

Significant Legislative Rule Analysis

Chapter 246-821 WAC,
a Rule Concerning
Behavioral Health Support
Specialists

APRIL 2024

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

For more information or additional copies of this report:

Washington State Department of Health

Health Systems Quality Assurance

Office of Health Professions

Claire Wilson

111 Israel Rd. SE

Tumwater, WA 98501

564.669.0392

claire.wilson@doh.wa.gov

SECTION 1

A brief description of the proposed rule including the current situation/rule, followed by the history of the issue and why the proposed rule is needed.

Washington is experiencing a long-term shortage of behavioral health providers. As a 2016 Workforce Training and Education Coordinating Board report explained, “Throughout Washington, the demand for behavioral healthcare is outstripping the availability of services. The challenge of meeting the demand is likely to not only persist, but to become more acute due to difficulties recruiting, educating, training, and retaining a skilled behavioral healthcare workforce...”¹ A few years after this report was written, the shortage was exacerbated by the coronavirus disease 2019 (COVID-19) pandemic, which increased behavioral health care needs and negatively impacted the existing behavioral healthcare education and training system.²

One proposal for supporting the behavioral health workforce was the creation of a bachelor-level behavioral health credential capable of providing low-acuity interventions for the full spectrum of behavioral health conditions. This issue was examined in a 2019 Department of Health (department) sunrise review.³ During the sunrise review process, interested parties, including many behavioral health professionals, expressed to the department that they felt a new credential “could help alleviate backlogs and wait times caused by a shortage of providers by taking lower level tasks from master’s level and higher level providers so they can work at the top of their scopes.”⁴ The department concluded that “there may be a need for this credential for integration of the current substance use disorder professional (SUDP) credential with mental health treatment.”⁵

In addition to supporting the existing workforce, the creation of a bachelor-level credential able to provide care for mental health, substance use, and co-occurring conditions could fill an existing gap in Washington’s health care system. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), people with co-occurring disorders are “more likely to be hospitalized than people with a mental or substance use disorder alone”⁶ because many existing systems lack the staffing support to provide integrated care. By establishing a credential that is

¹ Workforce Training & Education Coordinating Board, *Washington’s Behavioral Health Workforce Assessment: Project Phase 1* (2016), Workforce Training and Education Coordinating Board, pg. 4, <https://wtb.wa.gov/wp-content/uploads/2023/01/Behavioral-Health-Workforce-Analysis-Phase-I-2016.pdf>.

² Workforce Training & Education Coordinating Board, *2022 Behavioral Health Workforce Assessment* (2022), Workforce Training & Education Coordinating Board, pg. 4, https://wtb.wa.gov/wp-content/uploads/2022/12/BHWAC-2022-report_FINAL.pdf.

³ Washington State Department of Health, *Evaluating Need for Creation of a Bachelor’s Level Behavioral Health Credential* (2019), Washington State Department of Health, https://app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=Bachelor%27s%20Level%20Credential%20for%20Behavioral%20Health_d69ac91e-c540-428c-bf3a-d565386a2863.pdf.

⁴ *Id.* at pg. 8.

⁵ Washington State Department of Health, *supra* note 3, at pg. 12.

⁶ *The Case for Screening and Treatment of Co-Occurring Disorders*, Substance Abuse and Mental Health Services Administration (SAMHSA), <https://www.samhsa.gov/co-occurring-disorders> (last updated Sept. 27, 2022).

WASHINGTON STATE DEPARTMENT OF HEALTH

Significant Analysis

Template Updated April 2024

| 3

able to provide intentional support for all behavioral health conditions, Washington could support integrated care, which improves client⁷ outcomes, reduces barriers to receiving necessary health care, and supports higher-level providers in the existing workforce.⁸

In 2020, the University of Washington Department of Psychiatry and Behavioral Sciences (UW) took on the idea of creating a bachelor-level behavioral health profession.⁹ With funding from the Ballmer group, UW developed the Behavioral Health Support Specialist (BHSS) curriculum, similar to the United Kingdom’s Improving Access to Psychological Therapies Program.¹⁰ This curriculum prepares students to provide culturally responsive, appropriate, and timely behavioral health care to individuals in a variety of practice settings.¹¹ Because of their ability to work in many practice settings, including integrated primary care and nontraditional settings, BHSS graduates could be particularly valuable additions to the behavioral health care workforce in rural and underserved communities.¹²

As part of their BHSS work, UW is assisting other educational institutions in developing their own BHSS education programs.¹³ Currently 6 colleges, universities, and community and technical colleges have begun incorporating the BHSS curriculum into their existing coursework,¹⁴ with several others expressing interest in this new program.

