

HOUSE BILL REPORT

HB 1729

As Reported by House Committee On:
Health Care & Wellness
Appropriations

Title: An act relating to establishing a streamlined process to increase the capacity of certain mental health providers to offer substance use disorder treatment.

Brief Description: Establishing a streamlined process to increase the capacity of certain mental health providers to offer substance use disorder treatment.

Sponsors: Representatives Macri, Jinkins, Ortiz-Self, Cody, Frame, Peterson, Ryu, Stanford, Goodman, Slatter, Kloba, Ormsby and Pollet.

Brief History:

Committee Activity:

Health Care & Wellness: 2/15/19, 2/20/19 [DPS];
Appropriations: 2/26/19, 2/27/19 [DPS(HCW)].

Brief Summary of Substitute Bill

- Establishes an alternative standard for becoming certified as a chemical dependency professional for psychologists, independent clinical social workers, marriage and family therapists, mental health counselors, and certain agency affiliated counselors.
- Directs the Department of Health to contract with an educational program to offer the alternative certification training both in-person and online at a reduced price.
- Reduces the amount of supervised experience required for an applicant for a license to become a psychologist, social worker, marriage and family therapist, or mental health counselor if the applicant has practiced as a certified chemical dependency professional for at least three years.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass.
Signed by 11 members: Representatives Cody, Chair; Macri, Vice Chair; Schmick, Ranking

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Minority Member; Harris, Jinkins, Maycumber, Riccelli, Robinson, Stonier, Thai and Tharinger.

Minority Report: Do not pass. Signed by 3 members: Representatives Caldier, Assistant Ranking Minority Member; Chambers and Davis.

Staff: Chris Blake (786-7392).

Background:

The Department of Health (Department) certifies applicants as chemical dependency professionals if they meet specific education, examination, and experience standards. The education standards require the applicant to have at least an associate's degree in human services or have completed a specified number of college credits. The experience standard requires the completion of:

- 2,500 hours of chemical dependency counseling for applicants with an associate degree;
- 2,000 hours of chemical dependency counseling for applicants with a baccalaureate degree; or
- 1,500 hours of chemical dependency counseling for applicants with a masters or doctoral degree.

The Department has adopted alternative training standards for certification as a chemical dependency professional for applicants who are licensed as either an advanced registered nurse practitioner, marriage and family therapist, mental health counselor, advanced social worker, independent clinical social worker, psychologist, osteopathic physician, osteopathic physician assistant, physician, or physician assistant. Under the alternative training standards, the education requirements may be met by completing coursework on survey of addiction, treatment of addiction, pharmacology, physiology of addiction, American Society of Addiction Management criteria, individual group counseling, and substance use disorder law and ethics. Applicants using the alternative training standards must complete a supervised experience requirement of 1,000 hours of chemical dependency counseling. If an applicant using the alternative training standards is certified by an approved certification body, the educational and experience requirements shall be deemed to have been met.

In their practice, chemical dependency professionals use the core competencies of chemical dependency counseling which include the assessment and diagnosis of chemical dependency, chemical dependency treatment planning and referral, patient and family education, individual and group counseling, relapse prevention counseling, and case management. These activities are to be performed with the stated goal of assisting patients in achieving and maintaining abstinence from alcohol and drugs and developing independent support systems.

Summary of Substitute Bill:

Alternative standards for becoming certified as a chemical dependency professional are established for those who are licensed as either a psychologist, independent clinical social

worker, marriage and family therapist, or mental health counselor. In addition, the alternative standard applies to agency affiliated counselors with at least a master's degree in counseling or a social science with at least two years of experience in direct treatment of persons with a mental illness or emotional disturbance under the supervision of a mental health professional. An applicant may become certified as a chemical dependency professional if the applicant is licensed in one of those professions, completes a training program approved by the Department of Health (Department), passes an examination, and completes a supervised experience requirement. The supervised experience requirement is 80 hours for applicants who have held their licenses in one of the applicable professions for less than five years of experience, and 40 hours for those who have five years of experience or more.

