



SPRING 2009

In this issue:

President's message

Calendar

Membership

Business of practice

Legislative news



PRESIDENT'S MESSAGE

Signs of spring

BY ROBERT ODELL

This winter report on the Society will reach you towards the end of our gray season, and just as our next gray season begins. Yet for those who brave the damp and cold to enjoy walking in our parks and natural areas, signs of green life can be observed everywhere. So it is with WSSCSW, which I believe is budding with energy, vitality, and growth. I will share various developments with you below, but first a note on a more difficult subject.

Our economic and social environments have suffered the chilling effects of a deep recession. Before reporting to you on the state of the Society and its future, I want to focus attention on what is happening to our state's most vulnerable populations as a result of massive state budget cuts. Washington Governor Christine Gregoire and the state legislature are facing harrowing decisions regarding support for health and human services. Programs such as the GAU, Basic Health Plan, and the state's educational system are at risk for drastic cuts. A range of services for the chronically mentally ill will also be affected. Earlier this winter, when

called upon by our legislative chair Laura Groshong to set WSSCSW's priorities for fighting these cuts, WSSCSW's membership responded quickly. Our specific and constructive letter reached key legislators. Our influence was felt, and we have begun to see results with amendments to GAU cuts.

In the midst of some of this grim news however I am also pleased

to report on areas of growth for WSSCSW. The first is the board's decision to permanently commit the organization to achieving and maintaining the widest possible diversity of members. To do this we will begin by rewriting our bylaws. Currently,

the bylaws simply define WSSCSW's system of governance (you can view them at wsscsw.org). The new bylaws will additionally mandate a diverse membership and leadership. The change will be systemic (i.e., holistic) and engage every board committee. WSSCSW members must ratify these changes and this spring will receive a ballot form with a copy of the new bylaws. Lastly, this change is only a beginning and must be followed up

**Budding
with energy,
vitality, and
growth.**

continued on page 2

WSSCSW

President

Rob Odell
206-282-3137

Secretary

Jennifer Loewen
425-806-5021 ext-105

Treasurer

Carolyn Sharp
206-291-8377

Ethics Committee Chair

Deborah Woolley
206-523-1180

Legislative Consultant

Laura Groshong
206-524-3690

Marketing & Communications Chair

Diane Gris -Crismani
206-720-9868

Membership Committee Chair

Theresa Rogers
206-548-1223

New Professionals Committee Chair

Lyla Ross
206-283-3300 ext-9185

Newsletter Editor

Mary Ashworth
206-524-9055

Professional Development Committee Chair

Sara Slater
206-579-1729

Program Assistant

Aimee Roos
aimeeroos@yahoo.com

The Washington State Society for Clinical Social Work was established in 1973 and incorporated in 1988 as a 501(c)(6) to promote and advance specialization of clinical practice within the social work profession. It is an organization of clinical social workers practicing in a variety of settings including mental health clinics, family service agencies, hospitals and medical clinics, and private practice in the state of Washington. Its members span the professional life cycle from students and new professionals to mid-range, seasoned, and retired clinicians.

WSSCSW offers its members continuing educational opportunities, legislative advocacy including lobbying, network and professional growth opportunities and special programs for new professionals.

WSSCSW is a nonprofit tax-exempt professional organization with a board of directors composed of officers elected by the membership and chairpersons of the various committees. It is affiliated with the Clinical Social Work Association, which represents clinical social workers on the national level and actively works with them to represent local as well as national concerns.

PRESIDENT'S LETTER

continued from front page

with permanent, mission-driven action.

The board is grateful to the members of the Diversity Task Force (Bridget Aldaraca, Shirley Bonney, Bill Etnyre, Marian Harris, and Al Lew) for helping to develop this course of action. We are very fortunate that Marian Harris, an associate professor in the social work program at UW Tacoma, leads the bylaws revision. We are also grateful for her leadership in developing and implementing a much needed mission statement for the Society.

Another area of growth is the effort to develop relationships and agendas with NASW, WAMFT, WMHCA, and WSPA. We are working on collaborating more closely with our peer organizations in the areas of professional development and our Veterans Outreach Program (VOP). As this report goes to press, we are close to completing arrangements for our Fall 2009 Clinical Conference co-sponsorship for this fall.