In 2023, the Washington state legislature passed Substitute Senate Bill (SSB) 5189,¹⁵ officially creating the BHSS credential. This new credential is established as a “certification,” one of the three levels of health professional credential issued by the department.¹⁶ SSB 5189 requires the department to collaborate with UW to develop rules to implement this credential by January 1, 2025.

⁷ The department recognizes the distinction between the terms “client” and “patient” and that the preferred term may vary based on practice setting and circumstance. For the purposes of this analysis, the terms are used interchangeably.

⁸ See *id.*

⁹ *Who We Are: Behavioral Health Support Specialist (BHSS)*, University of Washington Department of Psychiatry and Behavioral Sciences, <https://psychiatry.uw.edu/project/behavioral-health-support-specialist-bhss/> (accessed Mar. 15, 2024).

¹⁰ *Who We Are: Behavioral Health Support Specialist (BHSS) Project*, University of Washington Department of Psychiatry and Behavioral Sciences, <https://psychiatry.uw.edu/who-we-are/news-events/news/behavioral-health-support-specialist-bhss-project/> (accessed Apr. 18, 2024).

¹¹ *Who We Are: Behavioral Health Support Specialist (BHSS)*, University of Washington Department of Psychiatry and Behavioral Sciences, <https://psychiatry.uw.edu/project/behavioral-health-support-specialist-bhss/> (accessed Mar. 15, 2024).

¹² *Id.*

¹³ Behavioral Health Support Specialist Clinical Training Program, *For Colleges & Universities*, University of Washington Department of Psychiatry and Behavioral Sciences, <https://bhss-wa.psychiatry.uw.edu/clinical-training-program/for-colleges-universities/> (accessed Apr. 18, 2024).

¹⁴ Behavioral Health Support Specialist Clinical Training Program, *Our Partners*, University of Washington Department of Psychiatry and Behavioral Sciences, <https://bhss-wa.psychiatry.uw.edu/about-us/our-partners/> (accessed Apr. 18, 2024).

¹⁵ Substitute Senate Bill 5189 (Chapter 270, Laws of 2023), <https://lawfilesexternal.wa.gov/biennium/2023-24/Pdf/Bills/Session%20Laws/Senate/5189-S.SL.pdf?q=20240314104946>.

¹⁶ RCW 18.120.020. See also Section 6, Chapter 246-821 WAC Behavioral Health Support Specialist, pg. 27 of this analysis, for a more complete explanation of why the BHSS credential was established as a “certification.”

After collaborating on draft language with UW and other participating interested parties from fall of 2023 through spring of 2024, the department proposes establishing professional requirements, including:

- Education and curriculum;
- Supervised experience;
- Continuing education;
- Professional standards;
- The educational program approval process; and
- Fees.

SECTION 2

Significant Analysis Requirement

As defined in RCW 34.05.328 (5)(c)(iii)(B), portions of the rule require a significant analysis because they establish, alter, or revoke qualifications or standards for the issuance, suspension, or revocation of a license.

The following SA Table 1. identifies rule sections that have been determined exempt from significant analysis based on the exemptions provided in RCW 34.05.328(5) (b) and (c).

