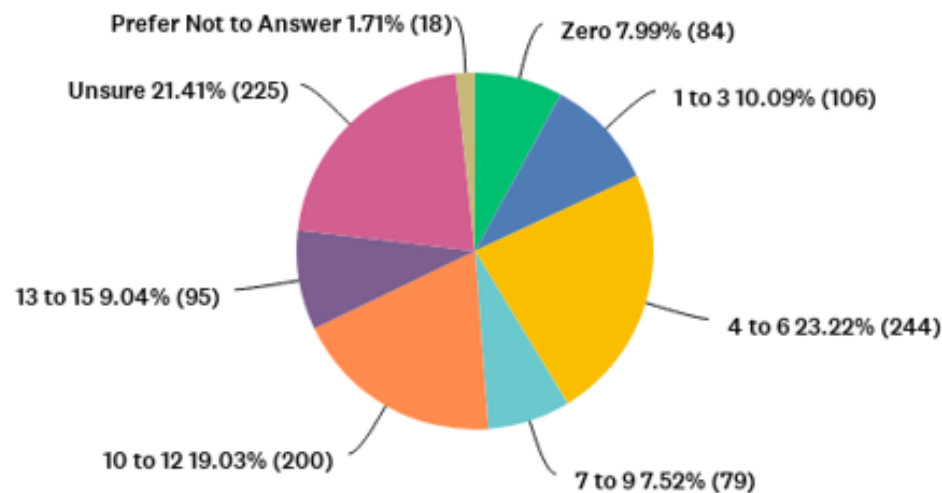
- 145 Yes, lack of cultural diversity.
- 146 yes, my first supervisor was not up to date on the documentation and breakdown of the hours. Has I continued long term with her, I would have found out many of my hours were not going to count because my ratios were off. She did not fully understand the supervision hour ratios.
- 147 yes, supervisor excessively on medical leave and we did not have back ups in the 90s
- 148 Yes. I experienced difficulties with my supervisor not being as knowledgeable as I thought she should have been in regards to providing clinical advice and support, as well as not having a good, in depth understanding of the supervision process, requirement and application process.
- 149 Yes. Did not feel it was my best option but they were on staff at my place of work
- 150 Yes. It seems like there are a lot of very specific requirements (ex. Certain number of direct vs indirect and specific ratios of direct hrs to clinical supervision hours), but not a lot of requirements as to what qualifications a clinical supervisor has. Social work is a large field and we practice in a lot of various settings, so expertise isnt consist across the board. I had clinical supervisors who were more specialized in certain areas of practice than others.
- 151 Yes. Lack of organized planning for the agenda
- 152 Yes. One of my supervisors was not very knowledgeable or helpful.
- 153 Yes. The only structure provided was structure that I myself implemented.
- 154 Yes. There was no rubric, no rhyme or reason to each session. If I did not have a challenging case, we did not use
- 155 Yes-Issues with the supervisor being burned out and not utilizing any structure in our sessions.
- 156 Yes-poor supervision skills

Q7 Should LSCSWs providing clinical supervision be Board-approved supervisors?



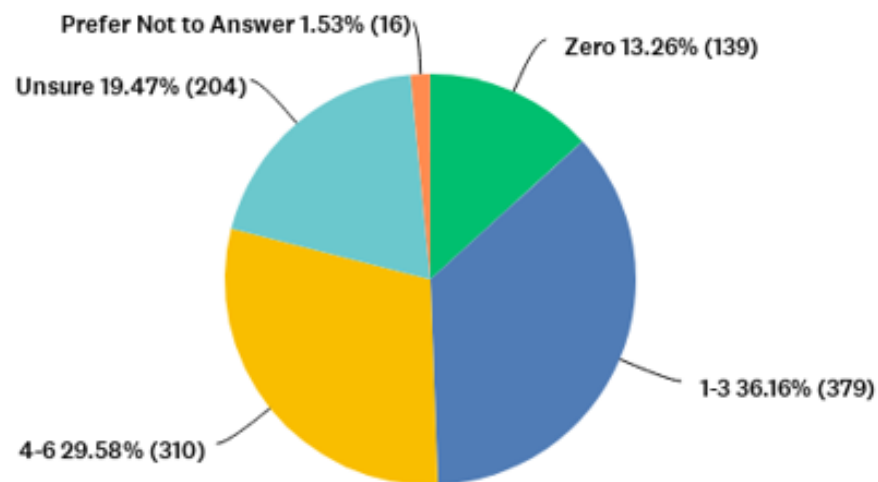
1,045 Individuals Answered this Question