Nearly four years ago, ours was one of the first programs of its kind. Today, we need to greatly extend its geographic reach in our state, particularly in smaller/rural communities whose residents were disproportionately recruited and deployed. We can partner together to serve veterans from the current conflicts and their families with pro bono and reduced fee services. The needs are great: recent reports have indicated that rates of suicide are near those for combat death in Iraq. Together, we can increase our capacity to help.

In these efforts to find common projects with our peer organizations, I enjoy representing WSSCSW. Our membership numbers are a small fraction of theirs. Yet our commitment, energy, and ideals give us much to offer. WSSCSW's energy and commitment have been built over many years and are well recognized. Our professional colleagues have in turn actively welcomed us and our ideas.

Ultimately, the point of this effort, and all of the efforts of our board, is to enrich the membership experience and create deeper connections to our professional and social communities.

Lastly on a personal note, I want to mention that my service as board president was interrupted for medical reasons last November. Without going into details, I want to let you know that I expect to fully recover by May. My thanks to the board for their support during the month of November, over the year-end holidays, and throughout the subsequent months. ♦



WSSCSW newsletter is mailed quarterly to members of WSSCSW. Deadline for the next newsletter is **June 15, 2009**.

Classified ads are \$10 for 25 words, \$20 for 50 words, etc. Articles and ads should be emailed to Mary Ashworth at **mary.ashworth@att.net**. Newsletter design: Dennis Martin Design, 206-363-4500.

Articles expressing the personal views of members on issues affecting the social work profession are welcome and will be published at the discretion of the editor and WSSCSW board. Articles reflect the views of authors and Society endorsement is not intended.

Not a CSWA member?

The Clinical Social Work Association is supported primarily by individual memberships. Please consider joining today! You are *not* automatically a member of the association by being a member of your society, and must join separately. CSWA needs your support to provide the information you need to effectively run your clinical social work practice and for CSWA to successfully advocate on your behalf. Go to our website at www.associationsites.com/main-pub.cfm?usr=cswa for a full list of membership benefits and to become a member.

calendar

APRIL 2009

Short course

- Saturday, April 18; Saturday, May 2,
- 9 am – 1:30 pm
- “Self Care for Clinicians: Nurturing ourselves through mindfulness”

Clinical evening meeting

- April 22
- “Negative Therapeutic Reaction: Why we sometimes bite the hand that feeds us”

JUNE 2009

WSSCSW annual membership and volunteer appreciation party

- Thursday, June 25
- Time and place to be announced

Society supervision course

- Friday, June 19, 8 – 8:30 a.m. registration, 8:30 am – 6 pm (7½ CEs)
- Saturday, June 20, 8:00 am – 5:30 pm (7½ CEs)
- University of Washington School of Social Work, Room 302

Have you moved?

Please let us know your new address. Email your name and address to: **aimeeroos@yahoo.com**

New membership chair and more ...

BY ERIC G. HUFFMAN

In the last column I said I would let everyone know how the renewal drive went. It went well. Next question? Actually it went really well. We had the highest percentage of members renewing since I began keeping track a few years ago. We had the highest amount given in lobbying contributions ever and the highest average contribution ever. We began our new membership year with the highest number of members at 186. We are in great shape.

OK, that was the “more” part. Now the “new membership chair” part. After five years as our membership chair, I’m stepping down. I have genuinely had a wonderful time in this position. Being on our board of directors is one of the best things I have ever done. Since we are a volunteer organization and I get no commission for the plugging the board or the Society you can trust me when I say that being on the board or on a Society committee is a great experience. I’ve learned a lot, I’ve grown, I’ve met people I hope I will always know, and I’ve felt like I have been making a contribution to our profession. And ... for better or worse, I’ve had the room to be me.

Theresa Rogers is the new membership chair and Cathy Cobb will be the second in command. In addition to Theresa’s organizational skills, she will continue our tradition of humor. I couldn’t be happier with this transition. I am currently putting much energy in to developing and teaching a course on addictions and mental health in criminal justice for the UW School of Social Work Tacoma Campus. If I survive this

challenge, I will spend some time ... a year or so ... sipping various whiskeys and watching reruns of *CSI*. Thanks to everyone for the fun, kindness, support, patience, and collegiality of the past five years.

Welcome to new members

Kelly Guynes

Kelly is currently a full-time MSSW student at the University of Texas in Austin. She has recently moved to Seattle to complete her clinical field placement. One of Kelly’s professors at UT Austin recommended WSSCSW to her. Kelly received supervision through WSSCSW and hopes the Society will help her continue her professional development through workshops, seminars, and networking with other clinicians.

