

From: Schalles, Scott R.
Sent: Friday, May 13, 2011 2:35 PM
To: Wilmarth, Fiona E.; Johnson, Leslie A. Lewis
Cc: IRRC
Subject: FW: NASW-PA proposal to resolve issue

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Public comment on 2820

From: Jenna Mehnert [mailto:exec@nasw-pa.org]
Sent: Friday, May 13, 2011 2:18 PM
To: Schalles, Scott R.
Cc: Wall-Cote, Nina
Subject: NASW-PA proposal to resolve issue

I am writing today to offer a suggested resolution for the issues surrounding the BS license regulations. NASW-PA's great concern is that a new license is being required for professionals who are already licensed and whose educational degrees are mental health in their focus. We understand the desire of DPW and the legislative intent is that a license as a behavioral specialist be held for those providing behavior modification treatment and planning services. NASW-PA is prepared to highlight on the 19th how social workers who function in clinical settings are trained in behavior modification, that the task falls within our scope of practice and that the current standard of professional licensure should be sufficient- one license as that model has been sufficient for every other profession.

However, understanding the legislative intent was to require specific training in autism for those working with children living with ASD, NASW-PA could become supportive of the regulation if some meaningful modifications, beyond the redraft of the preamble were offered. As a result of the many conversations that have occurred over the past few weeks, I would like to propose the following suggestion for consideration by the state board of medicine.

If the Board of Medicine could revise the regulations to create a certification option for licensed social workers, licensed clinical social workers, licensed marriage and family therapist, licensed professional counselors, and licensed psychologist specifically for the *purpose of designing implementing or evaluating a behavior modification intervention component of a treatment plan for a child with autism spectrum disorder, including those based on applied behavioral analysis, to produce socially significant improvements in human behavior or to prevent loss of attained skill or function, through skill acquisition and the reduction of problematic behavior.*

- The licenses listed above require a mental health 60 credit masters degree which is directly related to the services being delivered and a much higher education stands than other degrees include in the current BS license.
- There is a national competency exam and CE renewal requirements associated with all the professional licenses and those requirements are not in place for the BS license.
- The tasks associated with the BS license are already within the scope of practice of all of the include MH licenses, it could be argued that they have the legal right to provide behavior modification intervention services today and bill based on their scopes of practice.
- To draw professionals into this critical services, it is important the these regulations are as specific about tasks and functions as possible. There is currently a clear lack of specificity.

The model of certification is about specialization knowledge, not overall competency as a professional. NASW-PA would argue that the BS license is unnecessary because licensed mental health providers have an ethical obligation to have

competency in any area they wish to practice. Requiring a certification is not necessary given the ethical requirements built into each profession, but we understand that it does fulfill the legislative intent while not requiring licensed mental providers to earn another license. Additionally, it creates clarity related to what individuals who are currently licensed provider to ASD children and when this additional certification would be necessary. Without the creation of this certification and clarifying language it remains very unclear what the limitations of currently licensed MH professionals would be in serving ASD children.

This proposed solution would clearly articulate that licensure is enough to service ASD children within a license' scope of practice unless you are providing the very specific services outlined in the definition of behavior specialist as behavioral modification intervention. Therefore, resolving NASW-PA's concern about a lack of clarity, while fulfilling the legislative intent to raise the autism specific knowledge-base among behavioral specialist providers.

In the creation of the certification NASW-PA would advocate that the requirements to hold the certification be:

- An individual holds a license in good standing as a social worker, clinical social worker, marriage and family therapist, professional counselor or psychologist.
- Has completed the 90 Hours of coursework specific to working with ASD children as outlined in the current regulation.
- The one change from the BS license we would propose is the removal of any demonstrated hours of experience. To earn an LSW, an MSW student must work at least 900 hours in the field with clients and the other licenses having a requirement of clinical hours with the LCSW requiring 3,000 hours of clinical experience. In addition to having experience hours built into the licenses they already hold, we see having to demonstrate hours as creating an unnecessary burden for those who have already passed a national competency exam in mental health (not required for the BS license) and had to provide services already to earn their license.

Our desire is to draw more licensed mental health providers into the field of working with autistic children and therefore strongly believe that barriers should be minimized to included only having appropriate training for licensed professions. We hold this belief because these are the professionals who have gone to school to gain the necessary skills to effectively provide these behavioral health services and they have to demonstrate relevant experience to earn their professional license.

If the board of medicine would consider pulling the regulations back to create a certification for behavioral specialist as a part of the regulations, and limit that certification to licensed professionals with mental health oriented degrees, we believe that not only would some (not all) of NASW-PA concerns be addressed related to implementation confusion and long-term consequences, but we also believe professionals who are in fact better prepared to work with this population would be more likely to seek out this certification than if they were required to earn a second license. Releasing regulations that require individuals to earn a second license to perform a task they are educated and trained to do in general (not specifically with ASD children) is a dangerous precedent that devalues professions.

I look forward to your thoughts on this suggestion and would be happy to write you up a draft of what we have proposed if that would increase the change it was possible.

Thank you again!

Jenna

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