

TESTIMONY SUBMITTED
TO THE
OFFICE OF THE PROFESSIONS
NEW YORK STATE EDUCATION DEPARTMENT
REGARDING PART Y OF CHAPTER 57 OF THE LAWS
OF 2018¹

New York State Education Department

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On Behalf of

National Association of Social Workers – New York State Chapter

National Association of Social Workers – New York City Chapter

New York State Society for Clinical Social Work

¹ This document provides historical and contemporary information on the 2002 social work (and other licensed mental health provider) licensing laws, as well as recommendations and guidelines on implementation of Part Y of Chapter 57 of Laws 2018.

I. INTRODUCTION

I would like to thank the members of the New York State Education Department for permitting me to testify before you today, and for your tireless efforts to assure protection of the public through support of licensed professions, particularly the profession of social work. My name is Samantha Howell and I am the Executive Director of the New York State Chapter of the National Association of Social Workers. Today, I am also here on behalf of our partners, the New York City Chapter of the National Association of Social Workers and the New York State Society for Clinical Social Work.

Formed in 1955, the National Association of Social Workers (NASW) is the largest membership association for professional social workers in the world. The New York State (NASW-NYS) and New York City (NASW-NYC) Chapters represent approximately 15,000 social workers. Members of NASW make up a significant portion of the social work labor force in New York State and provide a substantial part of social services in the state. Importantly, social workers provide more than half of all care in the mental health field. Social workers provide direct care and engage in policy development, education, management, and research.

The New York State Society for Clinical Social Work (NYSSCSW), founded in 1968, represents the views of clinical social workers in the public and private sectors throughout New York State. Licensed clinical social workers provide the majority of mental health services (about 60 percent) in the United States and practice in virtually every setting in the health care delivery system, including: medical and psychiatric hospitals, mental health clinics, AIDS treatment facilities, managed care organizations, trauma centers, research settings, schools, and the criminal justice system. As the organization representing one of the largest number of clinicians in New York State, NYSSCSW provides assessment and evaluation, diagnosis, and treatment of the full spectrum of mental and emotional disorders, ranging from anxiety and phobias, to schizophrenia and manic-depression, as well as family conflicts and work-related problems.

Since passage of the 2002 social work (and other licensed mental health provider) licensing laws, and the exemption included for certain state agencies, NASW and its partners have continued to call for full compliance with the 2002 law. We provided language stating that diagnosis and treatment of serious mental illness must be performed by qualified licensed professionals and clarified the specific tasks and

functions that non-licensed professionals can perform. Much of our exact language was adopted into the Health and Mental Hygiene budget bill that was passed on March 30, 2018. The measure calls for full implementation of the 2002 law and expiration of the licensure exemption, one year after the promulgation of regulations, as of July 1, 2018.

This written testimony encompasses the historical and contemporary information on the 2002 social work and other licensed mental health provider licensing laws, as well as a response to the State Education Department's request for public input on ending the licensure exemption and developing formal guidance for impacted service providers. The verbal testimony offered today will focus exclusively on specific recommendations and guidelines on implementation of Part Y of Chapter 57 of Laws 2018, which amended Articles 153 (Psychology), 154 (Social Work), and 163 (Mental Health Practitioners) of the State Education Law.

II. THE ROLE OF SOCIAL WORKERS IN CARE

As iterated in the National Association of Social Workers' Code of Ethics, the primary mission of the social work profession is to enhance human well-being and 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.² A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to the practice of social work is the recognition of the environmental forces that create, contribute to, and address needs of all people in society and support the strengths that individuals and families use to cope effectively.

Social workers promote social justice and social change with and on behalf of clients (individuals, families, groups, organizations, and communities). Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address

² NASW Code of Ethics. 2017. URL: <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

their own needs, and to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs, social problems, and social determinants of health.

While the above denotes the broad and diverse array of settings in which you will find professional social workers, it also provides a context for the varied and broad set of skills required to practice appropriately and ethically and, therefore, reflects the importance that education and experience plays in the development of such skills.

According to the Social Work Policy Institute, social workers are the largest provider of mental health services, providing more services *than all other mental health care providers combined*. While many social workers provide services in private practice settings, the majority of services are offered in community-based agencies, both public and private, and in hospitals, clinics, and prisons.