Nancy E. Hall

Nancy earned her MSW at the University of Maryland in 1971, her PhD in clinical child psychology in 1997, and also holds a master’s degree in education. She has been in private practice in both Los Angeles and Seattle since 1973 and currently has a practice in Edmonds. Nancy is joining the Society because she thinks it is important to affiliate with professional colleagues and notes that many of her friends are Society members. She looks forward to continuing education programs and appreciates the Society’s attention to important legislative issues. She is a licensed clinical social worker in California and Washington. She is

a thirty-year member of NASW and a member of the Society for Social Work Leadership in Health Care.

Josh Bratton

Josh earned his MSW at Walla Walla University in 2008. Josh is the recipient of the Society’s outstanding student paper award for 2008. Josh currently lives in Milton Freewater, Oregon, and has been a small business owner and operator since 1987.

Kristine Roop Lima

Kristine earned her MSW at Smith College in 1973. She is in private practice in Seattle. For thirty years Kristine was the director of Milestone Counseling Associates in Cambridge, Massachusetts. She is the author of the article “Perceptions of Requests in Psychotherapy: Patient and Therapist” in the *Journal of Social Service Research*, volume 4(2), winter 1980. Kristine is joining the Society for the chance to meet clinical social workers in the Seattle area and to participate in continuing education opportunities. She has been a member of NASW for over thirty years and holds the LICSW in Washington State.

Ryli Webster

Ryli earned her MSW at Boston University in 2008. She is currently a chemical dependency counselor at Evergreen Treatment Services. She is joining the Society to find clinical supervision and case consultation with a senior clinician. She also hopes to find mentorship, advice in career development, and information on building a private practice. ♦

“Common Goals, Different Roads: Approved Supervision Across Mental Health Disciplines”

BY LAURA GROSHONG

WSSCSW is offering a unique fifteen-hour course for LICSWs, LASWs, LMFTs, and LMHCs in Washington that provides the knowledge base needed to be an approved supervisor. The course is designed to identify and implement the approaches of clinical social work, marriage and family therapy, and mental health counseling to supervision of licensure candidates, certified counselors, and certified advisors. The course includes:

- Answers to questions about supervision related to the registered counselor reorganization.
- A thorough review of supervision literature.
- Complete review of Washington laws and rules on approved supervision.
- Interactive discussion and small groups of supervision principles.
- Documentation of attendance and completion of this course.

Becoming an approved supervisor is a process that requires knowledge of the supervision process, ethics in supervision, Washington laws and rules, the role of diversity in supervision, and the ability to help supervisees with clients who face a wide variety of difficulties emotionally and/or in daily life.

This course will give licensed clinicians the knowledge base needed to help their supervisees navigate these issues in agencies or in private practice. The supervisory relationship itself will be explored as a reflection of the process between the supervisee and client. Get answers to your approved supervision questions such as:

- What are the similarities and differences in supervision practice across disciplines?
- What are the legal and ethical responsibilities of the supervisor for the practice of the supervisee?
- What does an approved supervisor in private practice need to know about agency practice?
- How does a non-agency supervisor coordinate with an agency approved supervisor?
- How does the registered counselor reorganization affect approved supervision?
- How does the new mandatory reporting rule affect approved supervision?
- How do issues of diversity affect the supervisee, client, and approved supervisor?

The faculty includes:

- **Carlton Munson** has a private practice in Baltimore, Maryland, is a prolific author and speaker on clinical social work supervision,

including *Handbook of Clinical Social Work Supervision*, frequent speaker on clinical social work supervision, as well as a professor at University of Maryland.

- **Scott Edwards** is past-president of WAMFT, a marriage and family therapist in private practice, and a professor at Seattle Pacific University.
- **Lisa Erickson** is past-president of WMHCA, a mental health counselor in private practice, and a frequent speaker on ethics and supervision.
- Other faculty, **Bonnie Bhatti**, **Laura Groshong**, **Kevin Host**, and **Carolyn Sharp**, are members of the Society and have participated in other Society-sponsored supervision conferences with good reviews.

