

OFFICE OF THE INSPECTOR GENERAL
CITY OF BALTIMORE



Isabel Mercedes Cumming
Inspector General

Investigative
Report Synopsis

OIG Case #24-0031-I

Issued: July 9, 2024



OFFICE OF THE INSPECTOR GENERAL
Isabel Mercedes Cumming, Inspector General
City Hall, Suite 635
100 N. Holliday Street
Baltimore, MD 21202



July 9, 2024

Dear Citizens of Baltimore City,

The mission of the Office of the Inspector General (OIG) is to promote accountability, efficiency, and integrity in City government, as well as to investigate complaints of fraud, financial waste, and abuse. The following synopsis is a condensed version of the full report provided to City management officials and does not contain all investigative information.

In January 2024, the OIG received a complaint that involved the City's drug test and substance abuse control process. Some details from the complaint and investigation are not included in this synopsis as it involved sensitive personnel information. The investigation did not find evidence to support the complainant's specific allegation, but two areas of concern were identified and are outlined in this synopsis.

Background

The City's Administrative Manual (AM) contains official City policies that affect employees City-wide. AM §205-8 Substance Abuse Control Policy (SAC Policy)¹ states employees must become familiar with the policy and remain free from drug or alcohol abuse. Employees who violate this policy are given the opportunity for rehabilitation. All City employees are required to sign an acknowledgment of the policy upon hire.

The City's Employee Assistance Program (EAP) offers behavioral and emotional support for City employees and dependents experiencing distress and assists with addiction, anxiety, depression, and trauma, along with other specialized services. Regarding substance abuse, EAP determines whether an employee is eligible for acceptance into the program and schedules an appointment. The employee enters a confidential treatment contract with EAP outlining conditions for authorization to return to work. If applicable, EAP establishes contact with the treatment program and maintains in-person and phone contact with the employee.

According to the SAC Policy, the agency's Substance Abuse Control Officers (SACO) serve as the on-site resource persons responsible for independently verifying that reasonable suspicion exists to send an employee for drug testing. A SACO monitors the employee and completes the Behavioral Checklist, which details the employee's behavior and physical and mental well-being.

EAP Policies

Upon the OIG's request for a copy of EAP's policies and any existing standard operating procedures, the EAP Chief (EAP Chief) stated EAP does not have formal standard operating procedures and they refer to the SAC Policy when making decisions for cases (Exhibit 1).

¹[https://bbmr.baltimorecity.gov/sites/default/files/upload/AM%20205-8%20%20Substance%20Abuse%20Policy%20\(revised%2012-15-21\).pdf](https://bbmr.baltimorecity.gov/sites/default/files/upload/AM%20205-8%20%20Substance%20Abuse%20Policy%20(revised%2012-15-21).pdf)

The EAP Chief provided the SAC Policy (Exhibit 2), AM §224-1 Employee Assistance Program (Exhibit 3), and a Power Point presentation with general EAP information (Exhibit 4). None of these are detailed policies and procedures for EAP.

According to the EAP Chief, there may be something in writing that is covered during a clinician's orientation, but they have not trained anyone in a while. The OIG did not find any written policies regarding case management.

EAP uses an electronic case management system that contains client intake information, ongoing treatment notes, and uploaded documents. The EAP stated that clinicians typically enter case notes once a week and confirmed that some clinicians keep their original notes in a personal notebook and update the system later. Nonetheless, the investigation discovered evidence of some case notes entered several months after client contact. The OIG was informed that the entries were entered and later edited due to the OIG's information request. It is worth noting that the OIG did not discover evidence of fraudulent documentation within the case notes.

The OIG strongly recommends that the EAP develop comprehensive standard operating procedures for processes, including case management.

Behavioral Checklist Form

According to a Department of Public Works (DPW) SACO (DPW SACO), the evaluation process for reasonable suspicion includes having a supervisor and SACO complete the behavioral checklist form to document their observations. The SACO and the supervisor each sign the checklist form and the Supervisory Drug/Alcohol Testing Order.

The OIG learned that the SAC Policy does not specify when the behavioral checklist form is to be completed. Regarding a specific reasonable suspicion evaluation, a DPW supervisor (DPW Supervisor) and the DPW SACO reported that they completed the behavioral checklist form at the time of observation. However, the evidence obtained during the investigation indicated that the DPW Supervisor and DPW SACO completed the Behavioral Checklist a week after the testing occurred.

Sincerely,



Isabel Mercedes Cumming
Inspector General

CC: Hon. Brandon M. Scott, Mayor of Baltimore City
Hon. Nick Mosby, Baltimore City Council President
Hon. Bill Henry, Baltimore City Comptroller
Honorable Members of the Baltimore City Council
Hon. Ebony Thompson, Baltimore City Solicitor

Exhibits

1. Email from EAP Chief
2. SAC Policy Excerpt
3. AM §224-1 Employee Assistance Program
4. Power point presentation

REPORT FRAUD, WASTE AND ABUSE

HOTLINE: 443-984-3476/800-417-0430 EMAIL: OIG@BALTIMORECITY.GOV WEBSITE: OIG.BALTIMORECITY.GOV

This public synopsis is only a summary of a more comprehensive report of investigation submitted to the appropriate City management official

Exhibit 1

Case # 24-0031-I

Re: **OIG Record Request:** [REDACTED]

