NASW Washington State Chapter  
2007 Legislative Session Position Paper  

Support Social Workers as Qualified Medicaid and GAU Mental Health Providers  
Support Mental Health Access for Medicaid and GAU Recipients  

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Issue:  
Coverage for the mental health needs of state-funded clients is inadequate. Coverage of mental health disorders for Medicaid and Basic Health Plan clients is provided at the level of 12 outpatient psychotherapy sessions per year and 10 inpatient days per year – yet the complex needs of GAU clients are unaddressed, while Medicaid clients often require more care. In order to provide cost effective services for those suffering from mental disorders, GAU clients should receive mental health care coverage and Medicaid mental health coverage should be expanded, to include services by those with professional educations in social work, especially licensed social workers with master’s degrees, two or more years’ supervised experience, and relevant continuing education in helping vulnerable, disadvantaged populations.

The National Association of Social Workers, Washington Chapter supports adding social workers as providers of mental health assessment, counseling, and advocacy services and offering Medicaid and GAU enrollee’s quality, coordinated, low-cost care in facilities and their community.

Background:  
In November 2006 a Summit was held in King County to discuss the pilot project for GAU clients enrolled in managed health care in Pierce and King County as of December 2004. GAU, General Assistance to the Unemployable, is a state-funded program that offers medical benefits to clients considered temporarily unemployable. GA-U clients are temporarily disabled, low-income, often homeless, and do not qualify for Medicaid. The summit emphasized evidence-based studies that document how addressing the mental health needs of GAU clients improves their overall health status and reduces program costs.

Over 50% of GAU clients are disabled due to a mental health diagnosis, but mental health services are not a current GAU benefit. Lack of mental health services impacts all aspects of program success, including appropriate initial assessment/incapacity examination; patient compliance in care; and a successful transition to long-term health coverage through federally funded programs such as SSI. Only 3% of current project participants who applied have been transferred to SSI. Primary care providers are unable to adequately address the complexity of mental health needs presented by many GAU clients.

The Mental Health Transformation Project of Washington State, which completed and disseminated its plan in September 2006, references goals to expand Medicaid access to cost-effective, culturally competent services that facilitate consumer-driven models of care. In addition, the Mental Health Parity Act (SB 1154) passed by the 2006 Washington State Legislature mandates access to mental health services equal to that of health care benefits.

Social workers from accredited social work programs receive training in culturally competent work with diverse and vulnerable populations, human behavior in the social environment, and systems theory training to engage communities in policy advocacy and social change regarding issues of discrimination, oppression, and other societal conditions that affect individual or family well-being and create disparities in health/mental health outcomes.

Action  
Support legislation that expands access to mental health services and coverage for GAU and Medicaid clients, and that includes qualified, degreed social workers as providers of cost-effective, quality, and culturally competent mental health care. Social workers are uniquely positioned to provide these important services.

References:  
http://www.mhtransformation.wa.gov/  
Final Report, Medicaid Eligibility Quality Control, Project #40, June 13, 2006  
GAU Managed Care Pilot, Report to the Legislature, January 2006
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Issue
Low-income adults and children across the state of Washington struggle with accessing affordable health care. Among the most vulnerable are those without reliable health insurance coverage. Approximately 600,000 people in Washington state are uninsured, 100,000 of them children. They find themselves locked out of the health care system because they don’t receive health benefits through employment and can’t afford health care coverage on the private market. Many of them find themselves experiencing multiple crises when a serious health issue arises.

The costs of such inadequate health care coverage are high. People are forced to make choices that don’t bode well for their long-term health or the long-term health of the community. Adults delay treatment for themselves or their children until their physical or mental condition becomes a crisis, resulting in costly emergency room visits or hospital stays. Preventive care becomes an unaffordable luxury. Hospitals and clinics watch their costs spiral as they provide more and more uncompensated care to people who are unable to afford the care they need.