Don't miss this outstanding opportunity to learn about the supervision of licensure candidates! The course will be held Friday and Saturday, June 19 and 20, on the University of Washington campus. For more information and registration forms, go to the Society website at www.wsscsu.org. ♦

Update

BY FRANK KOKOROWSKI

I want to take this opportunity to update society members on the Veteran Outreach Program (VOP). It's been some time since I have written to you about VOP, largely due to unexpected medical issues. Thankfully, they are resolving.

VOP has been very active and involved in organizing training opportunities and work towards collaborative efforts with other clinical organizations in promoting services to veterans and their families. Two very important training opportunities were offered to our clinical community in the fall of 2008. WSSCSW sponsored a successful one-day conference in September with a panel of experts on the mental health treatment of veterans. In November, Evan Kanter MD, PhD. was featured in a Tuesday Clinical Evening Meeting.

Dr. Kanter spoke about the neurobiology of trauma and PTSD. It was a very stimulating meeting that was well attended and far too brief for the rich information. The VOP and Society are grateful to all the presenters and those that worked to make this all possible.

Our offerings are designed to increase awareness of veterans and the consequences of war service on him/her and their families. Although focused on veterans and families this information is useful to many clinical practices.

I have also been involved in discussions about collaboration with the Soldiers Project Northwest. I respect their commitment and hard work. The collaboration discussions that Rob Odell and I have been involved with would expand the reach of our services. Our interaction with other clinical organizations does not trade away each other's identity and builds a base for a model of private sector collaboration that is genuine and unique.

In the near future I will be updating the list of active WSSCSW clinicians participating in VOP and encourage all to consider giving clinical time to a military connected family through our program. Veterans sacrifice so much in our behalf and need very much the skills we offer as clinicians. ♦

Welcome new board committee chairs!

BY ROBERT ODELL

Please welcome Sara Slater, the new chair of WSSCSW's Professional Development Committee and Theresa Rogers, our new Membership Committee chair!

Sara has been on the board for the last year in communications and professional development, brings a strong commitment to professional education, and understands the committee's organizational needs. She began her membership three years ago as a new professional. The board is very grateful that she is continuing her involvement with WSSCSW and leading this vital area of WSSCSW's activity!

Our new Membership Committee chair, Theresa Rogers, has been a member for ten years. She has contributed her energy to a number of projects over that time and is always enjoyable to work with. Long-time member Cathy Cobb, who has connected with so many members via her many referrals, is teaming up with Theresa to run this key committee. Membership couldn't be in better hands.

Theresa replaces Eric Huffman, who for the last five years has practically perfected the membership process. Virtually all of us know firsthand Eric's inviting and very witty style. His personal touch, and enjoyment in seeing us grow, will be missed. He also brought keen statistical and historical skills to his role—kind of a right and left brain double whammy! Thank you so much, Eric! We know you will be successful in your new pursuits.

Please join the board in welcoming Sara, Theresa, and Cathy! ♦

Expanded practice listing

BY SARA SLATER AND CAROLYN SHARP

We are pleased to announce the creation of a membership-only expanded private practice listing on our website, www.wsscsw.org. Beginning in the late fall of 2008, this additional website feature will allow our colleagues and the general public to access in-depth information about each of our private practice listings, facilitating referrals and enabling potential clients to learn more about our experience, philosophies, and backgrounds.

Each person that joins this enhanced listing will have a separate page on our website, accessed through the membership roster or our website search engine, listing all pertinent information about our practices. Our webmaster, Kate Witt, has collaborated with the WSSCSW board to create pages which maximize visibility and optimize traffic to the WSSCSW website, as well as to our individual websites and private practices, providing colleagues and consumers with the data most commonly sought when making referrals or seeking practitioners.

This powerful marketing tool gives you the same advantage offered by competing therapy search websites, but at a considerable savings, as we have also worked to keep costs down for this enhanced service. The annual fee, \$50 per calendar year, will cover both set up costs and annual maintenance.

If you would like to join our enhanced listing, you may do so one of the following ways:

- Simply go to www.wsscsw.org, fill out the form and submit it on our website. This is the fastest and most efficient way to ensure the information gets to us, without any possibility of data loss.
- Alternatively, an announcement will go out on the listserv in the next few weeks, with the form attached, where you may fill it out and email it to our administrative assistant Aimee Roos at aimeeroos@yahoo.com.
- If you do not have access to email or website, please legibly fill out the form and mail it to Aimee Roos, WSSCSW, PO Box 77264, Seattle, WA 98177.

