



WASHINGTON STATE NEWSLETTER

MAY 2008 LEGISLATIVE UPDATE EDITION

SSWLHC ADVOCACY, PRIORITIES, ISSUES & ACTIVITIES

- **June 23, 2008**
 NASW WA CHAPTER, VAMC SEATTLE, SWEDISH MEDICAL CENTER SOCIAL WORKERS
 "ETHICAL CHALLENGES IN HEALTH-CARE AND MENTAL HEALTH SETTINGS: RISK MANAGEMENT IMPLICATIONS"
 SWEDISH MEDICAL CENTER, SEATTLE
- **October 31, 2008**
 HARBORVIEW MEDICAL CENTER
 "COMPLEX DISCHARGE PLANNING"
 HARBORVIEW MEDICAL CENTER AUDITORIUM, SEATTLE

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DOH SEXUAL MISCONDUCT STANDARDS ARE REVISED EFFECTIVE 4/19/08 MSW CLINICAL STANDARDS ARE UPHELD:

For at least 8 years, the Washington State Society for Clinical Social Work has been working to implement their Code of Ethics with regard to sexual misconduct for LICSWs and LASWs, i.e., LICSWs and LASWs should never have sexual relationships or contact with a former patient. As you know, the Washington Department of Health has steadfastly maintained that the standard should be that LICSWs and LASWs (as well as psychologists, LMHCs, and LMFTs) should be allowed to have a sexual relationship with a former patient post termination after two years have passed.

As of April 19, 2008, the Department of Health has changed the standard for sexual misconduct for LICSWs and LASWs to the following:

WAC 809-246-049 Sexual Misconduct:

- (1) The definitions and prohibitions on sexual misconduct described in Chapter

Continued on Page 5, Col 2

SSWLHC LIST-SERVE IS ON-LINE JOIN US TODAY!

The SSWLHC WA Chapter List-Serve has been reactivated!

You may have recently received an invitation from Kathleen Fellbaum, Chapter President, to join the Chapter's list-serve, an email service which allows you to post questions and comments to our members throughout Washington State. This is an easy way to share resources with your colleagues and to get feedback on how the many challenges we face are being handled in other settings.

Although it had never been officially de-activated, the list-serve SSWLHC run through Yahoo Groups had not been recently updated, and many of our email addresses were out of date. Mark Mendelow, who originally started it, was kind

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LEGISLATIVE UPDATE:**2008 LEGISLATIVE SESSION HELPS HOSPITALS**

BY Cassie Sauer, MSW
Vice President, Communications
Washington State Hospital Association

The Washington State Legislature has adjourned for 2008. Overall, the results for hospitals and health care are very good, particularly given the tight budget climate. Discussed briefly below is how the Washington State Hospital Association's (WSHA's) policy and budget priorities fared in the state legislative session. As usual, we will produce a detailed summary of the 2008 session. You should receive this summary in late April or early May.

HOSPITAL POLICY PRIORITIES

WSHA followed and lobbied a much longer list of policy bills than discussed below. A more comprehensive list of all the bills that will affect hospitals and health care will be provided in our annual summary.

The list below covers our top priority issues:

* **NURSE STAFFING:** After years of controversy on nurse staffing issues, hospitals, nurse executives, and nursing unions worked together to develop and enact reasonable legislation in House Bill (HB) 3123 and approve a Memorandum of Agreement governing an ongoing collaborative process. WSHA will continue working with hospitals to ensure successful implementation of the nurse staffing legislation and agreement.

* **NON-PROFIT HOSPITALS:** WSHA successfully advocated to maintain the property tax exemption for non-profit hospitals. WSHA also successfully lobbied to ensure reasonable access to tax-exempt bonds for capital projects financed by non-profit hospitals through the Washington State Health Care Facilities Authority.

* **ADVERSE EVENTS:** Under HB 2670, hospital-specific adverse event information will be made public, but the law will continue to protect sensitive information, such as patient identifiers and a hospital's root cause analysis. As

WSHA requested, the state will make public any contextual information the hospital provides, such as the number of surgeries, the number of patient days, and patient outcomes.

* **PATIENTS IN CUSTODY:** No legislation was enacted prohibiting counties and cities from "dumping" suspects and inmates on hospitals. We are pleased that no change was made to the amount hospitals can collect to care for patients in custody.

* **POLST:** HB 2924 would have recognized the Physician Orders for Life Sustaining Treatment (POLST) form in statute and ensured facilities and providers that honor the form in good faith are immune from civil/criminal liability and professional disciplinary action. The bill was not enacted.

* **FIRE AND LIFE SAFETY:** WSHA successfully lobbied to amend Senate Bill (SB) 6710 to ensure coordination between fire/life safety surveys by the fire marshal and the Washington State Department of Health's licensing surveys, and to create a reasonable set of surveying standards.

* **NURSE BREAKS:** WSHA defeated HB 2824, the damaging nurse breaks bill. The bill would have required health care facilities to schedule nurses' meal and rest periods, prohibited intermittent breaks and required block breaks, and limited current statutory exceptions to the prohibition on mandatory overtime for prescheduled on-call time.

HOSPITAL BUDGET PRIORITIES

Discussed below is how the supplemental budget as enacted addresses WSHA's top eight budget priorities. The funding is not final until the Governor

2008 SESSION, CONT.

signs the

budget. She may want to keep more funding in the state's reserve account than the budget allows, and could veto some of the legislature's spending priorities.

