Chemical Dependency Professional Advisory Committee Members Present in Person:
Mary Schatz, Ph.C., CDP, CRC, LMHC, Chair
Kathleen Armstrong, MEd, LMHC, MHP, Vice Chair
Kenneth Pimpleton, CDP
Deb Cummings, HCA Representative

Chemical Dependency Professional Advisory Committee Members Present Via Phone:
Daniel Friesen, CDP
Stephanie Diltz, CDP, LICSWA

Mental Health Counselors, Marriage and Family Therapists, and Social Workers Advisory Committee Members Present in Person:
Jennie Lindberg, LMFT – Vice Chair
Paul David, Ph.D., LMHC, LMFT
Craig Apperson, LMHC
Michael Fitzpatrick, LMFT

Mental Health Counselors, Marriage and Family Therapists, And Social Workers Advisory Committee Members Present Via Phone:
Carlos Carreon, LICSW, ACSW, BCD

Mental Health Counselors, Marriage and Family Therapists, And Social Workers Advisory Committee Members Absent:
Anjanette Jorstad, LASW, Chair

AAG Present:
Christopher Gerard, AAG
Luke Eaton, AAG

On September 21, 2018, the Washington State Mental Health Counselors, Marriage and Family Therapists, and Social Workers Advisory Committee and the Chemical Dependency Professional Advisory Committee met at the Department of Health, 101 Israel Road S.E., Town Center 1, Room 163 and 164, Tumwater, WA. In accordance with the Open Public Meetings Act, the meeting agenda was emailed to members of the licensed counselors’ professional GovDelivery and posted to the professions’ webpages.
Open Session

1. Call to Order – Mary Schatz, Ph.D., CDP, CRC, LMHC, Chair and Jennie Lindberg, LMFT, Vice-Chair 9:10 a.m.

1.1 Introductions
The committees’ members, DOH staff members, and public introduced themselves and their area of practice.

1.2 Approval of the agenda
Craig Apperton asked to add a presentation he had regarding a statewide Mass Shooting Task Force that he believes is relevant to the committee’s work. This request was granted. The meeting agenda was accepted and approved with this addition.

1.3 Approval of the previous meeting’s minutes.
1.3.1 Mental Health Counselors, Marriage and Family Therapists, and Social Workers
Advisory Committee previous meeting’s minutes from June 8, 2018 were accepted and approved as written.

1.3.2 Chemical Dependency Professional Certification Advisory Committee meeting’s minutes from June 8, 2018 were accepted and approved as written.

2. Manager Reports – Brad Burnham, Program Manager

2.1 Licensed Counselors Update.
Michael Fitzpatrick was welcomed as a new member to the committee. He introduced himself and gave a brief professional history.

2.1.1 Budget Report
There is very little new information to share. The numbers are low as we transitioned to the new fiscal year on July 1, but will have better information next meeting.

2.1.2 Committee Recruitment
Recruitment is ongoing for vacant positions but no news to share.

2.1.3 Review of statute related to HEAL-WA fees/exclusion of some LMHCA and LASWAs.
Presentation of statute that does not include HEAL-WA access to licensed associate mental health counselors and licensed associate advanced social workers. The committee members thought associates should have access to this resource.

2.1.4 ACA Concerns on Education Requirements
The association has concerns about license portability between states. The association would like the counseling licensing requirements to be more uniform from state to state.

2.2 Chemical Dependency Professionals Update
Deb Cummins was welcomed as a new member to the committee. She introduced herself and gave a brief professional history.

2.2.1 Budget Report
There is very little new information to share. The numbers are low as we transitioned to the new fiscal year on July 1, but will have better information next meeting.

2.2.2 Committee Recruitment
Recruitment is ongoing for vacant positions but no news to share.

2.2.3 Eligibility for Pharmacists to apply through the alternative training program
A pharmacist petitioned the Department of Health (department) to start rulemaking to consider making pharmacists eligible to apply for a chemical dependency professional (CDP) certification through the alternative training method in WAC 246-811-076.

2.3 Telehealth Workgroup
The department workgroup is developing guidance for the professions regarding rules and policies related to telehealth. No new information was available for this meeting.

Presentation of current licensing statistics for licensed marriage and family therapists, licensed mental health counselors, licensed social workers, and certified chemical dependency professionals.