Q8 How many hours of continuing education in supervisory training should be required to BECOME a Board-approved clinical supervisor, if those hours could count within the 40 hours required to renew a license?



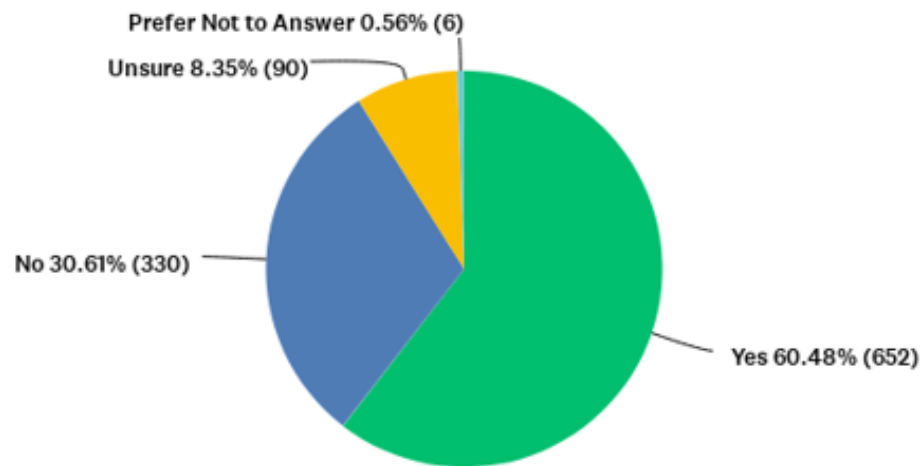
1,051 Individuals Answered this Question

Q9 How many hours of continuing education in supervisory training should be required EACH RENEWAL PERIOD to maintain Board-approved clinical supervisor status, if the hours could count within the 40 hours required during the renewal period?

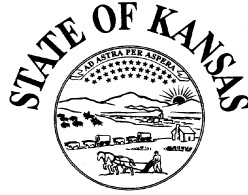


1,048 Individuals Answered this Question

Q10 Should social workers be required to take three hours of continuing education related to the areas of diversity, equity, and inclusion every two-year license renewal period, if those hours could be part of the 40 hours required during each license renewal period?



1,078 Individuals Answered this Question



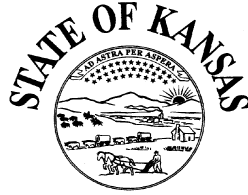
Behavioral Sciences Regulatory Board

Investigations: Policy and Procedures

Revised and approved by the
Board on July 13, 2009

I. Initial Office Process

- A. An investigation may be initiated by a report of alleged violation (RAV) which is received by the Behavioral Sciences Regulatory Board:
1. Which may be a complaint lodged by a person.-
 2. Other reasonably reliable written information (*e.g.*, court decision, newspaper article, yellow pages ad, etc.).
 3. Information that a licensee has failed to comply with the conditions of a disciplinary or non-disciplinary consent agreement and order, or initial or final order.
 4. Information indicating a possible violation received during the process of the initial issue of a license, renewal of a license, or reinstatement of a license.
- B. Request for Forms:
1. Upon receiving a request for a RAV/complaint form, Staff shall comply with the requestor's preference of whether the form should be mailed, E-mailed, faxed, or if the requestor will download the form from the Board's website.
 2. Anyone wishing to file a complaint by electronic means shall be informed that the Report of Alleged Violation form should be completed in full and returned to the Board.