January 26, 2024

[REDACTED] (DHR) [REDACTED]@baltimorecity.gov>

Fri 1/26/2024 9:55 AM

To: Cumming, Isabel M. (OIG) <Isabel.Cumming@baltimorecity.gov> [REDACTED] (DHR) [REDACTED]@baltimorecity.gov>
Cc: Neil, Matthew (OIG) <Matthew.Neil@baltimorecity.gov>

📎 3 attachments (2 MB)

EAP Policy AM-224-1.pdf; AM 205-8 Substance Abuse Policy (revised 12-15-21).pdf; EAP INTRO.pptx;

Good Morning Inspector General Cumming,

I have attached the EAP policy as well as the Substance Abuse policy. I'm not sure if you have these particular policies already. We don't have formal SOP's or additional guidance documents. I've also attached our EAP introduction PPT that we typically use to explain our program in brevity.

Would you like other policies that include EAP as a part of the process, for example, workplace violence policy? Please advise.

I hope this helps.

Kindly,

[REDACTED]

*For urgent emotional or psychological support after business hours or on weekends, please call or text 988 to talk with a live person. 988 is the Here2Help line for individuals experiencing emotional distress and can be used by anyone at any time. For all other emergencies, please call 911.



[REDACTED]
Chief, Employee Assistance Program (EAP)
[REDACTED]

This communication is for its intended recipient only, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. This communication constitutes an electronic communication within the meaning of the Electronic Communications Privacy Act (18 U.S.C. 2701) and the Federal Wiretap Act (18 U.S.C. 2510), and its disclosure is strictly limited to the recipient intended by the sender of the message. This communication may contain confidential information and privileged material that is for the sole use of the intended recipient and receipt by anyone other than the intended recipient does not constitute a loss of the confidential or privileged nature of the communication. Do not deliver, distribute or copy this message and/or any attachments and if you are not the intended recipient, do not disclose the contents or take any action in reliance upon the information contained in this communication or any attachments. Furthermore, nothing contained in the body and/or header of this e-mail is intended as a signature or intended to bind the addressor or any person represented by the addressor to the terms of any agreement that may be the subject of this e-mail or its attachment(s), except where such intent is expressly indicated. If you are not the intended recipient or the employee or agent responsible for delivering this communication to the intended recipient, you are hereby notified that any unauthorized use, dissemination, distribution or copying of this communication is strictly prohibited and may subject you to criminal or civil penalty. If you have received this communication in error, please notify us immediately by telephone (410.396.1411) or e-mail reply, and delete the message from your system, and destroy any hard copy you may have printed. Thank you.

From: Cumming, Isabel M. (OIG) <Isabel.Cumming@baltimorecity.gov>

Sent: Wednesday, January 24, 2024 4:47 PM

To: [REDACTED] (DHR) [REDACTED]@baltimorecity.gov>; [REDACTED] (DHR) [REDACTED]@baltimorecity.gov>

Cc: Neil, Matthew (OIG) <Matthew.Neil@baltimorecity.gov>

Subject: RE: OIG Record Request: [REDACTED]

Good afternoon Director [REDACTED]

Appreciate the information that you submitted. I was wondering if there were any EAP Policies and Standard Operating Procedures Manuals specifically for your agency that you could provide.

Best wishes, Isabel



Isabel Mercedes Cumming
Inspector General

[Baltimore City Office of the Inspector General](#)

100 N. Holliday Street, Suite 635

Baltimore, MD 21202

O: (410)396-3951 | C: (443) 682-2130

FRAUD HOTLINE: 800-417-0430

[Facebook](#) | [Twitter](#) | [LinkedIn](#)

Exhibit 2

Case # 24-0031-I

Every employee of the City of Baltimore has a right to a safe and drug-free workplace. Every citizen of Baltimore has a right to require public employees to be alcohol-free and drug-free because public health, safety and welfare are threatened by substance abuse by City employees.

The use of illegal drugs and alcohol adversely affects a person's judgment and response capabilities. Judgment and response are perhaps the two most important attributes which a civil servant, who seeks to discharge assigned duties safely and effectively, can possess.

The City of Baltimore believes that the threat to public safety posed by employees who are substance abusers is a legitimate basis for establishing a drug-testing program, as described in this Policy. Substance abuse testing is appropriate when conducted for the purpose of determining whether City employees are using drugs that could affect their ability to safely perform their work. While substance abuse testing is not always required to establish that an employee is abusing drugs or alcohol, it is especially important when there is a disagreement between the employee and the supervisor about the employee's actions.

The City of Baltimore also has a legitimate interest in assuring the public that none of the City's employees are under the influence of drugs or alcohol while on duty, or on call for duty, where applicable, and that they are fully capable of performing their duties. Furthermore, the City of Baltimore has an interest in protecting its employees and supervisors from mistakes and abuse as to the application of this Substance Abuse Control Policy (Policy). Therefore, there will be no retaliation against any employee who reports the suspected substance abuse of another employee.

I. SCOPE

This policy applies to all employees and those applicants for employment in sensitive positions in the Baltimore City government, except those sworn positions in the Police Department and Fire Department. The Fire and Police Departments shall issue their own departmental policies relating specifically to drug or alcohol abuse, and the employees and applicants for employment in those departments shall be subject to those departmental policies.