During a session when the revenue forecast dropped by \$423 million, we are pleased there are significant budget increases and no cuts to hospitals or health care:

* **MEDICAID INPATIENT PAYMENT SYSTEM:** In August 2007, Washington State implemented a new, more equitable system for Medicaid hospital prospective payment. As part of implementing this system, the budget includes the \$30 million WSHA was seeking for Washington's Healthy Options plans to pay the new Medicaid rates.

* **LEGISLATIVE COMMITMENT TO PUBLIC HOSPITALS:** In 2005, the Washington State Legislature established a new payment mechanism (certified public expenditures) for 12 public hospitals. Savings from this system enable the state to maintain access to care through Medicaid and Basic Health. The new supplemental budget increases payments to these participating hospitals in order to ensure they receive no less in combined state and federal payments than they would have received under the regular Medicaid program. Unfortunately, the budget bill still includes language that may delay some hospitals' grant payments.

* **COVER ALL KIDS:** The Cover All Kids law enacted in 2007 is already proving successful. The supplemental budget as enacted includes \$51.9 million for increasing children's health caseload, \$32 million for pediatric rate increases in Healthy

SSWLHC WA CHAPTER SUPPORTS:

HR 5447—S 2858

SOCIAL WORK REINVESTMENT ACT

A BILL TO ESTABLISH THE Social Work Reinvestment Commission to provide independent counsel to Congress and the Secretary of Health & Human Services on policy issues associated with recruitment, retention, and reinvestment in the profession of social work and for other purposes.

Named for Dorothy I. Height and Whitney M Young, Jr., two of America's greatest champions for Social Justice, the act would establish a social work Reinvestment Commission to provide a comprehensive analysis of current trends within the professional and academic social work communities. Specifically, the Commission will develop long term recommendations and strategies to maximize the ability of America's social workers to serve their clients with expertise and care.

This legislation also creates competitive demonstration grants which will support efforts underway within both the private and public sectors, at our nation's institutions of higher learning, and within community-based organizations already administering services to underserved client populations. This investment will be returned many times over both in support of ongoing efforts to establish effective social service solutions and in direct service to affected client communities.

At the same time, social worker salaries are significantly lower than those in comparable professions, social workers are retiring and leaving the profession in great numbers, and schools of social work are finding it more difficult to recruit young, dedicated people into the profession. The programs and initiatives of the Social Work Reinvestment Act will go a long way to ensure our supply of professional social workers can keep up with rising demand. *(Elizabeth J. Clark, Executive Director NASW)*

For additional information, and a copy of the bill, contact: socialworkreinvestment.org

LEGISLATIVE WRAP-UP

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Options, and fully funds the outreach program. Unfortunately, the budget does not include \$10 million to fund incentives to providers to meet performance standards, increase children's access to a medical home, and ensure access to mental health for all children.

* **HEALTH CARE WORKERS CAREER ADVANCEMENT:** The supplemental budget as enacted includes \$1.5 million of the \$3 million WSHA was seeking for the state and community technical colleges to train lower wage hospital employees to advance their careers using work-based learning strategies, particularly to become registered nurses.

* **TELEHEALTH AND END-OF-LIFE:** Unfortunately, in the tight budget climate, the budget does not include funding for telehealth. There is also no funding for increasing end-of-life education and the use of the Physician Orders for Life Sustaining Treatment (POLST) form due to the lack of policy consensus on this issue.

* **LOAN REPAYMENT PROGRAM:** The supplemental budget includes \$1.25 million of the \$3 million WSHA was seeking for the Washington State Health Professional Loan Repayment and Scholarship Program. This will increase the number of health professionals serving in underserved and rural areas.

* **NURSE STAFFING MEDIATION:** The budget includes the \$170,000 WSHA was seeking for the Ruckelshaus Center to continue the nurse staffing/patient safety mediation process.

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SOCIAL WORK LICENSURE
REQUIREMENTS AMENDED

AMEND HB 2474: amended the Licensure Requirements for Approved Social Work Supervisors. This bill addresses changes to the requirement for an approved supervisor of social work licensure candidates to have 5 years post license work experience. The bill sought to change the experience from 5 years to 2 years in order to increase access to approved supervisors and to be consistent with the requirements for Licensed Mental Health Counselors and Licensed Marriage and Family Therapists.

In 2003 and 2006, changes were made to the licensure laws which added the five year experience rule, resulting in the Department of Health denial of supervision hours received between 2001 and 2006.

NASW supported HB2474, and asked for an amendment to grandfather in those social work licensure candidates who began supervision in 2001, when there were no time requirements for supervisors. The bill passed out of the House Health Care and Wellness Committee, passed out of House Rules on 1/24/08, and passed the House 2/14/08, establishing the rule for 2 years' post licensure experience for approved supervisors, retroactive to 2003, with an exemption for those who began social work supervision prior to the 2003 laws. Those hours should now count and can be resubmitted by anyone who had them denied earlier.



STACEY JONES JOINS SSWLHC BOARD AS NEW MEMBER AT LARGE

The SSWLHC Board is pleased to announce the appointment of Stacey L. Jones, MSW, to the position of Member at Large. Stacey joined the monthly meetings in March and has expressed an interest in assisting with the Chapter's Education program.