SA Table 1. Summary of Sections not requiring Significant Analysis

WAC Section and Title	Description of Proposed Changes	Rationale for Exemption Determination
WAC 246-821-010, Definitions	<ul style="list-style-type: none"> Establishes definitions for the profession 	This section is exempt from analysis as described in RCW 34.05.328(5)(b)(iv) “Rules that only... clarify language of a rule without changing its effect.”
WAC 246-821-020, Administrative proceedings and mandatory reporting	<ul style="list-style-type: none"> States the department uses chapter 246-10 WAC to govern adjudicative proceedings; and States a certified BHSS must follow chapter 246-12 WAC 	RCW 34.05.328(5)(b)(iv) “Rules that only... clarify language of a rule without changing its effect.”
WAC 246-821-025, Behavioral Health Support Specialist application requirements	<ul style="list-style-type: none"> Describes the application process; and Lists requirements for BHSS certification established in other sections of the rule 	RCW 34.05.328 (5)(b)(iv), “Rules that only... clarify language of a rule without changing its effect;” and RCW 34.05.328(5)(b)(v) “Rules the content of which is explicitly and specifically dictated by statute.”
WAC 246-821-110, BHSS competencies and clinical skills	<ul style="list-style-type: none"> Establishes professional competencies and clinical skills consistent with UW BHSS training program guidelines as required in RCW 18.227.020 	RCW 34.05.328(5)(b)(v) “Rules the content of which is explicitly and specifically dictated by statute.”

WAC 246-821-300, Examination requirements	<ul style="list-style-type: none"> Requires that a BHSS applicant pass a jurisprudence exam 	RCW 34.05.328(5)(b)(v) “Rules the content of which is explicitly and specifically dictated by statute.”
WAC 246-821-505, Additional training requirements	<ul style="list-style-type: none"> Requires a BHSS who provides telemedicine treatment to complete a one-time telemedicine training as required in RCW 43.70.495 	RCW 34.05.328(5)(b)(v) “Rules the content of which is explicitly and specifically dictated by statute.”
WAC 246-821-900, Expired credential	<ul style="list-style-type: none"> Cites WAC 246-12-040 to establish when the department identifies when a credential is expired; and Requires a BHSS with an expired credential to comply with WAC 246-12-040 to reactivate the credential 	RCW 34.05.328 (5)(b)(iii) Rules adopting or incorporating by reference without material change...Washington state statutes; and RCW 34.05.328(5)(b)(iv) “Rules that only... clarify language of a rule without changing its effect.”
WAC 246-821-990, Behavioral Health Support Specialist – Fees and renewal cycle	<ul style="list-style-type: none"> Sets fees for BHSS profession 	RCW 34.05.328(5)(b)(vi) “Rules that... set or adjust fees or rates pursuant to legislative standards...”

SECTION 3

Goals and objectives of the statute that the rule implements.

The goal of SSB 5189, codified in law as chapter 18.227 RCW, is to establish the BHSS profession as a new part of Washington’s behavioral health workforce. This new profession is based on competencies developed by UW and characterized by:

- Brief, evidence-based interventions,
- Routine outcome monitoring, and
- Regular, outcome-focused supervision.¹⁷

The objectives of the legislature in establishing this new profession are to improve access to behavioral health care, support the behavioral health workforce, and allow more advanced behavioral health providers to work at the top of their scope of practice.¹⁸ In practice, the intention is for BHSS providers to provide low-intensity interventions when individuals initially need care for an acute behavioral health condition. Prompt BHSS services may prevent high-acuity events from occurring due to the long wait-times often required to access more comprehensive behavioral health care, particularly for individuals covered by Medicaid.

¹⁷ RCW 18.227.005.

¹⁸ *Id.*

SECTION 4

Explanation of why the rule is needed to achieve the goals and objectives of the statute, including alternatives to rulemaking and consequences of not adopting the proposed rule.

RCW 18.227.020 requires the department to collaborate with UW and consult with other interested parties to develop rules implementing this chapter by January 1, 2025.¹⁹ As a result, rulemaking is necessary to comply with SSB 5189 and fully implement the requirements of the law. The decision to complete rulemaking is also consistent with the Washington Administrative Procedures Act,²⁰ which defines a rule as “any agency order, directive, or regulation... Which establishes, alters, or revokes any qualifications or standards for the issuance, suspension, or revocation of licenses to pursue any commercial activity, trade, or profession.”²¹

Additionally, establishing professional requirements through rulemaking will allow the department to set clear standards, enforce standards fairly and consistently, promote patient safety, and protect the public health. Without rulemaking, the department would not have the authority to enforce the ethical and professional standards that safeguard the profession, the public, and members of the healthcare workforce.

¹⁹ RCW 18.227.020.