Current Realities
For the growing number of adults and youth who can’t access health insurance through the workforce, subsidized health coverage is available for those who are low-income. Children living in families with incomes up to 200-250% of the federal poverty level are eligible for coverage through Medicaid, the State Children’s Health Insurance Plan (SCHIP), or the Basic Health Program. Adults with incomes up to 200% of the federal poverty level are eligible for coverage through Medicaid or the Washington Basic Health Program. Households that earn more than 200-250% of the federal poverty level must purchase health insurance on the private market, a costly endeavor that many low- and middle-income families find an unaffordable option.

In recent years policy decisions at the national and state levels have created even more barriers to health care access. Administrative barriers to Medicaid have caused close to 50,000 children to lose Medicaid health coverage. Budget crises have resulted in policy changes that have limited health care access to 1000s of low-income children, disproportionately children of color, children in rural areas, and immigrant children.

Recommendations
The Washington State Legislature is encouraged to cover all children in our state by 2010 and expand health care coverage of low-income adults, using a combination of approaches:

- expand outreach and enrollment efforts to children and adults who are eligible for current subsidized health care programs;
- expand the eligibility guidelines and parameters to increase the number of children and adults who are eligible for existing health coverage programs; and
- remove administrative barriers in Medicaid that limit access to children and adults in need, and increase Medicaid rates to hospitals, clinics, and care providers.

For more information on the current health care crisis and specific policy recommendations:
The Children’s Alliance, [www.childrensalliance.org](http://www.childrensalliance.org)
Washington State Hospital Association, [www.wsha.org](http://www.wsha.org)
Issue: The primary mission of the social work profession is to help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. Payday lenders across our state prey on low and moderate-income communities, people of color and military personnel. A recent study found that African American neighborhoods in Washington State have twice as many payday lenders as the rest of the state.

Twenty-two percent (22%) of low-income families do not have a bank account. This means that they do not have access to short term emergency loans – when they need to fix their car or pay for childcare in order to work their paying job. Payday lenders fill this need at a tremendous cost – they offer short-term loans carrying annual interest rates of 400% and higher to people desperate for quick cash and willing to put up their paycheck to get it. The high fees and interest rates associated with payday loans often lead to an inescapable cycle of debt for the borrower.

History: Prior to 1995, financial institutions wishing to make small loans in Washington State were required to cap annual interest rates at 25% with a 4% loan origination fee. However, in 1995, Washington State legalized payday lending, exempting the industry from usury or small loan rate caps, thus giving them preferential treatment.

Payday lending is still illegal in 15 states. Georgia and North Carolina have banned the industry because of the negative impacts on consumers. Everyone, regardless of their income or ethnicity, has the right to fair and reasonable consumer protections when they borrow money. It is time that Washington lawmakers took action to rein in payday lenders and provide fair and reasonable consumer protections.

Action: NASW supports legislation that calls for fair and reasonable consumer protections on payday loans, including:

- Capping the annual interest rate at 36%
- Providing consumers with longer loan periods, allowing them the opportunity to repay the first loan
- Eliminating deferred checks as the means for securing a loan
- Banning out-of-state lenders from making internet based payday loans
- Eliminating mandatory arbitration clauses from payday consumer contracts
Issue
America is a nation of immigrants. Immigrants are important contributors to our economy and communities, and deserve to be treated with justice and dignity. NASW Washington State Chapter joins in solidarity with those who understand that it is possible to strengthen national security without sacrificing the values we hold dear, such as civil and human rights, labor standards, and human dignity. Our immigration system is clearly broken, but enforcement-only proposals do not constitute a sustainable solution. NASW Washington State Chapter supports comprehensive immigration reform that respects human rights, includes a pathway to citizenship for the undocumented, reunifies families, demilitarizes the border, and respects workers’ rights.