C. Receipt of report of alleged violation, other reasonably reliable written information, information regarding non-compliance with a disciplinary or non-disciplinary consent agreement and order, an initial or final order, or information indicating a possible violation received during the process of the initial issue of a license, renewal of a license, or reinstatement of a license:

1. Date stamp the first page of the RAV or of the other information received.
2. Place the RAV or other information in the Special Investigator's IN box.
3. The Special Investigator will:
 - a. Assign a Case Number in sequence
 - b. Add the information to the Investigations Data Base.
 - c. Prepare a case file folder.
 - d. Notify the licensee in a timely manner of the receipt of the complaint, a brief description of the information contained therein, and the identity of the complainant.
 - e. Notify the complainant or other reporter of the receipt of the information.

II. COMPLAINT REVIEW COMMITTEE

A. The review and evaluation of the investigated reports of alleged violations (RAV) will be performed by a standing Complaint Review Committee comprised of the following persons who will serve in a decision making capacity:

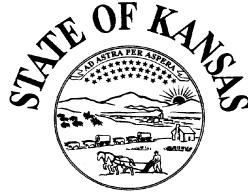
1. a psychologist Board member,



2. a social worker Board member,
 3. a Board member who is:
 - a. a marriage and family therapist or clinical marriage and family therapist, or
 - b. a professional counselor or a clinical professional counselor, or
 - c. a masters level psychologist or clinical psychotherapist
 2. 2 public Board members.
- B. The following persons shall serve as members of the Complaint Review Committee in an advisory capacity:
1. the Board's Special Investigators
 2. the Board's Executive Director, as needed.
- C. Additionally, the Board's Disciplinary Counsel will be requested to serve as a member of the Complaint Review Committee in an advisory capacity.
- D. The terms of the Complaint Review Committee for Board members shall be two years on a staggered basis. Terms are from July 1st to June 30th.
- E. The remaining six Board members will be available to serve on hearing panels (preferably 3-person hearing panels) for any case that proceeds to an administrative disciplinary hearing. The Executive Director is authorized to appoint hearing panel members who will be Board members not associated with the investigative phase and who do not have any conflict of interest.
- F. The Board delegates the authority to take the following actions to the Complaint Review Committee:

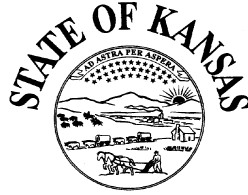


1. To issue summary proceeding orders:
 - (a) to revoke, suspend, condition, or limit a license,
 - (b) to assess fines in the amount of the maximum of \$ 1,000. per violation,
 - (c) to assess costs in the amount of \$ 200. maximum,
 - (d) to censure a licensee, and/or
 - (e) to revoke the license or registration of any licensee or registrant who voluntarily surrender such person's license or registration pending investigation of misconduct or while charges of misconduct against the licensee or registrant are pending;
2. To issue cease and desist orders to any person who has practiced without a valid license in a profession for which practitioners are required by law to be licensed; and
3. To apply to any court of competent jurisdiction for an order enjoining any licensed or unlicensed person who has engaged, or is about to engage, in any acts or practices that will constitute a violation of any practice act under the Board's jurisdiction.
4. To approve any consent agreement and order over the signature of the chair of the Complaint Review Committee.



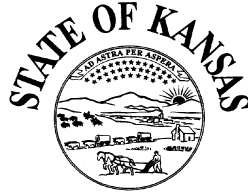
III. Initial Review and Determination

- A. When the Behavioral Sciences Regulatory Board receives a completed Report of Alleged Violation, the Special Investigator and/or the Executive Director reviews the complaint and an initial determination is made as to whether to proceed with opening the case for investigation.
- B. Making the initial jurisdictional determination:
 - 1. For an RAV against a person licensed by BSRB, two criteria are used to determine whether the BSRB has jurisdiction:
 - a. The complaint pertains to a profession or scope of practice regulated by the Board.
 - b. The complaint alleges facts constituting non-compliance with, or violations of the rules, regulations, and/or Statutes, and/or Board ordered conditions governing the practice or conduct of the professional on whom the report is being filed.
 - 2. If the Special Investigator and/or Executive Director find that jurisdictional criteria are met, the case shall be docketed and an investigation shall be initiated.
 - 3. When the Special Investigator and/or the Executive Director need consultation to determine jurisdiction, the following procedure shall apply:
 - a. If during the initial jurisdictional determination process the Special Investigator and/or the Executive Director find that one or both of the two criteria are not met, the Special Investigator shall consult with a



