

**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
**HEALTHIER WASHINGTON**

# Review of Registered Counselors

September 1, 2006



Health Systems Quality Assurance



*Information Summary and Recommendations*

# Review of Registered Counselors

September 1, 2006



For more information or additional  
copies of this report contact:

Office of the Assistant Secretary  
PO Box 47850  
Olympia, Washington 98504-7850

Phone: (360) 236-4612  
Fax: (360) 236-4626

Mary C. Selecky  
Secretary of Health



<b>Page</b>	<b>Contents</b>
1	Executive Summary
4	Overview of Proceedings
5	Background
9	Detailed Recommendations

## **Appendices**

A	Directive from Governor Gregoire
B	Task Force Members
C	Results of Registered Counselor Survey by Department of Health
D	Mental Health Professions Currently Regulated by Department of Health
E	Additional Research by Department of Health and Registered Counselor Task Force
F	Information on Settings from Registered Counselor Task Force
G	Proposals Submitted by Task Force Members and Other Stakeholders
H	Key Points Made by Stakeholders



## **Executive Summary**

Governor Gregoire directed the Department of Health to review existing statutes and regulations for registered counselors by September 1, 2006. Mary Selecky, Secretary of the Department of Health, convened a short-term task force to assist in this review.

The department took a comprehensive approach to exploring the issues. The department consulted with the Board of Psychology, the Mental Health Counselors, Marriage and Family Therapists, and Social Workers Advisory Committee and the Chemical Dependency Certification Advisory Committee. The Registered Counselor Task Force met three times and identified issues, shared expertise, and discussed recommendations. The department invited all registered counselors to participate in a Web-based survey about their education and experience levels. Department staff and task force members conducted independent research on a number of subjects, including regulation in other states. Stakeholders also submitted written comments.

The department identified the following categories of registered counselors.

- Registered Counselors with Master's Degrees - Some registered counselors have a master's degree in the mental health field and use the registered counselor credential to acquire the necessary experience for licensure. Some registered counselors have master's degrees and are not pursuing licensure for a variety of reasons, including the difficulty in obtaining the required supervised experience.
- Chemical Dependency Trainees - Some registered counselors intend to become certified chemical dependency professionals. They register while obtaining a college degree and counseling experience.
- Agency and Facility Practice - Individuals who work as registered counselors in agencies and facilities operated, licensed, or certified by Washington State government.
- Private Practice - Some registered counselors work in private or group practice. They may have a PhD., master's, bachelor's, or associate's degree, or no formal degree.
- Peer Counselors - Typically individuals who have experienced mental illness or substance abuse and use that experience to help people with similar conditions.
- Wellness Practitioners - Individuals who teach wellness and life coaching. They do not attempt to diagnose or treat mental illness.

## **Recommendations**

The department finds that existing laws regulating registered counselors should be modified to protect the public and restore public confidence in the profession. The department recommends eliminating the existing registered counselor category and creating three new categories for all existing registered counselors and future applicants. The recommendations are summarized below, please refer to page nine for the complete recommendations.

### ***Recommendation 1: Pre-Licensure or Trainees***

Individuals who are gaining experience to become a licensed social worker, licensed mental health counselor, or licensed marriage and family therapist would obtain an associate license

created in the licensed counselor law, Chapter 18.225 RCW. Individuals who are gaining the training necessary to become a certified chemical dependency professional (CDP) should obtain a CDP-Trainee credential created in the CDP law, Chapter 18.205 RCW. Neither group would register as counselors under Chapter 18.19 RCW.

***Recommendation 2: Agency Affiliated Counselor***

Registered counselors employed by an agency or facility operated, licensed or certified by Washington State would become agency-affiliated counselors. Agency counselors work in settings that already have quality assurance standards set in law, including supervision requirements. Agencies should notify the department when an agency-affiliated counselor commits misconduct or leaves the agency. This will help the department take appropriate disciplinary action and prevent counselors who have committed misconduct from moving to another agency or into private practice.

***Recommendation 3: Unaffiliated Counselor***

Registered counselors who counsel in private or group practices would be required to:

- Have a high school diploma or GED and obtain the following education from an accredited college: ethics of counseling, psychology, or social work; counseling theory; human growth and development; and abnormal psychology. They would need education on assessing risk for suicide and homicide; the duty to warn; and duty to report abuse. Current registered counselors would have three years to meet these requirements.
- Annually complete a self-assessment to identify areas of ongoing proficiency, take 20 hours of continuing education directed at those areas, and complete an evaluation of their professional development.
- Have a written consultation agreement with a licensed mental health care provider. Current registered counselors would have one year to meet this requirement.

***Recommendation 4: Scope of Practice***

Counseling should be defined more clearly in Chapter 18.19 RCW and require individuals who provide counseling be credentialed by the Department of Health. The definition of counseling should clarify what constitutes therapeutic counseling and what is excluded. Individuals who diagnose and treat mental illness would need to be credentialed. Counselors who work in exempt settings, such as schools, would not need to be credentialed. Counseling can be defined as:

Therapeutic counseling means employing a recognized theory with a deliberate and defined therapeutic technique, for a fee, that offers to assist, or attempt to assist, an individual or individuals in the amelioration or adjustment of mental, emotional, or behavioral problems. Counseling includes using therapeutic techniques to improve a client's mental health, achieve sensitivity and awareness of self and others and the development of human potential. Counseling does not include vocational counseling, school counseling, peer counselors, domestic violence treatment providers and crime victim advocates, camp counselors or supportive services such as case management activities, human services, residential support, or administering tests unless therapeutic techniques are used. Counseling does not imply proficiency in the practice or competencies of licensed Marriage and Family Therapy, Mental Health Counselor, Social Work, Psychiatric Nurse Practice, Psychology, or Psychiatry.



***Recommendation 5: Disclosure and Public Education***

Augment existing disclosure requirements by adding a statement regarding any disciplinary action taken by the department, other agency, or jurisdiction and referral resources. The registered counselor disclosure statement should include a statement that the counselor does not hold a license to practice social work, marriage and family therapy, mental health, psychology, or psychiatric nursing.

Fund a public education campaign to educate consumers about counseling. The department will continue to promote its web-based resources to identify practitioners and counseling laws.

## Overview of Proceedings

The Department of Health registers<sup>1</sup> approximately 17,500 counselors in Washington State. No education, examination, or supervision requirements exist. An applicant must pass a state criminal background check, complete an application, take an AIDS/HIV class and pay a fee to become a registered counselor. No one may practice counseling, as defined in RCW 18.19.020, unless registered by the department.

In May 2006, Governor Gregoire directed the Department of Health to review existing statutes and regulations for registered counselors. The review was to be completed September 1, 2006, and make recommendations regarding:

- whether the state should register, license or otherwise credential registered counselors,
- what educational and experience requirements should be required, and
- how to better inform the public about the counselors' qualifications.

Governor Gregoire also requested the department include interested members of the Legislature in this process (Appendix A). Mary Selecky, Secretary of Department of Health, convened a short-term task force to assist in this review. Secretary Selecky stated the task force should include broad representation of stakeholders and the public.

The department convened the Registered Counselor Task Force. It consisted of 17 members representing registered counselors, other mental health professions, educators, legislators, and the public (Appendix B). The task force met three times and identified issues, shared expertise and discussed recommendations. While the task force did not reach consensus on recommendations, it did advance the dialog among interested parties and developed a shared understanding of the issues related to registered counselors.

The department notified all registered counselors in Washington State, professional associations, and the mental health boards and advisory committees about the project and their opportunity to participate. The department consulted with the Board of Psychology, the Mental Health Counselors, Marriage and Family Therapists, and Social Workers Advisory Committee and the Chemical Dependency Certification Advisory Committee. Members shared their expertise and concerns.

The department invited all registered counselors to participate in a Web-based survey about their education and experience levels, what types of supervision they work under, and the types of settings in which they work. The department received a 17 percent response rate to the survey. See Appendix C for the complete survey response.

---

<sup>1</sup> RCW 18.120.020 defines three types of credentialing:

**"Registration"** means the formal notification which, prior to rendering services, a practitioner shall submit to a state agency setting forth the name and address of the practitioner; the location, nature and operation of the health activity to be practiced; and, if required by the regulatory entity, a description of the service to be provided.

**"Certificate" and "certification"** mean a voluntary process by which a statutory regulatory entity grants recognition to an individual who (a) has met certain prerequisite qualifications specified by that regulatory entity, and (b) may assume or use "certified" in the title or designation to perform prescribed health professional tasks.

**License," "licensing," and "licensure"** mean permission to engage in a health profession which would otherwise be unlawful in the state in the absence of the permission. A license is granted to those individuals who meet prerequisite qualifications to perform prescribed health professional tasks and for the use of a particular title.

Department staff and task force members conducted independent research on a number of subjects, including regulation in other states. Stakeholders also submitted written comments.

The task force held three meetings, which were open to the public. Audience members provided testimony and submitted written proposals. In addition, the task force members broke out in seven sub-groups to formulate proposals for the different credentialing levels that the task force had discussed. The department considered all proposals before making its recommendations regarding minimum credentialing requirements. The department developed recommendations based upon all information received.

## **Background**

Washington State considered registering counselors in 1984. The legislature drafted legislation proposing regulation and then referred it to the State Health Coordinating Council (SHCC) for review under the Sunrise law, Chapter 18.120 RCW. A variety of allegations of patient abuse led to the development of legislation. An organization called Stop Abuse by Counselors collected and documented cases of abuse and supported legislation that would have made it a felony for counselors to have sex with clients. The 1985 SHCC review noted both the autonomy of individual counselors and cases of abuse of vulnerable clients ranging from financial to sexual exploitation. The SHCC recommended certification for master's level counselors and registration for all other counselors. The SHCC found:

1. Unregulated practice of all types of counselors is clearly harming the health, safety and welfare of the public.
2. The public cannot be effectively protected in a more cost beneficial manner than by bringing all counselors under the Uniform Disciplinary Code through mandatory, revocable registration.

Legislation passed in 1987 requiring mandatory registration for counselors and hypnotherapists. It included optional certification for social workers, mental health counselors and marriage and family therapists. Under the law, registered counselors were required to disclose information about their practice to all clients. No education, examination, experience, or supervision requirements were set for registered counselors. Qualifications for the optional certification included a master's degree, an examination, and an experience requirement. The law also included a sunset provision for 1994.

In 1992, the Department of Health completed a review of the Counselor Certification and Registration program in response to the sunset provision. The department found that the Counselor program should continue and the sunset provision be removed from the statute. The department noted that the category of registered counselor was problematic because it did not have education or other requirements, but the public often assumes it does. Also, the public does not know the difference between licensed and registered counselors.

## Registered Counselors Today

By 2006, the department was registering over 17,000 counselors. In recent years, the department had noted a significant increase in discipline for registered counselors.

### Increase in Disciplinary Action Registered Counselors

	1997-1999	1999-2001	2001-2003	2003-2005	Percent Increase
Number of Registered Counselors	16,127	15,724	15,820	16,966	5.2%
Informal <sup>2</sup> Actions	0	10	52	67	570%
Formal <sup>3</sup> Actions	61	50	77	143	134%

Data: UDA Reports

In May 2006, The *Seattle Times* published a series of articles on sexual misconduct in the health professions called “License to Harm”. While they do not represent the largest percentage of offenders on a per capita basis, registered counselors do represent the largest number of offenders with reported sexual misconduct. As mental health providers, registered counselors have access to vulnerable clients and sometimes abuse this position of trust.

When the department began to analyze the profession in more detail, little information was available. Since no education, examination, or supervision requirements exist for registered counselors, the department did not have a lot of information about them. Through research and the contributions of the Registered Counselor Task Force, the department was able to identify the primary categories of registered counselors.

#### *Registered Counselors with Master’s Degrees*

Some registered counselors have a master’s degree in the mental health field and intend to become licensed. They use the registered counselor credential to acquire the experience necessary for licensure.

Some registered counselors have master’s degrees and are not pursuing licensure. They could become licensed but choose not to for a variety of reasons, including the difficulty in obtaining the required supervised experience.

---

<sup>2</sup> Informal actions are Stipulations to Information Disposition (STID), which are an informal resolution of a complaint. Health care providers who agree to sign a STID, do not admit to unprofessional conduct, but do agree to corrective action. STIDs are reported to national data banks, but do not result in a press release.

<sup>3</sup> Formal actions include default orders, agreed orders, and final orders after hearings. A default order is issued when the registered counselor was given notice, but failed to participate in the adjudicative process. An agreed order is a negotiated settlement between the health care provider and DOH. A final order is only issued after a formal hearing has been held.

### *Chemical Dependency Training*

Some registered counselors intend to become certified chemical dependency professionals. They register as counselors while they obtain a college degree and gain counseling experience.

### *Agency and Facility Practice*

Individuals who work as registered counselors in agencies and facilities operated, licensed, or certified by Washington State government.

### *Private Practice*

Some registered counselors work in private or group practice. They may have a PhD, master's, bachelor's, or associate's degree, or no formal degree.

### *Peer Counselors*

Peer counselors are typically individuals who have experienced mental illness or substance abuse and use that experience to help clients with similar conditions. They use active listening skills to establish communication with clients and advise them. Peer counselors certified by the Department of Social and Health Services, Mental Health Division undergo training and pass an exam as described by WAC 388-865.

### *Wellness Practitioners*

Registered counselors include individuals who teach wellness and life coaching. They do not attempt to diagnose or treat mental illness. Instead, they focus on healthy individuals who want to improve their outlook and opportunities or eliminate poor habits. When they do encounter someone with a mental illness, they refer him or her to a licensed provider.

### *Exemptions*

The law regulating registered counselors exempts some professions from registering as counselors, see RCW 18.19.040. Attorneys, federal employees, college students, pastoral counselors, social science researchers, and other health care providers acting within their scopes of practice are exempt. Individuals who counsel and do not charge a fee are also exempt.

The department was not able to determine how many counselors fit into each of the categories above. The department sent a voluntary survey to all registered counselors to obtain more information about them. Approximately 17 percent of the registered counselors responded to the survey. Of the 3,117 responses, over 64 percent said they are not working toward meeting the qualifications for another credential.

Only one other state, Maine, has a credential equivalent to registered counselor. Most states license a variety of mental health professionals. Thirty-six states have protected scopes of practice for all or most mental health professions. Only seven states of the 43 researched had just title protection for mental health professionals. These states did not

protect a scope of practice, which means only licensed individuals may perform specific counseling activities defined in statute.

### **Licensed Counselors and Certified Chemical Dependency Professionals**

The department licenses marriage and family therapists, mental health counselors, independent clinical social workers, and advanced clinical social workers. The requirements for licensure include a master's degree, an examination, and 3000 to 4000 hours of supervised experience. See Appendix D for the specific requirements for each license. These professions use the registered counselor credential to obtain the necessary hours of supervised experience required for licensure.

