

# SENATE BILL REPORT

## SB 5715

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As of May 13, 2019

**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:** Senators Frockt, Dhingra, Hasegawa, Hunt, Keiser, Kuderer, Nguyen, O'Ban, Randall, Rolfes, Short, Takko, Van De Wege, Walsh, Wilson, C. and Zeiger.

**Brief History:**

**Committee Activity:** Behavioral Health Subcommittee to Health & Long Term Care: 2/15/19, 2/21/19 [DPS-WM].

Ways & Means: 2/27/19.

**Brief Summary of First Substitute Bill**

- Requires the Department of Health (DOH) to certify an applicant as a chemical dependency professional (CDP) if they are a licensed professional or experienced agency-affiliated counselor, participate in a 35-hour training, pass the CDP examination, and complete at least 40 or 80 hours of supervised training.
- Reduces supervised hours requirements for a CDP who has practiced at least three years and who is training for another health profession license.
- Requires DOH to contract with an educational program to provide chemical dependency counselor training to licensed professionals in other health professions.
- Requires DOH to contract with a telephone consultation service to help CDPs diagnose and treat persons with co-occurring behavioral health disorders.

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**SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE**

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*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.*

**Majority Report:** That Substitute Senate Bill No. 5715 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Dhingra, Chair; Wagoner, Ranking Member; Darneille, Frockt and O'Ban.

**Staff:** Kevin Black (786-7747)

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## SENATE COMMITTEE ON WAYS & MEANS

**Staff:** Michele Alishahi (786-7433)

**Background:** The Department of Health (DOH) regulates the practice of chemical dependency professionals (CDPs), mental health counselors, social workers, and marriage and family therapists. To obtain a license or certification, DOH requires the applicant meet certain educational and experience qualifications, including holding the appropriate level degree, completing relevant coursework, completing supervised experience hours, and passing a jurisprudential examination. For applicants holding an out-of-state license or certification, DOH conducts a substantial equivalence review to determine if the professional's out-of-state license or certification required sufficiently similar education, experience, and examination requirements to qualify them for licensure in Washington.

Chemical Dependency Professionals. CDPs assist or attempt to assist an alcohol or drug addicted person to develop and maintain abstinence from alcohol and other mood-altering drugs. DOH certifies CDPs and requires they have, at a minimum, an associate's degree in human services or a related field. The supervised experience hours required by DOH for certification depends on the applicants educational background. Applicants with an associates degree must have 2,500 supervised chemical dependency counseling experience hours, applications with a bachelor's degree must have 2,000 hours of supervised experience, and applicants with a master's or doctoral degree must have 1,500 hours of supervised experience. DOH has determined in rule that an approved supervisor is a certified CDP or a person who meets or exceeds the requirements of a certified CDP in the state of Washington, and who would be eligible to take the examination required for certification.

**Summary of Bill (First Substitute):** DOH must certify persons as CDPs who complete a chemical dependency counselor training course for professionals who pass the CDP exam and complete 80 hours of supervised training if they have less than five years of experience, or 40 hours of supervised training if they have more than five years of experience.

DOH must develop training standards in consultation with professionals, educational institutions, and the Washington State Chemical Dependency Professional Certification Advisory Committee. The training, which must not be limited to university-based course, must allow the following professionals to become chemical dependency counselors:

- licensed psychologists;
- licensed independent clinical social workers;
- licensed marriage and family therapists;
- licensed mental health counselors; and
- agency-affiliated counselors who have a master's degree or further advanced degree in counseling or one of the social sciences who has at least two years of experience

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

These trainings must consist of no more than 35 hours of instruction. DOH must develop an examination to determine competency in the training standards. DOH must identify supervisors who are trained and available to supervise persons seeking to meet supervised experience requirements to become CDPs.

Beginning July 1, 2020, subject to amounts appropriated, DOH must contract with an educational program to offer chemical dependency counselor training at a reduced cost for professionals already licensed. The training must be available online on an ongoing basis and offered in person at least four times per year.

Beginning July 1, 2020, subject to amounts appropriated, DOH must contract with a telephone consultation service to help providers who are certified as chemical dependency professionals with the diagnosis and treatment of persons with co-occurring behavioral health disorders.

DOH must reduce the number of supervised hours to become a psychologist by three months and the number of supervised hours for a licensed advanced social worker, licensed independent social worker, licensed mental health counselor, or licensed marriage and family therapist by 10 percent for any applicant who has practiced as a certified chemical dependency professional for at least three of the previous ten years.

Language describing abstinence from mood-altering substances as the exclusive goal of chemical dependency counseling is deleted.

**EFFECT OF CHANGES MADE BY BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE COMMITTEE (First Substitute):**

- Allows agency-affiliated counselors to participate in the chemical dependency counselor training.
- Requires CDP applicants who are chemical dependency counselors to take the same CDP exam as other applicants.
- Provides for consultation with the Washington State Chemical Dependency Professional Certification Advisory Committee.

**Appropriation:** The bill contains a section or sections to limit implementation to the availability of amounts appropriated for that specific purpose.