member of the Complaint Review Committee. When possible the Committee member shall be of the same profession as the person complained against. The Consultation may be in person, by telephone, fax or by E-mail. The Special Investigator shall document the decision made in consultation.

- b. If the Committee member determines that the Board has jurisdiction, the case shall be docketed and an investigation shall be initiated.
 - c. If the Committee member concurs with an assessment made by the Special Investigator and/or Executive Director that the Board does not have jurisdiction, or if the Committee member is uncertain of jurisdiction, the Special Investigation will forward a copy of all relevant documents to the Complaint Review Committee for review and determination as to whether the Board has jurisdiction. If the Committee determines that the Board does not have jurisdiction, the case shall not be docketed. If the Committee determines that the Board has jurisdiction, the case shall be docketed and an investigation shall be initiated.
4. If a determination that the Board does not have jurisdiction is made, the Special Investigator shall notify the complainant and licensee of the jurisdictional determination and the disposition of the complaint. If another Board or Agency has jurisdiction in the matter, the complainant will be notified which Board or Agency has jurisdiction. If the complaint is of



sufficient concern, the special investigator can forward the information available directly to the Board or Agency which has jurisdiction.

5. The Special Investigator shall update all information charts and logs.

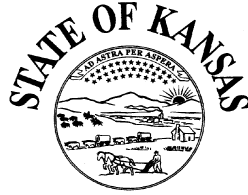
D. Review and Determination: Possible Violation

1. Docket case.
2. Begin Investigation Worksheet.
3. Add relevant case information to Investigative Data Base.
4. Update Disciplinary Information in Licensure Data Base.

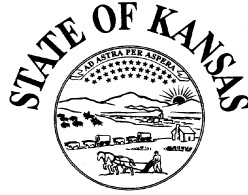
IV. Investigation Process

A. Licensee Notification

1. The purpose of an administrative investigation is to uncover facts and to facilitate the Board's regulatory goals and compliance with the law. In consideration of that goal and the nature of the investigative function, the Special Investigator is hereby given discretionary procedural authority in determining which manner a licensee under investigation is be notified of the allegations charged against them.
2. Licensee Notification can include but is not limited to:
 - a. An initial notification of complaint, if there will be a delay between the receipt of the complaint and the request for a written response.
 - b. Notification in writing with a request for a written response due in the Board office on or before a date indicated by the Special Investigator, usually a period of 30 days from the date of notification.



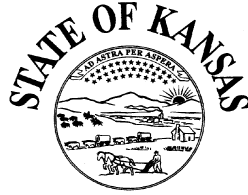
- c. At the conclusion of a personal interview with the licensee at which time the licensee is presented with written notification of the allegations.
 - d. A combination of (b) and (c).
3. In any case, the respondent/licensee shall be notified of the allegations in writing and asked to provide a written response to the Board.
 4. At the discretion of the Executive Director and/or Special Investigator, the respondent may receive one 15-day extension to prepare the response. At the discretion of the Executive Director, the respondent may receive a second 15-day extension on a showing of good cause.
- B. During the investigation process, the Special Investigator should explore the strengths of the case, along with the weaknesses.
- C. The Special Investigator should interview witnesses, collect documents and other evidence relevant to the allegation, and explore all avenues for the basis or motive of the complaint.
- D. If warranted, during the course of the investigation the Special Investigator may provide copies of documents obtained in the investigation and consult with:
1. a Complaint Review Committee member,
 2. a member of the Board who is not on the Complaint Review Committee,
 3. a former Board member of the profession involved, and/or
 4. another professional who has specialized expertise.