The department certifies chemical dependency professionals. Chemical dependency professionals (CDP) must have at least an associate's degree but may have a master's degree or a doctorate. They must pass an examination. The amount of required experience ranges from 1,500 hours to 2,500 hours depending on the type of degree. As with the licensed professions, CDPs use the registered counselor credential to obtain the necessary hours of supervised experience required for certification.

Many individuals commented that the title of counselor is very broad and the public is confused about what it means. An attorney can be called a counselor, as can a camp counselor. Further, the public cannot easily distinguish between the licensed mental health professions and registered counselors. For example, the difference between a licensed mental health counselor and a registered counselor is not obvious to patients and clients. One way to eliminate the confusion would be to re-name the registered counselor profession as: unlicensed counselor, uncertified counselor, lay counselor, counseling technician, behavioral health technician, social service technician, or mental health technician.

### **Settings**

Registered counselors work in a variety of settings. Private work settings include private practice, private group practice, private agencies and businesses. The department's survey indicates that approximately 43 percent of the counselors who responded to the survey work in private practice.

Many registered counselors work for agencies and facilities operated, licensed or certified by Washington State government. The agencies and facilities include: community mental health agencies, schools, nursing homes, and home health and hospice services. Approximately 46 percent of the registered counselors who responded to our survey work in these settings. These agencies have quality assurance standards set in law, which typically include education, training, and supervision for providers.

Community mental health agencies employ registered counselors to provide counseling and case management services. In these agencies, a licensed mental health care provider, or other provider as defined in WAC 388-865-0150, supervises registered counselors. Over 18 percent of the survey responses indicated they were employed by a community mental health agency. These agencies must meet quality assurance standards set by the

Department of Social and Health Services, Mental Health Division and the State Medicaid Plan. Some agencies are also accredited by the Joint Commission on Accreditation of Healthcare Organizations and/or the Commission on Accreditation of Rehabilitation Facilities.

### **Disclosure**

The law regulating registered counselors, Chapter 18.19 RCW, requires registered counselors to disclose information about themselves to their clients. They must tell their client that registration does not include recognition of any practice standard or the effectiveness of any treatment. They must also tell clients about their relevant education and training, therapeutic orientation, proposed course of treatment when known, and describe activities that qualify as unprofessional conduct under the Uniform Disciplinary Act, Chapter 18.130 RCW. Both the counselor and the client must sign the disclosure statement. Agencies and facilities that employ multiple counselors may use a single disclosure statement.

### **Registered Counselor Task Force**

The Registered Counselor Task Force, at its three meetings, discussed the need for education, experience, examination and supervision requirements. The task force discussed the settings where registered counselors work and reviewed regulation in other states. The task force expressed particular concern regarding registered counselors who work in isolation. While the task force did not reach consensus on recommendations, it did contribute to the development of the department's recommendations.

### **Detailed Recommendations**

The department finds that existing laws regulating registered counselors should be modified to protect the public and restore public confidence in the profession. The department recommends eliminating the existing registered counselor category and creating three new categories for all existing registered counselors and future applicants.

#### **Pre-licensure or Trainees:**

##### *Social Workers, Mental Health Counselors and Marriage and Family Therapists*

Pre-licensure candidates are individuals who are gaining experience to become licensed social workers, mental health counselors, and marriage and family therapists. Pre-licensure candidates, who have a graduate degree in a mental health field and are working toward licensure, would be called Master's in Social Work Associate (MSWA); Marriage and Family Therapy Associate (MFTA); and Mental Health Counselor Associate (MHCA). The associate designation would be created in licensed counselor law, Chapter 18.225 RCW. They would not register as counselors under Chapter 18.19 RCW. Associates could hold an associate license for five years.

##### *Certified Chemical Dependency Professionals (CDP)*

Individuals who intend to become CDP should obtain a CDP-Trainee credential to be created in the CDP law, Chapter 18.205 RCW. They would not register as counselors under Chapter 18.19 RCW. A CDP-Trainee would attest that they are working toward the education and experience requirements for certification and could not practice in the trainee status for

more than five years. CDP-Trainees provide chemical dependency assessments, counseling and case management within a state regulated agency under the direct supervision of a fully certified CDP. The first 50 hours of any face-to-face client contact must be under the direct observation of an approved supervisor or CDP. All the remaining experience must be under an approved supervisor. A CDP-Trainee can provide clinical services to patients consistent with his/her education, training, and experience as approved by the CDP-Trainee's approved supervisor.

To qualify, registered counselors intending to become licensed or certified would have to submit a declaration from a recognized educational program or a declaration they are working toward licensure. Any future students, pre-licensure candidates, or CDP-Trainee would need to complete a declaration as part of their application.

**Agency Affiliated Counselor:** These are unlicensed individuals employed by an agency or facility operated, licensed, or certified by the State of Washington. Agency counselors work in settings that have quality assurance standards set in law, including supervision requirements. Current registered counselors would inform the Department of Health of their workplace affiliation. New applicants would also inform the department of their workplace affiliation. Agencies would need to verify their employment. Agencies should also notify the department when an agency-affiliated counselor commits misconduct as described in the Uniform Disciplinary Act, Chapter 18.130 RCW. Agencies may also notify the department when an agency-affiliated counselor leaves its employment. This will help the department take appropriate disciplinary action and prevent counselors who have committed misconduct from moving to another agency or into private practice.

**Unaffiliated Counselor:** Unlicensed individuals who counsel in private or group practices would be required to:

- Have a high school diploma or GED and obtain the following education from an accredited college: 5 quarter credits or 3 semester credits of ethics in counseling, psychology, or social work, including privacy, confidentiality, and recording keeping; 5 quarter credits or 3 semester credits of counseling theory; 5 quarter credits or 3 semester credits of human growth and development; and 5 quarter credits or 3 semester credits of abnormal psychology. They would need education on assessing risk for suicide and homicide; the duty to warn; and the duty to report abuse<sup>4</sup>. Current registered counselors would have three years to meet these requirements.
- Complete a self-assessment to identify areas of ongoing proficiency, take 20 hours of continuing education directed at those areas, and complete an evaluation of their professional development annually. The department would develop guidelines describing a model self-assessment and evaluation.
- Have a written consultation agreement with a licensed mental health care provider. Task force discussions and public comment indicated that registered counselors often collaborate with licensed mental professionals and refer clients to them. Requiring a written agreement would reduce the number of registered counselors working in isolation. The agreement would describe the method of consultation (e.g. telephone, teleconference) and referral protocols. Current registered counselors would have one

---

<sup>4</sup> RCW 26.44.030 and RCW 74.34.020



year to meet this requirement. The department would develop guidelines describing a model agreement.

Other possible names for registered counselors include: unlicensed counselor, uncertified counselor, lay counselor, counseling technician, behavioral health technician, social service technician, or mental health technician.

### **Scope of Practice**

Counseling should be defined more clearly in Chapter 18.19 RCW and require that individuals who provide counseling be credentialed by the Department of Health. The definition of counseling should clarify what constitutes therapeutic counseling and what is excluded. Individuals who diagnose and treat mental illness need to be credentialed. Counselors who work in exempt settings, such as schools, would not need to be credentialed. Counseling can be defined as:

Therapeutic counseling means employing a recognized theory with a deliberate and defined therapeutic technique, for a fee, that offers to assist, or attempt to assist, an individual or individuals in the amelioration or adjustment of mental, emotional, or behavioral problems. Counseling includes using therapeutic techniques to improve a client's mental health, achieve sensitivity and awareness of self and others and the development of human potential. Counseling does not include vocational counseling, school counseling, peer counselors, domestic violence treatment providers and crime victim advocates, camp counselors or supportive services such as case management activities, human services, residential support, or administering tests unless therapeutic techniques are used. Counseling does not imply proficiency in the practice or competencies of licensed Marriage and Family Therapy, Mental Health Counselor, Social Work, Psychiatric Nurse Practice, Psychology, or Psychiatry.

The definition exempts:

- Vocational counselors who give advice on employment or career development
- School counselors who are employed by or contracted with a school or college and work to promote the academic, career, personal, and social development of children and young adults
- Peer counselors and student peer counselors who use their own experience to help people with similar conditions
- Domestic violence treatment providers and crime victim advocates who help people respond to acts of violence and crime
- Camp counselors who supervise individuals in recreational venues

Existing exemptions in RCW 18.19.040 should be retained.

The department would like to note that peer counseling is an emerging field. There is national support for the development of programs using peer counselors and Washington State is currently considering their role through its work on the CDC's Mental Health Transformation Grant.

Some peer counselors work in regulated settings and some are certified by the Mental Health Division, Department of Social and Health Services, but others work in unregulated settings. Peer counseling is an area that would benefit from further study in the next few years.

### **Disclosure and Public Education**

Augment existing disclosure requirements by adding a statement regarding any disciplinary action taken by the department, other agency, or jurisdiction and referral resources. The registered counselor disclosure statement should include a statement that the counselor does not hold a license to practice social work, marriage and family therapy, mental health, psychology, or psychiatric nursing.

Fund a public education campaign so consumers learn more about mental health care services. Consumers should know what to expect from counselors and the distinctions among the different types of mental health care providers. Public education will promote better choices and help prevent consumers from getting the wrong kind of care. Public education will also teach consumers what type of unprofessional conduct should be reported to the Department of Health. The department will continue to promote its web-based resources to identify practitioners and counseling laws.

## **APPENDIX A:**

**Directive from Governor Gregoire**



CHRISTINE O. GREGOIRE  
Governor



STATE OF WASHINGTON  
OFFICE OF THE GOVERNOR

P.O. Box 40002 • Olympia, Washington 98504-0002 • (360) 753-6780 • [www.governor.wa.gov](http://www.governor.wa.gov)

May 1, 2006

Mary Selecky, Secretary  
Washington State Department of Health  
P.O. Box 47890  
Olympia, WA 98504-7890

Dear *Mary*

My resolve to keep patients safe in our state is stronger than ever. A visit to a health care provider is a very personal experience. We must continue to look for every way possible to protect patients and improve our system for licensing and disciplining health care providers.

I recently received DOH's Health Professions Government Management, Accountability and Performance (GMAP) progress report, which identifies a series of accomplishments in the oversight and discipline process, as well as several major challenges that remain to be addressed.

In light of this, I direct you to take the following actions to evaluate and strengthen our current system and to aid in tracking our performance at the upcoming GMAP forum in July:

- Review existing statutes and regulations for registered counselors. The review should be finalized no later than September 1, 2006, and should include whether the state should register, license or otherwise credential registered counselors, what educational and experience requirements should be required, and how to better inform the public about the counselors' qualifications. Please include interested members of the Legislature in this process.
- Adopt, for all professions, 1) rules regarding sexual misconduct and 2) uniform guidelines for sanctions imposed for unprofessional conduct. I have been advised that sexual misconduct rules either have been adopted, or are in the process of being adopted, for all professions. I am issuing an executive order to the state's health profession disciplining authorities to ensure that this is implemented. In addition, the adoption of sanctioning guidelines – to ensure that misconduct is treated seriously and consistently – must proceed timely.
- Reevaluate the criteria for complaint investigation. I expect the state to investigate all complaints pertaining to patient safety and ask that the Department review the disciplinary authorities' existing criteria for investigation to ensure it adequately protects the public.



Mary Selecky  
May 1, 2006  
Page 2

- The Department will be conducting nationwide checks on the discipline history of all applicants starting June 1. I also ask that the Department of Health immediately review the feasibility of conducting national criminal background checks on all current health care credential holders and new applicants. This assessment must consider the cost and staffing necessary to implement such a program, any significant changes to the process or time required to issue credentials, and recommendations for proposed legislation, if needed. I expect a report on your findings by November 1, 2006.

In addition to your efforts, I am in the beginning stages of a review of the Medical Quality Assurance Commission. I committed to this undertaking in connection with our breakthrough work on Second Substitute House Bill 2292.

I have also asked the Washington State Auditor's Office to conduct a performance audit of our current health profession disciplinary process, including a review of the Department of Health and associated boards and commissions. This performance audit will be key to identifying opportunities for improvement in our current process.

A series of articles in the Seattle Times earlier this week highlighted some sad and tragic cases. I know that patient safety is a priority for both of us. I recognize that the Department of Health has made great strides recently to improve the regulatory system, and I commend you for that. There is, as we have learned, more to do. We must remain committed to making progress on this important issue.

Sincerely,



Christine O. Gregoire  
Governor

cc: Tom Fitzsimmons, Chief of Staff, Office of the Governor  
Fred Olson, Assistant Chief of Staff, Office of the Governor  
Marty Brown, Legislative Director, Office of the Governor  
Laurie Dolan, Director, Governor's Executive Policy Office  
Christina Hulet, Executive Policy Advisor, Office of the Governor

## **APPENDIX B:**

### **Task Force Members**





## Registered Counselors Task Force Members

Lucy Homans/Doug Wear (alternated), Washington State Psychological Association  
Hoyt C. Suppes, National Association of Social Workers  
Karen Langer, Washington Mental Health Counselors Association  
Laura Groshong, Washington State Society for Clinical Social Work  
Preston Peterson and Scott Edwards (alternate), Washington Association for Marriage and Family Therapy  
Carl Kester, Association of Alcoholism and Addictions Programs  
Shana Cantoni, Association of Advanced Practice Psychiatric Nurses  
Elisabeth Bennett, Washington Counseling Association, Counselor Educators  
Phil Brown/Lisa Erickson (alternated), Licensed Counselor Advisory Committee  
Patricia Cummings, Registered Counselor, Greater Lakes Mental Health Care  
Caroline Wise, Registered Counselor, Rose House  
Representative Tom Campbell  
Representative Jim Moeller  
Kelly Foster, Department of Social and Health Services, Mental Health Division  
Dennis Malmer, Department of Social and Health Services, Division of Alcohol and Substance Abuse  
Ray Harry, Public  
Ann Christian, Washington Community Mental Health Council  
Laurie Jinkins, Department of Health  
Pamela Lovinger, Department of Health  
Sherry Thomas, Department of Health  
Bonnie King, Department of Health  
Bob Nicoloff, Department of Health  
Karen Kelley, Department of Health  
Tracy Hansen, Department of Health  
Fred Garcia, Department of Health  
Pamela Anderson, Assistant Attorney General  
Wendy Fraser, Facilitator

\*The department invited the National Alliance for the Mentally Ill–Washington to send a representative but they declined.