²⁰ Chapter 34.05 RCW.

²¹ RCW 34.05.010.

SECTION 5

Analysis of the probable costs and benefits (both qualitative and quantitative) of the proposed rule being implemented, including the determination that the probable benefits are greater than the probable costs.

WAC 246-821-100 BHSS REQUIRED EDUCATION

Description: The proposed rule requires an applicant to complete a minimum amount of instruction in a behavioral health curriculum: 45 quarter college credits; 30 semester college credits; or 450 hours of apprenticeship related/supplemental instruction. All three options represent the same amount of time spent in classroom instruction.

The proposed rule also includes language that is exempt from analysis under RCW 34.05.328(5)(b)(v), as the content is specifically dictated by statute, including the requirements that a certified BHSS must hold a bachelor degree and must have completed an approved BHSS education program.

Costs: The costs of completing the BHSS educational curriculum vary based on whether an individual chooses the bachelor degree, post-baccalaureate, or apprenticeship route:

- For an undergraduate student working toward a bachelor degree, there are no anticipated additional costs associated with completing a BHSS certification program. All required coursework and the practicum would be included as part of the undergraduate BHSS program.
- For a post-baccalaureate student seeking to supplement their existing education and bachelor degree with an approved BHSS educational program, there would be an additional cost based on a school's BHSS program, tuition rates, and fees.

It is estimated that for a post-baccalaureate student to complete 45 quarter college credits²² it may cost approximately \$7,400 to \$19,000²³ in tuition costs, excluding additional fees. It is important to note, however, that 45 credits are a minimum standard. Education programs may vary and some may teach the BHSS competencies over more credit hours.

Additionally, the actual cost would vary based on an individual's prior education. If an individual has previously completed coursework in a relevant subject, the educational program may give a student credit through prior learning assessments or transfer credit that reduces the amount of coursework they need to complete. Alternatively, if an

²² This section focuses on the 45 quarter credit standard because all educational institutions with BHSS programs in development currently have quarter systems.

²³ These estimates are based on the generic tuition rates, excluding fees, of several educational institutions that are developing BHSS programs. The names of the institutions are not cited to avoid making any representations about the relative cost, content, or length of those programs once finalized.

individual’s previously completed education did not include any foundational behavioral health or social sciences education, they may be required to take additional coursework before starting the BHSS educational program.

- For an individual participating in an apprenticeship, there would be no monetary cost. Any individual accepted into a BHSS apprenticeship program would be paid for their participation, consistent with standards set by the Department of Labor & Industries.²⁴ While there are currently no operational or proposed BHSS apprenticeship programs to use as a reference point, based on the apprenticeship program for a similar profession, a BHSS apprenticeship program may pay an apprentice approximately \$18.80 to \$21.34 per hour during a 2-year, 4,000-hour program.²⁵ This would result in an income of approximately \$80,740 over the course of a 2-year program.

Benefits: The benefit to establishing this minimum standard for a BHSS education program is that it supports the student’s or apprentice’s ability to practice competently and promotes patient safety. Unlike many other counseling professions, such as psychologists²⁶ and mental health counselors,²⁷ the BHSS profession only requires a bachelor degree.²⁸ While there are some other bachelor-level credentials, such as substance use disorder professionals,²⁹ certified agency affiliated counselors,³⁰ and certified counselors,³¹ they tend to have either a relatively limited scope of practice, a highly supervised practice setting, or both. The BHSS, on the other hand, has a scope that includes delivering “behavioral health” interventions, which includes interventions for clients with mental health, substance use, or co-occurring disorders.³² Additionally, a certified BHSS can provide care in any practice setting as long as they have an appropriate supervisor. Given the relative independence of this profession, it’s important to ensure providers are competent to provide care for clients. Requiring this amount of BHSS education in addition to the required practicum will help students achieve this level of competence.

The benefits of establishing a minimum amount of BHSS-specific instruction include the assurance that students who complete their BHSS certification have dedicated at least one year of full-time education to BHSS coursework, in addition to the requirements for students to obtain a bachelor degree. By keeping post-graduate BHSS education requirements to one year, existing

²⁴ Chapter 296-05 WAC, Apprenticeship Rules.