<table>
<thead>
<tr>
<th>Profession</th>
<th>Active Status Counts</th>
<th>Pending Status Counts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage and family therapist</td>
<td>578</td>
<td>51</td>
</tr>
<tr>
<td>associate license</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and family therapist</td>
<td>1,702</td>
<td>126</td>
</tr>
<tr>
<td>license</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health counselor</td>
<td>1,918</td>
<td>266</td>
</tr>
<tr>
<td>associate license</td>
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<td></td>
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<tr>
<td>Mental health counselor</td>
<td>7,104</td>
<td>316</td>
</tr>
<tr>
<td>license</td>
<td></td>
<td></td>
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<tr>
<td>Social workers associate</td>
<td>224</td>
<td>28</td>
</tr>
<tr>
<td>advanced license</td>
<td></td>
<td></td>
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<tr>
<td>Social workers advanced</td>
<td>149</td>
<td>36</td>
</tr>
<tr>
<td>license</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social workers associate</td>
<td>1,856</td>
<td>133</td>
</tr>
<tr>
<td>independent clinical license</td>
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<td></td>
</tr>
<tr>
<td>Social workers independent</td>
<td>4,401</td>
<td>523</td>
</tr>
<tr>
<td>clinical license</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.2 Certified chemical dependency professionals

<table>
<thead>
<tr>
<th>Profession</th>
<th>Active Status Counts</th>
<th>Pending Status Counts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical dependency professional</td>
<td>1,752</td>
<td>134</td>
</tr>
<tr>
<td>trainees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical dependency professionals</td>
<td>2,808</td>
<td>266</td>
</tr>
</tbody>
</table>

4.a Assistant Attorney General Reports – Christopher Gerard, AAG and Luke Eaton, AAG

4.a.1 Mr. Gerard did not have any new information to report related to the chemical dependency professional certification program. There are active cases involving criminal convictions and sexual misconduct.
Mr. Eaton did not have any new information to report related to the mental health counselors, marriage and family therapists, and social workers licensing program. He has about five active cases now that are generally problems with professional boundaries.

A question was asked about whether there are more boundary issues in rural areas vs. urban areas. The AAGs did not notice that trend, and thought overall there were more cases from urban areas.

Another question was asked regarding whether there were more cases about criminal convictions that occurred before licensure or more about convictions committed while licensed. The AAGs said the numbers for each category were about the same.

Brad Burnham also noted that the department publishes a Uniform Disciplinary Act (UDA) Report every two years with specific information related to complaints, investigations and inspections. The report for 2015-2017 is available on the Department’s website.

4.b Report on Mass Shooting Task Force, Craig Apperson, LMHC

Craig is on a legislative task force working on this issue. A report is due to the Legislature in December 2018. One key issue related to this group is around extreme risk protection orders. The task force is planning a survey of mental health providers to see what resources are available and where they are located. Potential perpetrators can be high-risk and violent people, who may be a danger to themselves and others. The task force discussed who is qualified to work with these people, and are they even willing to work with toxic clients. There is also an issue of training for this, there is not a lot of it available. The task force is also looking for people who are willing and able to provide this kind of training. The recent Volk court decision has had an effect on the duty to warn laws. There are still lots of unanswered questions related to the topic.

5. Advisory Committee Schedule- Brad Burnham, Program Manager

<table>
<thead>
<tr>
<th>Proposed Meeting Dates</th>
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<tbody>
<tr>
<td>Friday, April 5, 2019</td>
</tr>
<tr>
<td>Friday, June 7 2019 (joint meeting)</td>
</tr>
<tr>
<td>Friday, September 13, 2019 (joint meeting)</td>
</tr>
<tr>
<td>Friday, November 22, 2019</td>
</tr>
<tr>
<td>Friday, November 29, 2019</td>
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</table>

Christopher Gerard, AAG, is not available for the June 7 joint meeting. However, Luke Eaton will be able to cover both programs.

The November 29, 2019, meeting is scheduled for the Friday after Thanksgiving and it was changed to November 22, 2019.
The dates were approved as modified for 2019.

5.2 The Mental Health Counselors, Marriage and Family Therapists, and Social Workers Advisory Committee will decide on potential meeting dates for 2019.

