



STATE OF ARIZONA
BOARD OF BEHAVIORAL HEALTH EXAMINERS
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JANICE K. BREWER
Governor

TOBI ZAVALA
Interim Executive Director

BOARD OF BEHAVIORAL HEALTH EXAMINERS
RULES SUBCOMMITTEE MEETING MINUTES
Thursday, July 3, 2014

Members Present: Jessica Thomas, Yvonne Fortier, Shiloh Lundahl
Members by Phone: Kirk Bowden, Del Worley
Members Absent: Jerri Shields, Nikole Hintz-Lyon, Laura Masters
Staff Present: Tobi Zavala, Interim Executive Director, Donna Dalton, Assistant Director, Elizabeth Campbell, Assistant Attorney General

1. **Call to order**

The meeting was called to order on July 3, 2014, at 9:05 am with Ms. Thomas presiding.

2. **Roll call**

See Above.

3. **Review and approval of minutes**

A. Tabled.

4. **Report from the Chair**

None.

5. **Report from Staff**

A. Ms. Dalton discussed the Counseling Credentialing Committee's recommendation that the curriculum rules continue to include descriptors following each core content area. They requested that Board staff work with the stakeholders on proposed language including the descriptors.

B. Ms. Dalton presented additional written feedback from Alan Asher, representing AZAMFT, which included the following:

- Their interest in lowering the clinical supervision requirement for LMFT applicants to 100 hours from 200 hours.
- Proposed language for R4-6-604 which allows for 50% of the required hours to be provided by a licensed marriage and family therapist and the other 50% by either: a licensed professional counselor, a licensed clinical social worker, a licensed psychologist, or an allopathic or osteopathic medical doctor with a specialty in psychiatry.
- A recommendation that "individual" clinical supervision be considered one supervisor to one OR two supervisees, and "group" would be considered three to six supervisees. After discussion, the subcommittee recommended that the requirements be changed to a minimum of 25% be one to one, an additional 25% could be one to one or two, and not more than 50% could be three to six.

6. **Discussion and possible action regarding development of proposed rule changes**

A. Members reviewed a proposed draft version of a new rule R4-6-214 Clinical Supervision educational requirements. Members discussed proposed language and recommended:

- Removing (C) and (D)
- Adding a requirement for submitting documentation of completion of educational requirements

- Adding that clinical supervisors who don't submit their continuing education documentation within six months of their expiration date, would have to go back and take 12 hours to be in compliance
- During the period following their expiration date until they complete their CEU's, they would not be eligible to provide supervision.
- Changing "supervisor wishing" to "individual intending"

Dr. Bowden moved, seconded by Mr. Lundahl to approve the rule as presented with modifications requested by members.

The motion passed unanimously.

Members reviewed a proposed draft version of a new rule R4-6-213 Supervision Registry. Members discussed proposed language and recommended:

- Changing "Non-licensed" to Non-Board licensed in (B)
- Changing "who wish" to "who intend"
- Changing "active and in good standing" to "active and unrestricted" in (D)(1)
- Changing "Submit a certificate of completion" to "Submit verification" in (C)(3) and (D)(3)

Ms. Thomas moved, seconded by Ms. Worley to approve the rule as presented with modifications requested by members.

The motion passed unanimously.

Members reviewed a proposed draft version of R4-6-212 Clinical Supervision Requirements.

Members discussed proposed language and recommended:

- Changing "current" to "active and unrestricted" in (A)(2)
- Adding a certification in addictionology and removing the requirement of three years of practice for physicians in (A)(2)(a)
- Removing the exemption language in (A)(3), adding "and unrestricted", and referencing the Veteran's Administration licensees
- Removing (A)(4)
- Changing (D)(3) to allow supervisees to provide the means to contact the clinical supervisor overseeing them. Dan Stenson, representing Banner Health and Chip Coffey, representing St. Luke's hospital commented on the difficulty in a hospital setting to provide the name and number of the clinical supervisor. All patients/clients are provided a disclosure that the professionals are under supervision and the means of contacting the clinical supervisor.
- Remove "written" from (D)(7)
- Possibly revising the language in (D)(5). Rory Hays, representing the Arizona Council for Human Service Providers, shared concern with the current language and offered to submit a revision.
- Add the ability for 90% of the clinical supervision to be acquired through interactive, secure, real-time video conferencing, with at least two hours of face to face required every six months.

- B. Board staff shared a recommendation that the Impaired Professional process be detailed in a substantive policy statement rather than in rule similar to other Board's.

Ms. Thomas moved, seconded by Dr. Bowden to accept the recommendation that Board staff develop the process and substantive policy to be presented to the Board for approval.

The motion passed unanimously.

7. **Stakeholders' report**

See above.

8. **Future agenda items**

Members requested that the discussion of clinical supervision be continued at an upcoming meeting.

9. **Call for public comment**

None.

10. **Establishment of future meeting date(s)**

The next meeting is scheduled for Thursday, July 31, 2014 at 9 a.m., at 3443 N Central Ave, Room 908.

11. **Adjournment**

Ms. Thomas moved, seconded by Dr. Bowden, to adjourn the meeting.

The motion passed unanimously and the meeting was adjourned at 12:04 a.m.

Jessica Thomas
Secretary

Date