This policy is intended to be in accordance with Maryland Code: Health-General: Title 17. Laboratories: Subtitle 2. Medical Laboratories: § 17-214. "Job-related alcohol and controlled dangerous substances testing" and all relevant State and Federal regulations. If a conflict ever arises between this Policy and the State or Federal regulations, the State or Federal regulations shall take precedence over this Policy. All applicable State and Federal regulations (including those for Commercial Drivers), but only as to the classes to which they are applicable, are hereby incorporated within this Policy.

II. DEFINITIONS

Abuse - Any of the following activities:

- Any use of an illegal drug.
- Misuse of any over-the-counter drug, in cases where such misuse results in impairment and/or impairs job performance.
- Use of any prescription drug in a manner inconsistent with its medically prescribed or intended use, or under circumstances where use is not permitted.

Maintain a file on the employee documenting any information provided to the employee, the appointments arranged at the EAP, performance evaluations, reprimands and warnings and other disciplinary actions taken against the employee subsequent to the positive drug test result.

E. Employee Assistance Program (EAP)

The EAP must:

Make the determination whether an employee who tests positive for drugs or alcohol is eligible for acceptance into the Program. If eligible, the EAP shall schedule an appointment for the employee upon the referral of the supervisor or HR designee. The only reason an employee would not be eligible for EAP services under this Policy is because of a second positive result.

Obtain a copy of the drug test results from the MRO and any other reports from the employee's supervisor relative to the employee's work status (i.e.: attendance records, documentation of behavioral problems, etc.).

Assess the employee to determine the scope of the drug or alcohol problem.

Develop a treatment plan and make a referral for the employee to the appropriate treatment resource.

Implement a confidential Treatment Contract with the employee that will specify the terms of a treatment plan and all treatment and monitoring expectations.

Assist the supervisor in writing a Performance Improvement Plan for the employee.

Make recommendations to the supervisor regarding the employee's need for leave in order to obtain the appropriate treatment.

Create and maintain records concerning compliance with Treatment Contracts, and inform the HR designee of an employee's non-compliance with the Treatment Contract.

Monitor the employee's treatment and inform the referring supervisor when the employee's case is closed with the EAP.

Provide a Substance Abuse Professional (SAP) for the City. The SAP will evaluate employees who have violated a DOT drug and alcohol regulation. The SAP will make recommendations concerning education, treatment and follow-up testing in accordance with DOT requirements. This paragraph pertains only to employees whose positions are regulated by DOT.

Recommend in writing to the employee's supervisor, the Division of Occupational Safety and the HR designee if an employee in a sensitive position should not operate a City vehicle or perform other sensitive functions. Generally, an employee must meet specific treatment related criteria established by the EAP prior to a recommendation that the employee may return to full duties. (It is the decision of the Division of Occupational Safety to reinstate driving privileges for employees.)

Recommend that an employee return to work following a first positive drug or alcohol test provided the following conditions are met:

- The employee provides a negative drug and alcohol test either through the MRO or a treatment facility as determined by the EAP;
- The employee is compliant with all treatment recommendations made by the EAP and/or treatment facility; and

- The EAP has received a written Performance Improvement Plan from the employee’s supervisor.

IV. TESTING

A. Drugs Tested

When alcohol testing is required under the provisions of this Policy, breath alcohol tests will be given to detect the presence of:

Initial Test Confirmatory Test

Alcohol: Ethyl 0.02% W/V 0.02% W/V

Ethanol 0.02% W/V 0.02% W/V

If the alcohol test indicates an amount equal to or greater than .02% but less than .04%, refer to Section VII.

If the alcohol test indicates an amount equal to or greater than .04%, the results shall be called “positive.” Upon receipt of a report of a “positive” test result the supervisor must refer to Section VII for disciplinary action.

For all employees – where drug testing is required urinalysis tests will be given to detect the presence of:

Type of Drug or Metabolite	Initial Test	Confirmatory Test
Marijuana metabolites	50 ng/mL	15 ng/mL
Cocaine metabolites (Benzoylecgonine)	300 ng/mL	150 ng/mL
Amphetamines Amphetamine Methamphetamine	1000 ng/mL	500 500 ng/mL (Specimen must also contain amphetamine at a concentration of greater than or equal to 200 ng/mL).
Opiate metabolites Codeine Morphine 6 Acetylmorphine	2000 ng/mL	2000 ng/mL 2000 ng/mL 10 ng/mL Test for 6-AM in the specimen. Conduct this test only when specimen contains morphine at a concentration greater than or equal to 2000 ng/mL
Phencyclidine (PCP)	25 ng/mL	25 ng/mL

Exhibit 3

Case # 24-0031-I

Employee Assistance Program**SCOPE**

The Department of Human Resources, Employee Assistance Program (EAP), is a counseling service available to all permanent employees within all departments of the City, excluding all employees of the Baltimore City Public School System, Fire Department, and uniformed members of the Police Department.

The EAP is designed to assist employees who are experiencing personal problems which are interfering with job performance or attendance. These problems may include:

- Alcohol or drug abuse
- Mental health
- Family
- Financial
- Health
- Stress

EMPLOYEE ASSISTANCE PROGRAM

The EAP is staffed by mental health professionals with a variety of clinical experience and training in psychology and addictions who will:

- Assist the employee in determining the nature and severity of the problem.
- Provide short term, solutions-focused counseling.
- Refer the employee to the appropriate treatment resource.
- Monitor the progress of the employee.
- Notify the employee's supervisor (under certain circumstances) of the employee's participation in the EAP.