Background
Over the last ten years, the federal Congress has passed and considered increasingly draconian immigration enforcement legislation. These included the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) and the Anti-Terrorism and Effective Death Penalty Act (AEDPA) of 1996, which increased criminal penalties for immigration-related offenses and have caused the detention and deportation of countless immigrant families. The trend has continued this year with a barrage of anti-immigrant legislation. The Sensenbrenner bill, passed by the house in December, would have criminalized unlawful presence in the United States, criminalized those who aid undocumented immigrants in need, expanded detention, and further militarized the border. The Senate’s so-called compromise bill, passed earlier this year, included many of the repressive provisions of the House bill, including mandatory and indefinite detention, expedited removals, enforcement of immigration law by local law enforcement, and imposing English as the national language. Following a series of one-sided “public hearings” on immigration reform this summer and a failed attempt to slip components of the Sensenbrenner bill into defense appropriations bill, House leadership unveiled their “Border Security Now” agenda. This agenda resulted in the passage of more anti-immigrant legislation, including the Secure Fence Act, which authorized 700 miles of new fencing on the southern border, the Border Tunnel Prevention Act, and the Military Commissions Act, which denies detainees the right to challenge their detention in court, effectively creating a separate but unequal system of justice for non-citizens.

Tough sounding enforcement-only proposals will do nothing to fix our broken immigration system. NASW Washington State Chapter opposes the harsh detention and enforcement measures contained in the Sensenbrenner bill, the Senate Immigration Bill, and the Border Security Now agenda, including:

- Criminalization of immigrants for unlawful presence in the United States;
- Criminalization those who aid undocumented immigrants in need;
- Expansion of mandatory detention;
- Expansion of expedited removal without due process of law;
- Allowing indefinite detention without a release date;
- Enforcement of immigration law by state and local law enforcement authorities;
- Further border militarization, including border fencing; and
- Imposing English as the national language.

The approach of immigration embodied in these measures is misguided and goes against fundamental American principles, such as the right to a day in court, checks and balances, and freedom from unjust and arbitrary detention. The opposing viewpoint emphasizes limited resources and concerns about terrorism; however, we believe that human rights, democratic freedoms, and human dignity are being sacrificed. There are better ways to achieve security.
Action
Let your legislators know that NASW Washington State Chapter supports a fair, equitable and comprehensive immigration reform plan that includes:

- **In Washington State**, continuation of services and benefits to immigrants and their children necessary to health and well-being, especially health care benefits; and
- opposition to any anti-immigrant initiatives such as I-946 (defeated in 2006), under which any public official dispensing benefits would have had to verify citizenship documents and turn in anyone undocumented or face criminal charges, making them de facto immigration police;
- **Federally and locally**, a pathway to citizenship for the 12 million undocumented immigrants currently residing in the United States, and legal channels so the future immigrant workers can come to this country legally;
- A commitment to human rights and civil liberties for all, including respect for due process and constitutional protections;
- Family reunification including reduction of the family immigration backlog so that families can be reunited in a timely fashion;
- Protection of workplace rights of all immigrants, including the elimination of anti-immigrant discrimination and racism in employment practices; and
- Demilitarization of our borders, upholding the human rights of border crossers and respect for border communities.

Additional Resources

- Hate Free Zone, whose social work policy intern and policy director worked with NASW to produce this paper (Lambert Rochefort, Shankar Narayan) [www.hatefreezone.org](http://www.hatefreezone.org)
- Rights Working Group, [www.rightsworkinggroup.org](http://www.rightsworkinggroup.org)
- Detention Watch Network, [www.detentionwatchnetwork.org](http://www.detentionwatchnetwork.org)
- Comprehensive Immigration Reform (CIR) Now, [www.cirnow.org](http://www.cirnow.org)
**Issue**
The Washington State Chapter of the National Association of Social Workers (NASW) supports title protection for Social Workers. Any individual calling themselves a Social Worker must have a Bachelors of Social Work, Masters of Social Work or PhD in Social Work from an accredited School of Social Work or be licensed under RCW 18.225 as a Licensed Advanced Clinical Social Worker or Licensed Independent Clinical Social Worker.

