

HB09-1086 Continuing Competency for Behavioral Health Professionals Pro/Con

For the Health District of Northern Larimer County Board of Directors

February 24, 2009

Bill Title:	Continuing Professional Competency
Issue Summary:	The bill creates a requirement that certain behavioral health professionals regularly update their professional competency
Bill History:	01/08/2009 Introduced In House - Assigned to Health and Human Services + Appropriations 01/29/2009 House Committee on Health and Human Services Refer Amended to Appropriations
Date of Analysis:	February 18, 2009
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BILL SUMMARY

HB 1086 would require licensed clinical social workers, licensed social workers, licensed marriage and family therapists, licensed professional counselors, licensed addiction counselors, and Level II or Level III Certified Addiction counselors to maintain continuing professional competency in order to renew or reinstate a license or certificate to practice in Colorado. The bill is effective January 1, 2011. The bill authorizes the governing body that regulates each profession to develop “a continuing professional competency program that assesses the licensee’s ongoing ability to learn, integrate, and apply the knowledge, skill and judgment necessary to practice the profession according to generally accepted industry standards and professional ethical standards.” The bill directs the board of each profession to establish a continuing professional competency program that includes the following elements:

- 1) A self-assessment of the knowledge and skills of a professional seeking to renew or reinstate a license
- 2) Development, execution, and documentation of a learning plan based on the assessment
- 3) Periodic demonstration of knowledge and skills necessary to ensure a minimal ability to safely practice the profession

BACKGROUND

In Colorado, licensing for all mental health and substance abuse professionals is managed by the state’s Department of Regulatory Agencies (DORA). DORA manages licensing for many professions, including pharmacists, dentists, and accountants. For mental health professionals, DORA currently oversees the process by which behavioral health practitioners obtain their original license to practice or have a license reinstated. For professions that have a continuing education requirement, DORA conducts audits of a set percentage of professionals to ensure those continuing education requirements are being met.

HB 1086 requires a demonstration of continuing competencies rather than continuing education. While continuing education requirements are typically a certain number of training hours per year, continuing competency requires professionals to create a learning plan to address areas that need improvement as indicated by their self-assessment. The goal of the plan is to be able to demonstrate a set outcome. The professional may attend continuing education trainings, receive supervision, and attend a course or workshops as part of their learning plan. The demonstration of competency may be teaching a course, providing a workshop, completing a report or achieving some other tangible outcome. The purpose of continuing competencies is to have a way to objectively demonstrate that the professional has met a goal of improving a skill area. Compliance with the new competency regulation would be monitored by DORA through random audits of learning plans at the time of licensure renewal or reinstatement. DORA would also review learning plans if there is a grievance against the licensed professional. The bill delineates that there will not be any retesting of the professional as a way to demonstrate competency. The bill also ensures that continuing competency plans are not subject to discovery in connection with a civil action against a professional. The records and documents could only be used by the DORA to determine whether a professional is maintaining continuing professional competency.

Colorado has no continuing education requirement of any kind for behavioral health professionals. In 2008, Governor Ritter asked DORA to consider a competency model for all professions regulated by DORA. The National Association of Social Workers Colorado Chapter, along with the Colorado Society for Clinical Social Work, Licensed Marriage and

Family therapists, Licensed Professional Counselors, Licensed Addiction Counselors, worked with DORA to draft a bill. All of the organizations who would be regulated by the bill testified in support of HB 1086 when it was heard by the House Health and Human Services Committee.

The National Association of Social Workers Colorado Chapter states that the bill would raise licensure fees to cover the cost of oversight by DORA. After the bill would be enacted, there would be an initial \$15 at the first licensing renewal and then a \$10 increase for subsequent renewals. The current renewal fees range from \$160 - \$200 depending on the license.

WHY IS THIS ISSUE IMPORTANT?

Colorado, along with New York and Hawaii, is one of three states that does not require continuing education for mental health professionals. Illinois, New Jersey and Connecticut do not require continuing education for psychologists, but do require it for other mental health professionals. The Community Mental Health and Substance Abuse Partnership Policy Committee has identified the lack of any continuing education requirement as a priority to be addressed. Like the medical field, which has long required continuing education, the field of behavioral health is rapidly evolving and the training providers receive when they are first granted licensure may quickly become outdated. As evidence-based practices become more widely disseminated, it is important that all providers have access to information on the latest treatments to better serve their clients and patients. For example, the Community Mental Health and Substance Abuse Partnership identified the need for providers to be able to competently treat people with co-occurring mental health and substance abuse disorders. Through the Partnership, many local providers have been trained on the best practices for treating these co-occurring disorders. The trainings have led to changes in policies, services offered, and practice approaches. Without partnering agencies educating themselves and requiring staff to participate in trainings, our community would not be as effective in treating these disorders.

REASONS TO SUPPORT BILL:

- Although some professionals may elect to pursue continued education on their own, not every member of the profession can be counted on to do so. This bill would ensure that all behavioral health professionals covered under the bill seek out continued training. As the field develops more evidence-based practices it is essential that all professionals remain current and competent in those practices.
- Continuing competencies can provide some consumer protection. By requiring ongoing learning, consumers will get some assurance that the behavioral health professional has at least worked on improving his/her skills. Most consumers might not think to ask if a clinician has been updating his or her training and this bill ensures that every member of the profession will be engaged in ongoing training of some type.
- Although there is not high quality research demonstrating a clear connection between better outcomes and continuing education, research on continuing medical education provides guidance on the efficacy of continuing education. The Agency for Healthcare Research and Quality reviewed the effectiveness of continuing medical education (CME). The review found that overall, CME was effective in achieving and maintaining an increase in knowledge, changing attitudes, improving skills, changing practice behavior and improving clinical outcomes. Effective approaches were live media, multimedia and multiple exposures to information.
- Requiring continuing competencies is the first step to improving the skills of professionals in Colorado. By using a competency model, professionals will need to assess their own skills, develop a plan for improvement and demonstrate competency in that area. While the correlation between ongoing training and changes in practice is imperfect, this process ensures that clinicians give some attention to updating their knowledge and skills. This is better than the current system of relying on professionals to improve skills on their own. While some professionals will certainly continue to train, not every member of the profession can be relied on to do so.

REASONS TO OPPOSE BILL:

- Opponents of the bill might question the efficacy of continuing education because there are not studies that robustly demonstrate that continuing education or competencies improves a mental health clinician's skills.
- Opponents of the bill might argue that mandatory competency requirements are unnecessary. Responsible practitioners will seek out additional training on their own. Clients can then decide for themselves if they want to seek services from a practitioner with additional training or continuing education.

- Concerns have been raised about the cost and time burden the bill might place on mental health providers. Clinicians will have to perform the self-assessment, cover the cost of any training and keep track of their progress on the competency areas identified. However, the bill is structured so that clinicians have a variety of means to choose from, including some fairly low cost options like keeping up with appropriate journals, in order to meet the competency requirements.
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About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. Analyses are based on bills or issues at the time of their consideration by the Board and are accurate to the best of staff knowledge. It is suggested that people check to see that a bill has not changed during the course of a legislative session by visiting the Colorado General Assembly web page at www.state.co.us/gov_dir/stateleg.html. To see whether the Health District Board of Directors took a position on this or other policy issues, please visit www.healthdistrict.org/policy.

About the Health District

The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves.

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