REFERRALS TO EAP**Self-Referral**

An employee may refer himself/herself to the EAP without informing the supervisor. In such cases, the employee shall request to use his/her leave to attend the appointment. An employee may also request that the supervisor make the referral, in which case the supervisor may require that the employee uses his/her leave.

m ***Employee Assistance Program*****Supervisory Referral**

A supervisor may refer an employee to the EAP when there is a work-related problem, such as poor attendance or job performance. In addition, a referral may be made if an employee violates the Substance Abuse Control Policy or the Workplace Violence Policy. An employee who is referred by his/her supervisor will be allowed time off with pay to attend the initial evaluation interview with the EAP.

CONFIDENTIALITY

Except when required by federal law or City policy, all contacts with the EAP are confidential. No employee shall have his job security or promotional opportunity jeopardized by using the EAP. For a supervisory referral, the counselor informs the supervisor if the employee fails to keep the appointment or is late, forcing the appointment to be rescheduled. If the employee keeps the appointment, a slip is given to the employee at the end of the session which indicates the date of the appointment, arrival and departure time and if a follow-up appointment is made.

SUPERVISOR'S RESPONSIBILITIES

Supervisors are responsible for:

- Informing their employees about the EAP and its purposes and encouraging those who may be experiencing personal problems to seek assistance from the EAP.
- Referring their employees to the EAP when job performance or attendance problems have not been corrected by normal disciplinary and corrective procedures.
- Referring those employees who violate the City's Substance Abuse Control Policy and Workplace Violence Policy.
- Adhering to the provisions of AM-204-14 in granting sick leave for employees seeking treatment for alcohol or drug abuse, or other personal problems.

EMPLOYEE'S RESPONSIBILITIES

Employees are responsible for:

- Seeking help for any personal problem that is causing or may cause unsatisfactory job performance or attendance problems.
- Complying with treatment recommendations made by the EAP, particularly in the case of mandated referrals under a Work Improvement Plan (i.e., the Substance Abuse Control Policy and the Workplace Violence Policy).

a

AM-224-1

m ***Employee Assistance Program***

LOCATION

The Employee Assistance Program is located at 201 East Baltimore Street, Suite 400, Baltimore, Maryland 21202. To make an appointment, call 410-396-1859.

RELATED POLICIES

[AM-203-2](#) Family and Medical Leave

[AM-204-14](#) Sick Leave

Exhibit 4

Case # 24-0031-I



**Employee
Assistance
Program (EAP)**

Purpose

- Aid employees in managing work-related and/or personal concerns by:
- Provide resources
- Short-Term Counseling (4-6 sessions): assess, intervene and evaluate
- Educate employees, HR Partners, Managers and Supervisors regarding EAP resources, roles, policies & procedures
- Connect employees to treatment when necessary
- Provide on-going case management
- Provide Training/In-Service


Role

- EAP is the emotional/mental support for City employees and their eligible dependents.
- EAP is a ***CONFIDENTIAL RESOURCE*** !
- EAP does not terminate employees.
- EAP is a neutral participant in the corrective action for a Supervisory referral case.

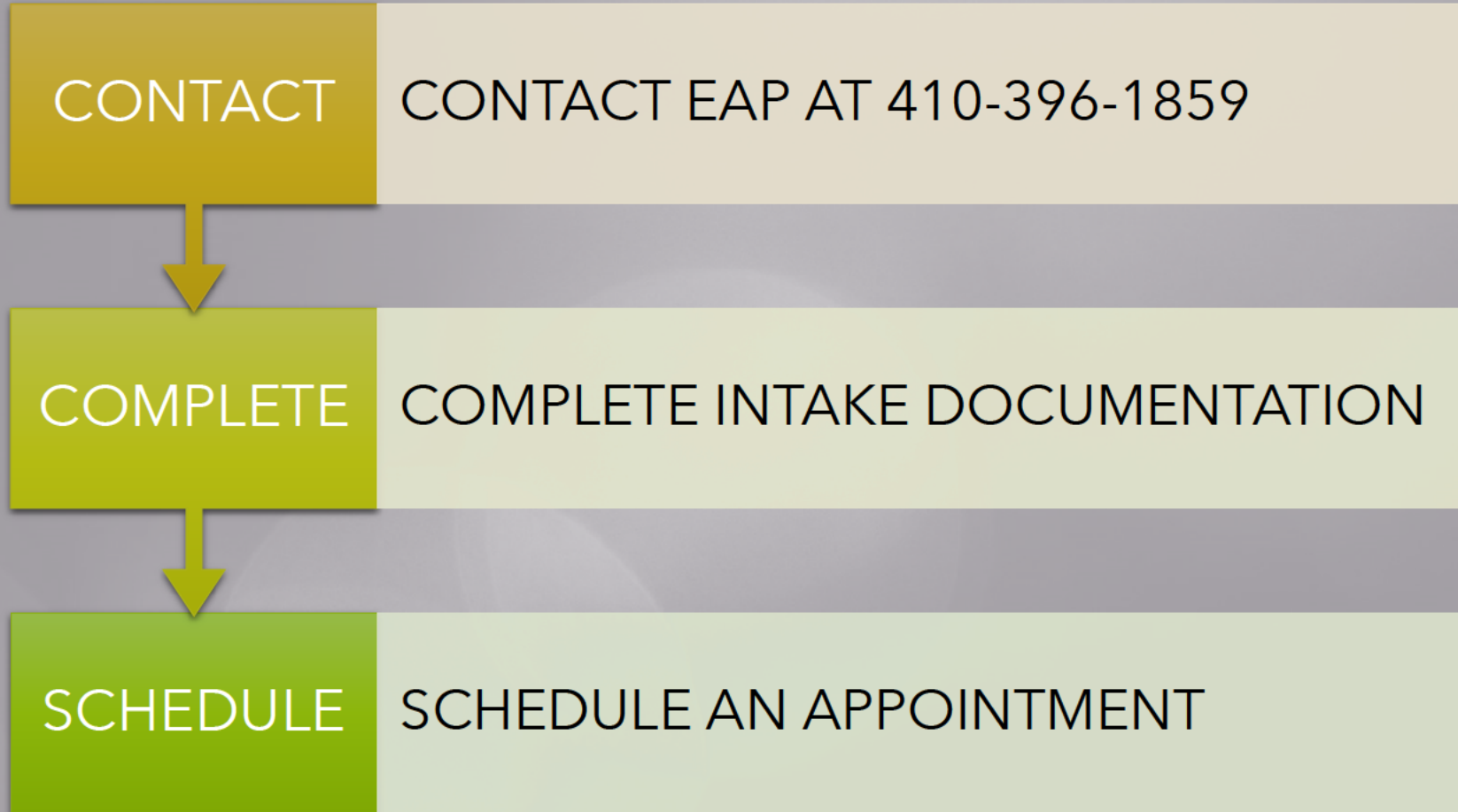
EAP Serves:

- Baltimore City employees and their eligible dependents (excludes all employees of the Baltimore City Public School System, Fire Department, and uniformed members of the Police Department, Reference AM-224-1)
- Regular full-time, and regular part-time employees (excludes seasonal, temporary, and contracted employees)

EAP Referrals:

- Supervisory referrals: generally associated with a policy violation, a performance issue, including behavioral issues, which directly impact work performance
 - Self referrals: stress, grief/loss, mental health, family/marital problems, financial issues, etc.
- 

EAP SELF REFERRAL PROCESS



EAP SUPERVISOR REFERRAL PROCESS

Step 1

Contact EAP at 410-396-1859.

Step 2

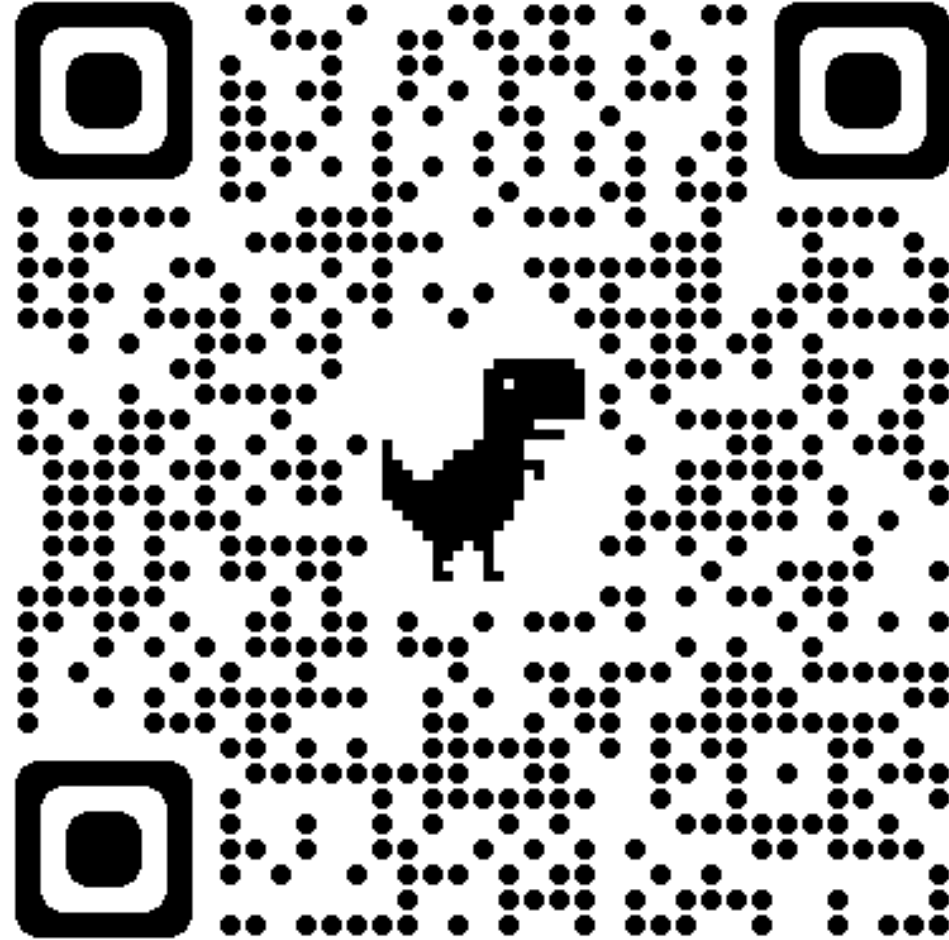
Provide intake information: name, address, job title, date of hire, date of birth, department, reason for referral, contact information, & clarify if employee is a CDL/Sensitive Class/Permit Holder.