Current Employment: Stacey is employed at Providence Hospice of Seattle, and provides counseling in their Safe Crossings program. In that capacity she provides education and support to kids and teens who have someone who is ill in their family or who have had someone who has died. She provides support through individual counseling, school groups, parent child groups, quarterly events and Camp Erin.

Education/Work Experience: Stacey comes to the Seattle area from St. Louis Missouri, where she received her MSW at the George Warren Brown School of Social Work at Washington University in Saint Louis, MO. She worked at Barnes Jewish Hospital in St. Louis from 1995 to 1997. She joined Saint Louis University Medical Group in 1997 where she provided outpatient services to clients, and supervising and training to social work internship students, new employees, and volunteers. In 2001, Stacey joined the staff at Visiting Nurse Association Hospice, also in St. Louis. Here, she provided in home and nursing home hospice care. Again, she provided supervision to social work students during their internships.

St. Louis Chapter: Stacey says she learned about the WA Chapter of SSWLHC through the brochure for the 2007 SSWLHC Ethics Conference. After attending the workshop, she decided to join the organization. Stacey was a member of the St. Louis, MO SSWLHC Chapter for several years, and served on the Board as the treasurer. She feels Chapter membership is a good opportunity to network as well as learn and advocate for the social work community in Seattle and the State.

Sexual Misconduct Standards Revised, Cont. from Page 1

246-16 WAC apply to licensed marriage and family therapists, licensed mental health counselors, and licensed social workers except WAC 246-16-100 (3) and (4).

(2) A licensed marriage and family therapist, licensed mental health counselor, or licensed social worker shall never engage, or attempt to engage, in the activities listed in WAC 246-16-100(1) with a former patient, former client or former key party. This standard will also apply to registered counselors, registered hypnotherapists, and chemical dependency professionals.

The Society is pleased that regulations which reflect our ethical standards are now part of the Washington Administrative Code which governs clinical social work.

Laura Groshong, LICSW, is WSSCSW Legislative Chair and author of this article. She can be located for comment at: 206-524-3690 or: lwgroshong@comcast.net

NASW also worked with the WSSCSW on the review, analysis, and recommendations for passage of these two pieces of legislation.

LIST SERVE

Cont. from Page 1

enough recently to walk me through management of the list-serve and I have assumed the moderator responsibilities. Thank you, Mark!

The current title of the group is WASSWLHC. I think we may want to change that to SSWLHC-WA to make it easier to find, and to match our website address. If you would like to join please email me at kath@fellbaum.com and I will be happy to send you an invitation. You should also be able to join through the Yahoo Groups website.

Kathleen Fellbaum, LICSW
WA Chapter President

kath@fellbaum.com

IN FOCUS: LEADERSHIP PROFILE



ROOSEVELT TRAVIS, JR. MSW, MBA

Roosevelt Travis is a newcomer to the Seattle area and to WA Society membership. He arrived in Seattle in 2006 to assume the position of Director of Social Work at Childrens Hospital. An important segment of the Social Work Healthcare community, he manages a 40 member department that also serves as a placement for six to eight social work graduate students annually.

As Director, Roosevelt is responsible for the provision of social work services throughout the organization, including personnel management inclusive of recruitment, interviewing, hiring, coaching, performance reviews and personnel policies and procedures. He also has budgetary management and control, provides collaboration with community partners, and develops programs and their evaluation.

Roosevelt brings more than twenty years of clinical and executive experience to his work at Childrens. He graduated from the University of Southern California, School of Social Work, with his MSW in 1986, followed by a Masters in Business Administration from the University of La Verne, CA, in 1998.

Between 1983 and 1986 Roosevelt worked for the Boys Club of San Gabriel Valley providing case management and substance abuse treatment services to high risk adolescents. Program participants were generally adolescent males between the ages of 13 and 19 who were considered serious juvenile offenders. In 1986, he went to work for Providence Saint Joseph Medical Center as an MSW and worked in their Trauma and Critical Care Program as well as EAP.

Roosevelt's first major administrative appointment was with the Providence Health System in Burbank California, where he began work there as Director of Case Management in 1992. He developed and administered a case management program for a 500 bed acute care medical center. Roosevelt also developed and coordinated discharge planning functions and processes, and participated in the development of critical pathways.

In 1995, Roosevelt took on the challenge of Managing the Home Hospice program within the Providence Health System in Burbank. He was charged with administering and supervising the home hospice program. He also developed, negotiated, and maintained contracts with vendors, and oversaw the annual fundraising effort of the organization.

In 1996, he was appointed to the position of Service Area Director for the Providence Health System. He had responsibility for developing and administering social work services for the Providence Los Angeles Service Area. The facilities included two major medical centers, two home care departments, the hospice program, an occupational health center, and a skilled nursing facility. He was also a member of the Service Area Cancer Committee that developed a comprehensive cancer program for the region. In this program, he founded and edited a cancer support newsletter for the Los Angeles Service Area. The Newsletter focused on providing medical, nutritional, legal and mental health information for those living with cancer and their loved ones. Associated with the Cancer and Hospice programs, Roosevelt also obtained grants to support various community programs.