²⁵ *Health Care Apprenticeship Consortium – Substance Use Disorder Professional (ID #2169)*, Washington State Department of Labor & Industries, <https://secure.lni.wa.gov/arts-public/#/program-details?programId=2169&from=%2Fall-programs> (accessed Apr. 16, 2024).

²⁶ RCW 18.83.070.

²⁷ RCW 18.225.090.

²⁸ RCW 18.227.070.

²⁹ RCW 18.205.090.

³⁰ RCW 18.19.090.

³¹ *Id.*

³² RCW 18.227.010.

credential holders such as substance use disorder professionals would not need to return to school for an extended period of time in order to become credentialed as a BHSS.

WAC 246-821-200 SUPERVISED EXPERIENCE REQUIREMENTS

Description: The proposed rule requires completion of a practicum of at least 240 hours, completed over at least 5 months. Other minimum requirements are that a practicum must: reinforce BHSS competencies and clinical skills; allow the student to shadow providers and provide direct client care; and include supervision from an eligible supervisor.

The requirement for a BHSS to complete a practicum is exempt from analysis under RCW 34.05.328(5)(b)(v), as a practicum is specifically required by statute.

Costs: The costs of completing a BHSS practicum of at least 240 hours, over at least 5 months, vary based on whether an individual chooses the bachelor degree, post-baccalaureate, or apprenticeship route:

- For an undergraduate or post-baccalaureate student, students would likely pay tuition for their practicum credit hours, but there would not be an additional out-of-pocket cost separate from the BHSS educational program.³³ Tuition costs are analyzed under SA Section 5 WAC 246-821-100.
- For an individual participating in an apprenticeship, there would be no cost. Any individual accepted into a BHSS apprenticeship program would be paid for their participation, consistent with standards set by the Department of Labor & Industries.³⁴

Benefits: The proposed minimum practicum requirements protect patient safety by preparing a BHSS student to provide competent behavioral health care.

The practicum time requirement of 240 hours over the course of 5 months ensures that the BHSS supervised experience will not be rushed, giving a student or apprentice adequate time to integrate competencies learned in their education program with the hands-on client care they are able to provide under supervision. This time commitment assists in ensuring that an individual is capable of providing consistent, safe client care by the time they complete their practicum and enter the workforce as a certified BHSS.

Additionally, the proposed minimum standards for practicum allow flexibility in clinical settings. This will help accommodate the variety of urban and rural locations where a BHSS may practice, including both traditional clinical sites and new and creative settings for behavioral healthcare providers, such as outreach, mobile crisis response, or co-response services. This variety of possible practicum settings supports the behavioral health workforce in all areas where health

³³ See WAC 246-821-100 above for discussion of education costs.

³⁴ *Health Care Apprenticeship Consortium – Substance Use Disorder Professional (ID #2169)*, *supra* note 23.

care facilities might benefit from staff trained to provide low-level behavioral health interventions for clients who might otherwise suffer from long wait times or a lack of access to care.

WAC 246-821-210 PRACTICUM SUPERVISION REQUIREMENTS

Description: The proposed rule sets standards for supervised experience, including regular, biweekly supervision and development of a plan for the practicum. Additionally, the student must meet the following requirements:

- Complete 240 hours of practicum;
- Complete at least 12 hours of individual supervision;
- Complete at least 60 hours of direct client contact; and
- Demonstrate at least one clinical skill in each competency listed in WAC 246-821-110.

Costs:

For students or apprentices who participate in a practicum, no additional costs are anticipated. Any costs of practicum supervision would be included in the costs of practicum, which are analyzed under SA Section 5 WAC 246-821-200.³⁵

For facilities and supervisors who choose to provide a practicum site for BHSS students, costs of the practicum supervision requirements include the time necessary for the supervisor to oversee the BHSS student, including a minimum of 12 hours of individual supervision, planning time, assessing student skills, and tracking a student’s direct client contact hours.

Over the course of 5 months, the minimum 12 hours of supervision represents 2-3 hours per month, or approximately 30 minutes per week. The cost of this supervision time depends on the profession of the supervisor:

Supervisor Profession ³⁶	Mean Hourly Wage ³⁷	Cost per Week (30 minutes/week)	Cost per Practicum (12 hours/5 months)
Mental Health Counselor	\$30.53	\$15.26	\$366.36
Marriage and Family Therapist	\$35.26	\$17.63	\$423.12

³⁵ See WAC 246-821-200 above for discussion of practicum costs.