Step 3

Supervisor/HR Representative will be provided with the appointment date/time, address and assigned Clinician's name. Please provide this information to your employee.

Step 4

Email all supporting documents to our Office Support Specialist: akisha.barnes@baltimorecity.gov



Department of Public Works
And
Department of Human Resources
Response
Case # 24-0031-I



CITY OF BALTIMORE
MAYOR BRANDON M. SCOTT

MEMORANDUM

TO	Isabel Mercedes Cumming, Inspector General
FROM	Quinton M. Herbert, Director, Department of Human Resources Khalil Zaied, Director, Department of Public Works
DATE	May 24, 2024
SUBJECT	OIG Case #24-0031-I

On Wednesday, May 15, 2024, the Office of Inspector General (“OIG”) referred Case #24-0031-I to the Departments of Human Resources and Public Works for a response to the investigation conducted by the OIG (Exhibit A). A Complainant alleged that ■ was “targeted and sent for a drug test”. The Complainant also challenged the veracity of ■ urinalysis conducted at Mercy Clinic.

Ultimately, the OIG found that the complaint was unsubstantiated. The OIG however noted that DPW Personnel completed the Behavioral Checklist after reasonable suspicion had been determined and the employee was sent to Mercy. Additionally, the OIG recommended that EAP “develop and document comprehensive standard operating procedures for processes, including case management.”

With respect to the OIG’s recommendations that DPW staff complete the Behavioral Checklist in advance of sending employees who may be under the influence of alcohol or an illicit substance to Mercy Clinic, DPW will work with staff to ensure that the checklist is completed at the appropriate time as anticipated and articulated by the Substance Abuse Policy.

With respect to EAP’s case management procedures, DHR will take the OIG’s recommendation under advisement. The OIG report specifically stated: “[t]he OIG could not confirm the presence of written standardized policies regarding EAP case management. EAP’s case management software revealed some case note entries for the Complainant were entered or edited months after contact with the Complainant.”

It is worth noting that the clinicians in EAP are Licensed Clinical Social Workers. Their work is ultimately governed by COMAR which has specific guidance related to case management. In fact, “case management” is a term of art in the professional practice of social work. “Case management” means a method of providing services by which a social worker assesses the needs of a client and arranges, coordinates, monitors, evaluates, and advocates for services to meet the needs of the client.” *Code of Maryland Regulations, Title 10 Maryland Department of Health, Part 5, Subtitle*

42. *Board of Social Work Examiners, Chapter 10.42.02 Social Work Practice.* The case management process is carried out within the ethical and legal realms of a licensed clinical social worker's scope of practice, using critical thinking and evidence-based knowledge. The overarching themes in the case management process as articulated in COMAR include the activities described below:

- (1) Affirm the worth and dignity of the individual client as well as mutual responsibility in decision making;
- (2) Promote client self-determination by assuring client involvement in planning and implementation of services;
- (3) Keep the interest of the client as the focus of all case management activities; and
- (4) Assure appropriate confidentiality of client information.

Licensed Clinical Social Workers assigned to EAP currently employ industry best practices in managing cases referred to EAP. In fact, after reviewing the clinical notes for the instant matter, the OIG found “[b]ased on all the information reviewed during the OIG’s investigation, the evidence supports EAP’s finding of non-compliance.” Again, the DHR will take the recommendations of the report under advisement and will provide services that are consistent with requirements set forth in state regulations for providing clinical social work services.



OFFICE OF THE INSPECTOR GENERAL
Isabel Mercedes Cumming, Inspector General
City Hall, Suite 635
100 N. Holliday Street
Baltimore, MD 21202



The Office of the Inspector General’s Response to Department of Human Resources and the Department of Public Works

The Office of the Inspector General issued its report of investigation for case 24-0031-I to the Department of Human Resources (DHR) and the Department of Public Works (DPW). On May 24, 2024, the OIG received a response to the report from DHR Director Quentin M. Herbert and DPW Director Khalil Zaied.

DHR noted in its response that the clinicians in DHR’s Employee Assistance Program (EAP) are Licensed Clinical Social Workers, and their work is governed by the Code of Maryland Regulations (COMAR). The EAP Chief did not provide information related to COMAR during the initial policy request or during their interview. The EAP Chief wrote that EAP does not have formal standard operating procedures or additional guidance documents. The OIG acknowledges the clinicians' licensing and COMAR's governance; however, written standard operating procedures could further substantiate EAP’s compliance with these requirements.

The Annotated Code of Maryland §19-101 includes the development, implementation, and administration of policies, programs, and activities when defining the practice of social work (Exhibit 1). Additionally, the National Association of Social Workers’ (NASW) Standards for Clinical Social Work in Social Work Practice states that “agencies providing clinical social work services and clinical social workers in private or independent practice shall develop and implement written policies that describe their office procedures (Exhibit 2).”

EAP is responsible for providing critical support to City employees and eligible dependents that are in distress. The OIG maintains the recommendation that EAP create written policies, including for case note entries, to ensure continuity, consistency, and integrity of EAP processes.

