On June 7, 2019, 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 SE, Town Center 1, Room 163 & 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 – Kathleen Armstrong, Med, LMHC, CDP, MHP, Chair and Anjanette Jorstad, LASW, Chair 9:10 a.m.

1.1 Introductions
The committees’ members, DOH staff, and public introduced themselves.

1.2 Approval of the agenda
The meeting agenda was accepted and approved as written.

1.3 Approval of the previous meeting’s minutes.

1.3.1 Mental Health Counselors, Marriage and Family Therapists, and Social Workers Advisory Committee and the Chemical Dependency Professional Certification Advisory Committee reviewed the meeting minutes from the previous joint meeting on September 21, 2018. (Previously accepted and approved as written.)

2. Manager Reports – Ted Dale and Pamela Ranes, Program Managers

2.1 James Chaney, introduced Pamela Ranes the new program manager for Licensed Counselors Advisory Committee and Ted Dale as the new program manager for the Chemical Dependency Professional Advisory Committee.

2.2 Mental Health Counselors, Marriage and Family Therapists, and Social Workers Advisory Committee

2.2.01 Budget Reports for Licensed Counselor Programs were presented. Question on what is considered Service Unit Expenses. That is what other offices charge us, such as the call center, credentialing, legal unit, investigations, etc. all rolled up into one. AG support is high for MFT as we have had several cases go forward to hearing and one appeal that has gone all the way up to the Supreme Court. SW has a positive fund balance of $1.2 million.

2.3 Chemical Dependency Professional Advisory Committee

2.3.1 Budget Reports for Chemical Dependency Professionals was presented. Current fund balance is negative $1.2 million. The discipline charges for this profession are very large but are trending down. James had previous gone around to schools talking to students about how the process works and ethics of the profession so hopefully it will lessen this impact in the future. Additionally, pending legislation may reduce who has to go into monitoring programs and lower the costs to the program.

2.4 Committee Member Recruitment for both Committees
Recruitment is going to pick back up again now that we have the positions filled. With two vacant HSC4 positions there was not time to keep up with this, but moving forward we are going to try and fill the vacancies on both of the committees. We really need public members as these are difficult to find.

Presentation of current licensing statistics for licensed marriage and family therapists, licensed mental health counselors, licensed social workers and chemical dependency professionals.
3.1 Mental Health Counselors, Marriage and Family Therapists, and Social Workers

<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></td>
<td></td>
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<tr>
<td>Associate License</td>
<td>578</td>
<td>51</td>
</tr>
<tr>
<td>Marriage and Family Therapist</td>
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<td></td>
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<tr>
<td>License</td>
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<td>113</td>
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<tr>
<td>Mental Health Counselor</td>
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<tr>
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<td>Associate Advanced License</td>
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<tr>
<td>Social Workers</td>
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<tr>
<td>Advanced License</td>
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<td>38</td>
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<tr>
<td>Social Workers</td>
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<td></td>
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<tr>
<td>Associate Independent Clinical License</td>
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<td>133</td>
</tr>
<tr>
<td>Social Workers</td>
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<td></td>
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<tr>
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<td>507</td>
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</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 Trainees</td>
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<tr>
<td>Chemical Dependency Professionals</td>
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</tr>
</tbody>
</table>

There has also been an increase in the number of CDPs licensed through the alternative track, with 139 CDPs currently. 12 are MFTs, 99 MHCs, 2 Psychologists, 3 Advance SW, and 23 ICSW.

Goal to have all licenses issued in 14 days once we start processing them. CDPs are currently meeting the goal at 88%, MFTs at 92%, MHCs at 92%, and SW at about 75%. Change in process to have the full application reviewed by Joanne’s team, which should also speed up the process.


4.1 Mr. Gerard did not have any new information to report related to the Chemical Dependency Professional Certification Program. Very active with discipline cases, which is typical for CDPs. Decreasing a bit but not a lot.

4.2 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. Not much to report, the appeal to the Supreme Court mentioned before was not accepted by the court.

5. CE Broker Presentation – Don Oliva
The committee viewed a presentation on CE Broker software that allows licensees to track and verify their continuing education online. Contract with the Department and the basic account is free to users in that state. More advanced accounts have a cost of around $30 to $99 a year.
6. Legislative Session Update and Discussion – James Chaney, Executive Director

Presentation about the department’s current rulemaking associated with the professions.

6.1 SB 5054 – Reciprocity
Requires the department to reduce barriers for people coming to WA with an out of state license based on the scope of practice in the other state. Applies to Psychologist, MFT, MHC, SW, and CDP. Currently, they apply like a new candidate. Review education transcripts, verify supervised hours meet our requirements, background check, and an approved national exam. Changes could make it more streamlined for out of state applicants from substantially equivalent states. AAG Gerard noted the phrasing for “based on scope of practice” is unique and could be problematic, usually based on licensing requirements. Scope can be vague or loosely defined. Interstate compact provision was vetoed by the governor.