For all three of these options, please write a check to WSSCSW and mail it to Aimee at the above address. When we have received your form along with your check for the set up and the 2009 annual fee, we will input the data and develop the page, which will be completed and live by late fall 2008.

We hope you are as excited as we are about this new service, which we believe will increase our awareness of our colleagues, as well as serve to support our work with clients. If you have questions, please feel free to contact us: Sara Slater, LICSW, 206-579-1729, sarajacksonslater@hotmail.com, or Carolyn Sharp, LICSW, 206-291-8377, carolynsharplicsw@comcast.net. ♦

Check us out online:
WSSCSW.org

Join the WSSCSW email group!

Now in its tenth year of operation, with 187 WSSCSW members currently on the roster, WSSCSW's email group is one of your membership's prime benefits. It is a valuable, prolific source for making and receiving referrals, consultation on practice and clinical issues, professional education programs, available office space, and other information of interest to clinical social workers.

It's easy for current members to join. You can email Bruce Gimplin bgimplin@msn.com or Cristina Mullen cristinamullen@comcast.net. Once your membership status is confirmed, you'll be quickly added to the roster so that you can send and receive messages. (If you change your email address, contact Bruce or Cristina with the new address. Otherwise, the new address will not receive or send messages successfully!)

Money matters

BY SHEILA KEENAN

Money matters. This article will address several money-related concerns, specifically the practical aspects and costs of taking credit cards and of using a billing service. Of course the meanings surrounding money and payments are prominent clinical issues. These are not issues I am going to pursue in any detail in this article. Some clinicians may choose to keep the transactions around money in the therapy room rather than with the credit or billing service in order to attend to all aspects of the relationship with the client. Others may not. And although I will not be addressing the topic here, I also want to mention that the therapist's relationship with and feelings about money influences decisions of how to bill and are a significant consideration in how we as clinicians proceed with money matters. Explorations of these topics will come in a later column.

The question about whether or not a therapist accepts credit cards is common in both an agency setting and in private practice. One reason a therapist may choose not to accept credit cards could be due to the costs associated with accepting them. Clients who want to pay with a credit card sometimes voice frustration when a clinician will not accept it. As more people move to online bill paying and away from writing checks, I can imagine what form of payments clinicians accept could become even more challenging. The cost of accepting credit cards seems to vary widely based on the service used. The following data is based on a \$100 charge per

session and what you would pay the processor for 1, 8, 16, 32, and 64 charges per month.

- PayPal: \$3.40, \$27.20, \$54.40, \$96, \$192
- Propay: \$6.10, \$31.30, \$60.10, \$110.28, \$215.56
- Therapy partner: \$29.85, \$64.15, \$103.35, \$181.75, \$338.55
- Professional charges: \$8.99, \$14.76, \$21.36, \$34.56, \$60.95

These fees are the minimums and do not take into account other benefits, terminal costs if required, or other special costs. A clinician from the Clinicians Exchange group researched these companies and their fees and compiled this information. She then found that she could get a better deal through a merchant account at a local bank. She didn't have a setup fee or monthly fees and pays 1.64% plus 19 cents. She did have to purchase a terminal. Another clinician recommends PaymenTech, stating that their per-transaction fee is below 2.5% and they charge no monthly fees if you use software such as PCCharge-Pro.

The second topic is related to billing—the costs and benefits of using a billing service or doing one's own billing. Most billing services charge 5–6% of the fees billed. They take care of all aspects of billing which takes the billing out of the hands of the therapist. This choice has positives in that the therapist can focus on the clinical work and without having to hassle with insurance companies or billing questions. As discussed briefly above, depending on the clinician's perspective on money and the therapeutic relationship, someone else collecting money from clients can be seen as a positive or a negative. The cost of a billing service is an issue about which people have different opinions—some say it is well worth the cost, while for

others it is a cost they would rather not incur. Many therapists do their own billing with programs such as Office Ally. A colleague said that she found the program very easy to use and liked having responsibility for her own billing. Doing so enabled her to keep the money matters in the therapy and address clinical issues that arose related to money.