- E. The Special Investigator should possess a working knowledge of the rules, regulations, and State Statutes governing the professions licensed by the Board.
- F. Written Reports:
 - 1. The Special Investigator shall generate a written narrative report outlining the facts of the case as found in the investigation in relation to applicable statutes and/or regulations.
 - 2. Supplemental reports can be generated when necessary.
- G. The Special Investigator will notify the complainant and licensee by letter when the RAV enters each next stage in the process.
- H. Investigative subpoenas will be signed by the Executive Director or by the Board Chairperson if the Executive Director is unavailable.
- I. Pursuant to K.S.A. 74-7508(c)(3), the Special Investigator may advise proper authorities or state agencies of information gathered during the investigation.

V. Complaint Review Committee Procedure

- A. Upon completion of the investigation, the Special Investigator shall:
 - 1. Prior to the Complaint Review Committee's meeting, provide a copy of the completed Narrative Report to each member of the Committee.
 - 2. Have the complete investigation file available at Complaint Review Committee meetings.
 - 3. Have Consent Agreement and Order Referral forms available at Complaint Review Committee meetings, for completion at the Committee's direction if warranted.



B. Complaint Review Committee Evidentiary Determinations:

1. Prior to the Complaint Review Committee's meeting, each member of the Committee should read and preliminarily evaluate whether the narrative summary indicates that non-compliance or violation(s) of statute(s), regulation(s), or Board ordered conditions have occurred.
2. At its meetings the Complaint Review Committee will discuss, evaluate, and determine whether sufficient evidence exists to support a determination of non-compliance or a violation of statute(s) and/or regulation(s), and/or Board ordered conditions. (In making this determination, Committee members should bear in mind that a preponderance of the evidence, which is easily understood and conclusive in nature, is needed establish violation(s) of law at any subsequent disciplinary hearing).
3. The Committee may direct the Special Investigator to conduct further interviews and/or to obtain additional documents.
4. At its discretion, the Committee may invite the licensee to a Committee meeting to discuss the report of alleged violation and/or terms of any proposed Consent Agreement and Order.
5. For a disciplinary case, if the Committee determines sufficient evidence exists to support a determination of a violation of statute(s) and/or regulation(s), Committee members will complete the Aggravating/Mitigating Factors form to assess the seriousness of the violation(s). The purpose of this assessment is to guide the Committee in forming a basis for terms and conditions of any

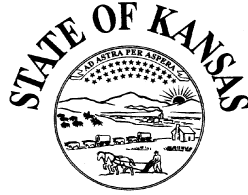


proposed Consent Agreement and Order that may be offered to the licensee and/or to serve as recommendations to Disciplinary Counsel for appropriate discipline should the case proceed to hearing.

6. The Committee may direct the Special Investigator to obtain a Victim Impact Statement prior to finalizing the Aggravating/Mitigating Factors form.
7. For a case involving asserted non-compliance or violation of a Board ordered condition, Committee members will assess the seriousness of the non-compliance or violation(s). The purpose of this assessment is to guide the Committee in forming a basis for terms and conditions of any proposed or extended Consent Agreement and Order that may be offered to the licensee and/or to serve as recommendations to Disciplinary Counsel for appropriate discipline should the case proceed to hearing.

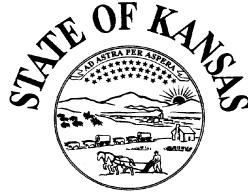
C. Complaint Review Committee action determinations:

1. If at least 3 members of the Complaint Review Committee determine that there is insufficient evidence to proceed:
 - a. The Special Investigator will close the case.
 - b. The Complaint Review Committee may authorize sending an educational letter or non-disciplinary letter of caution in order to alert the licensee that he/she may want to modify his/her conduct to avoid further complaints.
 - c. The Special Investigator will notify complainant and respondent of the determination.