III. THE LICENSURE LAW

As you are aware, the profession of social work, including clinical social work, became one of the state's licensed professions in 2002, with the passage of a statute defining the scopes of practice for the Licensed Master Social Worker (LMSW) and the Licensed Clinical Social Worker (LCSW). The statute was the result of more than 20 years of collaboration with stakeholders across the spectrum of the mental health field, and carefully defined the breadth of scope of services provided by each of the licenses in addition to the education and experience requirements sufficient to meet licensing requirements.

Despite being the 49th state to enact the social work licensure requirements, New York's requirements are among the most stringent in the country. These requirements were implemented by the legislature because it recognized the importance of having highly qualified individuals diagnosing and treating mental health issues. To be a licensed clinical social worker (LCSW) in New York State, a person must:

- Be of good moral character;
- Be at least twenty-one years of age;

- Have an education that includes a master’s degree in social work (MSW) with at least 12 semester hours of clinical coursework acceptable to the Department of Education;
- Have at least three years of post MSW supervised experience in diagnosis, psychotherapy, and assessment-based treatment planning acceptable to the Department of Education;³
- Successfully complete the clinical examination requirements; and
- Complete coursework or training in the identification and reporting of child abuse, offered by a New York State approved provider.

According to the Department of Education, a social work “graduate program must include curricular content in the following areas:

- Social work values and ethics;
- Diversity, social justice, and at-risk population;
- Human behavior in the social environment;
- Social welfare policy and service delivery systems;
- Foundation and advanced social work practice;
- Social work practice evaluation and research;
- A field practicum of at least 900 clock hours in social work integrated with prescribed curricular content; and
- Clinical coursework of at least 12 semester hours that prepares the individual to practice as an LCSW. The courses must include content that emphasizes the person-in-environment perspective and knowledge and skills in the following areas:
 - Diagnosis and assessment in clinical social work practice;
 - Clinical social work treatment;
 - Clinical social work practice with general and special populations.”⁴

In addition to the above, an individual seeking LCSW licensure must also complete “2000 client contact hours over a continuous period of at least 36 months

³ <https://www.op.nysed.gov/prof/sw/lcsw.htm>

⁴ Id.

(three years) and not to exceed six calendar years of supervised experience in diagnosis, psychotherapy and assessment-based treatment planning.”⁵ (emphasis added). Supervision of such work must be provided by a qualified supervisor, as defined in the Education Law. Licensure as an LCSW requires successful completion of the “Clinical” examination administered by the Association of Social Work Boards (ASWB) or an examination determined by the Department to be comparable in content⁶.

To become a licensed master social worker (LMSW), an applicant must have an MSW degree from an accredited program and complete the same academic requirements as for the LCSW except for the 12 semester hours of clinical practice.

The passage of the licensure law was a consumer protection effort; it aimed to ensure that *all* New Yorkers would receive vital mental health services from qualified professionals. It ensured that *only* LCSWs could provide, without supervision, psychotherapy, assessment-based treatment planning, and diagnosis. By contrast, an LMSW can provide the same services but *only under* the supervision of an LCSW, a licensed psychologist, or a psychiatrist.

IV. THE HISTORY OF THE EXEMPTION

When the 2002 law passed, it included an exemption – through January 1, 2010 – for individuals to practice in programs regulated, operated, or funded by:

- the Office of Mental Health;
- the former Office of Mental Retardation and Developmental Disabilities now the Office for People with Developmental Disabilities (OPWDD);
- the Office of Alcoholism and Substance Abuse Services (OASAS);
- the Office of Children and Family Services (OCFS);
- the Office of Temporary and Disability Assistance (OTDA);
- the Department of Corrections and Community Supervision (DOCCS);
- the State Office for Aging (SOFA); and
- local mental hygiene or social services district.⁷

⁵ Id.

⁶ Id.

⁷ In the statute, as enacted by Chapter 420 of the laws of 2002 and subsequent amendments (Chapter 433 of the Laws of 2003, and Chapter 230 of the Laws of 2004).

These agencies can hire *anyone* and place them in a position providing mental health diagnosis and treatment services. (This has been confirmed by opponents of the licensure law.)

As the expiration date of the initial exemption grew closer, exempt agencies reported they were not yet compliant and, as such, requested an additional extension. The State granted a five-month extension in the 2009/2010 budget, and a third extension in 2010.⁸ The third extension also mandated that the impacted agencies participate in a comprehensive workforce analysis conducted by the New York State Education Department, which was published in 2012.