The Department must develop standards for training programs for the alternative certification standard. The training must consist of no more than 35 hours of instruction and include the topics of understanding addiction; pharmacological action of alcohol and other drugs; understanding addiction placement, continuing care, and discharge criteria; treatment planning specific to substance abuse; relapse prevention; and confidentiality issues related to substance use disorder treatment. In developing the training standards, the Department must consult with the Examining Board of Psychology, the Mental Health Counselors, Marriage and Family Therapists, and the Social Workers Advisory Committee, and the Chemical Dependency Certification Advisory Committee, as well as educational institutions relevant to those professions.

From July 1, 2020, until July 1, 2025, the Department must:

- contract with an educational program to offer the training for the alternative certification standard at a reduced cost at least four times per year in person, as well as online;
- contract with an entity to provide a telephonic consultation service to assist chemical dependency professionals with the diagnosis and treatment of patients with co-occurring behavioral health disorders; and
- identify supervisors who are trained and available to supervise those seeking supervised experience to become certified under the alternative certification standard.

The total number of supervised experience hours required is reduced by three months for an applicant for a license to become a psychologist who has practiced as a certified chemical dependency professional for at least three years in the previous 10 years. The total number of supervised experience hours for a license to become a social worker, marriage and family therapist, or mental health counselor is reduced by 10 percent for applicants who have practiced as a certified chemical dependency professional for at least three years in the previous 10 years.

References to assisting clients with the achievement and maintenance of abstinence from alcohol and drug use as the purpose of chemical dependency counseling are removed.

Substitute Bill Compared to Original Bill:

The substitute bill adds to the list of providers eligible for the alternative chemical dependency professional certification standard people who are agency affiliated counselors with at least a master's degree in counseling or a social science with at least two years of

experience in direct treatment of persons with a mental illness or emotional disturbance under the supervision of a mental health professional.

The substitute bill requires applicants using the alternative chemical dependency professional certification standard to pass the same examination used by other chemical dependency professional applicants. The threshold for determining how many hours of supervised practice must be obtained by an applicant under the alternative chemical dependency professional certification standard is changed from holding a license for five years to having five years of experience.

The substitute bill adds the Washington State Chemical Dependency Professional Certification Advisory Committee to the list of entities that the Department of Health must consult with while developing the training.

Appropriation: None.

Fiscal Note: Preliminary fiscal note available.

Effective Date of Substitute Bill: The bill takes effect 90 days after the adjournment of the session in which the bill is passed, except for sections 1 through 3, relating to the creation of the alternative certification method, which take effect July 1, 2020.

Staff Summary of Public Testimony:

(In support) Now that the integration of the mental health and substance use disorder systems has occurred, Washington is seeing that there are not enough professionals who are dually licensed in mental health and substance use disorder treatment to provide the kind of integrated treatment that was envisioned. Washington does not have the workforce to meet its current behavioral health needs. Fewer than 4 percent of credentialed mental health professionals in Washington have a dual credential which makes it difficult for consumers to find providers who can offer an integrated treatment plan and for employers to find employees who can offer that service to their clients. This bill looks at the versatility of the workforce and will allow it to do more in a streamlined fashion. Even though clinical social workers can diagnose Diagnostic and Statistical Manual of Mental Disorders 5 conditions, they are prevented from developing a treatment plan for people with substance use disorders and providing them with the services that they need. Mental health issues and substance use disorder issues both limit the functional capacity of all clients in the same general ways.

About 20 percent of people with a mental illness have a substance use disorder and they need integrated treatment to achieve recovery. People with very serious co-occurring disorders are costly to the health system, find it very difficult to access treatment, and tend to have bad outcomes. There need to be co-occurring disorder providers so that when someone walks in the door the provider has the expertise to treat both the mental health and substance use disorder.

A few years ago the Department of Health created an alternative path to certification for these mental health professionals, but those requirements were still too restrictive because they asked people to close their practices for a year in order to receive the supervised hours of experience. This bill will increase access to substance use disorder services in multiple health care settings and establish a pathway that is realistic for working professionals.