Several other money matters arise in the course of providing therapy services. These include how to determine one's fee, when and what to charge for missed appointments, and when to send clients to collection if they haven't paid their bill. Clinicians can and should spend time grappling with these tough questions when thinking about their own practice. The business aspect seems straightforward—business agreements are made between two parties and both should hold up their end of the agreement. However, client and clinician issues with money can greatly affect the relationship. I hope to be able to share my own and the thoughts of other clinicians in the Society on these matters over the coming months. I look forward to your input. You may contact me at skeerat@aol.com. ♦

KUDOS

Special thanks to our 56 lobbying contributors

Robin C. Adler	Jennifer Loewen
Sue Elaine Anderson	Sandra Mathews
Mary Ashworth	Linda McDonald
David Bird	Jacqui Metzger
Larry A. Carlson	Janet Moore
Robert A. Carlson	Cristina Mullen
Janet Carter	R. Keith Myers
Stan Case	Roberta H. Myers
Sharon Chamberlain	Maxine Nelson
Susan Childers	Robert Odell
Ann Crabtree	Jenny Pearson
Kemp Crawford	Marianne Pettersen
Claudia Doss	Michele Pomarico
Myrna Dunlop	Pamela Powel
Joan Tausch Duroe	John R. Powers
William S. Etnyre	Theresa Rogers
Donna Flynn	Lyla Ross
Judith Foley	Jan Sauer
Diane Gris�-Crismani	Maureen Sawyer
Laura W. Groshong	Ilene M. Schwartz
Carol E. Hall	Jill Seipel
Karen Hansen	Audrey L. Shiffman
Nancy R. Heller	Sara Slater
Melissa Hoffman	Lynda N. Treger
Kevin Host	Laurence Venditto
Nancy M. Jordan	Candace Vogler
Gail Katz	John Walenta
Sheila Keenan	
Deborah King	

Update from Olympia

BY LAURA GROSHONG

In spite of the fiscal crisis Washington is facing, there is a high level of activity on bills that affect mental health clinicians. One reason is the need to prevent the four or five situations over the past year in which mentally ill people murdered one or several others. There are four bills to give family members more say in the involuntary commitment process. The other reason is Rep. Mary Lou Dickerson. She is on a crusade to make mental health treatment for children, especially young children, available and to include “social emotional learning” in elementary school curricula.

Here’s what Lonnie and I are tracking and the current status of mental health bills and issues:

- **SHB-1071** (ARNPs). This bill allows ARNPs to determine whether a person who is involuntarily committed needs to be held for three days or fourteen days on the first day of commitment. Previously only CDMHPs and physicians were eligible to make such assessments. Status: Passed House unanimously and sent to Senate.
- **SHB-1275** (involuntary treatment). This bill would allow people with a history of violent acts to be committed with fewer restrictions. Status: Pending in House Ways and Means.
- **HB-1357/SB-5220** (SW title protection). These bills would prevent anyone who does not have a degree in social work from using the title “social worker.” Status: Passed out of Senate Human Services and Corrections Committee and currently in Rules.
- **HB-1373** (children’s mental health services). This bill would expand the services which were implemented in HB-1088 in 2007 and focus on the needs of children five and under. The implementation would be overseen by the UW Children’s Institute. The bill requires that 36 percent of all services provided by RSNs be for children by 2011. Status: Heard in House Early Learning and Children’s Services on 2/3.
- **SHB-1488** (release from state hospitals). This bill would prevent the release of people from state hospitals to homelessness, a current condition. Status: No appropriation can be found this session, but more effort will be made to only discharge patients who have a place to live.
- **HB-1514** (Uniform Disciplinary Act). When the registered counselors were reorganized last year, they were inadvertently not included with all the professions that are governed by the Uniform Disciplinary Act. This bill puts the eight new categories under the oversight of the UDA. Status: Passed out of House Health and Wellness on 2/6, heard in House Appropriations on 2/18.
- **HB-1930** (expansion of MHPs). This bill would allow licensed mental health counselors and licensed marriage and family therapists to be eligible to for DSHS positions as “mental health professionals.” Currently only LICSWs, psychologists, and ARNPs are eligible for these positions. Status: DSHS may change job descriptions to allow this change.
- **HB-2025** (coordination of care). This bill requires licensed mental health clinicians who are seeing patients with medical needs to coordinate care with physicians; psychotherapy notes are exempted. Status: Passed out of House Human Services on 2/18, currently in Rules.
- **SB-5052** (insurance for young adults). This bill would allow insurance plans to be offered to young adults which so not include mental health and many other benefits. It seems to contradict the mental health parity law. Many groups oppose. Status: Heard in Senate Health and Long-Term Care on 2/18.
- **SB-5546** (confidentiality for teenagers). This bill is one that has been submitted for the last four years that would take away the current right of thirteen- to eighteen-year-olds to confidentiality of mental health records, should they so choose. It was created (by Sen. Haugen) and heard in one day to avoid opposition. Status: Heard in Senate Human Services on 2/11.