2. If at least 3 members of the Complaint Review Committee determine that there is sufficient evidence to proceed:
 - a. Direct disciplinary counsel to initiate an administrative hearing by filing a disciplinary petition or show cause petition, as applicable.
 - b. Direct disciplinary counsel to propose resolution of the case by a Consent Agreement and Order (CAO) upon such terms and conditions as determined by the Committee.
 - c. If authorized by law, recommend county or district attorney initiate criminal proceedings.
 - d. For minor or technical violations, the Complaint Review Committee may authorize a sending an educational or non-disciplinary letter of caution to the licensee.
 - e. In the event of (2)(a) or (b), the Special Investigator shall provide a copy of the completed Narrative Report and all documents obtained during the investigation to the Board's Disciplinary Counsel.
 - f. The Special Investigator will monitor the progress of cases referred to the Attorney General's Office for resolution by Consent Agreement and Order or for hearing.

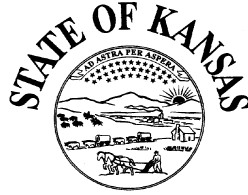
- D. Emergency procedures: In the event the Board's Special Investigator believes emergency procedures are warranted, he shall consult with the chair of the Complaint Review Committee and may consult with the Board's disciplinary counsel. After



such consultation and if warranted, the Chair of the Complaint Review Committee may authorize emergency proceedings pursuant to K.S.A. 77-536.

VI. Consent Agreement Process

- A. The Disciplinary Counsel prepares the formal Consent Agreement and Order and forwards it to the respondent, or the respondent's lawyer if represented, along with correspondence outlining the approval process and the date upon which the signed CAO should be returned. Any negotiations regarding the terms of the CAO will be done by the Disciplinary Counsel in consultation with the Complaint Review Committee or its designee.
- B. Upon receipt of the signed CAO, the Disciplinary Counsel will present the agreement to the Complaint Review Committee for final approval at the Committee's next scheduled meeting.
- C. Approval: A designee of the Complaint Review Committee will sign and return the CAO to the Executive Director or other designated Board staff who will then mail a copy of the CAO, along with a letter of correspondence, to the licensee.
- D. CAO not approved: If Consent Agreement and Order negotiations are not successful in resolving the case, a petition will be filed and the case scheduled for hearing.
- E. The Special Investigator will monitor the receipt of reports as required by the CAO and take steps to obtain those reports if not received as ordered.
- F. The Special Investigator will monitor terms and/or conditions and the receipt of reports as required by the CAO or Final Order and take steps to obtain these reports if not received as ordered.



VII. Case Disposition Authority

- A. The Complaint Review Committee retains the authority to negotiate or settle the case until the close of the presentation of evidence in the hearing.
- B. The Hearing Panel assumes authority regarding the disposition of the case after the close of the presentation of evidence in the hearing.

Behavioral Sciences Regulatory Board
History of Permanent Licenses January 2018 to Current

	July 2018	Jan 2019	July 2019	Jan 2020	Mar 2020	Jul 2021	Sept 2021	Nov 2021	Jan 2022	Mar 2021
LP	984	928	949	996	1,006	988	1,016	1,035	1,046	1,040
LASW	19	18	17	15	13	9	8	9	8	7
LBSW	1,725	1,668	1,638	1,601	1,577	1,466	1,427	1,413	1,393	1,389
LMSW	3,862	3,854	3,927	3,881	3,861	3,970	4,016	4,022	4,006	4,003
LSCSW	2,088	2,115	2,172	2,260	2,274	2,474	2,509	2,553	2,566	2,593
LPC	813	829	847	880	882	937	953	961	956	963
LCPC	619	661	704	747	747	843	896	929	947	978
LMLP	302	305	295	289	291	294	296	298	304	309
LCP	297	287	288	294	293	282	284	284	286	286
LMFT	347	335	324	330	327	335	324	319	329	326
LCMFT	566	587	611	618	620	681	703	719	726	736
LAC	620	612	618	572	569	578	520	520	521	524
LMAC	343	352	363	376	375	427	432	433	432	434
LCAC	527	546	566	546	541	570	536	537	542	547
LaBA	18	13	14	14	14	12	11	13	13	15
LBA	175	176	199	224	229	263	270	288	292	304
Total Permanent Licenses	13,305	13,286	13,532	13,643	13,619	14,129	14,201	14,333	14,367	14,454