6.2 HB 1768 – Substance Use Disorder Professionals
Changes Chemical Dependency Professional title into a Substance Use Disorder Professional title. It also creates a Co-Occurring Disorder Specialist Endorsement for psychologists, licensed counselors, and AACs with a master’s degree. This will allow them to bill insurance for clients with co-occurring disorders as they currently cannot bill for SUD work. The department develops the education, training and experience requirements outlined in the bill, and must provide a telephonic consultation service to assist them. Additionally, there is a requirement for a sunrise review to look at a bachelor’s-level behavioral health credential, and to provide a report back to the legislature on the effectiveness of the co-occurring endorsement.

There was a lot of concern with this bill. Feel like the CDP credential is being phased out – why get that if you can get the Co-Occurring endorsement? Concerns with the reduced WRAMP requirements being insufficient and employers not being able to ask about sobriety when hiring. Wondering how reimbursement will be set up.

*Agenda Item #9 – DBHR Overview moved up to here due to time constraints of the presenters.

6.3 HB 1907 – Peer Counselors practicing as an Agency Affiliated Counselor
This legislation changes the requirements for AACs practicing as a peer counselor. Allows for one year in recovery rather than our current monitoring program for individuals with a substance use disorder or criminal history. Cannot automatically deny a license based on substance use or criminal history. The department must also work with HCA to look at moving the training requirements for peer counselors over to DOH. There is also a sunrise review to evaluate the need to create an advanced peer support specialist.

Concerns about boundary violations/ethics violations with peer counselors working with SUD clients when they have only a year in recovery. The concern that 1 year is not enough time to guard against potential relapse and a relapse could also affect clients they work with.
7. **Rules Updates for CDPs and Licensed Counselors – Jeff Wise, Policy Analyst**

Discussion Legislative Session covered most of the current work. Plan is to roll all these bills into one big rule package to streamline the process, such as having stakeholder meetings for all bills instead of individual meetings. Still working on the plan to roll this out and get input prior to drafting language.

8. **Intersection of the Professions – Ted Dale and Pamela Ranes, Program Managers**

8.1 Certifications from BHA for the Mental Health Professional. This is a facility designation and is not a DOH license. They are allowed to practice as a MHP per the facility rules but are not approved to supervise licensed associate or trainees. Approved supervisors are spelled out in the license rules.

8.2 Credentialing through the alternative path method is still available to get the full CDP license. This has a larger scope of practice than the Co-Occurring Disorder enhancement provided in HB 1768.

9. **DBHR Overview regarding Crisis Responders and Secure Detox – Robby Pellett, ITA and Acute & Inpatient Care Manager and Arthur Williams, Secure Detox Program Manager**

Guest presenters talked about Ricky’s Law and the Involuntary Treatment Act. This law integrated SUD treatment into the Involuntary Treatment rules & established facilities. Patients not there voluntarily and do not want treatment. Withdrawal and stabilization treatment up to 17 days then outpatient services. Designated Crisis Responders are agents of the court and are designated MHPs. Investigate and interview patient, family, friends, medical history, etc. Look at less restrictive options, petition for detention if danger to self, others or grave disability.

9.5 **Update on Volk Decision**

Volk decision said that a counselor has a duty to protect rather than a duty to warn. Conundrum for licensed individuals who may now be liable for the actions of their clients. Foreseeability is the issue, previously required a threat to a specific person, now that is no longer the case and if someone’s threat is seen as foreseeable by a reasonable person it must be reported. Opinion that the law is untenable, cannot always tell if an individual will become violent or not. Study found that 77% of outpatient counselors plan to modify their practice to not take potentially violent clients; could lead to a lack of available services for people who need it. Bree Collaborative formed a committee to study Volk and create a better process through legislation.

10. **Public Comment – Kathleen Armstrong, Med, LMHC, CDP, MHP, Chair and Anjanette Jorstad, LASW, Chair**

- Provider Perspective on the co-occurring endorsement. Still stuck with 2 different supervisors (SUD and MH), would like a different method to get supervision streamlined.
- BHO going away was supposed to reduce boundaries, however after talking with King County I was told that they are only serving those in their county for detox.
- Employee who was not chosen for the CDP Advisory Committee but the position is still unfilled. The individual selected decided to leave her position and was no longer eligible. Will be re-opening and advertising the position to fill this and other positions.
9. Future Agenda Items – Kathleen Armstrong, Med, LMHC, CDP, MHP, Chair and Anjanette Jorstad, LASW, Chair

- Update on legislation implementation
- Chair/Vice Chair discussions of SB 5054
- Potential Rules meeting prior to the joint meeting?
  - Need both committees to review the bills prior to discussion.
  - Department review and provide some options to choose from
- Schedule 2020 Meeting dates

10. Adjournment 1:15 PM

Submitted by:  

Approved by:

Ted Dale, Program Manager  
Chemical Dependency Certification Advisory Committee  

Kathleen Armstrong, Med, LMHC, CDP, MHP, Chair  
Chemical Dependency Certification Advisory Committee

Pamela Ranes, Program Manager  
Washington State Mental Health Counselors, Marriage and Family Therapist, and Social Worker Advisory Committee  

Anjanette Jorstad, LASW, Chair  
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