<table>
<thead>
<tr>
<th>Proposed Meeting Dates</th>
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<tbody>
<tr>
<td>Friday, February 22, 2019</td>
</tr>
<tr>
<td>Friday, June 7, 2019 (joint meeting)</td>
</tr>
<tr>
<td>Friday, September 13, 2019 (joint meeting)</td>
</tr>
<tr>
<td>Friday, December 6, 2019</td>
</tr>
</tbody>
</table>

The dates were approved as proposed for 2019.

6. **Behavioral Health Integration and the movement of programs from the Department of Social and Health Services to the Department of Health and the Health Care Authority** - Julie Tomaro, Department of Health Nursing Consultation Advisor, Deb Cummins, Health Care Authority STR Treatment Manager, and Jon Kuykendall, Department of Health Community Care Facilities Manager

Presentation about the programs transferred from the Department of Social and Health Services (DSHS) to the Department of Health and the Health Care Authority on July 1, 2018. There are some issues with substance use disorder (SUD) and mental health (MH) integration moving forward. Looking at an integrated model, hub and spoke response plan for opioid use disorders. SUD is the hub, spokes are MH, needle exchange, jail system, etc. Hospitals are often the first contact with overdoses – how do they fit into the hub and spoke model? SUD and MH are not integrated at this point. Medication-assisted therapy (MAT) has had some push-back in the past as abstinence-only treatment was preferred. Washington State Consortium of Addiction Studies Educators (WACASE) is now more open to looking at MAT as the opioid crisis grew so big. There is some confusion among SUD providers that MAT is being forced upon them as a requirement. It appears to be more integrated with the abstinence-based and MAT together. College programs provide information on both subjects and the students determine their particular focus.

Question on billing for co-occurring disorders: Providers would like to bill once for the services and receive a higher payment than what is currently offered. The federal regulations require two different revenue streams and separate billing. Integration at the federal level is coming, but slowly and in increments. The Health Care Authority (HCA) determines who can bill for what within the categories established by the federal requirements. HCA proposes changes to the state plan to the federal government. There was another questions about substance use disorder (SUD) billing by social workers. The presenters said the behavioral health organization (BHO) in their region may have information related to this topic.

DOH has adopted the Division of Behavioral Health and Recovery (DBHR) rules through the emergency rulemaking procedures. The inspection and licensing processes will remain the same for the time being. The next step is to make the rules permanent without substantive changes. This offers
stability to agencies that have had a lot of changes lately. The department will take a longer-term look before making any rule changes. The department will also seek stakeholder feedback and an internal review. The process will be a lot of work but it will also provide a lot of opportunities.

7. Intersection of the Professions – Brad Burnham, Program Manager

- Accountable Communities of Health (ACH)
  Accountable communities of health (ACH) are not replacing behavioral health organizations (BHOs), but are adding an element for the community. The goal is care of the “whole individual” – medical, mental health, dental, etc. in one location. More options for consumers and more accountability for providers. HCA website has a good overview of ACHs.

  There were concerns mentioned from independent providers that the “little guy” will be pushed out in favor of larger organizations. There were also concerns shared about substance use disorder (SUD) being pulled into the medical model. It was said that SUD is already moving toward this model now.

- Gov. Inslee’s 5-year plan to modernize and transform the state’s mental health system
  The goal of this plan is to shift civil mental health patient placement from the big state hospitals into smaller, community-based facilities. Under this model forensic and criminal patients would be in state facilities; civil commitments would be in the community-based ones.

- State’s updated Opioid Response Plan
  Some CDPs have concerns about people using methadone for long-term care – replacing one addiction with another. Methadone has been integrated with the jail system to help with withdrawal and death/suicide associated with it. Methadone for life can keep people from overdosing and from committing crimes to support their habit. Consider the research showing that medication assisted treatment (MAT) and the medical model works. It may not be possible for some people to taper off of MAT. Many of these people will not make it with an abstinence-only approach.

- Naloxone-related issues and initiatives, including access through pharmacies
  A collaborative drug therapy agreement (CDTA) is a way to get naloxone out in the community for people to have it available for emergencies. The department can have a statewide standing order to increase its available. There are no side-effects for naloxone. (RCW 69.41.095) There can be an agreement with the pharmacy and the provider or agency to have naloxone with it being prescribed to a specific patient.