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 January 2018 to Current

	July 2018	Jan 2019	July 2019	Jan 2020	Mar 2020	July 2021	Sept 2021	Nov 2021	Jan 2022	March 2022
Total LPs	984	928	949	996	1,006	988	1,016	1,035	1,046	1,040
Total SWs	7,694	7,655	7,754	7,757	7,725	7,919	7,960	7,997	7,973	7,992
Total PCs	1,432	1,490	1,551	1,627	1,629	1,780	1,849	1,890	1,903	1,941
Total LMLPs/LCPs	599	592	583	583	584	576	580	582	590	595
Total MFTs	913	922	935	948	947	1,016	1,027	1,038	1,055	1,062
Total ACs	1,490	1,510	1,547	1,494	1,485	1,575	1,488	1,490	1,495	1,505
Total BAs	193	189	213	238	243	275	281	301	305	319
Total Permanent Licenses	13,305	13,286	13,532	13,643	13,619	14,129	14,201	14,333	14,367	14,454

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 the enforcement of expiration of licenses until the end of May 2021.

RAV Statistics for FY 2022

July 2021	
Received	14
Closed	3
Total # of Cases	86

January 2022	
Received	17
Closed	16
Total # of Cases	82

August 2021	
Received	8
Closed	15
Total # of Cases	79

February 2022	
Received	21
Closed	22
Total # of Cases	81

September 2021	
Received	20
Closed	15
Total # of Cases	84

March 2022	
Received	
Closed	
Total # of Cases	

October 2021	
Received	13
Closed	11
Total # of Cases	86

April 2022	
Received	
Closed	
Total # of Cases	

November 2021	
Received	4
Closed	11
Total # of Cases	79

May 2022	
Received	
Closed	
Total # of Cases	

December 2021	
Received	18
Closed	16
Total # of Cases	81

June 2021	
Received	22
Closed	32
Total # of Cases	75

Cases Open by FY

FY 2017	0	FY 2018	7	FY 2019	1
FY 2020	5	FY 2021	11	FY 2022	57
FY 2023					

RAV Statistics for FY 2022

February 2022

Cases Open by License FY 2022

Profession	# Open	Percentage
LP	7	8.64%
LMLP	0	0.00%
LCP	1	1.23%
LMFT	4	4.94%
LCMFT	6	7.41%
LPC	10	12.35%
LCPC	8	9.88%
LBSW	6	7.41%
LMSW	18	22.22%
LSCSW	13	16.05%
LAC	2	2.47%
LMAC	0	0.00%
LCAC	1	1.23%
LBA/LaBa	1	1.23%
No License	4	4.94%
Total	81	100.00%

Cases Received for FY 2022 by License

Profession	# Received	Percentage
LP	11	9.57%
LMLP	2	1.74%
LCP	1	0.87%
LMFT	8	6.96%
LCMFT	12	10.43%
LPC	5	4.35%
LCPC	10	8.70%
LBSW	5	4.35%
LMSW	22	19.13%
LSCSW	23	20.00%
LAC	1	0.87%
LMAC		0.00%
LCAC	2	1.74%
LBA/LaBa	1	0.87%
No License	12	10.43%
Total	115	100.00%

102-2-4b. Continuing education approval for sponsors. (a) Each application to become an approved provider as defined in K.A.R. 102-2-1a (a), or a single-program provider as defined in K.A.R. 102-2-1a(x) shall be submitted on forms provided by the board and shall include the nonrefundable fee prescribed in K.A.R. 102-2-3.

(b) Approved providers.

(1) Each applicant for approved provider status shall submit the application form and application fee for approved-provider status at least three months prior to the first scheduled program.

(2) Each applicant for approved-provider status shall submit an organizational plan that includes a written statement of purpose documenting that social work practice, values, skills, and knowledge are the bases for the provider's educational goals and objectives and administrative procedures.