After review of the State's report, exempt agencies noted continued concerns, resulting in yet another exemption via Chapter 57 of the laws of 2013, pushing back the implementation date to July 1, 2016. In response to concerns raised by the exempt agencies in said round of negotiations, and a recognition that a number of necessary tasks provided in exempt agencies abutted against the LMSW, language was offered, yet again, to clarify activities not requiring a license.

In 2015, the Office of Professions at the State Education Department completed yet another mandated workforce analysis. In it, the Department reported that, despite previous statutory clarification, there still existed questions among state agencies regarding tasks and activities not defined by law. The Department also reported that state agencies were still confused about the delegation of professional services, the potential need to provide permanent exemptions for some certified or credentialed individuals whose tasks may overlap with that of a licensed profession, the potential need for alternative pathways to licensure (particularly related to ESL - English as a Second Language), and the potential need to reopen a grandparenting provision.

In 2016, NASW and its partner organizations offered language addressing the Department's findings. After months of negotiations, however, the State extended the exemption, yet again, until July 1, 2018.

In the interim, the Administration offered its own draft language regarding the findings and requested our response. Social work stakeholder groups spent six months interviewing Executives and Program Directors of impacted agencies to better understand the realities of service delivery, the continued impediments to compliance, and ongoing challenges faced by providers to offer quality and cost-effective services. The

⁸ Chapter 130 and 132 of the laws of 2010.

Administration's draft language was included in the Executive 2018/19 Budget Proposal, absent our input.

While we are sensitive to the concern raised by the state agencies regarding the price tag associated with full compliance to the licensing law, we cannot, in good faith, abandon the most vulnerable consumer seeking services in impacted agencies. As social workers, we are beholden to the NASW Code of Ethics, which outlines a social worker's responsibility to their clients, colleagues, and the profession in general. Our Code of Ethics guides us to provide services and represent ourselves as competent only within the boundaries of our education, training, license, and supervised experience. It also directs us to continually strive to increase our professional knowledge and skills and apply them to our practice.

Any person seeking mental health services, despite their socioeconomic strata, deserves access to educated, experienced, qualified licensed professional, when warranted. We continue to maintain our position that the diagnosis and treatment of a mental illness should only be provided by qualified individuals, and that standards of care and professional enforcement mechanisms should be embedded in New York State Education Law for the protection of all New Yorkers.

With that in mind, we attempted to strike a sound balance between quality care and access to services. While we reached a comfort level with much of the Executive's proposed language, we still offered the following recommendations:

- Add a section that requires a mental health screening tool (similar to that used in primary care settings) be utilized for each individual interacting with the denoted settings.
- Include a grandparenting window to allow MSWs with at least two years of documented, SUPERVISED experience to become licensed at the LMSW level.
- Case management services (particularly initial assessments, reassessments, delivery of service plans, and referral services) should be reviewed by a licensee, ensuring that such measures are informed by proper training, education, and experience.
- An appropriately licensed clinical supervisor must directly supervise clinical services performed by an LMSW.
- The number of supervisees should be limited to eight per supervisor for all levels of care (clinical and non-clinical).

- No supervisor should be required to sign off on clients for whom they have no knowledge.
- A licensee must provide adoption investigations, as per federal requirements.
- And, finally, the changes should be implemented on July 1, 2018.

On March 30, 2018, the legislature passed the Health and Mental Hygiene budget bill, which called for the full and complete implementation of the 2002 licensing laws and included most of our exact language related to diagnosis, treatment, and non-licensed tasks – effectively ending the 14-year licensure exemption. The bill contained a provision requiring enactment of the resolution to commence one year from the date the Department issues implementation regulations.

V. SUGGESTED GUIDANCE ON REQUIRED IMPLEMENTATION OF PART Y OF CHAPTER 57 OF THE LAWS OF 2018

CLARIFYING SPECIFIC TASKS AND FUNCTIONS IN DEPARTMENTAL GUIDANCE

NASW and its partners took great care in drafting the language related to diagnosis, treatment, and non-licensed tasks that was adopted into the Health and Mental Hygiene bill. We based this language on best practices and respect for the intent and scope of licensure to rightfully end the exemption, while simultaneously guarding against disruptions for those receiving these services.