NASW strongly recommends and supports a title protection law that will protect consumers from receiving substandard services from people calling themselves Social Workers yet do not meet the stringent educational or professional practice requirements of social workers. Workers lacking professional educational backgrounds or licenses increase the dangers to consumers of unqualified, unethical and improper practice of Social Work. As consumers expect attorneys to have the appropriate legal training and nurses to have the medical background and nursing degree, they want people who represent themselves as Social Workers to have the appropriate educational and professional training. Currently in Washington State, in public and private realms, anyone can call themselves a Social Worker and the public has no knowledge that the person helping them has not even attended an accredited school of social work. It is not infrequent that the media may refer to anyone in a role of helping the public as a “social worker” without verifying their job qualifications.

The Social Work mission of social justice, empowerment, multiculturalism, and social change is vital to our effectiveness with clients who often struggle with societal disadvantages. Social Workers utilize their professional training in a variety of settings with diverse populations. Social Workers practice with older adults, the mentally ill, substance users, persons in prison, and children, adolescents and families. Social Workers practice in schools, hospitals, veteran’s programs, community agencies and public housing projects. A Social Worker is often the one on the “front lines” with CPS or APS, or triaging an involuntary commitment with a suicidal or homicidal person. This is work that requires training and professionalism, and monitoring via continuing education and professional and ethical practice requirements.

No other educational background prepares graduates for work with high-risk clients who may need not only clinical assessment and interventions, but advocacy at the institutional, community, or policy level in order to redress social disparities and inequities that affect individual well-being. In addition, our training insures that we adhere to a specified Code of Ethics which emphasizes values of self-determination, cross-cultural competency, and human dignity, and prohibits breaches of confidentiality, impaired practice, or conflicts of interest.

Research demonstrates the effectiveness of trained professional social workers in these arenas. In addition, research has demonstrated professionally educated social workers demonstrate resiliency over time, far out performing untrained workers who tend to “burn-out” more quickly.

Many Social Work professionals (those with Social Work degrees from accredited universities) are also licensed in Washington State. To obtain a Social Work license, Social Workers with graduate degrees must receive three years of post-graduate full time experience and consecutively minimal supervision from a licensed Social Worker supervisor. To maintain a current license, the licensed professional social worker must receive/obtain 36 hours every two years of continuing education. This education and training provides unparalleled excellence in the preparation for practice within diverse and challenged communities. Finally, there are 2500 professional Social Workers who are members of the WA State Chapter of the NASW and thereby ascribe to the professional code of ethics.

**Background**
Forty-four (44) states currently have some form of title protection for social workers, to ensure that the public receives consistent services in an ethical manner. The National Association of Social Workers has a Code of Ethics, and a peer review process when ethical violations are suspected so that the consumer is protected. Accredited Schools of Social Work have developed standards that ensure that social work graduates have met
consistent educational standards. Other professionals who work intimately with vulnerable populations, such as nurses, physicians, and attorneys are afforded title protection. Social Workers serve the same vulnerable populations, but currently, anyone can call themselves a social worker and not be bound by the educational and professional practice requirements required of the “true” Social Worker.

While NASW celebrates the preservation of a Social Worker position classification (formerly challenged through the 2002 Personnel System Reform Act), the state Social Worker position allows for employment of persons who are neither graduates of an accredited School of Social Work; nor licensed by the State of Washington as Social Work professionals. We have grave concerns about this practice. The title of Social Worker is not protected either in state or private settings in Washington State. Further, we see this as a serious risk management issue for the State of Washington. Title protection is a critical step for consumer protection and Washington State risk management.

Action
An ACT Relating to protecting consumers and agency clients by clarifying the definition of social worker; amending RCW 18.225.020; and adding a new section to chapter 18.225 RCW. Please support this amendment.