President Obama signs Reinvestment Act including HITECH Act

BY LARURA GROSHONG

- **SB-5971** (privilege). This bill would give patient psychotherapy medical records of LICSWs, LMFTs, and LMHCs the legal protection of privilege. Currently Washington is one of the only states that only gives these records the legal standard of confidentiality. Status: Heard in Senate Judiciary on 2/17 with no opposition.
- **SB-5588** (changes to boards, commissions, and committees). This bill and several others would eliminate about half of the 437 boards, commissions, and committees which exist for cost savings. The bills include the Master's Mental Health Advisory Committee. Status: Discussions are underway to see if this committee can be preserved.
- **Budget**. The budget is still being worked on; a new revenue forecast is due shortly. The governor, House, and Senate are trying figure out how to preserve the GAU, Adult Day Care, and several other crucial programs. The expected \$2 billion for health care allotted to Washington by Congress in the ARRA/HITECH bill, signed by the president on 2/17, is expected to help in this effort.

Please feel free to contact me with any questions. ♦

The president has signed the American Recovery and Reinvestment Act, which includes the HITECH Act on rules for the use of electronic health information. There are some important elements that affect clinical social workers.

The bill contains the Health Information Technology for Economic and Clinical Health or "HITECH Act" (at Title XIII), about which I have sent several alerts. I am happy to report that this form of the HITECH Act is much better than any of the previous bills regarding privacy and privilege, including the original HITECH Act.

There was a last-minute consideration of the removal of the patient-psychotherapist privilege, granted by the Supreme Court (1996) in *Jaffee v. Redmond*. This would have been a terrible blow to the cornerstone of our clinical work. Due to much work by mental health associations, the bill instead has a protection of privilege, stating that nothing in the Subtitle on privacy will constitute a waiver of "any privilege otherwise applicable to an individual with respect to the protected health information of such individual." Section 13421(c).

Additionally the bill includes the following protections of health care information:

- Patient notification of all disclosures without consent, or "breaches" of protected health information.

- Creation of an health information technology policy commission charged, among other things, with creating electronic records that will "segment" or separate mental health information (and other sensitive information) from the general record with greater privacy protection.
- Encryption of patient information when sent outside a health care network.
- Audit trails to determine who has accessed health care information and for what purpose.
- The right of the provider to determine what "minimum necessary" information is for disclosures (the secretary may issue guidelines later).
- Opt-in requirements for sale of patient information, i.e., patients must consent in writing to the sale of their health care information.

Finally, there will be grant money available for providers who need financial assistance for building an electronic health care record. I will let you know as I learn more about the details of this option.

Thanks to all of you who responded to alerts on health information technology. You contributed to making privacy protection of health care records much stronger.

♦



Washington State Society for Clinical Social Work

PO Box 77264
Seattle, WA 98177

PRSR STD
U.S. POSTAGE PAID
SEATTLE WA
PERMIT NO. 1132

ADDRESS SERVICE REQUESTED



Bookmark our web site!

For the latest WSSCSW news and information, check out our web site at:
www.wsscsw.org.

Looking for local conferences and workshops? Check the WSSCSW web site under "Marketplace."

MARKETPLACE

The Certificate Program in Clinical Theory and Practice. Family Services has offered the Certificate Program in Clinical Theory and Practice—a 100-hour program in adult psychodynamic theory and practice—since 1991. The program follows the natural sequence that characterizes treatment—addressing common issues in the opening, middle, and termination phases of treatment. The course defines and clarifies the choices often needed at each of these stages. Course instruction includes the use of teaching cases. One hundred hours of continuing education credits are available. The brochure

is available at *family-services.org*. To register or for more information, please call Roberta Myers, LICSW, BCD, program chair, at 425-452-9605.

Your ad here. Classified ads are \$10 for 25 words, \$20 for 50 words, etc. Send information to Mary Ashworth at *mary.ashworth@att.net*.