## **APPENDIX C:**

### **Results of Registered Counselor Survey by Department of Health**



## Registered Counselor Survey Results

3117 responses

<b>1 1. How many years have you been a Registered Counselor in the State of Washington?</b>		Count	Ratio	
Less Than One Year		77	2.47%	
1 to 1.99 Years		380	12.17%	
2 to 2.99 Years		273	8.78%	
3 to 3.99 Years		293	9.42%	
4 to 4.99 Years		218	7.01%	
5 to 5.99 Years		224	7.17%	
6 to 6.99 Years		187	6.02%	
7 to 7.99 Years		120	3.88%	
8 to 8.99 Years		119	3.84%	
9 to 9.99 Years		86	2.79%	
10 to 9.99 Years		189	6.05%	
11 to 9.99 Years		89	2.85%	
12 to 9.99 Years		113	3.65%	
13 to 13.99 Years		84	2.69%	
14 to 14.99 Years		87	2.79%	
15 to 15.99 Years		132	4.26%	
16 to 16.99 Years		89	2.85%	
17 to 17.99 Years		58	1.86%	
18 to 18.99 Years		118	3.78%	
19 to 19.99 Years		39	1.25%	
20 to 20.99 Years		66	2.11%	
Over 20 Years		72	2.31%	
		Average	8.56	N/A
		<b>Total count</b>	3117	100.00%

<b>2 2. Which <u>one</u> of the following best describes the area of counseling that you spend the most time?</b>		Count	Ratio	
Educational, vocational, or school counseling		202	6.48%	
Mental health counseling		926	29.71%	
Substance abuse or dependence counseling		372	11.93%	
Marriage or family counseling		203	6.51%	
Spiritual or pastoral counseling		192	6.16%	
Physical health or fitness counseling		30	0.96%	
Personal growth or profession counseling		166	5.33%	
Wellness or alternative health counseling		115	3.69%	
Case management or client support services		534	17.13%	
An area other than those listed above		206	6.61%	
I do not work in any area of counseling at this time		171	5.49%	
		<b>Total selections</b>	3117	N/A
		<b>Total Responses</b>	3117	100.00%










<b>3 3. Which <u>one</u> of the following best describes your work as a Registered Counselor?</b>		Count	Ratio	
Volunteer		200	6.42%	
Student		174	5.58%	
Employee		1776	56.98%	
Self employed		868	27.85%	
Business owner and employer		99	3.18%	
		<b>Total selections</b>	3117	N/A
		<b>Total Responses</b>	3117	100.00%

























<b>4. Which <u>one</u> of the following best describes your <u>work setting</u>?</b>		Count	Ratio
Private practice		805	25.83%
Private agency or business		542	17.39%
Community mental health agency		586	18.8%
Public or government agency		328	10.52%
School or college		200	6.42%
Health facility, nursing home, or hospital		337	10.81%
Clubhouse		9	0.29%
Work setting other than those listed above		310	9.95%
		<b>Total selections</b>	3117
		<b>Total Responses</b>	3117
			N/A
			100.00%




<b>5. Which <u>one</u> of the following describes the state credential held by your supervisor?</b>		Count	Ratio
My supervisor is a Registered Counselor		200	6.42%
My supervisor is a Certified Chemical Dependency Professional		225	7.22%
My supervisor is a Licensed Marriage and Family Therapist		121	3.88%
My supervisor is a Licensed Mental Health Counselor		355	11.39%
My supervisor is a Licensed Independent Clinical Social Worker		193	6.19%
My supervisor is a Licensed Advanced Social Worker		88	2.82%
My supervisor is a Licensed Psychologist		126	4.04%
My supervisor is a Licensed Nurse		118	3.79%
My supervisor is a Licensed Vocational or School Counselor		18	0.58%
My supervisor is a Licensed Psychiatrist, Physician, or Physician Assistant		50	1.6%
My supervisor holds more than one of the above credentials		317	10.17%
My supervisor does not hold any of the above credentials		228	7.31%
I do not know what credentials my supervisor holds		234	7.51%
I do not have a supervisor		844	27.08%
		<b>Total selections</b>	3117
		<b>Total Responses</b>	3117
			N/A
			100.00%




<b>6. In addition to Registered Counselor, do <u>you</u> presently hold another state credential?</b>		Count	Ratio
No		2142	68.72%
Yes, I am also a Certified Chemical Dependency Professional		210	6.74%
Yes, I am also a Licensed Marriage and Family Therapist		8	0.26%
Yes, I am also a Licensed Mental Health Counselor		52	1.67%
Yes, I am also a Licensed Independent Clinical Social Worker		34	1.09%
Yes, I am also a Licensed Advanced Social Worker		9	0.29%
Yes, I am also a Licensed Psychologist		6	0.19%
Yes, I am also a Licensed Nurse		73	2.34%
Yes, I am also a Licensed Vocational or School Counselor		42	1.35%
Yes, I am also a Licensed Psychiatrist, Physician, or Physician Assistant		6	0.19%
Yes, I hold more than one of the above credentials in addition to Registered Counselor		51	1.64%
Yes, I hold a state credential other than those listed above in addition to Registered Counselor		484	15.53%
		<b>Total selections</b>	3117
		<b>Total Responses</b>	3117
			N/A
			100.00%

<b>7. Are you currently working toward meeting the qualifications for another credential in the State of Washington?</b>		Count	Ratio
No		2018	64.74%

Yes, I am working to become a Certified Chemical Dependency Professional		193	6.19%
Yes, I am working to become a Licensed Marriage and Family Therapist		112	3.59%
Yes, I am working to become a Licensed Mental Health Counselor		329	10.56%
Yes, I am working to become a Licensed Independent Clinical Social Worker		168	5.39%
Yes, I am working to become a Licensed Advanced Social Worker		61	1.96%
Yes, I am working to become a Licensed Psychologist		51	1.64%
Yes, I am working to become a Licensed Psychiatric Nurse		5	0.16%
Yes, I am working to become a Licensed Vocational or School Counselor		22	0.71%
Yes, I am working to become certified or licensed in a profession other than the above		158	5.07%
		<b>Total selections</b>	3117
		<b>Total Responses</b>	3117
			N/A
			100.00%

<b>8. How many years of total full-time work experience do you have in counseling and closely related fields?</b>		Count	Ratio
Less Than One Year		171	5.49%
1 to 1.99 Years		212	6.80%
2 to 2.99 Years		175	5.61%
3 to 3.99 Years		176	5.65%
4 to 4.99 Years		132	4.23%
5 to 5.99 Years		186	5.97%
6 to 6.99 Years		148	4.75%
7 to 7.99 Years		104	3.34%
8 to 8.99 Years		116	3.72%
9 to 9.99 Years		67	2.15%
10 to 10.99 Years		213	6.83%
11 to 11.99 Years		52	1.67%
12 to 12.99 Years		111	3.56%
13 to 13.99 Years		62	1.99%
14 to 14.99 Years		55	1.76%
15 to 15.99 Years		152	4.88%
16 to 16.99 Years		78	2.50%
17 to 17.99 Years		49	1.57%
18 to 18.99 Years		75	2.41%
19 to 19.99 Years		35	1.12%
20 to 20.99 Years		173	5.55%
21 to 24.99 Years		96	3.08%
25 to 25.99 Years		119	3.82%
26 to 29.99 Years		99	3.18%
30 to 30.99 Years		105	3.37%
31 to 34.99 Years		88	2.82%
Over 35 Years		68	2.18%
		<b>Average</b>	12.18
		<b>Total count</b>	3117
			N/A
			100.00%

<b>9. Which <u>one</u> of the following best describes your education in counseling and closely related fields?</b>		Count	Ratio
I have not taken any courses in counseling or closely related field		33	1.06%
I have taken <u>some courses</u> in counseling or closely related field, but I do not have a degree in counseling or closely related field		545	17.48%
I have a two year <u>degree or certificate</u> in counseling or closely		264	8.47%

related field			
I have a <u>four year degree</u> in counseling or closely related field		670	21.5%
I have a <u>masters degree</u> in counseling or closely related field		1463	46.94%
I have a <u>doctoral degree</u> in counseling or closely related field		142	4.56%
		<b>Total selections</b>	3117
		<b>Total Responses</b>	3117
			N/A
			100.00%

<b>10</b> 10. Please provide the zip code of your work location: (optional)	Count	Ratio
Non-Western States	5	0.19%
Idaho	7	0.26%
Arizona	3	0.11%
Nevada	2	0.08%
California	2	0.08%
Oregon	16	0.60%
Eastern Washington	503	18.95%
Western Washington	2121	79.74%
	<b>Total count</b>	2660 out of 3117 provided zipcode
		85.2%



## **APPENDIX D:**

**Mental Health Professions Currently  
Regulated by Department of Health**



## Mental Health Professions Regulated By The Department Of Health

Profession *	Regulated Since	Minimum Education Requirements	Minimum Experience Requirements	Examination Requirements
Registered Counselors	1987	None	None	None
Hypnotherapists	1987	None	None	None
Marriage & Family Therapists	1987	Masters or Doctoral Degree	3000 Hours Of Supervised Experience	National Examination
Mental Health Counselors	1987	Masters or Doctoral Degree	3 Years Of Supervised Experience or 3000 Hours of Supervised Experience	National Examination
Independent Clinical Social Workers	1987	Masters or Doctoral Degree	4000 Hours Of Supervised Experience	National Examination
Advanced Clinical Social Workers		Masters or Doctoral Degree	3200 Hours Of Supervised Experience	National Examination
Psychologists	1955	Doctorate	1 Year Of Supervised Experience	National Examination
Chemical Dependency Professionals	1998	AA Degree Baccalaureate Degree Masters or Doctoral Degree Licensed as Adv. Registered Nurse Licensed as Psychologist	2500 Hours Of Supervised Experience 2000 Hours Of Supervised Experience 1500 Hours Of Supervised Experience 1500 Hours Of Supervised Experience 1500 Hours Of Supervised Experience	National Examination National Examination National Examination National Examination National Examination
Sex Offender Treatment Providers	1990	Masters or Doctoral Degree Medical Doctor or Osteopathic Doctor (board certified/eligible psychiatrist)  Bachelors, Masters or Doctoral Degree Medical Doctor or Osteopathic Doctor (board certified/eligible psychiatrist)	2000 Hours Of Supervised Experience	State Examination
Certificate				State Examination
Affiliate			None	State Examination

\*MDs who are Psychiatrists are also regulated, but they do not have a separate license



## **APPENDIX E:**

**Additional Research by Department of Health  
and Registered Counselor Task Force**



## Distribution Of Washington State Mental Health Profession Credential Holders By Geographic Area\*

Area		Percent Of Credential Holder Addresses In The Area									
Zipcode	Towns & Cities	Chem Dependency Professionals	Hypno- therapist	Marriage & Family Therapist	Mental Health Counselor	Social Worker	Psychologist	Reg Counselor			
	<b>Washington State</b>										
980XX	Bellevue, Kent, Renton, Kirkland, Fed Way, Lynnwood Seattle	13%	20%	23%	16%	17%	17%	16%	17%		16%
981XX		12%	15%	23%	22%	31%	32%	20%	32%		20%
982XX	Everett, Bellingham, Mt Vernon, Snohomish	13%	25%	10%	10%	9%	8%	11%	8%		11%
983XX	Bremerton, Gig Harbor, Puyallap, Port Angeles	10%	10%	11%	8%	7%	6%	10%	6%		10%
984XX	Tacoma, Lakewood	8%	6%	7%	5%	4%	7%	8%	7%		8%
985XX	Olympia, Tumwater, Lacey, Centralia, Chehalis	9%	7%	4%	7%	5%	5%	7%	5%		7%
986XX	Vancouver, Kelso, Longview,	6%	4%	3%	4%	5%	5%	5%	5%		5%
988XX	Wenatchee, Chelan, Moses Lk,	3%	2%	1%	2%	1%	1%	3%	1%		3%
989XX	Yakima, Ellensburg, Cle Elum	7%	2%	1%	3%	2%	1%	3%	1%		3%
990XX	Cheney, Deer Park, Medical Lake	2%	2%	1%	2%	2%	1%	2%	1%		2%
991XX	Pullman, Ritzville, Colville, Kettle Falls	2%	0%	1%	2%	1%	2%	1%	2%		1%
992XX	Spokane	7%	4%	5%	7%	5%	5%	6%	5%		6%
993XX	Passo, Kennewick, Richland, Walla Walla	4%	2%	2%	3%	2%	2%	4%	2%		4%
	<b>Oregon</b>										
972XX	Portland	1%	0%	1%	1%	2%	2%	1%	2%		1%
97XXX	Rest Of Oregon	1%	1%	1%	1%	1%	2%	1%	2%		1%
	<b>Idaho</b>										
832XX	All Of Idaho	.5%	0%	.3%	1.2%	.5%	.5%	.5%	.5%		.5%
	<b>California</b>										
900XX	All Of California	.3%	.4%	.0%	.9%	1.4%	1.2%	.4%	1.2%		.4%
	<b>All Other States</b>	1%	0%	6%	5%	4%	2%	1%	2%		1%
	TOTAL	100%	100%	100%	100%	100%	100%	100%	100%		100%

(\* Note: Data is based on address on record that was provided by the credential holder for purpose of receiving the periodic credential renewal form. The address may be different than the location of the credential holder's practice.)

## How Many Registered Counselors Also Have Other Licenses?

PROFESSION	ACTIVE LICENSES	NUMBER WHO ARE ALSO REGISTERED COUNSELORS	PERCENT WHO ARE ALSO REGISTERED COUNSELORS
Acupuncture	950	20	2.1%
Advanced Registered Nurse	3,829	21	0.5%
Animal Technologist	1,101	1	0.1%
Audiologist	363	1	0.3%
Chemical Dependency Professional	2,559	1007	39.4%
Chiropractic	2,164	12	0.6%
Dental Hygienist	4,706	8	0.2%
Dentist	5,876	2	0.0%
Dietician	1,055	3	0.3%
Health Care Assistant	13,082	60	0.5%
Hypnotherapist	408	135	33.1%
Marriage & Family Therapist	914	21	2.3%
Massage Practitioner	11,987	332	2.8%
Mental Health Counselor	4,094	197	4.8%
Midwifery	90	1	1.1%
Naturopathic Physician	727	7	1.0%
Nursing Assistant Certified	23,573	227	1.0%
Nursing Assistant Registered	35,359	536	1.5%
Nursing Home Administrator	447	4	0.9%
Nutritionist	1,055	3	0.3%
Occupational Therapist	2,355	12	0.5%
Occupational Therapist Assistant	542	4	0.7%
Osteopathic Physician	816	1	0.1%
Osteopathic Physician Assistant	34	2	5.9%
Pharmacy Assistant	3,624	13	0.4%
Pharmacy Intern	700	7	1.0%
Physical Therapist	4,511	6	0.1%
Physician	21,173	8	0.0%
Physician Assistant	1,810	4	0.2%
Practical Nurse	14,401	103	0.7%
Psychologist	1,893	16	0.8%
Radiologic Technologist	4,704	2	0.0%
Recreational Therapist	134	19	14.2%
Registered Nurse	356	5	1.4%
Registered Nurse	68,459	350	0.5%
Respiratory Care Practitioner	2,196	8	0.4%
Social Worker Counselor	2,852	125	4.4%
Sex Offender Treatment Provider - Affiliate	38	12	31.6%
Sex Offender Treatment Provider - Fully Certified	114	14	12.3%
Speech-Language Pathologist	1,281	5	0.4%
Surgical Technologist	1,732	4	0.2%
Vet Medicine Clerk	357	3	0.8%
Veterinarian	2,828	1	0.0%
X-Ray Technician	1,978	7	0.4%
	253,227	3329	1.3%
<b>NUMBER &amp; PERCENT OF RC's WITH OTHER CREDENTIALS</b>		<b>3329 out of 17,496</b>	<b>19.0%</b>



## Summary of Credentials in Other States

### Common Levels of Credentialing

- Independent practice:  
**Usually includes LICENSED CLINICAL or LICENSED INDEPENDENT in title.**
- New graduates at the Master's level of education:  
**Usually includes LICENSED MASTER, LICENSED GRADUATE, or sometimes just LICENSED in title.**
- New graduates at the Bachelor's level:  
**Usually includes LICENSED BACHELOR or just LICENSED in title.**

### Additional levels of Credentialing

#### **Provisional/Intern License**

Master's Degree. To satisfy supervised experience and/or examination requirements.