Conclusion
Title protection pertaining to the Social Work profession would, when legislatively enacted, protects consumers, Social Workers and the State of Washington by recognizing that the profession of Social Work requires specific training and experience, and is a unique profession requiring unique capabilities.
Draft Title Protection Legislation

AN ACT Relating to protecting consumers and agency clients by clarifying the definition of social worker; amending RCW 18.225.020; and adding a new section to chapter 18.225 RCW.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION.
Sec. 1. The Legislature finds that the public’s interest is best served by receiving social and clinical services from a professional social worker who abides by a professional code of ethics and who is educated in the field of social work and who is deemed by the completion of requirements of the social work education and/or licensing requirements to be a social worker.

Of the 375,000 positions that are classified as “social worker” jobs in the United States, over one half of the “social worker” positions are filled by personnel without professional social work training.

Social work education provides a unique combination of knowledge, values, skills and professional ethics that cannot be obtained through other educational programs, equipping professional social workers with the specialized knowledge base necessary for an effective social services delivery system which can not be approximated through other degree programs or on-the-job training.

In addition, many professional social workers practice in settings that do not require licensure and the professional title of social worker is misunderstood or undervalued due to use of the title of “social worker” by persons neither trained nor licensed as a professional social worker.

It is therefore the intent of the legislature to ensure that the title of “social worker” is defined clearly for mental health consumers and the clients of public and private agencies.

Sec. 2. RCW 18.225.010 and 2001 c 251 s 1 are each amended to read as follows:

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

1) "Advanced social work" means the application of social work theory and methods including emotional and biopsychosocial assessment, psychotherapy under the supervision of a licensed independent clinical social worker, case management, consultation, advocacy, counseling, and community organization.

2) "Applicant" means a person who completes the required application, pays the required fee, is at least eighteen years of age, and meets any background check requirements and uniform disciplinary act requirements.

3) "Committee" means the Washington state mental health counselors, marriage and family therapists, and social workers advisory committee.

4) “Department” means the department of health.

5) “Disciplining authority” means the department.

6) "Independent Clinical Social Work" means the diagnosis and treatment of emotional and mental disorders based on knowledge of human development, the causation and treatment of psychopathology, psychotherapeutic treatment practices, and social work practice as defined in advanced social work. Treatment modalities include but are not limited to diagnosis and treatment of individuals, couples, families, groups, or organizations.

7) "Marriage and Family Therapy" means the diagnosis and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of relationships, including marriage and family systems. Marriage and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, and families for the purpose of treating such diagnosed nervous and mental disorders. The practice of marriage and family therapy means the rendering of professional marriage and family therapy services...
to individuals, couples, and families, singly or in groups, whether such services are offered directly to the general public or through organizations, either public or private, for a fee, monetary or otherwise.

8) "Mental Health Counseling" means the application of principles of human development, learning theory, psychotherapy, group dynamics, and etiology of mental illness and dysfunctional behavior to individuals, couples, families, groups, and organizations, for the purpose of treatment of mental disorders and promoting optimal mental health and functionality. Mental health counseling also includes, but is not limited to, the assessment, diagnosis, and treatment of mental and emotional disorders, as well as the application of a wellness model of mental health.

9) "Secretary" means the secretary of health or the secretary's designee.

10) “Social Worker” means a person who has met one or more of the following requirements:
   a) Graduation from a bachelor's, master's, or doctorate social work educational program accredited by the council and social work education and approved by the secretary based upon nationally recognized standards; or
   b) is licensed under RCW 18.225.090 as a Licensed Advanced Clinical Social Worker or Licensed Independent Clinical Social Worker.

NEW SECTION. Sec. 3.

Misrepresentation - Use of the title “Social Worker”

1) To safeguard the people of the state of Washington from the dangers of unqualified, unethical, and improper practice of social work, a person must not represent himself or herself as a social worker without being qualified as a social worker as defined in this chapter.

2) No public or private agencies or organizations in the state of Washington shall use the title "social worker" or any form of the title for volunteer or employment positions or within contracts for services, documents, manuals, or reference material, effective January 1, 2008, unless all volunteers or employees in those positions meet the qualifications as a social worker as defined in this chapter, or were employed with the title “social worker” on or before the effective date of the act.