As Service Area Director, Roosevelt participated in the establishment of a Wellness Center at Providence Saint Joseph Medical Center and a Spanish language Wellness Program at Providence Holy Cross Medical Center. He also had responsibility for budgets for all of his departments, administrative responsibility for volunteers that provided home based assistance to seniors, the children's dental clinic, the grant funded tattoo removal program, the Parish Nurse Partnership Program and enhanced their ability to address the healthcare needs of African American, Asian, and Latino communities. He also developed the outpatient case management program that provided case management services to individuals with chronic diseases such as CHF.

In addition to his responsibilities at Providence, Roosevelt ran a private psychotherapy practice and was also a contracted psychotherapist with the AIDS Project in Los Angeles from 1992 to 1997.

In 2001 Roosevelt went to UCLA Medical Center in Los Angeles as the Director of Care Coordination, a combined department with Case Management, Utilization Management, Social Work and Discharge Planning. This position included oversight and accountability for medical management/clinical operations including utilization management, case management, discharge planning, child development and home health. Roosevelt's operations budgets totaled more the 6.5 million dollars, and covered all personnel and their management, as well as program development, vendor negotiations, charity transportation programming, grant writing, and establishing working relationships with payers to address issues that were of interest to both parties.

In 2006, Roosevelt accepted the Social Work Director position at Childrens Hospital Medical Center. When I asked why he decided to change locations and come to Seattle, he replied "neither my wife nor I are from the Southern California area. We had discussed leaving the region for several years. We began exploring this possibility more seriously as our son entered his senior year of high school. I had been presented with a number of opportunities in California, as well as other states across the country. However, I earned my undergraduate degree from Whitworth College in Spokane, WA nearly three decades ago and had enjoyed the time that I spent on both sides of the state. I had always thought that I might return someday.

My wife and I have an 18 year old son who is completing his second year at USC. We also have an eight year old daughter who has become completely obsessed with Gaming. We felt that a move to Seattle would allow us to improve our quality of life. We are a family that very much enjoys the outdoors. Seattle and the entire Northwest is a rich environment for camping, hiking, fishing, cycling, etc. We have taken advantage of these many riches.

Approximately two years after arriving in Seattle, our garage is nearly clear of boxes. Our family has settled into a comfortable routine. I am now beginning to look around for teaching and clinical opportunities. I find the work in these areas to be most enjoyable."

CHAPTER PRESIDENTS REPORT CHAPTER SUCCESSES / CHALLENGES AT NATIONAL CONFERENCE ON APRIL 1



By Kathleen Fellbaum,
President SSWLHC WA Chapter

At the annual meeting of State Chapter Presidents, in Montreal Canada, the attendees addressed the successes and failures of their chapters as a means of sharing information on Chapter building. A variety of projects and methods were discussed. Following is a summary of the discussion points made by State Chapter Presidents.

WASHINGTON:

Successes: Depth and dedication of retired members; Newsletter / Website; Board Conference calls to expand geographical reach; Personal invitations to get people to step up and run for office.

Challenges: Few Departmental Director positions with many decentralized departments, large clinical staff Chapter membership who have difficulty getting away from clinical duties for professional activity; difficulty getting people to participate in advocacy.

OTHER STATES:

SUCCESSES:

Websites: are used to post jobs, CEUs, communicate, answer membership questions, recruit college students. Some websites link to NASW websites.

The **National website** now allows members to update their own profiles. Chapters can use a template through the national website to create their own sites at no extra charge. Send info to Mike Applegate, webmaster, to do so at: www.sswlhc.org

Collaborations: Hospital Association: Alabama helps with mailings and provides meeting space. In Michigan the Hospital Association has a teleconference service hooked to all hospitals: this has been available to SSWLHC. Their website is also accessed through the Hospital Association (alaha.org).

NASW: joint social policy/ advocacy efforts, review health care issues for NASW. Dallas chapter collaborates with NASW to put on conferences.

Hospitals: in Mo/Kan a particular hospital sponsors CEUs.

Long-term Care and Hospice Groups: Utah partners with these groups to put on CEU workshops. The Chapter provides food and helps publicize events. Each group sends someone to participate on the SSWLHC board.

Electronic Distribution: Many chapters reported controlling costs via electronic distribution of meeting notices, newsletters, and meeting minutes.

CEUs: One chapter reported good results by offering evening and weekend CEU options. This was in a metropolitan area. **Maine** offers ethics annually, at a good price and a central location. **Illinois** is doing very well financially: they make money with their annual conference, and have good vendor support. Conferences are also money-makers in **N. California**.

Webinars: These have been a huge success for National: for one fee, an organization can have as many participants who can fit in the room. Chapters use these to put on a lunch and offer CEUs.

Students: Grad students present their research at SSWLHC meetings; growth of chapter through student participation in Indiana.

Recycling of board members is happening

NATIONAL SUCCESSES / FAILURES, CONT FROM PAGE 8

everywhere, seems to be necessary, helps with continuity.

Annual meeting: at a nice restaurant in San Francisco: folks in that Chapter look forward to this.

Advocacy: Some CEU topics focus around advocacy. One group did a letter-writing campaign, writing as members of SSWLHC, to challenge the elimination of an after-hours child abuse hotline. Being able to associate themselves with SSWLHC rather than with their institutions freed folks up to take on this advocacy role. And the hotline was reinstated. (Children's Mercy Hospital).

CHALLENGES:

New Jersey has dropped their affiliation with the hospital association.

All Chapters: Getting people to step up and run for office is a major issue for all Chapters.