The measure clearly defines that only those authorized to independently diagnosis (Article 131 – Physician; Article 139 – Nursing, specifically Psychiatric Nurse Practitioner; Article 153 – Licensed Psychologists; and 154 – Social Work, specifically Licensed Clinical Social Worker) may render a diagnosis in *any* setting. It also comprehensively articulates the many areas of practice that do not require a license, specifically:

- Unlicensed professionals (including LMSWs and Article 163⁹ licensees) may still provide all services within their scope of practice (including clinical skills) under the appropriate supervision;
- Students may continue to accept and complete internships at impacted agencies;
- Unlicensed employees may continue to:
 - Provide advice and guidance and assist individuals or groups with difficult day to day problems such as finding employment, locating sources of assistance, and community organizing
 - Provide peer services
 - Collect basic information
 - Provide assessments, such as basic information collection, gathering of demographic data and informal observations, screening, and referral to determine program eligibility and the need for services
 - Create, develop, and implement on non-behavioral health diagnosis service or recovery plan(s)
 - Provide homeless services
 - Provide refugee services
 - Provide residential or day community habilitation services
 - Provide services for domestic violence
 - Provide services for runaway and homeless youth, foster care, adoption, and foster home studies
 - Participate in Multi-Disciplinary Teams
 - Assist (as defined in law) with the provision of services within the practice of psychology, social work, and mental health (includes helping with forms, gathering information, collecting background information, providing advice, engaging in problem solving, collecting written and/or observational data, and identification of gaps in services)
 - Use de-escalation techniques consistent with appropriate training
 - Deliver non-clinical services outlined in a service plan
 - Provide advocacy;
- Unlicensed individuals employed before the enactment date may continue to perform such duties post-enactment; and

⁹ Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Mental Health Counselors, and Licensed Psychoanalysts

- Impacted agencies shall issue a report to identify the needs for resources and investments to fortify the state’s mental health workforce.

While Article 163 licensees can “assess” and “evaluate” serious mental illness, this is *not* a license to diagnose, nor can they treat a serious mental illness without the referral and supervision to a physician for evaluation and consultation. We want to further clarify that participation in a Multi-Disciplinary Team does *not* grant unlicensed professionals the virtue of diagnosis of a serious mental illness. (Such serious disorders include schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, panic disorder, obsessive-compulsive disorder, attention-deficit hyperactivity disorder, and autism).

ADDRESSING CHALLENGES IN RECRUITING AND RETAINING QUALIFIED LICENSEES IN THE SOCIAL WORK, PSYCHOLOGY AND MENTAL HEALTH PRACTITIONER PROFESSIONS

The profession of social work is one of the fastest growing careers in the country. The U.S. Department of Labor’s Bureau of Labor Statistics (BLS) has projected employment for social workers to increase 16% from 2016-2026, a “much faster” rate than all other occupations, and cites an “increased demand for healthcare and social services.”¹⁰ According to the Council on Social Work Education (CSWE), in 2016 there were 27,659 MSW graduates and 20,348 BSW graduates.¹¹ In New York State, there are over 56,000 registered licensed social workers (LMSWs and LCSWs) as of July 2018, and in the last 10 years, LCSWs have increased by nearly 15% and LMSWs have increased by nearly 20%.¹²

While there may not be a shortage of new social workers coming into the field, it is critical to evaluate the strengths and weaknesses of the current workforce to identify targeted areas in need of recruitment and retainment of licensed professionals – bilingual social workers, for instance. We have, and continue to, call for the development and implementation of a workforce data collection survey to better understand the profile of the profession in relation to New York’s demographic data.

¹⁰ <https://www.bls.gov/ooh/community-and-social-service/social-workers.htm>

¹¹ Results of the Nationwide Survey of 2017 Social Work Graduates, the National Social Work Workforce Study

¹² <http://www.op.nysed.gov/prof/sw/swcounts.htm>

According to the U.S. Census Bureau, New York State's population is 55.3% White, not Hispanic; 19.2% Hispanic or Latino; 17.7% Black or African American; 9.1% Asian; and 3.6% combined two or more races, American Indian and Alaska Native, and Native Hawaiian and Other Pacific Islander.¹³ Foreign-born persons make up 22.6% (close to 4.5 million people) of the population and 30.4% of New York residents ages 5 and older speak a language other than English at home.¹⁴ In New York City alone, more than 200 languages are spoken.¹⁵ In their 2015 Patient Characteristics Survey, the Office of Mental Health reported 79,915 of the total 179,096 clients served during survey week are White (Non-Hispanic); 44,018 are Black/African American (Non-Hispanic); 41,187 are Hispanic; 3,390 are Multiracial; and 10,886 are combined Other and Unknown.¹⁶ Language data for this population was not provided.