(3) Each approved provider shall designate a person who meets one of the following the educational requirements for licensure to be responsible for the development of the program :

(A) the educational requirements for social work licensure; or

(B) hold licensure as a psychologist, professional counselor, clinical professional counselor, master's level psychologist, clinical psychotherapist, marriage and family therapist, clinical marriage and family therapist, addiction

counselor, master's addiction counselor, clinical addiction counselor, assistant behavior analyst and behavior analyst.

(4) Each approved provider shall develop these systems:

(A) a system for maintaining records for a period of at least three years;

and

(B) a system for selection and evaluation of instructors, participant performance requirements, and provision of accessible and adequate space.

(5) Each approved provider shall maintain a summary of each individual program offered for a period of at least three years a summary of each individual program offered that documents the following information:

(A) the relationship of the program to the enhancement of social work practice, values, skills, or knowledge;

(B) the learning objectives for the program and the relationship between the program content and the objectives;

(C) the licensing levels for which the program is designed and any program prerequisites;

(D) the relationship of the format and presentation methods to the learning objectives and the content, and the size and composition of the participant group;

(E) the qualifications of the instructor in the subject matter;

(F) the means of program evaluation;

(G) the program agenda. The agenda shall clearly indicate all coffee and lunch breaks; and

(H) the dates the program was given.

(6) Upon board approval of the application and payment of the initial application fee, a provider shall be provisionally approved for one year;

(7) At least 60 days before the end of the year of provisional approved-provider status and at least 60 days before the end of each succeeding three-year period of approved-provider status, each approved provider seeking renewal shall submit an application to the board. Each application for renewal of approved-provider status shall include the documentation required in paragraph (b)(5) for each program offered during that period of approved-provider status. Upon determination by the board that the approved provider has provided sufficient documentation as specified in paragraph (b)(5) and upon payment of the approved-provider renewal fee established in K.A.R. 102-2-3, approved-provider status shall be granted for a new three-year period.

(8) Any approved providers may be evaluated and monitored by the board by random contact of social work participants attending programs sponsored by the approved provider.

(9) Approved-provider status may be withdrawn by the board if the provider violates this regulation or if quality programs are not maintained to the board's satisfaction.

(c) Single-program providers.

(1) Each applicant for single-program provider status shall submit a separate single-program provider application form and fee for each continuing

education activity or each continuing education activity date for which single-program provider status is requested.

(2) The applicant shall submit each application for single-program provider status on a board-approved form that includes a description of the following items:

(A) the relationship of the program to the enhancement of social work practice, values, skills, or knowledge;

(B) the learning objectives for the program and the relationship between the program content and the objectives;

(C) the licensing levels for which the program is designed and any program prerequisites;

(D) the relationship of the format and presentation methods to the learning objectives and the content, and the size and composition of the participant group;

(E) the qualifications of the instructor in the subject matter;

(F) the means of program evaluation;

(G) the program agenda. The agenda shall clearly indicate all coffee and lunch breaks; and

(H) the date or dates the program is to be given.

(3) Each applicant shall submit the required application fee with the completed single-program provider application. If the completed single-program provider application form is not received in the board office at least 30 days prior

to the scheduled continuing education activity, the application may not be processed or approved by the board.

(4) Single-program provider status may be withdrawn by the board if the provider violates this regulation or if the quality of the program is not satisfactory to the board.

(d) Each single-program provider and approved provider shall maintain a record of each social worker's attendance for a period of at least three years.

(e) Each single-program provider and approved provider shall provide each social work participant with verification of the participant's attendance. This verification shall be on forms approved by the board. (Authorized by and implementing K.S.A. 2000 Supp. 74-7507, as amended by L. 1996, Ch. 153, Sec. 43 and K.S.A. 65-6314, as amended by L. 1996, Ch. 153, Sec. 15; effective, T-85-36, Dec. 19, 1984; effective May 1, 1985; amended May 1, 1986; amended May 1, 1988; amended Oct. 24, 1997, amended March 8, 2002)