It is good to review the part of the law that says that Washington is not an abstinence-only system because the rest of the field has grown past that. Much of the master's level workforce does not pursue licensure, but they are providing services as agency affiliated counselors and should also have access to this additional training and expertise.

(Opposed) The bill will not increase the substance use disorder counselor workforce. There is a counselor shortage, but the mental health professionals addressed in this bill have already reached the limit of their workloads, so they might not be able to be trained quickly and fill that shortage. The proposed alternative certification training will water down the extensive knowledge base that substance use disorder counseling requires because of the complexity of the disease. The differences between substance use disorders and mental health need to be recognized. Chemical dependency professionals must reduce the number of substance use disorder clients by 20 percent for every chemical dependency professional trainee that they are overseeing. The recommendations of the Chemical Dependency Professional Advisory Committee process should be fully implemented.

The bill removes the requirement for passing the national test and these professionals should be required to pass the same test. There should be a look at loan repayments for people getting into the substance use disorder profession to increase the workforce and to increase provider reimbursement rates. If there is a way to get people into the profession without reducing training requirements, that is a better approach.

(Other) References to psychologists should be struck from the bill. The laws regulating psychologists are clear that treating substance use disorders is already within their scope of practice. Psychologists are trained in a variety of psychological principles and theories that apply to the treatment of substance use disorders, so it is unnecessary to require psychologists to obtain further training in an area that is already within their scope of practice.

Persons Testifying: (In support) Representative Macri, prime sponsor; Melanie Smith, Washington State Society for Clinical Social Work and National Alliance on Mental Illness; Ann Allen and Garrett Hebel, National Association of Social Workers Washington Chapter; Michael Hatchett, Washington Council for Behavioral Health; and Gilberto Maldonado, SeaMar Community Health Center.

(Opposed) Susie Tracy, Alcohol and Addiction Programs of Washington; and Michael Transue, Seattle Drug and Narcotic Treatment Center.

(Other) Samantha Slaughter, Washington State Psychological Association.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The substitute bill by Committee on Health Care & Wellness be substituted therefor and the substitute bill do pass. Signed by 18 members: Representatives Ormsby, Chair; Bergquist, 2nd Vice Chair; Robinson, 1st Vice Chair; Cody, Dolan, Fitzgibbon, Hansen, Hudgins, Jinkins, Pettigrew, Pollet, Ryu, Schmick, Senn, Stanford, Sullivan, Tarleton and Tharinger.

Minority Report: Do not pass. Signed by 11 members: Representatives Stokesbary, Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Rude, Assistant Ranking Minority Member; Caldier, Chandler, Dye, Hoff, Kraft, Steele, Sutherland and Ybarra.

Minority Report: Without recommendation. Signed by 1 member: Representative Mosbrucker.

Staff: Linda Merelle (786-7092).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:

No new changes were recommended.

Appropriation: None.

Fiscal Note: Preliminary fiscal note available.

Effective Date of Substitute Bill: The bill takes effect 90 days after the adjournment of the session in which the bill is passed, except for sections 1 through 3, relating to the creation of the alternative certification method, which take effect July 1, 2020.

Staff Summary of Public Testimony:

(In support) More qualified credentialed health care providers are needed to address the opioid crisis. It is difficult to recruit chemical dependency professionals. This new category of providers must meet the same requirements regarding exams and supervised experience. The fee increase will only apply to two of the categories of licenses.

(Opposed) This bill de-legitimizes the training that chemical dependency counselors currently must undergo to deal with the opioid crisis, the crisis of persons driving under the influence, and the overcrowding of jails.

Persons Testifying: (In support) Bob Cooper, National Association of Social Workers, Washington State Chapter; and Kate White Tudor, Washington Association for Community Health.

(Opposed) Dennis Neal, Northwest Resources Incorporated.

Persons Signed In To Testify But Not Testifying: None.