Exhibits

1. Annotated Code of Maryland §19-101
2. NASW Clinical Social Work Standards

Exhibit 1

Case # 24-0031-I

**HEALTH OCCUPATIONS
TITLE 19. SOCIAL WORKERS**

SUBTITLE 1 DEFINITIONS; GENERAL PROVISIONS

§ 19-101. Definitions

- (a) In this title the following words have the meanings indicated.
- (b) “Board” means the State Board of Social Work Examiners.
- (c) “Certified” means having demonstrated to the satisfaction of the Board that the individual has completed 2 years of supervised social work practice as defined in § 19–302(d) or (e) of this title.
- (d) “Independent practice” means to practice bachelor social work or master social work without the requirement of supervision by another social worker.
- (e) “License” means, unless the context requires otherwise, one of four categories of licenses issued by the Board authorizing an individual to practice:
- (1) Bachelor social work;
 - (2) Master social work;
 - (3) Certified social work; or
 - (4) Certified social work–clinical.
- (f) “Licensed bachelor social worker” means an individual licensed by the Board to practice bachelor social work.
- (g) “Licensed certified social worker” means an individual licensed by the Board, on or before December 31, 2023, to practice certified social work.
- (h) “Licensed certified social worker–clinical” means an individual licensed by the Board to practice clinical social work.
- (i) “Licensed master social worker” means an individual licensed by the Board to practice master social work.
- (j) “Practice bachelor social work” means to use the education and training required under § 19–302(b) of this title to:
- (1) Practice social work under the supervision of a licensed certified social worker, licensed certified social worker–clinical, licensed master social worker, or licensed bachelor social worker who meets the conditions specified in regulations; or
 - (2) If approved by the Board in accordance with § 19–302(f) of this title, engage in independent practice.

(k) “Practice certified social work” means to use the education, training, and experience required under § 19–302(d) of this title to practice social work.

(l) “Practice clinical social work” means to use the specialized education, training, and experience required under § 19–302(e) of this title to practice social work.

(m) “Practice master social work” means to use the education and training required under § 19–302(c) of this title to:

(1) Practice social work under the supervision of a licensed certified social worker, licensed certified social worker–clinical, or licensed master social worker who meets the conditions specified in regulations; or

(2) If approved by the Board in accordance with § 19–302(f) of this title, engage in independent practice.

(n) (1) “Practice social work” means to apply the theories, knowledge, procedures, methods, and ethics derived from receiving a baccalaureate or master’s degree from a program in social work that is accredited by or a candidate for accreditation by the Council on Social Work Education, or an equivalent organization approved by the Council on Social Work Education, to restore or enhance social functioning of individuals, couples, families, groups, organizations, or communities through:

(i) Assessment;

(ii) Planning;

(iii) Intervention;

(iv) Evaluation of intervention plans;

(v) Case management;

(vi) Information and referral;

(vii) Counseling that does not include diagnosis or treatment of behavioral health disorders;

(viii) Advocacy;

(ix) Consultation;

(x) Education;

(xi) Research;

(xii) Community organization;

(xiii) Development, implementation, and administration of policies, programs, and activities; or

Exhibit 2

Case # 24-0031-I

NASW Standards for Clinical Social Work in Social Work Practice

©2005 National Association of Social Workers. All Rights Reserved.

Contents

- Overview of the Standards
- Introduction
- Goals of the Standards
- Definitions
- Standards for Clinical Social Work Practice
- Standard 1. Ethics and Values
- Standard 2. Specialized Practice Skills and Interventions
- Standard 3. Referrals
- Standard 4. Accessibility to Clients
- Standard 5. Privacy and Confidentiality
- Standard 6. Supervision and Consultation
- **Standard 7. Professional Environment and Procedures**
- Standard 8. Documentation
- Standard 9. Independent Practice
- Standard 10. Cultural Competence
- Standard 11. Professional Development
- Standard 12. Technology
- References

Standard 1. Ethics and Values

Clinical social workers shall adhere to the

values and ethics of the social work profession, utilizing the NASW Codes of Ethics as a guide to ethical decision making.

Standard 2. Specialized Practice Skills and Intervention

Clinical social workers shall demonstrate specialized knowledge and skills for effective clinical intervention with individuals, families, and groups.

Standard 3. Referrals

Clinical social workers shall be knowledgeable about community services and make appropriate referrals, as needed.

Standard 4. Accessibility to Clients

Clinical social workers shall be accessible to clients during nonemergency and emergency situations.

Standard 5. Privacy and Confidentiality

Clinical social workers shall maintain adequate safeguards for the private nature of the treatment relationship.

Standard 6. Supervision and Consultation

Clinical social workers shall maintain access to professional supervision and/or consultation.

Standard 7. Professional Environment and Procedures

Clinical social workers shall maintain professional offices and procedures.

Standard 8. Documentation

Documentation of services provided to or on behalf of the client shall be recorded in the client's file or record of services.

Standard 9. Independent Practice

Clinical social workers shall have the right to establish an independent practice.

Standard 10. Cultural Competence

Clinical social workers shall demonstrate culturally competent service delivery in accordance with the NASW Standards for Cultural Competence in Social Work Practice.

Standard 11. Professional Development

Clinical social workers shall assume personal responsibility for their continued professional development in accordance with the NASW Standards for Continuing Professional Education and state requirements.