8. Public Comment - Mary Schatz, Ph.D., CDP, CRC, LMHC, Chair and Jennie Lindberg, LMFT, Vice-Chair

  - There were no public comments. Members of the public were able to ask questions and provide information during the earlier portions of the meeting.

9. Future Agenda Items – Mary Schatz, Ph.D., CDP, CRC, LMHC, Chair and Anjanette Jorstad, LASW, Chair

  - Society that wanted us to take their accreditation as approved for licensure.
• Look more at BHI
• Naloxone

10.A. The Department’s Rulemaking for Chapter 246-809 WAC Licensed Counselors - Brad Burnham, Program Manager

The Licensed Counselor Advisory Committee no longer had enough members participating in the meeting to maintain a quorum so this portion of the agenda did not occur.

10.B. The Department’s Rulemaking for Chapter 246-811 WAC Chemical Dependency Professional Certification - Brad Burnham, Program Manager

Mr. Burnham briefly introduced the Chemical Dependency Professional Certification Advisory Committee members to the rule petition the department received concerning the eligibility of pharmacists for the alternative training CDP certification option. Mr. Burnham let the members know there will be a presentation at the next meeting about the petition.

Next, the members reviewed the CDP certification requirements in chapter 246-811 WAC and began to develop draft recommended changes concerning chemical dependency professional trainee (CDPT) certification, CDPT supervision, approved supervisor requirements, disclosure information, disclosure statements, definitions, and clarifying and technical changes to other requirements, as needed. The members are assisting the department in the rulemaking process. The department filed a CR 101 form announcing the rulemaking as WSR 18-11-030. The members were able to develop some recommended changes during this portion of the agenda but will continue the process at the next meeting on November 30, 2018.

11.a. Adjournment of the Mental Health Counselors, Marriage and Family Therapist and Social Worker Advisory Committee occurred when the quorum was lost at 11:50 a.m.

11.b. Adjournment of the Chemical Dependency Certification Advisory Committee occurred at 2 p.m.

Submitted by: Brad Burnham, MPA, Program Manager
Chemical Dependency Certification Advisory Committee

Approved by: Mary Schatz, Ph.C., CDP, CRC, LMHCA, Chair
Chemical Dependency Certification Advisory Committee

Approved by: Anjelie Judstad, LASW, Chair
Washington State Mental Health Counselors, Marriage and Family Therapist and Social Worker Advisory Committee
The Department’s Rulemaking for Chapter 246-809 WAC Licensed Counselors - Brad Barnham, Program Manager

The Licensed Counselor Advisory Committee no longer had enough members participating in the meetings to maintain a quorum so this portion of the agenda did not occur.

10.B. The Department’s Rulemaking for Chapter 246-811 WAC Chemical Dependency Professional Certification - Brad Barnham, Program Manager

Mr. Barnham briefly introduced the Chemical Dependency Professional Certification Advisory Committee members to the teleconference. The department received comments regarding the eligibility of pharmacists for the alternative training CDP certification option. Mr. Barnham let the members know there will be a presentation at the next meeting about the position.

Next, the members reviewed the CDP certification requirements in Chapter 246-811 WAC and began to develop draft recommendations concerning chemical dependency professional trustee (CDPT) certification, CDP supervisor, approved supervisor requirements, disclosure information, disclosure statements, definitions, and clarifying and technical changes to other requirements, as needed. The members are assisting the department in the rulemaking process. The department filed a CR 101 form announcing the rulemaking as WSR 18-19-010. The members were able to develop some recommended changes during this portion of the agenda but will continue the process at the next meeting on November 30, 2018.

11.a. Adjournment of the Mental Health Counselors, Marriage and Family Therapist and Social Worker Advisory Committee occurred when the quorum was lost at 11:50 a.m.

11.b. Adjournment of the Chemical Dependency Certification Advisory Committee occurred at 2 p.m.

Approved by:

[Signature]
Mary Schatz, Ph.D. CDP CRC, LMHC A, Chair
Chemical Dependency Certification Advisory Committee

Submitted by:
Brad Barnham, MPA, Program Manager
Chemical Dependency Certification Advisory Committee

[Signature]
Adrienne Spratlin, LSW, Chair
Washington State Mental Health Counselors, Marriage and Family Therapists and Social Worker Advisory Committee