³⁶ The hourly wages of these professions are provided as examples of the hourly cost of supervision. Additional types of professionals are also eligible to provide supervision to a practicum student. Under the proposed rules and RCW 18.227.010, the full list of possible supervisor types includes: advanced social workers and associates; independent clinical social workers and associates; marriage and family therapists and associates; mental health counselors and associates; osteopathic physicians; physicians; physician assistants; psychiatric advanced practice registered nurses; and psychologists.

³⁷ U.S. Bureau of Labor Statistics, *Occupational Employment and Wage Statistics, May 2023 State Occupational Employment and Wage Estimates, Washington*, https://www.bls.gov/oes/current/oes_wa.htm#29-0000.

Psychologist	\$52.24	\$26.12	\$626.88
Physician (MD)	\$113.90	\$56.95	\$1,366.80
Physician Assistant	\$73.46	\$36.73	\$881.52

Supervisors will not be compensated for this time commitment, so the cost may present a barrier to participation for providers or clinics with minimal staffing or increased client caseloads. However, because the required supervision time is distributed across a period of 5 months, this cost is likely minor.

However, participation as a practicum site is voluntary. Health care facilities and other practice settings can choose whether to partner with an educational program to provide a BHSS practicum site and are free to decline if they lack the necessary staff or resources.

Benefits: Benefits of the practicum supervision requirements include ensuring that BHSS students have adequate practice prior to becoming certified professionals. The rule establishes this standard while still creating space for flexibility in the clinical environment, which permits students and supervisors to design a supervision plan tailored to the needs, skills, and setting of the student and practicum site. The practicum supervision rule likewise supports students by setting supervision requirements that guarantee a student’s ability to regularly consult with their supervisor about questions or challenges that arise in the practicum setting.

Additionally, allowing students to co-deliver services alongside not just their supervisor, but also other behavioral health credential holders in the practicum setting, ensures that BHSS students have ample practice opportunities and are accompanied by other behavioral health staff as they first observe and subsequently provide behavioral health interventions. These collaborative opportunities provide a student with connections that could lead to permanent jobs and provide practicum sites with potential long-term workforce members, which is particularly beneficial for chronically understaffed communities.

The requirement that BHSS students demonstrate at least one clinical skill in each competency ensures that BHSS students are able to reinforce knowledge gained in the classroom, while not requiring the burden of documenting all 34 competencies and clinical skills. This requirement also creates flexibility, as the opportunity to demonstrate each clinical skill may not be available to every student or in every practicum setting. As a result, the proposed rule allows students to focus on the clinical skills needed in their practicum site without forfeiting overall, well-rounded competency.

WAC 246-821-215 BHSS PRACTICUM SUPERVISOR REQUIREMENTS

Description: The proposed rule language sets requirements for any professional who supervises a BHSS student during practicum or other supervised experience. Requirements include that the provider:

- Hold an eligible credential type and be competent to support a BHSS student appropriately;
- Not be related to the student or have another conflict of interest;
- Review and sign all practicum documentation or select another provider as a designee; and
- Maintain responsibility for the clients treated by any BHSS student they supervise.

Costs: The department does not anticipate any probable financial costs of the proposed rule.

Other costs of the proposed rule include the effects of limiting approved supervisors to specific behavioral health professions and other eligible professionals who are competent to support a BHSS student. By limiting practicum supervision to only eligible individuals, these rules may disproportionately impact certain providers within a practice setting, rather than allowing practicum supervision to be a widely shared responsibility. It may also limit the types of practice settings eligible to be practicum sites. Due to staffing limitations³⁸ or time constraints of individuals eligible to be practicum supervisors, this may be a barrier to some rural or underserved areas.

Further requirements of this rule require that there be no conflicts of interest between potential supervisors and BHSS students, which may be a barrier in rural settings with small communities.

Benefits:

This rule language benefits the BHSS student, supervisor, and the clients they treat.