#### **Conditional License**

Entry level requiring Bachelor's Degree. While completing an internship period to progress to another level of licensure.

#### **Licensed Associate**

Bachelor's Degree + examination in some states; Master's Degree + examination in other states.

### Additional Social Worker Credentials

#### **Registered Social Worker**

Bachelor's Degree – agency based supervised practice.

#### **Licensed Social Worker Assistant**

Bachelor's Degree, Associate's Degree or at least 60 college credits in human services field + 1,000 hours of education in social work theory or methods in courses or programs.

#### **Registered Social Service Technician**

Two years of college that includes some coursework relevant to human services area or one year of social work experience + current employment in the practice of social service.

## Additional Chemical Dependency Credentials

### **Licensed Substance Abuse Technician**

Associate's Degree in applied science with emphasis on counseling + examination.

### **Student of Addiction Studies**

Entry-level, in-training status while earning certification.

## Unlicensed Mental Health Categories

**Unlicensed Psychotherapist (CO)** - Database with name, current business address, educational qualifications, disclosure statements, therapeutic orientation/methodology, and years of experience.

**Registered Counselor (ME)** - If not licensed, must to be registered. Must provide name, address, and telephone number, major fields of training & expertise including degrees, method of billing and experience with 3<sup>rd</sup> party payments, fee schedule and provisions for pro bono work, description of individual's practice.

**Roster of Noncertified and Nonlicensed Psychotherapists (VT)** - All nonlicensed and noncertified psychotherapists must be on roster & practice according to established standards & are subject to disciplinary action.

## Pastoral Counselors

Master of Divinity Degree + supervised experience + appointment by a church, etc. + examination

---

---

## Title Protection verses Scope of Practice Protection

Of 43 states researched, only 7 states were identified to have title protection only for all or most mental health professions. The remaining 36 states have protected scopes of practice for all or most mental health professions.

## *Two State Examples of Community Mental Health Credentialing*

### *Delaware:*

- Oversight of mental health programs through the Division of Social Services, Division of Substance Abuse and Mental Health.
- Requires that all Medicaid services be provided by a Physician, Clinician (Master's/PhD level), or Associate Clinician (Bachelor's level).
- These terms are used like we use the term "Mental Health Professional." Personnel files are reviewed during site visits to ensure that services are provided by qualified staff, although there is no actual "credential."
- Licensed counselors and social workers are licensed and regulated by the Delaware Department of State. There is no requirement for licensure for mental health providers in community mental health agencies.
- Criminal background checks are required for all positions providing direct services.

### PROVIDER CERTIFICATION MANUAL FOR DELAWARE COMMUNITY MENTAL HEALTH CENTERS

#### **1. CERTIFICATION FOR PROVIDER PARTICIPATION**

1.1 **Authority** - Through an Inter-Divisional Agreement, the Division of Social Services (DSS) Delaware Medical Assistance Program has delegated the function of certifying organizations for enrollment as providers of mental health clinic services to the Division of Substance Abuse and Mental Health (Division or DSAMH).

**2. CLINICAL STAFF AUTHORIZED TO PROVIDE SERVICES:** The Delaware Medical Assistance Program will reimburse qualified providers for those services provided to eligible recipients of the Medical Assistance Program. The services must be rendered by members of the clinical staff who hold the credentials required by each covered billable activity. The categories of clinical staff and their definitions for community mental health centers clinic option are as follows:

2.1 **Physician:** a person with a Medical Degree or Doctor of Osteopathy degree, is licensed to practice medicine in Delaware and has completed (or is enrolled in) an accredited residency training program in psychiatry, internal medicine or family practice.

2.2 **Clinician:** a person with a doctoral or masters degree in psychology, counseling, social work, nursing, rehabilitation or related field from an accredited college or university (or a registered nurse with a certificate in mental health nursing from the American Nurses Association).

2.3 **Associate Clinician:** a person with a bachelors degree in a human service field or a registered nurse.

"Licensed associate counselor of mental health" (LACMH) is an individual licensed as an associate counselor of mental health under this chapter who is obtaining experience under the professional direct supervision of a LPCHM or other health professional approved by the Board for the purpose of becoming licensed as a professional counselor of mental health.

"Licensed professional counselor of mental health" (LPCMH) is an individual licensed as a professional counselor of mental health under this chapter who publicly offers to render to individuals, groups, organizations or the general public a service involving the application of clinical counseling principles, methods or procedures and the diagnosis and treatment of mental and emotional disorders to assist individuals in achieving more effective personal and social adjustment.

### *Arizona:*

- Oversight of mental health programs through the Arizona Department of Health Services, Behavioral Health Licensing Division.
- Services are provided by Behavioral Health Professionals (MD, Master's, PhD, and licensed), Behavioral Health Paraprofessionals (AA or HS Diploma), and Behavioral Health Technicians (Bachelor's or Master's). Only Behavioral Health Professionals can provide supervision.
- These terms are used like we use the term "Mental Health Professional." Personnel files are reviewed during site visits to ensure that services are provided by qualified staff, although there is no actual "credential."

- Arizona law is very specific regarding training and expertise required.
- Licensure is through the Board of Behavioral Health Examiners.
- Arizona currently has no credential requirement for staff who are not licensed. The state is moving toward a certification requirement through the Board of Behavioral Health Examiners for staff who do not meet the qualifications for licensure, but the details have not been worked out yet.
- There is also currently no requirement for a criminal background check, except for staff who work with children and with domestic violence. That is also likely to change.

Arizona Administrative Code Title 9, Chapter 20, Article 2, Section R9-20-204: Staff Member and Employee Qualifications and Records refers to three categories:

"Behavioral health professional" means an individual who meets the applicable requirements in R9-20-204 and is a:

- Psychiatrist,
- Behavioral health medical practitioner,
- Psychologist,
- Licensed Social worker,
- Licensed Counselor,
- Licensed Marriage and family therapist,
- Licensed Substance abuse counselor, or
- Registered nurse with at least one year of full-time behavioral health work experience.

"Behavioral health paraprofessional" means an individual who meets the applicable requirements in R9-20-204 and has:

- An associate's degree,
- A high school diploma, or
- A high school equivalency diploma.

"Behavioral health technician" means an individual who meets the applicable requirements in R9-20-204 and:

- Has a master's degree or bachelor's degree in a field related to behavioral health;
- Is a registered nurse;
- Is a physician assistant who is not working as a medical practitioner;
- Has a bachelor's degree and at least one year of full-time behavioral health work experience;
- Has an associate's degree and at least two years of full-time behavioral health work experience;
- Has a high school diploma or high school equivalency diploma and:
  - 18 credit hours of post-high school education in a field related to behavioral health completed no more than four years before the date the individual begins providing behavioral health services and two years of full-time behavioral health work experience; or
  - Four years of full-time behavioral health work experience; or
- Is licensed as a practical nurse, according to A.R.S. Title 32, Chapter 15, with at least two years of full-time behavioral health work experience.

Only Behavioral Health Professionals can provide clinical supervision.

Medicaid funds are not administered by the Department of Health Services. There is an entity called "Access" which administers all Medicaid dollars for the state. They in turn contract with managed behavioral health organizations (like BHO) to manage the benefit in different regions. In some areas they contract with CMHA's; in others they are the service provider.

## **APPENDIX F:**

### **Information on Settings by Registered Counselor Task Force**



# Community Mental Health

## Overview of Statutory, Regulatory, and Other State Requirements Governing Community Mental Health Staff

Statutes and regulations governing community mental health include numerous definitions of types of mental health treatment providers and outline standards for individual service providers as well as organizations that provide community mental health services. The State Medicaid Plan (and corresponding provider agency contracts) defines level of credential for specific service modalities. In addition, many licensed community mental health agencies pursue private accreditation through entities such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and/or Commission on Accreditation of Rehabilitation Facilities (CARF).

The following provides an overview of relevant definitions, standards and requirements for community mental health agencies and their staff. Key sources include RCW 71.05 (Mental Illness), 71.24 (Community Mental Health), and 71.34 (Mental Health Services for Minors) as well as WAC 388-865 (community mental health) and the State Medicaid Plan. In addition, an overview of personnel requirements set forth in WAC 246-337 pertaining to residential treatment facility staff is provided.

### Definitions

Statute and regulation define numerous types of mental health staff.

These definitions are referenced in WAC, state contracts, and the State Medicaid plan to indicate staff requirements for provision of specific service types, supervision requirements, etc. WAC 388-865-0150

**"Certified peer counselor"** is defined as a consumer of mental health services who has met the registration, experience, and training requirements, has satisfactorily passed the examination, and has been issued a certificate by the mental health division as specified in WAC [388-865-0107](#).

**"Mental health professional"** means:

- (1) A psychiatrist, psychologist, psychiatric nurse or social worker as defined in chapters [71.05](#) and [71.34](#) RCW;
- (2) A person with a masters degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person shall have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional;
- (3) A person who meets the waiver criteria of RCW [71.24.260](#), which was granted prior to 1986;
- (4) A person who had an approved waiver to perform the duties of a mental health profession that was requested by the regional support network and granted by the mental health division prior to July 1, 2001; or
- (5) A person who has been granted a time-limited exception of the minimum requirements of a mental health professional by the mental health division consistent with WAC [388-865-265](#) [388-865-0265].

**"Mental health specialist"** means:

- (1) A **"child mental health specialist"** is defined as a mental health professional with the following education and experience:
  - (a) A minimum of one hundred actual hours (not quarter or semester hours) of special training in child development and the treatment of children and youth with serious emotional disturbance and their families; and
  - (b) The equivalent of one year of full-time experience in the treatment of seriously emotionally disturbed children and youth and their families under the supervision of a child mental health specialist.
- (2) A **"geriatric mental health specialist"** is defined as a mental health professional who has the following education and experience:
  - (a) A minimum of one hundred actual hours (not quarter or semester hours) of specialized training devoted to the mental health problems and treatment of persons sixty years of age or older; and
  - (b) The equivalent of one year of full-time experience in the treatment of persons sixty years of age or older, under the supervision of a geriatric mental health specialist.

(3) An "**ethnic minority mental health specialist**" is defined as a mental health professional who has demonstrated cultural competence attained through major commitment, ongoing training, experience and/or specialization in serving ethnic minorities, including evidence of one year of service specializing in serving the ethnic minority group under the supervision of an ethnic minority mental health specialist; and

(a) Evidence of support from the ethnic minority community attesting to the person's commitment to that community; or

(b) A minimum of one hundred actual hours (not quarter or semester hours) of specialized training devoted to ethnic minority issues and treatment of ethnic minority consumers.

(4) A "**disability mental health specialist**" is defined as a mental health professional with special expertise in working with an identified disability group. For purposes of this chapter only, "**disabled**" means an individual with a disability other than a mental illness, including a developmental disability, serious physical handicap, or sensory impairment.

(a) If the consumer is deaf, the specialist must be a mental health professional with:

(i) Knowledge about the deaf culture and psychosocial problems faced by individuals who are deaf; and

(ii) Ability to communicate fluently in the preferred language system of the consumer.

(b) The specialist for consumers with developmental disabilities must be a mental health professional who:

(i) Has at least one year's experience working with individuals with developmental disabilities; or

(ii) Is a developmental disabilities professional as defined in RCW [71.05.020](#).

"**Supervision**" means monitoring of the administrative, clinical, or clerical work performance of staff, students, volunteers, or contracted employees by persons with the authority to give direction and require change.

#### RCW 71.05.020

(8) "Designated chemical dependency specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW [70.96A.310](#) to perform the commitment duties described in chapters [70.96A](#) and [70.96B](#) RCW;

(9) "Designated crisis responder" means a mental health professional appointed by the county or the regional support network to perform the duties specified in this chapter;

(10) "Designated mental health professional" means a mental health professional designated by the county or other authority authorized in rule to perform the duties specified in this chapter;

(23) "Mental health professional" means a psychiatrist, psychologist, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

(26) "Professional person" means a mental health professional and shall also mean a physician, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

(27) "Psychiatrist" means a person having a license as a physician and surgeon in this state who has in addition completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association and is certified or eligible to be certified by the American board of psychiatry and neurology;

(28) "Psychologist" means a person who has been licensed as a psychologist pursuant to chapter [18.83](#) RCW;

(34) "Social worker" means a person with a master's or further advanced degree from an accredited school of social work or a degree deemed equivalent under rules adopted by the secretary;



## **RCW 71.24**

(1) "Child psychiatrist" means a person having a license as a physician and surgeon in this state, who has had graduate training in child psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.

(2) "Children's mental health specialist" means:

(a) A mental health professional who has completed a minimum of one hundred actual hours, not quarter or semester hours, of specialized training devoted to the study of child development and the treatment of children; and

(b) A mental health professional who has the equivalent of one year of full-time experience in the treatment of children under the supervision of a children's mental health specialist.

(4) "\*County-designated mental health professional" means a mental health professional designated by one or more counties to perform the functions of a \*county-designated mental health professional described in this chapter.

(14) "Mental health professional" means a psychiatrist, psychologist, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary under this chapter.

(18) "Professional person in charge" or "professional person" means a physician or other mental health professional empowered by an evaluation and treatment facility with authority to make admission and discharge decisions on behalf of that facility.