Title protection: 33 States have been successful. WA State continues to work on this.

I want to thank all of you who encouraged me to attend this year's national conference in Montreal. It was a wonderful experience for me in terms of educational offerings, networking opportunities, and fun. And thank you also for the financial support I received from our chapter to attend the conference.

Kathleen Fellbaum, LICSW, can be reached at: 206-248-4535 or kath@fellbaum.com

SSWLHC WELCOMES NEW MEMBERS

The Washington Chapter is pleased to welcome these social workers to membership.

Derek Chun, social worker for Regional Hospital, a long term acute care facility for Respiratory and Complex Care; Seattle

Paige M. Kayihan, per diem Social Worker, UWMC, Seattle

Sarah "Gretchen" Roewe, Social Worker, Pediatrics, at Seattle Cancer Care Alliance, Seattle

Roosevelt Travis, Director of Social Work at Childrens Hospital Medical Center, Seattle

David Wolfe, social worker for Highline Medical Center Geropsychiatric Unit; Seattle

NEWSLETTER COMMENTS WANTED!!

The Editorial Board of the WA Chapter, SSWLHC, is looking for feedback on this newsletter.

1. Does it **meet your needs for information** related to social work in health care?
2. What **other kinds of information** would you like to find, or have featured in this newsletter?
3. Do you have **suggestions for particular column content**? Do you have an article you would like to publish?
4. Does the **format** catch your eye? Should we go to a different type **font**? Newsletter **makeup**?
5. Should we continue to publish the newsletter in **hard copy**? Or should we go to the **internet**?

This is your Newsletter and the content should reflect your needs and interests.

Please provide feedback to Editor J. Durgin, jackiedurginbeck@comcast.net or to Lynn Carrigan, Assistant Editor and Chair, Social Health Policy at: lrc@u.washington.edu. Or: Carrigan2006@yahoo.com

REPORT FROM NATIONAL SSWLHC CONFERENCE: CHANGE PROPOSED IN DUES STRUCTURE

By Kathleen Fellbaum, MSW

I return from the national SSWLHC conference, held in Montreal Canada, with news of proposed changes to the structure of SSWLHC. The Society has a fairly unusual structure among professional societies. The National organization, SSWLHC, collects dues separately from the local chapters, offers a large national conference annually, publishes a quarterly magazine and other publications, and offers a variety of proprietary tools, including salary surveys, model job descriptions, etc., to its members. They also offer webinars, focus groups, and coordinated advocacy efforts. Meanwhile local chapters such as our own collect dues separately, have our own bylaws, advocate on local and national issues, and offer a range of publications, educational offerings and other events to our members. The local chapters operate independently of each other and of the national organization, and their activities vary from region to region. Only the president of a local chapter is required to maintain membership in the national organization.

Most professional societies operate more as NASW does, with a single fee for membership to the larger organization, which confers membership to the local chapter. SSWLHC is proposing to adopt a similar structure, eliminating the option of belonging to a chapter without joining the larger society (and vice versa). A vote on this proposal is planned for later this year. Only members of the national society will be eligible to vote.

Such a change would likely present a significant increase in annual dues from the current \$20 for membership in the Washington State Chapter. Current annual dues at the national level are \$80 for line staff and \$135 for managers. Please go to www.sswlhc.org for more detail on the current fee structure. Under the proposed change, the national organization would process dues payments with a percentage payable to the local Chapter..

There would also be a number of changes to the way the local chapter operates. Such a change might require retooling of local bylaws to mirror the bylaws of the

national society. Some responsibilities currently assumed by the local board would be shifted to the national society and their management company. And new responsibilities would arise related to the need to liaise with National.

At the April 1 meeting of the national board and the chapter presidents, I expressed concern that a great leap in membership fees would very likely lead some of our current members to forgo membership in the Society. I am still concerned. Nevertheless, I urge you to join National if you haven't already, and be at the table to influence the future direction of the society. In the long run, I believe we will be stronger working together.

Please send me your comments and concerns about this membership issue to kath@fellbaum.com by May 15, 2008. I will forward your ideas to the National/Chapter task force.

President: Kathleen Fellbaum, MSW

President Elect: Sandra J. Johnson, MSW

Past President : Diedrich Meinken, MSW

Secretary: Carole O'Brien, MSW

Treasurer: Erica Taylor, MSW

Communications Coordinator, Jacqueline Durgin, MSW

Members at Large:
Stacey Jones, MSW
Rena Merithew, BSW
Carmen Washington, Student

Education Chair: Sandra Johnson, MSW

Membership Chair: Diedrich Meinken, MSW

Newsletter Editor: Jacqueline Durgin, MSW

Scholarship Committee: Sandra Johnson, MSW

Social Health Policy Chair: Lynn Carrigan, MSW

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SSWLHC ACCEPTING APPLICATIONS FOR \$2000 SCHOLARSHIP

The SSWLHC WA Chapter is accepting applications for its 2008 Student Scholarship. The scholarship is awarded annually in the amount of \$2000.

Purpose of Award:

To raise the visibility of the Social Work profession in the area of health care;

To honor and support an outstanding student who is committed to pursuing a Social Work career in health care.

Description of Award:

The scholarship winner will receive a cash award for \$2000.

In addition, all applicants will receive a one-year membership in the SSWLHC.