Due to the diverse nature of our population, it is imperative our workforce has the knowledge base of the clients' cultures and be able to ensure services in a variety of languages. As such, we recommend clear reporting from impacted agencies that would share information on the diversity and competency threshold of their personnel, including the following data collection:

- Basic workforce demographics (gender, education level, race/ethnicity, etc.);
- Post-graduate credentials;
- For clinicians, Insurance (self-pay) vs. Medicaid/Medicare reimbursements;
- Language competency of social worker/professional staff;
- A comprehensive listing of the tasks and functions performed by LMSWs and Article 163 licensees;
- Agency reimbursement policies and procedures for continuing education/professional development; and
- Continuing education/professional development provided by impacted agencies (employers).

¹³ <https://www.census.gov/quickfacts/fact/table/ny/PST045217>

¹⁴ Id

¹⁵ <https://www1.nyc.gov/site/planning/data-maps/nyc-population/population-facts.page>

¹⁶ The Patient Characteristics Survey is conducted every two years, and collects demographic, clinical, and service-related information for each person who receives a public mental health service during a specified one-week period. The PCS team receives data from approximately 4,000 mental health programs that provide direct services to nearly 180,000 people during the survey week.

The results from such data reporting will not only assist in identifying the challenges in recruitment and retainment of qualified licensees, but to understand where investments into the profession are most needed. As part of the largest social work association in the country and one of the largest continuing education providers for social workers in the state, we contend that full compliance to the licensing law should be enacted *in conjunction with* a financial investment into the workforce. Such a commitment will serve to strengthen the fiber of our state's health and mental healthcare delivery systems by providing incentives and opportunities for highly qualified individuals to serve our most vulnerable populations.

The New York State and New York City Chapters of the National Association of Social Workers and the New York State Society for Clinical Social Work had proposed to the legislature the **Social Work Investment Initiative** – a plan to address the inequity among systems and to enhance the capacity of human service programs to have professional social work staff, especially in situations where diagnosis and treatment of serious illness is required. The Social Work Investment Initiative sought the following funding:

- \$4 million-dollar Loan Forgiveness Program for social workers working in currently exempt settings in an effort to mitigate the purportedly high rates of staff turnover in exempt agencies. Such an initiative would not supplant the current loan forgiveness program available to a broader array of social workers.
- \$18 million-dollar incentive program for currently exempt agencies to increase the number of licensed social workers available to provide supervision. This will provide a stronger career track and reduce reported staff turnover. Based on the Executive budget's estimation that the cost of full compliance with the social work licensing law would be \$360 million, we have estimated that to hire a sufficient number of licensed supervisors in key service sectors that the Governor's office has identified would be 5% of this amount, or \$18 million.¹⁷
- \$500,000 for the development and distribution of culturally sensitive and ESL test preparation to assist those who are vulnerable to, or have already, failed the licensure exam.

¹⁷ The cost was arrived at by assuming supervisors comprise 10% of the staff reflected in the total amount. It was further assumed that only 50% of supervisors would be needed to be replaced by licensed staff.

- \$250,000 for the development and implementation of a workforce data collection survey to be utilized (upon mandate) by the New York State Education Department at registration and re-registration of all Article 154 licensees.¹⁸ This data will help us better understand where licensees work and where gaps persist.

While we were unsuccessful in securing funding for the Social Work Investment Initiative in this year's Executive budget, NASW-NYS will continue to identify, secure, and funnel resources to the field.

SYSTEMS TO ENSURE APPROPRIATE SUPERVISION OF UNLICENSED STAFF PROVIDING SERVICES AS PART OF A MULTI-DISCIPLINARY TEAM IN A PROGRAM THAT IS REGULATED, OPERATED, FUNDED OR APPROVED BY AN EXEMPT EXECUTIVE AGENCY

Our combined organizations represent approximately 15,000 social workers in the state, and our direct channels of communications to our social workers can assist the Department and impacted agencies receive the most up-to-date information to ensure full compliance to the state's licensing laws. Exemption from licensure not only risks the quality of care for many of our most vulnerable citizens but also exempts certain providers from compliance with the Rules of the Board of Regents, which oversees the licensed professions and holds the ability to enforce professional standards in this state. Without such proper and necessary supervision by a qualified supervisor who has met the extensive education and legal standards of professional conduct, mistakes can be made that have great impact on the individual client, as well as the greater system of provision.