(19) "Psychiatric nurse" means a registered nurse who has a bachelor's degree from an accredited college or university, and who has had, in addition, at least two years' experience in the direct treatment of mentally ill or emotionally disturbed persons, such experience gained under the supervision of a mental health professional. "Psychiatric nurse" shall also mean any other registered nurse who has three years of such experience.

(20) "Psychiatrist" means a person having a license as a physician in this state who has completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.

(21) "Psychologist" means a person licensed as a psychologist under chapter [18.83](#) RCW.

### **Licensure and Certification**

Community mental health providers are licensed in accordance with law and regulation.

Staff competency requirements, reviews, and medical supervision are requirements of the licensure process.

Some community mental agencies are also licensed as Evaluation and Treatment Facilities. Staff competency requirements, reviews and supervision are requirements of the certification process. [WAC 388-865-0284](#)

Prohibits RSNs from subcontracting for clinical services unless subcontractor is licensed and/or certified by the MHD. The regional support network must not subcontract for clinical services to be provided using state funds unless the subcontractor is licensed and/or certified by the mental health division for those services or is personally licensed by the department of health as defined in chapter [48.43](#), [18.57](#), [18.71](#), [18.83](#), or [18.79](#) RCW.

### WAC 388-865-0400

#### *Describes licensure*

The mental health division licenses and certifies community support service providers. To gain and maintain licensure or certification, a provider must meet applicable local, state and federal statutes and regulations as well as the requirements of WAC [388-865-400](#) [388-865-0400] through 388-865-450 [388-865-0450] as applicable to services offered.

## WAC 388-865-0405

### **Details competency requirements for staff at licensed providers**

The licensed service provider must ensure that staff are qualified for the position they hold and have the education, experience, or skills to perform the job requirements. The provider must maintain documentation that:

- (1) All staff have a current Washington state department of health license or certificate or registration as may be required for their position;
- (2) Washington state patrol background checks are conducted for employees in contact with consumers consistent with RCW [43.43.830](#);
- (3) Mental health services are provided by a mental health professional, or under the clinical supervision of a mental health professional;
- (4) Staff performing mental health services (not including crisis telephone) must have access to consultation with a psychiatrist or a physician with at least one year's experience in the direct treatment of persons who have a mental or emotional disorder;
- (5) Mental health services to children, older adults, ethnic minorities or persons with disabilities must be provided by, under the supervision of, or with consultation from the appropriate mental health specialist(s) when the consumer:
  - (a) Is a child as defined in WAC [866-865-0150](#);
  - (b) Is or becomes an older person as defined in WAC [388-865-0150](#);
  - (c) Is a member of a racial/ethnic group as defined in WAC [866-865-0105](#) and as reported:
    - (i) In the consumer's demographic data; or
    - (ii) By the consumer or others who provide active support to the consumer; or
    - (iii) Through other means.
  - (d) Is disabled as defined in WAC [388-865-0150](#) and as reported:
    - (i) In the consumer's demographic data; or
    - (ii) By the consumer or others who provide active support to the consumer; or
    - (iii) Through other means.
- (6) Staff receive regular supervision and an annual performance evaluation; and
- (7) An individualized annual training plan must be implemented for each direct service staff person and supervisor in the skills he or she needs for his/her job description and the population served.

## WAC 388-865-0470

*Describes licensure process, including requirement that MHD review personnel records as part of licensure*

An applicant for a community support license must comply with the following process:

- (3) The mental health division conducts an on-site review to examine agency policies and procedures, personnel records, clinical records, financial documents, and any other information that may be necessary to confirm compliance with minimum standards of this section;

## **WAC 388-865-0450**

Requires licensed community support service providers to implement quality management process, to include annual staff reviews

Community support service providers must ensure continued progress toward more effective and efficient age and culturally competent services and improved consumer satisfaction and outcomes, including objective measures of progress toward rehabilitation, recovery and reintegration into the mainstream of social, employment and educational choices by maintaining an internal quality management process. The process must:

- (1) Review the services offered and provided to improve the treatment of consumers, including the quality of intake evaluations and the effectiveness of prescribed medications;
- (2) Review the work of persons providing mental health services at least annually; and
- (3) Continuously collect, maintain, and use information to correct deficiencies and improve services. Such data must include but is not limited to reports of serious and emergent incidents as well as grievances filed by consumers or their representatives.

WAC 388-865-0458

Requires community mental health agencies which are licensed to prescribe to have medical directors

(3) Medical direction and responsibility is assigned to a physician who is licensed to practice under chapter [18.57](#) or [18.71](#) RCW, and is board-certified or -eligible in psychiatry;

**Evaluation and Treatment Facilities Standards for Certification**

**WAC 388-865-0536 Standards for administration.** The inpatient evaluation and treatment facility must develop a policy to implement the following administrative requirements:

(1) A description of the program, including age of consumers to be served, length of stay and services to be provided.

(2) An organizational structure including clear lines of authority for management and clinical supervision.

(3) Designation of a physician or other mental health professional as the professional person in charge of clinical services at that facility.

(4) A quality management plan to monitor, collect data and develop improvements to meet the requirements of this chapter.

(5) A policy management structure that establishes:

(a) Procedures for maintaining and protecting resident medical/clinical records consistent with chapter 70.02 WAC, "Medical Records Health Care Information Access and Disclosure Act" and Health Insurance Portability and Accountability Act (HIPAA);

(b) Procedures for maintaining adequate fiscal accounting records consistent with generally accepted accounting principles (GAAP);

(c) Procedures for management of human resources to ensure that residents receive individualized treatment or care by adequate numbers of staff who are qualified and competent to carry out their assigned responsibilities;

(d) Procedures for admitting consumers needing inpatient evaluation and treatment services seven days a week, twenty-four hours a day, except that child long-term inpatient treatment facilities are exempted from this requirement;

(e) Procedures to assure appropriate and safe transportation for persons who are not approved for admission to his or her residence or other appropriate place;

(f) Procedures to detain arrested persons who are not approved for admission for up to eight hours in order to enable law enforcement to return to the facility and take the person back into custody;

(g) Procedures to assure access to necessary medical treatment, emergency life-sustaining treatment, and medication;

(h) Procedures to assure the protection of consumer and family rights as described in this chapter and chapters [71.05](#) and [71.34](#) RCW;

**WAC 388-865-0551 Qualification requirements for staff.** The provider must document that staff and clinical supervisors are qualified for the position they hold and have the education, experience, or skills to perform the job requirements, including:

(1) A current job description.

(2) A current Washington state department of health license or certificate or registration as may be required for his/her position.

(3) Washington state patrol background checks for employees in contact with consumers consistent with RCW [43.43.830](#).

(4) Clinical supervisors must meet the qualifications of mental health professionals or specialists as defined in WAC [388-865-0150](#).

(5) An annual performance evaluation.

(6) Development of an individualized annual training plan, to include at least:

(a) The skills he or she needs for his/her job description and the population served;

(b) Least restrictive alternative options available in the community and how to access them;

(c) Methods of resident care;

(d) Management of assaultive and self-destructive behaviors, including proper and safe use of seclusion and/or restraint procedures; and

(e) The requirements of chapter [71.05](#) and [71.34](#) RCW, this chapter, and protocols developed by the mental health

division.

(7) If contract staff are providing direct services, the facility must ensure compliance with the training requirements outlined in (6) above.

### ***Provision of Services***

The state Medicaid plan states that “Mental Health Rehabilitation services are integrated treatment services recommended by a mental health professional furnished by state licensed Community Mental Health Agencies.”

The state plan, and analogous sections of the RSN contracts include explicit requirements regarding staff credentials for provision of each type of service.

Medical necessity: “medical necessity is determined by a mental health professional.”

Mental health care providers: “the individual with primary responsibility for implementing an individualized plan for mental health rehabilitation services. Minimum qualifications are B.A. level in a related field, A.A. level with two years experience in the mental health or related fields.”

Other mental health provider staff categories defined in WAC are restated in the State Plan, including mental health professionals, social workers, psychiatrist, psychologist, child psychiatrist, and peer counselors

The following rehabilitative services offered under the state Medicaid plan must be provided by or under the supervision of a mental health professional:

- Brief Intervention Treatment
- Crisis services;
- Day Support;
- Family treatment;
- Group treatment services;
- High Intensity Treatment;
- Individual Treatment Services
- Medication Monitoring;
- Rehabilitation Case Management;
- Therapeutic psychoeducation.

Competency requirements for other state plan modalities are as follows:

- Freestanding Evaluation and Treatment;
- Intake evaluation- must be conducted by a mental health professional
- Medication Management- must be provided by a person licensed to prescribe/ administer medications
- Peer Support services are to be provide by peer counselors under the consultation, facilitation or supervision of a mental health professional.
- Psychological Assessment- must be provided by or under the supervision of a licensed psychologist
- Special Population Evaluation- must be conducted by a child, geriatric, disabled or ethnic minority specialist

### ***Residential Treatment Facilities (RTF)***

WAC 246-337 sets policy, including personnel requirements, governing residential treatment facilities (including mental health RTFs).

#### **WAC 246-337-045**

Details requirements related to RTF governance and administration, including requirements of the personnel system. The licensee must establish a governing body with responsibility for operating and maintaining the RTF. The governing body must provide organizational guidance and oversight to ensure that resources support and staff provides safe and adequate resident care including, but not limited to:

... (4) Establishing a personnel system that assures:

- (a) Personnel records of all employees and volunteers contain written job descriptions consistent with staff responsibilities and standards for professional licensing;
- (b) Staff are assigned, oriented, trained, supervised, monitored, and evaluated;
- (c) Staff who provide direct resident care, direct treatment, or manage the safety of a resident are competent by training, experience and capability;
- (d) Contractors have current contracts on file clearly stating the responsibilities of the contractor;
- (e) Staff with unsupervised access to residents complies with WAC [246-337-055](#).

#### **WAC 246-337-050**

*Sets forth expectations related to human resources management in RTFs.*

The licensee must ensure residents receive health care by adequate numbers of staff authorized and competent to carry out assigned responsibilities, including:

(1) A sufficient number of personnel must be present on a twenty-four hour per day basis to meet the health care needs of the residents served; managing emergency situations; crisis intervention, implementation of health care plans; and required monitoring activities.

(2) Personnel trained, authorized and credentialed (where applicable) to carry out assigned job responsibilities consistent with scopes of practice, resident population characteristics and the resident's individual plan of care/treatment;

(3) The presence of at least one individual trained in basic first aid and age appropriate cardiopulmonary resuscitation twenty-four hours per day.

(4) Written documentation to verify credentials, training, and performance evaluations for each staff member including, but not limited to:

- (a) Employment application/hire date;
  - (b) Verification of education, experience and training;
  - (c) Current job description;
  - (d) Criminal disclosure statement and results of a Washington state patrol background inquiry;
  - (e) HIV/AIDS training or verification;
  - (f) Current license/certification/registration (if applicable);
  - (g) Current basic first aid and age appropriate cardiopulmonary resuscitation training (if applicable);
  - (h) Current food and beverage service worker permit (if applicable);
  - (i) Current driver's license (if applicable);
  - (j) Tuberculosis screening (refer to WAC [246-337-060](#));
  - (k) Performance evaluation(s);
  - (l) Staff using restraint and seclusion procedures must receive initial and ongoing education and training in the proper and safe use of seclusion and/or restraints;
  - (m) Initial orientation and ongoing training to address the safety and health care needs of the population served.
- (5) If independent contractors, consultants, students, volunteers and trainees are providing direct on-site residential care, the licensee must ensure their compliance with this section.

#### **WAC 246-337-055**

*Pertains to personnel criminal history, disclosure, and background inquiries for RTF staff*

The licensee must ensure that all staff, independent contractors, consultants, students, volunteers and trainees with unsupervised access to residents are screened for criminal history disclosure and background requirements consistent with RCW 43.43.830 through 43.43.842.

### **Independent accreditation processes based on nationally recognized healthcare and rehabilitation standards. Joint Commission on Accreditation of Healthcare Organizations**

*Since 1971, the Joint Commission (JCAHO) has been evaluating organizations that provide mental health, chemical dependency, mental retardation/developmental disabilities services, and other psychosocial services.*

Joint Commission accreditation is the most recognized seal of approval for behavioral health care providers. Accreditation helps behavioral health care organizations improve their performance, raise the level of care to clients, demonstrate accountability, and increase participation in managed care and other contracted arrangements.

The Joint Commission currently accredits 1,643 behavioral health care providers. All surveys are conducted by highly experienced behavioral health care professionals including psychologists, psychiatrists, social workers, behavioral health care nurses, and mental health administrators.

### **Commission on Accreditation of Rehabilitation Facilities**

*Founded in 1966 as the Commission on Accreditation of Rehabilitation Facilities, CARF International is an independent, nonprofit accreditor of human service providers in the areas of rehabilitation, employment, child and family, community, and aging services.*

CARF's purposes are:

- To develop and maintain current, field-driven standards that improve the value and responsiveness of the programs and services delivered to individuals in need of rehabilitation and other life enhancement services.
- To recognize organizations that achieve accreditation through a consultative peer-review process and demonstrate their commitment to the continuous improvement of their programs and services with a focus on the needs and outcomes of the persons served.
- To conduct accreditation research emphasizing outcomes measurement and management, and to provide information on common program strengths as well as areas needing improvement.
- *To provide consultation, education, training, and publications that support organizations in achieving and maintaining accreditation of their programs and services.*

# Chemical Dependency Treatment

## PROGRAM PROFILE

**Date Profile Updated: December 2005**

**Who Can I Contact At DASA For More Information?**

Primary Contact Information: Regional Administrators

**Alternate Contact Information: Regional Treatment Managers**

### **What Is The Program Description?**

Chemical dependency, which may be both psychological and/or physiological, is a continuum of progressive escalation that begins with substance use, progresses to substance abuse, and culminates with substance dependence. Chemical dependency treatment is the application of planned individual, group counseling, and educational activities, to identify and change patterns of substance-abusing behavior that are destructive and/or injurious to the lives and health of an individual, their families, and communities. The therapeutic purpose is to restore appropriate levels of physical, psychological and/or social functioning. Treatment may include pharmacological interventions

### **What is the goal of treatment?**

The goal of chemical dependency treatment is abstinence and the improvement of a person's life. However, it is recognized that chemical dependency is often a relapsing disorder. It may require repeated episodes of treatment, over an extended period of time, in order to be fully effective.

However, even when abstinence is not attained immediately, individuals often make significant progress and experience substantial improvement in their lives as a result of treatment. Patients demonstrate a response to treatment through new insights, attitudes, and behaviors. Illness and death are reduced, as are psychiatric, medical, and/or criminal justice problems. Individuals become more productive, require fewer social services, rely less on public assistance, and are less likely to be involved in domestic violence or child abuse and neglect. Youth have fewer academic problems, and are less likely to be involved in crime or juvenile delinquency.