Recipient of the Award will serve as a liaison on the SSWLHC WA Chapter Board as Member-at-Large for one year. The recipient will act as a representative for the social work students; educating students about SSWLHC, informing students of organization events, and participating in monthly board meetings via conference telecommunications when possible.

Eligibility:

The award is open to any student in Washington state who:

- (1) Is a Master of Social Work candidate of any Washington State MSW program;
- (2) Will be enrolled as a 2nd year MSW student in the academic year 2008-2009, or will graduate with an MSW in 2009;
- (3) Shows commitment to a career in health care social work, (clinical, program planning, administrative, or research);
- (4) Holds U.S. residency or, if an international student,

plans to work in medical social work in the United States for two years post graduation.

Application Process:

Applications will be due May 23, 2008.

Applicants are requested to apply by submitting the application form by e-mail to Sandra Johnson at sandras.johnson@swedish.org

1. A brief cover sheet with name, address, telephone, email address and names of your 3 references;
2. A resume outlining volunteer, practicum, and paid work experience;
3. A personal statement not to exceed 500 words, describing an aspect of Social Work practice in healthcare in which the student is interested, explaining what the student believes to be his/her potential to make a unique contribution to that area of practice;
4. Three letters of references (Please have your references email their recommendations directly to Sandra Johnson, MSW at sandras.johnson@swedish.org):
 - a. One academic recommendation,
 - b. One fieldwork recommendation,
 - c. One recommendation from an employment or volunteer experience .

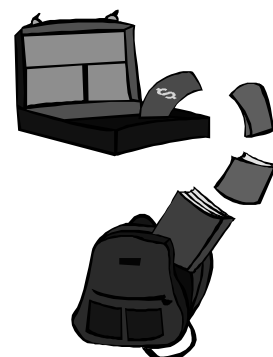
Applications need to be emailed to:

sandras.johnson@swedish.org

Telephone: 206-386-3079

Application information is also available on line at:

www.sswlhc-wa.org



BILL TO REORGANIZE REGISTERED COUNSELOR REGULATION

By Laura Groshong, LICSW, WSSCSW
Legislative Chair, WSSCSW

The author wishes to thank **Scott Edwards, LMFT, WAMFT Past President, and Adrian Magnuson-Whyte, LMHC, WMHCA Legislative Chair, for their help in preparing this document**

INTRODUCTION

2SHB 2674, called Modifying Credentialing Standards for Counselors, passed the Washington State Legislature on March 8, 2008 and was signed by Governor Gregoire on March 25, 2008. This bill reorganizes the registered counselor category, creating eight new regulatory titles and categories for the 18,500 individuals who were previously in the registered counselor category. The reorganization of the registered counselor category represents a huge step forward in the protection of the members of the public who use mental health and counseling services in Washington, a group that were never fully informed about the differences between the various state sanctioned counseling and mental health titles. This bill represents thousands of hours of work on the part of licensed mental health clinicians, psychologists, chemical dependency professionals, registered counselors, the Department of Health, the Governor, the Legislature, the press, and consumers.

BACKGROUND ON REGISTERED COUNSELORS

The reorganization of the registered counselor category has been an active work in progress for the past two years. Many mental health clinicians and others concerned about protecting the public have been appalled by the 20-year existence of this category, which allowed anyone to pay \$40 and take a 4-hour HIV/AIDS course to become a 'registered counselor'. The registered counselor category was created in 1988, paradoxically the year clinical social workers, mental health counselors, and marriage

and family therapists became certified with standards for education, experience, supervision, and examination (psychologists, psychiatrists, and advanced practice registered nurses were already licensed.) The registered counselor category was created because of complaints from a vocal group of alternative counselors, including wiccans, spiritual counselors, voice dialoguers, flower essence counselors, laughing yoga therapists, and other counselors using dozens of other alternative methods. These alternative counselors insisted that they should be given a state sanctioned category without any educational, experiential, supervisory, or examination requirements. Hypnotherapists also were assigned a title, registered hypnotherapists, without any specific requirements beyond stating they were "employing hypnosis as a modality" (RCW 18.19.090). Though it was not clear at the time, in creating the registered counselor category, Washington became the only state to give potentially untrained and uneducated mental health counselors a state sanctioned title (Maine has since added a registered counselor category of about 200.)

It is worth considering why so few states have chosen to regulate the alternative forms of counseling. The huge variety of alternative counseling which exists cannot be adequately investigated by the state, which relies on the standards generated by national educational entities for licensed groups, e.g., Council on Social Work Education and Council for Accreditation of Counseling and Related Educational Programs. The majority of states prohibit the practice of mental health treatment or counseling without being licensed in a mental health field, specifically denying any unlicensed individual the right to "practice psychotherapy" or "diagnose mental health disorders." Washington did not have any restrictions on the practice of registered counselors, including these areas.

The certified mental health groups became licensed in 2001, meaning there were then 6 licensed

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mental health groups in Washington requiring a master's degree, clinical experience, and supervision that were providing mental health services. The titles of these groups were advanced practice registered nurses, psychologists, psychiatrists, independent clinical social workers (and advanced social workers), mental health counselors, and marriage and family therapists, which today total about 8000 licensed mental health practitioners in Washington. Licensed mental health practitioners have at least a Master's degree in a mental health field, at least two years of approved supervised experience post-Master's degree, and have passed a national examination. All licensed clinicians are qualified to diagnose mental health disorders and conduct psychotherapy or counseling. Psychiatrists and advanced practice registered nurses are also qualified to prescribe psychotropic medication.