Earlier this year, Massachusetts Attorney General Maura Healey settled a lawsuit against South Bay Mental Health Center Inc. (SBMHC), a mental health provider that served tens of thousands of low-income individuals.¹⁹ The lawsuit alleged that SBMHC fraudulently billed the state's Medicaid program by allowing unlicensed, unqualified, and unsupervised employees to see patients. Many of the employees at SBMHC's clinics who were performing mental health services did not have degrees in social work and therefore were not even license-eligible. In one of its clinics, only two of the 125 employees were

¹⁸ Licensed Clinical Social Workers and Licensed Master Social Workers

¹⁹ <https://www.mass.gov/news/mental-health-center-to-pay-4-million-under-ag-settlement-for-illegally-billing-masshealth-for>

licensed supervisors and as such, could not have provided the necessary supervision to the many unlicensed clinicians employed at the facility. This gap in supervision could have dire consequences for the patients and the community, and also violates the NASW Code of Ethics.

Our profession recognizes the importance of frequent and effective supervision, particularly for new social workers pursuing a clinical license, as it ensures supervisees obtain advanced knowledge so that their skills and abilities can be applied to the client populations in an ethical and competent manner. NASW recommends that clinical social workers should ensure that professional social work supervision is available to them in a clinical setting for the first five years of their professional experience.²⁰ In addition to the qualifications and licensing requirements for an approved social work supervisor specified by the State Education Department, NASW and ASWB developed the *Best Practice Standards in Social Work Supervision*²¹ to provide a general framework on social work supervision to enhance the quality of work for both the supervisor and the supervisee, and ultimately, the client.

For the purposes of risk management, supervisors should:

- Ensure that the services provided to clients by supervisees meet or exceed standards or practice;
- Maintain documentation of supervision;
- Monitor supervisee's professional work activities;
- Identify actions that might pose a danger to the health and/or welfare of the supervisees' clients and take prompt and appropriate remedial measures; and
- Identify and address any condition that may impair a supervisee's ability to practice social work with reasonable skill, judgment, and safety.²²

In addition, we contend that supervisors should have the necessary experience and expertise in the practice arena and with the populations in which the supervisee practices. Supervisors should have competencies in the theories and various modalities

²⁰ NASW Standards for Clinical Social Work in Social Work Practice (2005).

<https://www.socialworkers.org/LinkClick.aspx?fileticket=Y0g4qdeflBE%3D&portalid=0>

²¹ Best Practice Standards in Social Work Supervision (2013).

<https://www.socialworkers.org/LinkClick.aspx?fileticket=GBrLb14BuwI%3D&portalid=0>

²² Id.

of treatment through the use of professional journals and continuing education. All three organizations provide continuing education programming for social workers and licensed mental health providers in NYS and will seek opportunities to collaborate with impacted agencies to provide educational content for agency staff, that will allow them to meet their continuing education needs and pursue advanced certification. Through the NASW-NYS Continuing Education Partnership Program (CEPP),²³ agencies can receive continuing education credits and professional development courses (such as licensing exam preparations) for social workers, conveniently at their place of employment. CEPP aims to enhance social work services to clients and the community by ensuring agencies have access to quality educational opportunities, while also recognizing the benefit of having staff available for shift completion before and/or after courses.

Furthermore, we will continue to seek funding opportunities for the Social Work Investment Initiative to build and sustain the social work workforce, as part of our continued commitment to enhance the social work practice and service delivery in New York State.

VI. CONCLUSION

NASW-NYS, NASW-NYC, and NYSSCSW applaud the work of the Office of Professions, the State Education Department, the NYS Legislature, and the Governor's office in finally requiring the full and complete implementation of the social work licensure law, an important consumer protection measure. We have long maintained that the diagnosis and treatment of a mental illness should only be provided by qualified individuals, and we implore the Office of the Professions to work speedily in drafting and implementing regulations for statute implementation so that we can more quickly move towards providing ethical, professional, and appropriate mental health services for all New Yorkers.

As the nature and complexity of our clients' problems and the challenges experienced by our communities continuously evolve and grow, our organization has a professional obligation to further advance the social work profession through the provision of high-quality professional development and career protection services. We request that the Department and affected agencies engage in a collaborative process with

²³ www.naswnys.org/cepp

NASW-NYS and its partners to a develop workforce reporting protocol to address any potential impediments to compliance, as well as assist agencies with the ongoing challenges to recruit, retain, and increase the capacity of the number licensed providers in the field. Our organizations are willing and ready to assist in any of these efforts.

Dated: July 30, 2018

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