### **What is the chemical dependency treatment continuum of care?**

A comprehensive assessment is performed by a Chemical Dependency Professional (CDP) to determine the diagnosis and a recommendation for the appropriate level of treatment. This level is determined by the severity of the problem, and by evaluating the social setting and the intensity of treatment most likely to result in a patient's recovery. The continuum of care also includes activities designed to engage and connect individuals to recovery services, such as outreach, screening in healthcare or other non-treatment settings, and case management services.

The treatment 'continuum of care,' reflects the different needs of individuals. No single treatment is appropriate for all patients. They may require different types of services during the various stages of their recovery, such as:

- **Detoxification services** assist patients with withdrawal from alcohol or other drugs. While detoxification is not a treatment activity, it is often a necessary precursor to the therapeutic process. It is also viewed as an individual *and* public health and safety service.
- **Intensive Inpatient treatment** provides a concentrated program in a residential environment. It includes individual and group counseling, education, and activities for detoxified alcoholics, addicts, and their families.

- Long-term residential treatment is a program, with personal care services, counseling, and education. It is appropriate for chronically impaired alcoholics and addicts with weakened self-maintenance capabilities, and those needing personal guidance, to maintain abstinence and good health.
- Recovery houses provide personal care and treatment, with social, vocational, and recreational activities, to assist a patient’s adjustment to abstinence. It assists the individuals with job training, employment, or other types of community activities. A major theme of this modality is preventing relapse.
- Intensive outpatient and outpatient treatment provides counseling services, and education. Some patients receive only outpatient treatment. Others are referred to outpatient treatment after receiving more intensive residential services. Opiate substitution treatment (methadone) is a form of outpatient treatment provided to those addicted to heroin and other opiates. Relapse prevention strategies remain a primary focus of counseling.

What Populations Are Served/ Who Is Eligible For These Services?

Individuals, who receive Medicaid or other state-funded medical treatment, are eligible for state- or county-funded treatment

How Many People Are Served During The Biennium?

During the 2003-2005 biennium the following number of patients were admitted into chemical dependency treatment services (this includes adults and adolescents and includes duplicated admissions):

	N
<b>Intensive Inpatient</b>	15,870
<b>Long-Term Residential</b>	4,249
<b>Outpatient</b>	54,477
<b>Recovery House</b>	3,138
<b>Opiate Substitution</b>	3,980
<b>Total</b>	81,714

What Is The Biennial Funding Amount and Source(s)?

The Division of Alcohol and Substance Abuse (DASA) provides funding for detoxification, inpatient/residential, outpatient treatment, and other recovery services.

What Would Be The Impact If This Program Was No Longer Available?

Based on data from the 2003 Washington State Needs Assessment Household Survey conducted by the Department of Social and Health Services’ Research and Data Analysis Division, the current estimated overall treatment need rate of 10.9 percent of adults living in households. Need for chemical dependency treatment is associated with income. Adults living in households with incomes above 200 percent of the Federal Poverty Level (FPL) have lower rates of treatment need (10 percent) than do adults living in households with incomes below 200 percent FPL (13.6 percent).

The current funding only allows for 1 in 5 low-income adults to receive treatment. Without the funding for these chemical dependency programs then no low-income adults needing treatment would be able to receive treatment.



What Agencies Collaborate With DASA To Deliver These Services?

What Are The Sources For Program Data or More Information?

Contact the 24-Hour Alcohol Drug Help Line at (206) 722-4222 or  
Toll Free (Washington only) at 1-800-562-1240.

F:\SHARED\Reference\PROGRAM PROFILES\Program Profile Format.DOC



## **APPENDIX G:**

### **Proposals Submitted by Task Force Members and Other Interested Parties**



# Submitted by Chemical Dependency Professionals Chemical Dependency Professional Trainees

July 2006

## Introduction

The following outline is intended to serve as an Executive Overview about persons in training to become a Chemical Dependency Professional (CDP Trainee). It is anticipated that additional discussions with stakeholders will be necessary to reach consensus about specific education, experience, competency, and supervisory requirements as part of the rule-making process (Core Question 3, A, B, and D).

## Setting

CDP Trainees provide chemical dependency counseling at or under the auspices of a state regulated agency.

## Consensus Points

Per WAC 388-805, CDP Trainees hold a Registered Counselor (RC) certificate from the Washington State Department of Health (DOH) at the time of employment. The RC certificate for CDP Trainees should move from the general RC category to its own category, aligned with the CDP credential. Therefore:

- **Revise RCW 18.205 - Chemical Dependency Professionals, to create a new RC certificate aligned with CDP certification. The new credential might be RC-CDP Trainee or CDP Trainee.**
- **An RC-CDP Trainee must attest annually, after receiving a certificate, to actively pursue the educational requirements per WAC 246-811-030 to become a CDP.**

## Core Question 3

A) Should registered counselors have an education requirement? If yes, what is the minimum?

- **Yes. A CDP Trainee should demonstrate certain core competencies before providing specific counseling services to patients.**

B) Should registered counselors have experience requirements? If yes, what is the minimum?

- **Yes. The first 50 hours of any face-to-face client contact must be under the direct observation of an approved supervisor or CDP. All the remaining experience must be under an approved supervisor per WAC 246-811-048. A CDP Trainee can provide clinical services to patients consistent with his/her education, training, and experience. The CDP Trainee's approved supervisor has the authority to determine scope of practice.**

C) Should they take an exam?

- **While a state exam for RC-CDP Trainee is not required, the RC-CDP Trainee is required to take and pass a number of exams in core competency counseling areas while completing the education requirements to become a CDP.**

D) Should they be supervised? If so, what qualifications should supervisors have? How should supervision be accomplished? Should standards be different if you work in a facility or private practice?

- **CDP Trainees are supervised under the authority of DOH WAC 246-811 and DASA WAC 388-805. WAC 246-811 describes supervisor qualifications while WAC 388-805 describes elements of supervision.**

#### Core Question 4

Should we create an interim permit for those intending to become licensed or certified?

- **Yes. See introduction.**
- **The new RC-CDP Trainee certificate should be time limited, e.g., five – six years, at which time the RC-CDP Trainee will be expected to complete his/her education, training, and experience to become a CDP.**

---

## **Submitted by Marriage and Family Therapists**

Recommendations for Transitioning Registered Counselors into Licensed  
Mental Health Professionals

By Phil Brown, Ph.D., LICSW, LMFT, and Preston Peterson, M.S., MFT, LMHC  
October 2, 2006

Our goal is to include every Registered Counselor who wishes to be a mental health practitioner and practice independently in one of the Licensed Mental Health regulated categories.

### **Shared Values & Goals:**

1. We seek to protect the public via a readily recognizable and easily verifiable professional mental health credential. We seek to bring all those who identify themselves as “practicing mental health” under state regulation via a licensure tract.
2. We seek to protect the public by training and preparation via a thorough professional education, rigorous continuing education, and on-going supervision.
3. We seek to protect the public via strict self-regulation following the ethic codes of each profession as well as the state administrative codes.
4. We seek to open each profession to individuals who share these values and are willing to be trained as professionals and obtain licensure.
5. Our view is that anyone claiming to work as a mental health practitioner should be licensed within a defined period following graduation from an accredited graduate program that included a supervised internship from a licensed mental health professional.

6. We seek a “tiered” structure to obtain licensure and, possibly, even a tiered licensure structure itself.
7. We believe that all existing Registered Counselors should be allowed the opportunity to obtain licensure in one of the existing professions. Avenues to assist those willing to do so should be investigated and implemented where possible.

**Discussion:**

We acknowledge that in a democratic society all services, including all human services, fall under the reality of “caveat-emptor” or “buyer-beware.” In most cases, it is the responsibility of the buyer to educate her/himself regarding the qualifications of the service provider as well as the quality of the services being provided. However, it is beyond the ability of most consumers of mental health care to determine the difference between a “registered” and a “licensed” mental health professional. The name and legal category of “Registered Counselor” (RC) is simply too broad for the public to use as an indicator of professional ability. It is equally unwieldy for the state to regulate. The RC category does not guarantee a graduate education; a thorough and/or on-going professional training; or a unique level of proven expertise. In these ways, it leaves the public vulnerable to those who might take advantage of their unspecified professional abilities. It is this confusion and vulnerability that we seek to eliminate. Our shared view is that the public would be served best by requiring each person who desires to practice in a mental health capacity to obtain a license in one of the existing recognized professions.

To paraphrase something that was said in the DOH-RC Task Force meeting of July 20 2006, “Education does not equal ability.” We agree. However, that argument is only partially correct. We counter that a lack of professional education helps to ensure that those who choose to practice at the lowest levels of ability and ethical care will remain in practice unregulated while the public remains unprotected. Requiring a rigorous professional education ending in licensure emphasizing “best practices” and high ethical standards of care is a proven method to protect the public. It will help to:

- Raise the standard of care provided to the public, and
- Provide a foundation upon which to build a sound credentialing process that will help to protect the public.

**Suggestions** – Please refer to the present WAC’s delineating licensure requirements for each profession as a guide and/or as a minimum upon which to make the following changes as/if necessary:

1. Formal professional (i.e., graduate) education including an internship that meets the standards of educations as specified by the licensure criteria and supervised by a licensed professional would be a prerequisite to being on a licensure tract.
2. Each pre-licensure level would need to be attained within a limited time period or re-application and re-credentialing would be necessary.
3. Attaining intermediate levels of licensure would be time-defined in a similar manner.
4. To remain at the highest levels of licensure continuing education and, possibly, some supervision, would be necessary.
5. Should something less than a licensure-only tract be approved, we suggest that a blanket category, possibly identified as “Behavioral Health Intern / Technician / Associate” be adopted incorporating the following requirements:
  - a. A bachelors degree in a relevant field,
  - b. A minimum level of mental health and chemical dependency classes,
  - c. An internship supervised by a licensed professional of at least 200 hours during the required education,

- d. One year of clinical experience supervised by a licensed professional following the completion of all academic requirements,
  - e. Bi-annual registration with the state incorporating all current requirements of Registered Counselors,
  - f. A four to eight year time-limit (2-4 renewals) within which to pursue licensure or face forfeiture of said credential or re-credentialing following the steps b. through e. above.
  - g. Clear disclosure statement that under this credential it is not legal to conduct psychotherapy with individuals, couples, or families,
  - h. Full disclosure that this credential is not a license, does not imply professional knowledge, training, or ability, and should not be relied upon as such,
  - i. Full disclosure that this credential is not eligible for malpractice or liability insurance of any kind.
- 

## Submitted by Mental Health Counselors

### Candidate/Student Category

#### Education

Students currently in a master's or doctoral level educational program in mental health counseling or a related discipline from a college or university approved by the secretary based on nationally recognized standards.

#### Experience

Currently in a supervised experience working toward the licensure of school experience requirement.

#### Examination

Must have completed a competency exam within master's or doctoral program (*Must have some contingency for programs who do not require a competency exam in their program*)

#### Supervision

- 1 hour of supervision per 10 hours of client time
- Or, weekly supervision

#### Title

Master of Counseling Intern

#### Limitation of Scope

- Under supervision in a program approved internship
- No independent practice

#### Regulatory Implementation

New category

#### Stakeholder Implications

Those who are currently in independent practice would be impacted. Many older students do not want to work in supervised settings. May be a reduction in pay for some people.



## Agency Category

Education, experience, examination, supervision, limitation in scope all subject to agency regulation.

### Stakeholder Implications

Allow current employees to drop their registrations. Be able to continue to work within the agency setting without the additional registration.

## Supervised Practice Category

This could be considered the candidate category as well as the supervised practice category.

### Education

- A Master's or doctoral level degree from program in mental health counseling or a related discipline from a college or university approved by the secretary based on nationally recognized standards.
- A Bachelor's degree in a related discipline from a college or university approved by the secretary based on nationally recognized standards.

### Experience

For those working toward licensure, a supervised practicum experience is required. This experience can be either within the educational experience or post graduate for those whose programs did not include this requirement.

### Examination

Required. See WAC 246-809-240 for accepted exams.

### Supervision

- Minimum of 2 hours per month
- Supervisor must meet WAC supervisor requirements

### Title

- Licensed Associate Mental Health Counselor
- Master's in Counseling Associate
- Licensed Associate Bachelor Counselor
- Licensed Bachelor's Counseling Associate

### Limitation in Scope

- Under supervision
- No independent practice.
- This group must be supervised. Defined as a group setting/agency or organization. A person in this category could do co-therapy with groups or families or work in some of the non-traditional roles described in the public feedback. The key to this category is Associates are not out on their own without support or supervision without the requisite formal training and experience requirements.
- Those who are currently in private practice (within limits – possibly 5+ years of practice) might be allowed to continue only if they are under supervision of an approved supervisor and twice monthly at a minimum.
- This may also be a reasonable category for those whose educational programs do not meet the requirements for licensure.

- Current RCs could be given 5 years to complete the minimum education/supervision requirements. Post graduate experience could be waived for those who can show they have worked in the field for a minimum of 5 years.

## Independent Practice Category

Must be a master's or above and have met current RCW 18.225 for licensure. May allow grandfathering provision for those who have practiced more than 10 years and can show competence.

### Education

Per WAC 246-809-220

- A master's or doctoral degree in mental health counseling or a behavioral science master's or doctoral degree in a field relating to mental health counseling from an approved school.
- Any supplemental coursework required must be from an approved school.
- Applicants who held a behavioral science master's or doctoral degree and are completing supplemental coursework through an approved school to satisfy any missing program equivalencies may count any postgraduate experience hours acquired concurrently with the additional coursework. (see equivalency in WAC 246-809-221)
- A person who is NCC or CCMHC through the NBCC is considered to have met the educational requirements.

### Experience

Per WAC 246-809-230

- A minimum of 36 months full-time counseling or 3000 hours of postgraduate mental health counseling under the supervision of a qualified LMHC or equally qualified practitioner in an approved setting. The experience includes a minimum of 100 hours in immediate supervision and includes a minimum of 1200 hours of direct counseling.

### Examination

Required. See WAC 246-809-240 for accepted exams.

### Supervision

Supervision or consultation recommended.

### Title

Licensed Professional Mental Health Counselor

### Limitation in Scope

The application of principles of human development, learning theory, psychotherapy, group dynamics, and the etiology of mental illness and dysfunctional behavior to individuals, couples, families, groups and organizations, for the purpose of treatment of mental disorders and promoting optimal mental health and functionality. Mental health counseling also includes, but is not limited to, the assessment, diagnosis, and treatment of mental and emotional disorders as well as the application of a wellness model of mental health (WAC 18.225.010(3)).

### Regulatory Implementation

Name change... Title Protection?