**Fiscal Note:** Available.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony on Original Bill (Behavioral Health Subcommittee to Health & Long Term Care):** *The committee recommended a different version of the bill*

*than what was heard.* PRO: Before this legislation was proposed to me, I was not aware of the shortage of substance use disorder (SUD) therapists. We have a bifurcated system that makes it hard to obtain treatment for a co-occurring disorder. This bill is designed to streamline the process so you can have more than one certification and provide the right treatment to people who need it. One in five people have a mental illness, and about 20 percent of those have an SUD. The most effective treatment is co-occurring, but we do not have the workforce to support it. Only 600, or 4 percent, of our workforce has a dual credential. DOH created an alternative pathway, but this has failed to do the job. This would make our workforce more versatile. We need help to provide the services our population needs. There are 19 mental health professionals in my program and none with dual credentials. We have to refer patients out and they have a hard time getting the services they need. Many who do not get services can be found in our jails. When we create treatment plans patients include mental health goals with their SUD treatment goals. Treatment of one side alone brings relapses. The treatment methods are quite similar. It is much easier to treat patients holistically. Social workers need 4000 hours to get a license. It does not make sense to ask them to be supervised by CDPs who might have less experience and education. We make sure our staff are dual licensed, but the process is arduous. I got my dual license over six months, and the coursework was completely repetitive with my masters program. There are high costs to the current system. Please do not restrict the coursework to university-level courses. It is more difficult to fund tuition-based training. These trainings can easily be done through professional development in continuing education-type courses. I learned more from my continuing education-based ASAM training than I did through a five-credit course at a community college. This bill will make a dramatic impact on this system and this state, especially given our opioid crisis. The workforce solutions embedded in this bill are crucial to expand the number of clinicians, increase access to substance use disorder treatment, and establish pathways that are realistic for people working in the field today. Please amend the bill to make the alternative pathway available to agency-affiliated counselors.

CON: This proposal waters down the extensive knowledge base and complexity of SUD treatment. We can not stress enough the differences between mental health and SUDs. This is not the right way to integrate. The CDP shortage is real, but this is designed to give mental health professionals an SUD credential with insufficient training. Please support the work of the previous DOH committee that reduced SUD training. If more work is needed, this matter should be referred back to the same committee. This represents a 1500 hour training requirement going down to 80 hours or 40 hours.

OTHER: Our preliminary analysis leads us to ask you to strike references to psychologists within the bill. Treating SUDs already falls within a psychologist's scope of practice.

**Persons Testifying (Behavioral Health Subcommittee to Health & Long Term Care):**

PRO: Senator David Frockt, Prime Sponsor; Melanie Smith, Washington State Society for Clinical Social Work; Gilberto Maldonado, Seamar Community Health; Garrett Hebel, National Association of Social Workers; Michael Hatchett, Washington Council for Behavioral Health; Alicia Ferris, Community Youth Services.

CON: Michael Transue, Seattle Drug and Narcotic Treatment Center.

OTHER: Samantha Slaughter, Director of Professional Affairs, Washington State Psychological Association.

**Persons Signed In To Testify But Not Testifying (Behavioral Health Subcommittee to Health & Long Term Care):** No one.

**Staff Summary of Public Testimony on First Substitute (Ways & Means):** PRO: There are many providers at the social work level or in the health care system who are not able to treat people with co-occurring disorders because they do not have the initial credential. This bill is designed to streamline that process. The bill is an expedited path to take a clinical behavioral health professional, someone who literally has thousands of hours of supervised practice already, and give them a path to get a license to serve co-occurring disorders. As we are in the process of merging behavioral health and physical health, it makes sense to merge these two pieces in the behavioral health field into one professional. The evidence-based practices that are proven to work for mental health concerns are very applicable to substance use disorder. They are so applicable that the continuing education credits for social workers are also accepted for license renewal purposes for substance use disorder professionals.

We have a workforce crisis when it comes to treating patients with co-occurring disorders. We have a clinic in Spokane that has behavioral health providers on staff. They have had a vacancy for a chemical dependency professional for more than a year. Our clinic in Bellingham treats a wide variety of behavioral health conditions. They have specialty mental health providers. However, they are not able to prescribe medically assisted treatment until they get a chemical dependency professional on their staff. That position has been vacant for two years.

CON: We have got to make sure people are appropriately trained. A report by the University of Michigan lays out the graduate level requirements for addiction counselors in every state in the U.S. It is important to recognize the current standard in Washington is the lowest in the nation. The national average for credit hours is 30.8. The lowest is 18. Washington is currently 10. When you look at contact hours, the national average is 221 hours. The lowest number of hours is 160. This bill requires 35. All states require on the job experience. The national average is almost 3,200; the lowest is 1,600 hours. Our current requirement is 1,000 hours. This bill calls for 40 and 80 hours. It is hard to equate this is going to create adequately trained professionals to work in the system. In the fiscal note, there is not mention of the CDP account. This account currently has a deficit over \$1,000,000.

This bill is delegitimizing the education and the training that a chemical dependency professional gets. Training for chemical dependency counselors has to happen in a state licensed chemical dependency treatment center. They have to learn the exam criteria which is not the diagnosis, but the treatment placement. They have to learn the transdisciplinary foundations to chemical dependency treatment which is different from mental health treatment.

**Persons Testifying (Ways & Means):** PRO: Mike Hatchett, Washington Council for Behavioral Health; Bob Cooper, Washington State Association of Drug Courts; Kate White Tudor, Washington Association for Community Health; Melanie` Smith, NAMI Washington, Washington State Society for Clinical Social Work.

CON: Scott Munson, Sundown M Ranch; Dennis Neal, Northwest Resources II Inc.

**Persons Signed In To Testify But Not Testifying (Ways & Means):** No one.