Standard 12. Technology

Clinical social workers shall have access to computer technology and the Internet, as the need to communicate via e-mail and to seek information on the Web for purposes of education, networking, and resources is essential for efficient and productive clinical practice.

Introduction

Clinical social workers represent the largest group of behavioral health practitioners in the nation. They are often the first to diagnose and treat people with mental disorders and various emotional and behavioral disturbances. Clinical social workers are essential to a variety of client-centered settings, including community mental health centers, hospitals, substance use treatment and recovery programs, schools, primary health care centers, child welfare agencies, aging services, employee assistance programs, and private practice settings.

Clinical social work has a primary focus on the mental, emotional, and behavioral well-being of individuals, couples, families, and groups. It centers on a holistic approach to psychotherapy and the client's relationship to his or her environment. Clinical social work views the client's relationship with his or her environment as essential to treatment planning.

Clinical social work is a state-regulated professional practice. It is guided by state laws and regulations. In most instances, clinical social workers are required to have the following credentials: n a master's degree from a social work program accredited by the Council on Social Work Education a minimum of two years or 3,000 hours of post-master's degree experience in a supervised clinical setting n a clinical license in the state of practice.

Clinical social work is broadly based and addresses the needs of individuals, families, couples, and groups affected by life changes and challenges, including mental disorders and other behavioral disturbances. Clinical social workers seek to provide essential services in the environments, communities, and social systems that affect the lives of the people they serve.

Goals of the Standards

Clinical social workers are committed to the delivery of competent services to individuals, families, couples, and groups. Therefore, they shall recognize the client's role in his or her treatment planning and the client's right to have a knowledgeable, skilled practitioner who is guided by sound ethical practice. These Standards for Clinical Social Work Practice set forth by the National Association of Social Workers (NASW) are intended to guide clinical social workers in all clinical settings. Specifically, the goals of the standards are to: n maintain or improve the quality of services provided by clinical social workers n establish professional expectations to assist social workers in monitoring and evaluating their clinical practice provide a framework for clinical social workers to assess responsible, professional behavior inform consumers, government regulatory bodies, and others about the professional standards for clinical social work practice.

Interpretation

Clinical social workers shall be available to provide clinical services to clients during regularly scheduled appointment times or sessions. In addition, the clinical social worker shall develop emergency plans or be available to the client for emergency coverage during vacations, holidays, illnesses, and at other times when the office may be closed.

Arrangements or plans and procedures for emergency coverage shall be made in partnership with competent mental health professionals or reputable institutions and should be discussed with the client at the initial face-to-face interview. In addition, the office setting should be accessible and/or have helping devices for persons with disabilities, or office limitations should be discussed prior to scheduling appointments.

Standard 5. Privacy and Confidentiality

Clinical social workers shall maintain adequate safeguards for the private nature of the treatment relationship.

Interpretation

Confidentiality is a basic principle of social work intervention. It ensures the client that what is shared with the social worker will remain confidential, unless there is an ethical or legal exception. All information related to or obtained from the client by the clinical social worker shall be viewed as private and confidential. Clinical social workers shall be familiar and comply with local, state, and federal mandates governing privacy and confidentiality, such as the federal Health Insurance Portability and Accountability Act (HIPAA) requirements and state medical records laws.

Information obtained by the social worker from or about the client shall be viewed as private and confidential, unless the client gives informed consent for the social worker to release or discuss the information with another party. There may be other exceptions to confidentiality as required by law or professional ethics. Social workers should be familiar with national, state, and local exceptions to confidentiality, such as mandates to report when the client is a danger to self or others and for reporting child or elder abuse and neglect. The clinical social worker shall advise the client of confidentiality limitations and requirements at the beginning of treatment.

Professional judgment in the use of confidential information shall be based on best practice, as well as legal, and ethical considerations.

Standard 6. Supervision and Consultation

Clinical social workers shall maintain access to professional supervision and/or consultation.

Interpretation

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 (NASW, 2004). If clinical social worker supervisors are not available or accessible, case consultation may be obtained from qualified professionals of other related disciplines. Those clinical social workers with more than five years of clinical experience shall use consultation on an as-needed, self-determined basis. Clinical social workers shall adhere to state and federal statutes and regulations regarding supervision and consultation in their states of practice. When appropriate, clinical social workers should offer their expertise to individuals, groups, and organizations, as well as offer training and mentoring opportunities to beginning social workers or those making the transition into clinical social work. In addition, experienced clinical social workers who are able should offer supervision to social workers seeking state licensure for clinical social work practice.

Standard 7. Professional Environment and Procedures

Clinical social workers shall maintain professional offices and procedures.

Interpretation

Agencies providing clinical social work services and clinical social workers in private or independent practice shall develop and implement written policies that describe their office procedures, such as the client's rights, including the right to privacy and confidentiality; notices and authorizations; procedures for release of information, fee agreements; procedures for payment; cancellation policy; and coverage of services during emergency situations or when the clinical social worker is not available. These policies shall be made available to and reviewed with each client at the beginning of treatment. Clinical social workers should maintain appropriate liability insurance and have a current working knowledge of risk management issues.

In addition to the above, the treatment setting shall be properly maintained to ensure a reasonable degree of comfort, privacy, and security for the social worker and the client.