In April, 2006, the Seattle Times ran a series on the registered counselors, "Licensed to Harm," which was nominated for a Pulitzer Prize and brought wide attention to the problems of a regulatory category which allowed anyone to use a title which implied that they were qualified to provide counseling services. By 2006, the number of registered counselors had grown to approximately 17,000. The current number of registered counselors is about 18,500.

One of the disputed areas with regard to registered counselors has been the number of actionable complaints filed against registered counselors, particularly in comparison with the licensed mental health groups. The data has been interpreted in different ways, with the Seattle Times articles showing a 9% rate of actionable complaint for registered counselors, the same as the rate for psychologists. The data for the 2001-2003 biennium, however, showed a much higher rate of actionable complaint for registered counselors than other licensed groups, almost double (LICSWs, 2%; LMHCs, 4%; LMFTs, 5%, registered counselors, 8%, 2001-2003 DOH statistics.) The DOH data for 2005-2007 shows the rate of actionable complaint has become roughly similar on a per capita basis at about

4-5% for registered counselors and licensed mental health groups.

Finally, the State Auditor issued an independent Audit of the Department of Health in August of 2007 and strongly recommended closing the registered counselor category for the public harm reasons listed in the Seattle Times articles.

REGISTERED COUNSELOR TASK FORCE AND REGISTERED COUNSELOR WORK GROUP

There have been two attempts to identify who the registered counselors are and what they do in the summers of 2006 and 2007. The intent was to develop standards for reorganizing this category and the variety of work being conducted by registered counselors. The first effort, the Registered Counselor Task Force, did not include any registered counselors, and was aggressively criticized by registered counselors in the 2007 Legislative Session as being unfair to registered counselors by not allowing them a voice in the discussions. This led to another attempt to define the category, the Registered Counselor Work Group, which had a legislative budget proviso of \$147,000 to conduct a survey and have more extensive meetings and support services from DOH. This Work Group included 3 registered counselors and 12 other stakeholders and had six 8 hour meetings in Olympia from July to September of 2007.

The survey of 800 registered counselors was conducted by Gilmore Research Group, using a 16 question telephone survey which took about 15 minutes per person. The extrapolated results to all 17,000 registered counselors showed that approximately 6300 registered counselors (35%) were working toward a license in a mental health category; about 5400 registered counselors (30%) were working in agencies; and about 5040 registered counselors (28%) were working independently. Of the independent group, about 2500 (49%) had a master's degree in a mental health field, but had

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REGISTERED COUNSELOR REGULATIONS SIGNED INTO LAW

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not become licensed. Also in the independent group, about 500 (10%) did not have a high school degree. The remaining 2040 (41%) in the independent group had either a high school or bachelor's degree in mental health or another field. Seven percent of the registered counselors surveyed worked in "other" types of practice.

The wide range of work being conducted in the registered category was not surprising given the lack of requirements necessary to become a registered counselor and the use of the title as a 'catchall' for groups which did not have another regulatory 'home.' The three registered counselors in the Work Group had recently (January, 2007) formed an organization called the Washington Professional Counselor Association – not be confused with the Washington Mental Health Counselor Association, which represents licensed mental health counselors – and frequently referred to this group as the basis for their authority. During the 2008 Legislative Session the leaders of this group (representing 100-150 registered counselors) claimed to represent the approximately 5000 independent registered counselors. They also regarded registered counseling as a profession, in spite of the lack of clarity in the scope of practice, educational, and training requirements.

CHANGES TO REGISTERED COUNSELOR PRACTICE

2SHB 2674, Modifying Credentialing Standards for Counselors, passed the Legislature on March 8, 2008 and the Governor signed the bill on March 25, 2008. The changes this bill implements are as follows:

1. **Registered Counselor Category** - the registered counselor category will end on July 1, 2010.
2. **New Categories** - eight new categories for anyone who was previously a registered counselor will begin on July 1, 2009. All registered counselors must be in one of the new categories by July 1, 2010 to have a state sanctioned title as a non-licensed counselor.
3. **Associate/Trainee Categories** - five of the new categories are for candidates working toward a mental health license or a substance abuse certification. The new categories will become part of the RCWs which are the homes for the license being sought. The new titles are: Licensed Social Work Associate – Advanced; Licensed Social Work Associate – Clinical; Licensed Mental Health Counselor Associate; Licensed Marriage and Family Therapist Associate; and Certified Chemical Dependency Trainee. The only new requirement which may be put in place for these categories beyond the education, experience, and supervision requirements necessary for licensure as an Advanced Social Worker, Independent Clinical Social Worker, Mental Health Counselor, Marriage and Family Therapist, or certification as a Chemical Dependency Professional, will be Continuing Education. The continuing education requirement will be determined in Rule by the Department of Health.
4. **Agency-Affiliated Counselor** - one new category will be created for any registered counselor working in an agency licensed or certified by the state, including all agencies with DSHS oversight. The new title for this category will be Agency-Affiliated Counselor. The only new requirement which may be necessary besides the current supervisory and educational requirements in place for these positions could be Continuing Education. This requirement will be determined in Rule by the Department of Health.
5. **Certified Counselor and Certified Adviser** - two new categories will be created for registered counselors currently working independently who meet the new criteria for independent practice. New titles for these categories will be Certified Counselor and Certified Adviser. There are several new requirements for these categories (below, #6-9).
6. **Certified Counselor Requirements** – anyone

