



**TESTIMONY: SENATE BILL 245 – SUPPORT**

**January 30, 2020**

Testimony provided by LaTavia Little, LCSW-C, Program Director, Substance Use Disorder Interventions Fellowship and Patricia Quinn-Stabile, LCSW-C, Faculty Field Instructor/Clinical Instructor, University of Maryland School of Social Work

Thank you for the opportunity to provide testimony on Senate Bill 245—Health Occupations—Social Workers—Scope of Practice, Supervision, and Application Decision Appeal Process. I am testifying on behalf of my colleagues at the University Of Maryland School Of Social Work where we have significant expertise in the education of graduate social workers who are becoming skilled in delivering behavioral health care, including addiction treatment. Based on related research, our twenty years of practice and management experience in addictions, and our work in the education and training of social work students, we support the legislation’s clarification that counseling for alcohol and drug use and addictive behaviors is an appropriate and important function within social work’s scope of practice.

Substance Use Disorders are a recognized mental health condition---diagnosed according to the well-established criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) 5<sup>th</sup> edition. The DSM-5 is the same source recognized as the authority for all other diagnoses/diagnostic impressions, including depression, anxiety and bipolar disorder. Social workers have long been recognized as providers of quality care to individuals living with these mental health conditions. Social workers provide essential functions such as assessment, planning, intervention, and counseling to clients with mental health disorders. This same array of critical services and interventions are needed to serve individuals living with substance use disorders or other addictions. To ensure parity in behavioral health service delivery, the scope of practice for social workers should include the same service delivery functions as provided within the scope of practice for other behavioral health disorders. Senate Bill 245 clarifies the scope of practice regulations to ensure parity in social work’s scope of practice,

Social workers providing services related to substance use disorders can and should do so within the scope of practice requirements as now established. Licensed Masters in Social Work (LMSWs) have a regulated scope of practice that states that a LMSW’s practice can include the treatment of emotional disorders, psychotherapy, or diagnosis of a mental disorder with the supervision of an LCSW-C.

LMSW regulations allow LMSWs to apply skills such as assessment, intervention, and counseling to enhance and restore the social functioning of individuals, couples, and groups. Social workers have long provided services to persons with substance use disorders. Addictions counseling is an appropriate avenue for enhancing and restoring the social functioning of persons with substance use problems. This bill adds the clarification necessary to ensure that an entire diagnostic category is not excluded from social workers’ scope of practice and their ability to provide services in the area of substance use and addictions. The clarification in the regulation language is important as it makes clear that social workers who are working within defined scopes of practices, including any required supervision, may provide the same array of services as provided to individuals with other behavioral health conditions. The clarification is needed to ensure that social workers and substance use disorder treatment programs recognize social work as a largely untapped provider of addiction treatment. This is a critical step forward in expanding the workforce available to assist individuals and families affected by addiction.

This clarification will also help to preserve access to quality services provided by licensed social workers acting within their scope of practice, especially during the opioid crisis-- a crisis which is



already experiencing a significant shortage in the workforce of licensed behavioral health professionals working in addictions. The Maryland Higher Education Commission considers human services an area of workforce shortage and specifically extends scholarships in workforce shortage areas, including social work and the healing arts related to alcohol and drug workforce. As a workforce shortage area, the Maryland Higher Education website offers scholarships (Category B Workforce Shortage-Human Service) to persons doing front line work with persons who are dependent on alcohol and drugs. If social workers' scope of practice did not include providing front line services to persons with addictions, this would surely exacerbate an area of workforce shortages that already exists. In addition, the social work graduates are a highly diverse group of graduates—diverse by race, age, gender, and past experience. This diversity helps bring comfort and success to clients and families undergoing addiction treatment.

Social workers do not provide services to persons with drug/alcohol use/ addictions in a vacuum or silo. Co-occurring disorders are very common. This term refers to individuals who are suffering from a mental illness and a substance abuse problem. Many people who suffer from depression, anxiety disorders or post-traumatic stress disorder, also struggle with problematic use of substances. When functioning within the scope of practice, it would be possible for a LMSW to work with a veteran diagnosed with post-traumatic stress disorder (PTSD) and depression. It would also be common that this veteran would be suffering from a substance use disorder. The proposed language clarifies that it would be appropriate to provide services to the veteran not only for post-traumatic stress disorder but to also provide counseling to the veteran who is drinking to the point of blacking out in order to try to avoid PTSD disorder nightmares.

Social workers, particularly LMSWs, possess qualifications and training in behavioral health conditions that often exceed those of other publicly regulated professions such as Certified Supervised Counselor--Alcohol and Drug (CSC-AD) and Certified Associate Counselor—Alcohol and Drug (CAC-AD). The scope of practices for these addiction counselors also allows persons with these certifications to assess and counsel persons and formulate diagnostic impressions related to addictions, under appropriate supervision and within defined scopes of practice. Neither of these certifications require a Master's degree. This further weakens any rationale not to allow the provision of drug and alcohol/addictions counseling by social workers who have completed their MSW degrees.

Individuals with behavioral health disorders benefit when they are provided an array of services designed to address their needs across the spectrum-- medical, mental health, and substance use-related. National efforts to integrate behavioral health services and to ensure parity across medical, mental health, and substance use-related service reflect a commitment to reducing disjointed service delivery and more effective treatment of the "whole" person. It stands to reason that LMSWs (which require a Master's degree and passage of a licensing exam) should provide integrated behavioral health interventions which include mental health as well as substance use-related services. The revised language of this bill provides clarification--simply that these services are within the same scope of practice.

We urge this Committee to issue a favorable report on SB 245 to ensure that Marylanders have enhanced access to evidence-based practices to end addiction and can assume productive participation in our great state's future.