#### Stakeholder Implications

- Those who are currently practicing independently without the required degree and/or experience level may be excluded.
- Grandfathering might be allowed for those who have been working for 10+ years. Examination or other method would be necessary to show minimal competence.
- Examination may be difficult for those who have not had formal education.
- Education costs may be prohibitive for some groups of people.

A category for “Peer Counseling” could replace the registered category for those who are not practicing “therapy” but do provide a desired/relevant service. Would hypnotherapists fall into this category too if they chose to add counseling to their practice?

Grandfathering/transition; RCs who do not have a Master’s degree can be given opportunities/time frames to attain the degree and be allowed to apply prior experience/supervision. Competence is difficult to “show” but the clinical exam is one way to determine basic understanding of clinical concepts and processes.

---

## Submitted as Combined Proposal from Licensed Categories

Recommendations for Transitioning Registered Counselors into Licensed Mental Health Categories  
7/25/06

According to the Registered Counselor Survey collected by the Washington state Department of Health, 47 percent of the Registered Counselors surveyed have a Master’s degree in a mental health discipline or a related field. In addition, based on the Survey information that 65 percent of all Registered Counselors are in private practice, there may be 18 percent or more of Registered Counselors who do not have a Master’s degree in a mental health field. In an effort to create minimum standards of practice, training, supervision, and education for all clinicians providing mental health treatment in Washington, representatives from Licensed Independent Clinical Social Workers, Licensed Marriage and Family Therapists, and Licensed Mental Health Counselors have developed the following recommendations for Registered Counselors who have a graduate degree in a mental health field and wish to continuing practicing independently, and those who do not have a graduate degree in a mental health field and wish to continuing practicing independently. Our goal is to include every Registered Counselor who wishes to be a mental health practitioner and practice independently in one of the Licensed Mental Health regulatory categories.

### Definition of Counseling and Counselor

The definitions for Registered Counselors of “counseling”, in RCW 18.19.020(2), and “counselor”, in RCW 18.19.020(3), are fundamentally flawed, and have led to the confusion and lack of public protection that currently exists. Though these definitions are correct as a description of the general scope of counseling practice, the lack of attention to education, supervision, experience, and the ‘ladder’ of scopes of practice in each discipline, makes them woefully incomplete:

(2) "Counseling" means employing any therapeutic techniques, including but not limited to social work, mental health counseling, marriage and family therapy, and hypnotherapy, for a fee that offer, assist or attempt to assist an individual or individuals in the amelioration or adjustment of mental, emotional, or behavioral problems, and includes therapeutic techniques to achieve sensitivity and awareness of self and others and the development of human potential. For the purposes of this chapter, nothing may be construed to imply that the practice of hypnotherapy is necessarily limited to counseling.

(3) "Counselor" means an individual, practitioner, therapist, or analyst who engages in the practice of counseling to the public for a fee, including for the purposes of this chapter, hypnotherapists.

We are concerned about the lack of attention to education, supervision, experience, and the 'ladder' of scopes of practice for hypnotherapists as well, a group that have been specifically named in the above sections of the RCWs, but do not require standards in these basic areas to guarantee a hypnotherapist is qualified to conduct mental health practice.

#### **Overview – Graduate Students and Pre-Licensure Candidates**

There are two groups working toward licensure who do not have a regulatory 'home' besides Registered Counselor at the moment. Both groups are providing mental health treatment so the public should be aware of their level of training and scope of practice, as well as their need for supervision. These are 1) students in graduate programs doing practicum placements, and 2) pre-licensure candidates who have a graduate degree and are working toward licensure. We recommend that both groups have regulatory identification as follows:

- Students in graduate programs doing internship placements be called **Master's in Social Work Intern (MSWI); Marriage and Family Therapy Intern (MFTI); and Mental Health Counselor Intern (MHCI)**.
- Pre-licensure candidates who have a graduate degree in a mental health field and are working toward licensure be called **Master's in Social Work Associate (MSWA); Marriage and Family Therapy Associate (MFTA); and Mental Health Counselor Associate (MHCA)**.

All the above categories would be explained in the Disclosure Statement required for all mental health practitioners. This will help the public identify the level of education, experience and supervision a practitioner has. MSWIs, MFTIs, and MHCI could be a five year endorsement. MSWAs, MFTAs, and MHCA could be a 5 year endorsement, to allow graduates time to get the post-graduate experience and supervision necessary to become licensed.

#### **Transitioning Graduate Students/Pre-Licensure Candidates to Other Regulatory Titles**

All Registered Counselors who are currently in these categories would have 6 months from the start date of the new categories to join the new categories. Requirements would include 1) a declaration from the pre-licensure candidate from a recognized school and graduate program that the MSWI, MFTI, or MHCI is a student in the institution; or 2) a declaration from the pre-licensure candidate that the MSWA, MFTA, or MHCA is working toward licensure. All Registered Counselors who do not join the new categories will be unable to work as students or pre-licensure candidates in mental health. Any future students or pre-licensure candidates would need to file a declaration before being eligible to work in a practicum setting or a pre-licensure setting.

#### **Transitioning Graduate Degreed Registered Counselors to Licensure**

Registered Counselors who have a Master's degree in social work, marriage and family therapy, counseling, psychology, or other mental health programs should be transitioned into the Licensed Mental Health categories, e.g., Licensed Independent Clinical Social Workers, Licensed Advanced Social Workers, Licensed Marriage and Family Therapists, and Licensed Mental Health Counselors.

Registered Counselors who meet requirements for licensure application for the respective discipline(s) have one year to submit an application licensed mental health profession.

Registered Counselors who have a graduate degree and are working toward meeting the experience and supervision requirements for licensure application for the respective discipline(s) have three years to submit an application to a licensed mental health profession.

In all of the above transition situations, we recommend that the title of Registered Counselor be changed to the “Associate” titles described above, i.e., Master’s in Social Work Associate (MSWA); Marriage and Family Therapy Associate (MFTA); and Mental Health Counselor Associate (MHCA).

### **Transitioning Non-Graduate Students/Pre-Licensure Candidates to Other Regulatory Titles**

Sixty-five percent of all Registered Counselors said they are not working toward some kind of license in mental health treatment. Our view is that anyone working independently as a mental health practitioner should be licensed. This means that any Registered Counselor not working toward licensure will have to make a decision about whether to start working toward licensure, or choose to practice within an agency under supervision. These Registered Counselors will also need to become MSWAs, MFTAs, and MHCAAs and MSWIs, MFTIs, and MHCIs prior to becoming licensed. Registered Counselors who choose to work in agencies should be given clear educational and experience requirements, in addition to a new title. These standards will require study beyond the scope of this report and should be determined by a subcommittee over the next six months.

We recommend each Registered Counselor working as a mental health practitioner be given 3 months from the implementation of changes to the Registered Counselor law, declare whether the Registered Counselor intends to work under supervision toward a Master’s degree, move to working in an agency under supervision, or stop practicing as a mental health practitioner. We recommend Registered Counselors working as mental health practitioners who declare their intention to seek a graduate degree in a mental health discipline, be given two years to enter a graduate degree program. Prior to the time Registered Counselors working as a mental health practitioner enter a graduate degree program in a mental health field, we recommend their practice be restricted to working in an agency under supervision. The documented experience and supervision Registered Counselors have had prior to receiving a graduate degree may NOT be applied to the experience and supervision required for licensure.

Working with the graduate schools who offer graduate programs in mental health in Washington will be a key part of providing Registered Counselors with opportunities to acquire a graduate degree in a mental health field. New faculty may be needed and/or the expansion of evening programs. We recommend the Department begin working with graduate programs soon to assess the ways they can accommodate a temporary, and significant, increase in their programs

### **Other Registered Counselors in Related Fields**

We recognize that there is a group of Registered Counselors who are working as case managers providing important services to the public. There is some overlap with mental health practitioners, but case managers, defined here as providing direct services, support, and triage, should not be working without supervision or providing mental health services. We recommend a clearer statutory description of this group, and a title which better describes their scope of practice.

Some Registered Counselors work in an emerging field related to mental health practice, called ‘peer counseling’. The majority of peer counselors work with the severely mentally ill and have themselves experienced that extremely difficult condition. While there has been national support for the development of programs using peer counselors, we recommend that state standards of practice for this group be developed, as they have been for certified chemical dependency professionals and

licensed mental health practitioners. The value of the work of peer counselors does not exempt them from state oversight or regulatory standards.

### **Summary**

This report makes the following recommendations:

1. **New Statutory Categories** – new categories be created within existing licensure laws to recognize graduate interns and pre-licensure candidates working in mental health who are currently identified as Registered Counselors.
  2. **Transitioning (Graduate Degreed)** – Registered Counselors who have a graduate degree in a mental health field be given options for transitioning into licensed categories of mental health practice.
  3. **Transitioning (Non-Graduate Degreed)** – Registered Counselors who do not have a graduate degree in a mental health field should be given opportunities to acquire a graduate degree.
  4. **Work with Graduate Schools** – start discussions with graduate schools offering master’s degrees in mental health fields to prepare for influx of Registered Counselors who will seek graduate degrees.
- 

## **Submitted by Lisa Bennett, Task Force Member**

### **Scope of Practice for Registered Counseling Technicians**

(Need to build this to cover the activities of folks that case manage, case work, assist with psychometric testing, or otherwise do the technical and life-management work at this level—may include activities like connecting client with support services such as financial aides, doc’s appointments, and such, or administration of education/training level appropriate tests/measurements;)

### **Requirements for Registering**

#### **Registered Counselor-in-Training**

Persons working toward licensure as a mental health counselor, clinical social worker, psychologist, or other license in a closely related field may register as a Counselor-in-Training for a maximum of five years. The requirements for licensure for that field must be met throughout the five year period. Each year at renewal an update of the candidate’s successful meeting of the criteria for licensure to date must be submitted noting progress toward licensure.

#### **Registered Lay-Counselors**

Education—

1. Completion of three semester credits of a bachelor or master’s level issues and ethics course in a counseling, social work, or other closely related field.
2. Completion of three semester credits of counseling theory.
3. Completion of three semester credits of human growth and development across the life span
4. Completion of three semester credits of abnormal psychology.

Experience/Training (prior to registration)

100 hours orientation at a regulated agency including 25 hours of shadowing, 25 hours of staffing, 10 hours of face-to-face supervision, and 40 hours of psycho-education or other orienting and training activity.

#### Supervision

1. 10 hours of face-to-face supervision (as noted above) prior to registration.
2. On-going one hour per week of supervision by a Licensed Mental Health Counselor, Licensed Clinical Social Worker, Licensed Psychologist, Licensed Psychiatrist, or other individual licensed in a related field. Time line: Ongoing beginning immediately.

#### Continuing Education

20 clock hours or 10 hours of documented and approved continuing education annually.

### **Registered Counseling Technician**

#### Education—

1. Completion of three semester credits of a bachelor or master's level issues and ethics course in a counseling, social work, or other closely related field.
2. Completion of three semester credits of social work theory or assessment/tests and measurement.
3. Completion of three semester credits of human growth and development across the life span
4. Completion of three semester credits of abnormal psychology.

#### Experience/Training (prior to registration)

100 hours orientation at a regulated agency including 25 hours of shadowing, 25 hours of staffing, 10 hours of face-to-face supervision, and 40 hours of psycho-education or other orienting and training activity.

#### Supervision

1. 10 hours of face-to-face supervision (as noted above) prior to registration.
2. On-going one hour per week of supervision by a Licensed Mental Health Counselor, Licensed Clinical Social Worker, Licensed Psychologist, Licensed Psychiatrist, or other individual licensed in a related field. Time line: Ongoing beginning immediately.

#### Continuing Education

20 clock hours or 10 hours of documented and approved continuing education annually.

## **Grandfathering**

Registered Counselors who have maintained their registration with no lodged complaints against them for ten or more years may continue to practice under the new title, "Registered Lay-Counselors" or "Registered Counseling Technicians" so long as their present and future practice remains within the scope of practice assigned to Registered Lay-counselors or Registered Counseling Technicians and so long as they successfully complete the following requirements within assigned timelines:

1. On-going one hour per week of supervision by a Licensed Mental Health Counselor, Licensed Clinical Social Worker, Licensed Psychologist, Licensed Psychiatrist, or other individual licensed in a related field. Time line: Ongoing and beginning immediately.
2. Completion of three semester credits of a bachelor or master's level issues and ethics course in a counseling, social work, or other closely related field. Time line: Within one year following next registration date.
3. Completion of three semester credits of counseling theory. Time line: Within two years following next registration date.
4. Completion of three semester credits of human growth and development. Time line: Within two years following next registration date.

5. Completion of three semester credits of abnormal psychology. Time line:  
 Within two years following next registration date.

---

## Submitted by Regulated Facilities

	<b>Agency Category</b> <b>(Licensed community mental health agencies, involuntary evaluation and treatment facilities, certified crisis services;</b> <i>Note – see current exemptions under 18.19.040, (4)**)</i>
<b>Education</b>	Per existing RCW 71.24, 71.34, 71.05, WAC 388-865 and Medicaid State Plan requirements
<b>Experience</b>	Per existing RCW 71.24, 71.34, 71.05, WAC 388-865 and Medicaid State Plan requirements
<b>Examination</b>	Per individual practice laws for Licensed Marriage and Family Therapists, Licensed Mental Health Counselors, Licensed Social Workers, Licensed Psychologists, Licensed Psychiatrists, Advanced Nurse Practitioners, Physician’s Assistants, Registered Nurses; per WAC 388-865-0107 Peer Counselors must successfully pass an examination administered by the Mental Health Division.
<b>Supervision</b>	Per existing RCW 71.24, 71.34, 71.05, WAC 388-865 and Medicaid State Plan requirements
<b>Title</b>	Title protection continues for Licensed Marriage and Family Therapists, Licensed Mental Health Counselors, Licensed Social Workers, Licensed Psychologists, Licensed Psychiatrists, Advanced Nurse Practitioners, Physician’s Assistants, Registered Nurses per existing statute but not for “Counselor” when used in community mental health (i.e. peer counselor, job counselor, employment counselor); other titles (Mental Health Professional, Mental Health Specialist, Mental Health Care Provider) per RCW 71.24, 71.34, 71.05, WAC 388-865 and Medicaid State Plan requirements
<b>Limitation in Scope</b>	Per RCW 71.24, 71.34, 71.05, WAC 388-865 and Medicaid State Plan requirements
<b>Regulatory implementation</b>	Authority rests with the Mental Health Division within DSHS for organizational licensing and certification in community mental health; individual practitioners continue to be licensed under DOH
<b>Stakeholder Implications</b>	Important that a variety of roles/functions requiring various credentials remain available to carry out the broad scope of services provided in a recovery-oriented community mental health system. Not all service delivery roles are intended to progress to a licensed practitioner role.