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wishing to become a certified counselor must 1) have completed at least a bachelor degree in a counseling related field; 2) have 5 years of experience as a registered counselor with no actionable complaints; 3) have completed coursework in core competencies, ethics, Washington law, and risk assessment to be determined in Rule by the Department of Health; 4) pass an examination on core competencies, ethics, Washington law, and risk assessment to be developed by the Department of Health; 5) have the following language in their Disclosure Statement: "Any individual certified under this chapter is not credentialed to diagnose mental health disorders or to conduct psychotherapy." and "The certification of an individual under this chapter does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment."; and 6) have a written agreement with a licensed mental health clinician, or other individual qualified to be a consultant to be determined by the Department of Health, who will be a consultant responsible for determining whether a potential client is within the certified counselor scope of practice. Certified counselors must disclose the fact that they have a consultant in their Disclosure Statement.

7. **Certified Adviser Requirements** - anyone wishing to become a certified adviser must 1) have completed at least an associate degree in a counseling related field and a mental health internship; 2) have 5 years of experience as a registered counselor with no actionable complaints; 3) have completed coursework in core competencies, ethics, Washington law, and risk assessment to be determined in Rule by the Department of Health; 4) pass an examination on core competencies, ethics, Washington law, and risk assessment to be developed by the Department of Health; 5) have the following language in their Disclosure Statement: "Any individual certified under this chapter is not credentialed to diagnose mental health disorders or to conduct psy-

chotherapy." and "The certification of an individual under this chapter does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment."; and 6) have a written agreement with a licensed mental health clinician, or other individual qualified to be a supervisor determined by the Department of Health, who will be a supervisor responsible for determining whether a potential client is within the certified adviser scope of practice. Certified advisers must disclose the fact that they have a supervisor in their Disclosure Statement.

8. **Certified Counselor Scope of Practice** - certified counselors may counsel and guide a client in adjusting to life situations, developing new skills, and making desired changes, in accordance with the theories and techniques of a specific counseling method and established practice standards, if the client has a Global Assessment of Functioning (GAF) score greater than sixty, as determined by the certified counselor and consultant to the certified counselor. Certified counselors must be trained in determining GAF scores as defined in DSM-TR-IV in ways to be determined by the Department of Health. Certified counselors may counsel clients with a GAF score of less than 60 if a client is referred to them by a licensed mental health professional or physician, but are prohibited from counseling any individual with a GAF score of less than 50.
9. **Certified Adviser Scope of Practice** - certified advisers may counsel and guide a client in adjusting to life situations, developing new skills, and making desired changes, in accordance with the theories and techniques of a specific counseling method and established practice standards, if the client has a Global Assessment of Functioning (GAF) score greater than sixty, as determined by the certified adviser and the supervisor to the

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10. certified adviser. Certified advisers must be trained in determining GAF scores as defined in DSM-TR-IV in ways to be determined by the Department of Health.
11. **Theory Base and Orientation** – all applications for agency affiliated counselor, certified counselor, or certified adviser must include a description of the applicant's orientation, discipline, theory, or technique.
12. **Advisory Committee** – a new advisory committee will be created which will advise the Department of Health on the certified counselor, certified adviser, and registered hypnotherapist regulatory categories.

SUMMARY

2SHB 2674 creates eight new regulatory categories. There will now be eight new scopes of practice; new titles; educational requirements; supervisory/consultation requirements; and coursework requirements and an examination for registered counselors who wish to work independently. No one who has less than an associate degree in a counseling field will be allowed to join any of the new categories. There are four new associate categories for licensure candidates in mental health fields who have completed their Master's degree and one new category for certification candidates in chemical dependency who have completed their bachelor degree. There is also a new category for all registered counselors working in state licensed or certified agencies. Much of the implementation of 2SHB 2674 will be determined in Rule by the Department of Health. Applications for the new categories, will begin on July 1, 2009. The registered counselor category will be closed on July 1, 2010..

Laura Groshong, LICSW, is Washington State Society Clinical Social Work (WSSCSW) Legislative Chair and can be located for comment at: 206-524-3690 or: lwgroshong@comcast.net

Financial Relief for Low Income Families Signed by Governor

By Nancy Amidei, Director, Civic Engagement Project, Senior Lecturer, UW SSW

TAX REBATES FOR LOW INCOME FAMILIES

The Governor signed the Working Families Credit into law. There had been some concern that she might veto (or just not sign) the bill, but it's now law, with funds to put the start-up machinery in place. Funding for the actual tax rebates is contingent on whatever Biennial Budget is passed in 2009, but the concept is in place, and we are now the first state without a state income tax to enact a state version of the Earned Income Tax Credit (EITC).

MEDICAID INCREASES ELIGIBILITY THRESHOLD FOR AGED BLIND & DISABLED

The Governor also signed another bill we were interested in: SB 6583. This bill sets in motion a process to increase the number of aged, blind, and disabled people eligible for Medicaid. Under the provisions of this bill, the eligibility threshold will rise from 73% of the federal poverty level to 80% of the federal poverty level effective July 1, 2009. The change is contingent on appropriations in the next Biennial Budget.

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