Chapter 18.19 RCW -- Counselors

18.19.040

*Exemptions.*

Nothing in this chapter may be construed to prohibit or restrict:

(1) The practice of a profession by a person who is either registered, certified, licensed, or similarly regulated under the laws of this state and who is performing services within the person's authorized scope of practice, including any attorney admitted to practice law in this state when providing counseling incidental to and in the course of providing legal counsel;

(2) The practice of counseling by an employee or trainee of any federal agency, or the practice of counseling by a student of a college or university, if the employee, trainee, or student is practicing solely under the supervision of and accountable to the agency, college, or university, through which he or she performs such functions as part of his or her position for no additional fee other than ordinary compensation;

(3) The practice of counseling by a person without a mandatory charge;

(4) The practice of counseling by persons offering services for public and private nonprofit organizations or charities not primarily engaged in counseling for a fee when approved by the organizations or agencies for whom they render their services;

(5) Evaluation, consultation, planning, policy-making, research, or related services conducted by social scientists for private corporations or public agencies;

(6) The practice of counseling by a person under the auspices of a religious denomination, church, or organization, or the practice of religion itself;

(7) Counselors whose residency is not Washington state from providing up to ten days per quarter of training or workshops in the state, as long as they don't hold themselves out to be registered in Washington state.

Recommendations of Regulated Facility Sub-Group

1. See specific recommendations within Matrix of Credentialing Options above.
2. The Regulated Facility Sub-Group **strongly** supports the need for a change in the use of the Registered Counselor title when used in unregulated/independent practice settings in a manner that identifies baseline education, training and supervisory requirements.
3. Assuming that the Registered Counselor title will no longer be applicable to the regulated facility setting, the Regulated Facility Sub-Group agrees that the community mental health WACs need to be reviewed and revised for additional clarification of education, training and supervision requirements for direct service roles within community mental health, including consideration of the use of licensed mental health professionals in supervisory positions.

*Submitted by members of the Regulated Facility Sub-group:*

- Ray Harry, Public Member of Psychology Board
- Kellean Foster, Mental Health Division, DSHS
- Laura Groshong, Washington State Society for Clinical Social Work
- Ann Christian, Washington Community Mental Health Council

## Submitted by Other - Unregulated

	<b>Candidate/Student Category</b>	<b>Agency Category</b>	<b>Supervised Practice Category</b>	<b>Independent Practice Category</b>
<b>Education</b>	Some basic education relevant to field of study And continuing ed	Basic mental health training that could be made available at a community college setting And continuing ed	Basic mental health training that could be made available at a community college setting	In addition to mandatory HIV/AIDS training add mandatory reporting training and assessment of suicidal ideation and duty to warn
<b>Experience</b>	Whatever is required for entry into the program	To be determined by hiring agency	To be determined by hiring agency	Whatever the counselor thinks is relevant
<b>Examination</b>	Again, whatever is required for the program.	none	none	none
<b>Supervision</b>	I would assume that in a practicum setting there is a professor or someone supervising the student	Routine and regular consultation with a licensed mental health therapist.	Routine and regular consultation with a licensed mental health therapist	Routine and regular consultation with a licensed mental health therapist
<b>Title</b>	Student counselor	Mental health technician	Mental health technician	Registered wellness counselor
<b>Limitation in Scope</b>	Co-sign documentation by supervisor	To be determined by supervisor in the agency of hire	To be determined by supervisor in the agency of hire	Self determined
<b>Regulatory implementation</b>	This is a time limited offer, the candidate must complete the program within a fixed period of time	To be determined by the rigors of regulating agencies	To be determined by the rigors of regulating agencies	Investigation by authorities at DOH if complaints are filed

<p><b>Stakeholder Implications</b></p>	<p>This is a student position</p>	<p>This is a position that is filled by a certain provider with specific credentials and does not infringe upon other providers territory who have different training</p>	<p>This is a position that is filled by a certain provider with specific credentials and does not infringe upon other providers territory who have different training</p>	<p>The counselors in this category have presented themselves to be interested in modalities not typically utilized by licensed therapists. The sense that I have gotten is that the counselors in this category operate in the support/advocacy arena and with wellness, be it spiritual or emotional. This clearly differentiates them from therapists who are invested in DSM 4 dx and psychotherapeutic modalities that are geared towards treating specific mental illness. In other words, the consumer who would seek a wellness counselor is looking for something other than what is offered by a traditional therapist.</p>
--	-----------------------------------	---	---	--

## Submitted by Mardi Karr, Member of the Public

Registered Counselor Proposal  
July 20, 2006

- counseled within military
- counseled actively with women's shelters
- counseled within American Red Cross  
-- in conjunction with certification
- counseled within mental health

Proposal:

1. Require a Bachelors Degree for Independents
2. Bonding (i.e. Notary Public Bonding)
3. Require CEU's
4. Supervision in line with what the American Bar Association has for lawyers

Grandfather clause for those RCs who hold solid credentials.

Title change: Registered Private Counselor.

From legal perspective and protection "bond".

Require CEU's – shows progression.

Develop, again, a Board through Olympia according to in step with the American Bar Association.

Look to the Non-Profit Agencies where registered counselors are an asset.

Examples:

- Family shelters
- American Red Cross
- Salvation Army
- Shelters for the Blind
- Violence Shelters
- CHSA

License RC's as they are now in looking at each individuals' credentialing.

## **APPENDIX H:**

### **Key Points Made by Stakeholders**



## Key Points Made by Stakeholders

*This is not an attempt to quote or paraphrase every stakeholder who submitted comments, but rather to summarize key points provided to the department. All stakeholder comments were considered in developing recommendations. You may read the comments submitted in their entirety at the DOH website at...*

Registered counselors are a valuable and needed category of provider.

Many registered counselors don't fit into traditional counseling categories, as they blend many fields into their education and experience. Many registered counselors have Bachelor's, Master's, Doctorate, or combinations of degrees but cannot or choose not to become licensed. Social service is one of the lowest paying fields so many cannot afford to get their higher degrees. Many have some education and multiple years of experience counseling with successful practices but don't fit the traditional categories of licensure.

Some stated it is more important to continue to do the work at which they love and are successful than to put it on hold to pursue additional credentials.

While the term registered counselor may give the wrong impression that the state sanctions the practices that are largely unknown, it does provide a container that says the state knows that some creative people are offering services that don't quite fit anywhere else. The people who travel unusual routes of education don't have a way to provide their gifts to people without going through programs that are expensive, not interesting, or not available to them.

The state needs to come up with a method of having a system open enough to allow for new therapies to emerge and be offered and to allow for alternative educational and training routes (non-university), yet still have in place a measure or code of ethics that establishes basic and reasonable safety for consumers.

For many, the registered counselor credential is their window into the counseling field where they can use their skills, abilities and training, many in alternative methods of counseling.

Many clients who come to registered counselors have already gone through more conventional routes and seek alternative therapies.

The licensure track with its current requirements only makes sense for those who want to do counseling full time and are willing and able to invest in years of full time counseling for little or no pay.

Many commented that most registered counselors take the registration very seriously, practicing professionally and ethically.

Some other reasons given for those with one or multiple degrees to decide against licensure: High liability insurance; required classes that are expensive and often not useful for what they do; and having to close their practices to do internships.

Some who did not complete their supervised experience after earning their degrees are now in the position of having worked under the wrong types of supervisors or not having proper documentation of many years of experience to qualify for licensure.

Some work in group settings, which include licensed professionals as well as registered counselors that meet weekly to consult and work in collaboration.

Some commented that the current registration is sufficient to protect the public.

Some commented that if changes were needed, it would be to the required disclosure. If someone is a good counselor, he or she won't have any business.

Some commented that the registered counselor credential has no meaning since there are no minimum requirements. Some relayed stories about bad experiences with untrained people providing therapy. Some stated that the registered counselor credential is simply a moneymaker for the state rather than any kind of licensing or regulating body since there are no continuing education or other requirements associated with it. A credential should be obvious to the consumer.

Harm can be done by people who approach such important work without knowing what they are doing. Those in reasonably good mental health will probably not return to such a counselor, but people with personality disorders and serious mental illnesses may not have the ability to discriminate. No mental health profession should have any kind of licensing without proof of thorough training in the signs and symptoms of mental illnesses and personality disorders, as well as supervised experience.

One stakeholder who is a court-appointed confidential intermediary for the superior courts asked why they are required to be registered counselors.

Many commented they are registered counselors in private practice working hard to gain the 3,000 hours required to sit the licensing examination and don't want to lose the registration they have used while earning these hours.

One stakeholder stated that Colorado has an unlicensed counselor program. A study of the number of grievances per category of counseling showed fewer grievances for the unlicensed category than some licensed categories. They also have a strict definition of counseling that includes working with behavior or unconscious material so people cannot simply call themselves something other than a counselor and still practice counseling.

Texas is a good model of certification levels to investigate.

To mandate clinical experience prior to licensure would not prepare counselors to competently serve clients in the private sector. Being able to do internships in the private sector is necessary. Clinical and private settings look very different. Consider two tracks for licensure: one for those who choose to work in a clinical setting and another for those who choose to work in a private setting. Require registered counselors working toward licensure to declare the track they wish to pursue before beginning their internships.

Many stakeholders work as youth/pastoral counselors – some volunteer. Many of these types of counselors work in rural areas with no public access to services.

Many stakeholders stated the RC credential allows them to gain liability insurance important in the rural communities.

Where do peer counselors and peer support groups fit?

Many commented that the registered counselor category does not have a lot of meaning because it is not representative of the education someone might have. One stakeholder stated that the community colleges' current classification of Social Work Assistant II requires the employee to be a registered counselor. The



commenter suggested this classification be changed to Case Manager so they can actually do “counseling”.

Not everyone agrees that the medical allopathic model is the only valid approach to good health care. The state’s current direction is more and more toward a non-holistic approach to health care. Eliminating the registered counselor credential will do a disservice to the citizens of Washington.

The state needs to recognize the diversity of valid alternative programs of study which offer the skills and training to effectively counsel individuals.

There were many who recommended grandfathering of those individuals who have practiced a certain number of years. They would like their years of experience and education taken into consideration.

Some recommended education, extensive experience, and licensing from other states be accepted for licensure in Washington. Washington should have reciprocity.

There were recommendations that those already in practice comply within a reasonable amount of time or transition their private practices so those they see will have ample time to seek another counselor.

The public assumes there is a rigorous screening process when they hear “registered counselor.”

Where do neural feedback therapists fit?

Where do pastoral counselors fit?

Where do ethnic minority consultants or special populations consultants fit?

Where do parent partners/peer support counselors fit?

Where do counselors dealing with parenting issues fit?

Where do wellness counselors fit?

Where do life coaches fit? Many have taken years of classes and have years of experience, but have no formal degree. Spiritual counselors?

Where do Hellework Practitioners fit? Not massage therapists, but are exempted from massage laws along with somatic practitioners.

Where do the education and support people fall who are working in support roles under direct clinical supervision?

The only way Developmental Movement Therapists are validated is through the registered counselor credential.

Washington is a state that welcomes innovation and the RC credential allows for that innovation while keeping track of it. Please do not create a narrow definition of Registered Counselor.

Certified Rehabilitation Counselors are nationally certified. This certification requires a Master’s degree and coursework relating to rehabilitation counseling, experience under a CRC, passing a national examination, and continuing education for recertification every 5 years. This credential is recognized by the state Labor and Industries department as well as the U.S. government and Social Security for

vocational expert testimony. I am concerned that this credential will be overlooked in the new definition of registered counselor.

Many stakeholders stated they do not practice “mental health” counseling. If a client needs mental health counseling they are referred on.

One stakeholder stated he/she is a doctoral level psychophysiologicalist who practices biofeedback and psychophysiology – has a doctorate in psychobiology. He/she cannot get licensed because his/her education and experience don't fit into any of Washington's categories. Washington should provide a way to credential clinicians who are appropriately trained and experienced in fields not licensed by Washington.

There needs to be an interim designation for those continuing toward licensure.

There were some stakeholders who stated their clients cannot afford the rates charged by licensed counselors.

Some felt the review of registered counselors may have been prompted by other mental health professionals being concerned that registered counselors are taking business from them.

Many stated that the issue of offending providers is about ethics and professional integrity, which cannot be managed through state regulation.

Many think we should require supervision and continuing education to registered counselors.

Department of Health needs to do a better job of educating the public about credentials and encouraging consumers to ask questions of their counselors about their experience, expertise, and techniques.

Individual mental health centers and county governments they contract with are more than capable of judging the competence of counselors they employ. Don't tax them more with further hoops to jump through.

Some stakeholders stated there should be a requirement for registered counselors to take ethics and boundaries courses.

Some stated that more education does not make a person more qualified to counsel. Educational requirements should be in the form of supervised counseling training.

Suggested counselor classifications: Registered Counselor, Dependency Counselor, Licensed Counselor, Advanced Degree Licensed Counselor Candidate, Under Graduate Degree with Experience/working on advanced degree.

Some stakeholders suggested there be a regulating board for RCs to oversee them.

There is no Master's degree in Developmental Movement Therapy in Washington so if counselor is narrowly defined to limit it to requiring a Master's degree.

Mental health professionals who graduate with a Master's degree should be licensed immediately after passing the examination – just like acupuncturists and naturopaths are. Suggest a happy medium between the current licensure requirements for mental health professionals and those for acupuncturists and

naturopaths. Eliminate the registered counselor credential and moderate the licensing requirements to something like:

- Board exams within 90 days of graduation from Master's program
- 12 hours of supervision
- 120 hours of client contact
- 5 credits of continuing education
- Minimum of 6 month after graduation
- Proof of continuing education to renew each year

Supervision should be required. Maybe different levels for different levels of credentialing or in different settings. Some states hold the supervisor responsible for any grievances against the people they supervise.

The public has no idea how to distinguish between the different levels and types of licensure and registration. They also have no idea they should receive a disclosure letter. There needs to be better education about this for the public.

Government must be careful not to become too involved in the decisions made by counselors. Government's role is to provide mechanisms for identifying unethical, fraudulent, or incompetent individuals who, rather than trying to help people seeking assistance, take advantage of them. The following approaches are suggested:

- Require ongoing education in ethics, public health, etc., which would provide continuing education, and also prevent counselors from working in isolation.
- Require a survey of a sampling of each counselor's clients on an ongoing basis. A machine scanned survey could spotlight difficulties, as well as provide a strong deterrent to any counselor mistreating their clients.

If the state tightens the reigns on this profession, many helpers will not only lose access to assisting others at an affordable cost, or through volunteering, but will be out of a job, creating more strain on our state through unemployment. Mandatory background checks and fingerprinting would make the profession safer.