Benefits of proposed rule include setting clear ethical and professional boundaries, consistent with the supervisor/supervisee relationship required for other behavioral healthcare professions. This rule language is based on requirements for licensed counselor profession³⁹ and substance use disorder professional⁴⁰ supervisors and will introduce BHSS students to professional boundaries they will encounter in the wider behavioral health workforce. These boundaries additionally assist students in navigating how their professional role fits into the existing continuum of health care.

Requirements that a practicum supervisor belong to one of the listed behavioral health professions⁴¹ or be otherwise competent to support a BHSS student helps ensure that students are receiving supervision from experienced behavioral health providers. High-quality,

³⁸ See Behavioral Health Workforce Advisory Committee, *supra* note 2, at pg. 117.

³⁹ WAC 246-809-134, WAC 246-809-234, and WAC 246-809-334.

⁴⁰ WAC 246-811-049.

⁴¹ Professions eligible to be practicum supervisors under the proposed rule include: independent clinical social workers or associates; marriage and family therapists or associates; mental health counselors or associates; psychiatric advanced practice registered nurse; psychologists or associates; or other providers listed in proposed WAC 246-821-410 who are competent to support a BHSS student appropriately.

knowledgeable supervision will both reinforce BHSS competencies and clinical skills and ensure that practicum students have appropriate support during their practicum.

Another benefit of the proposed rule is that it places responsibility for client welfare with the practicum supervisor. This provides an incentive for supervisors to consistently supervise their practicum students and ensures that patient safety remains a priority in the learning environment.

WAC 246-821-400 PROFESSIONAL STANDARDS FOR CERTIFIED BHSS

Description: The proposed rule establishes requirements for a BHSS’s professional practice after certification. These standards require a BHSS to:

- Provide brief, evidence-based interventions and measurement-based care;
- Regularly confer with their supervisor; and
- Refer a client to alternate health care when their needs exceed the BHSS’s scope of practice or competence.

Additionally, proposed rules clarify how a BHSS provides care within their scope of practice by:

- Clarifying that a BHSS provides symptom-based treatment, independent of a client’s diagnosis; and
- Establishing that if a single intervention is used to treat a client, the BHSS must confer with their supervisor every 6 months about appropriate next steps.

Costs: The department anticipates no probable costs associated with this rule, as these requirements clarify the scope of practice set out in statute.

Benefits: The proposed rule sets clear standards for how a BHSS functions within a care team and provides care for clients. The new profession may be a source of confusion as BHSS providers begin interacting with established health care systems and established provider types. By establishing clear standards and a shared understanding of the BHSS role, these rules will most likely reduce confusion and promote smooth integration into clinical practice settings. Additionally, setting clear standards for the profession will help BHSS providers and their supervisors to provide consistent, high quality care to clients.

WAC 246-821-405 ETHICAL STANDARDS

Description: The proposed rule language establishes ethical standards for the BHSS profession, including:

- Barring a BHSS from engaging in a sexual relationship with a former client or key party, or in any other relationship with a former client or key party that could be perceived to create a conflict of interest or imbalance of power; and
- Requiring a BHSS to limit self-disclosure in order to maintain a professional, neutral environment.

The requirements for a BHSS to follow chapter 246-16 WAC and all applicable federal and state regulations about confidentiality and privacy are exempt from analysis under RCW 34.05.328(b)(iv), as these rules merely clarify that the listed laws and regulations apply to the BHSS profession.

Costs: The department anticipates no probable costs associated with this rule. The proposed ethical standards rule language establishes clear boundaries between a BHSS and any clients they may treat. These requirements are consistent with ethical requirements for substance use disorder professionals,⁴² which have a similar level of education.

Benefits: Setting high ethical standards raises the standard of care for clients, improves patient safety, centers the focus of the BHSS/client relationship on client needs, and promotes professionalism as a priority of the new profession. Benefits of cultivating higher ethical standards also include avoiding the high disciplinary costs experienced in some behavioral health professions⁴³ and setting consistent ethical expectations for professionals working alongside and supervising a BHSS in a clinical setting.

WAC 246-821-410 CLINICAL SUPERVISORS

Description: The proposed rule language establishes the responsibilities of any provider supervising a BHSS. Responsibilities include:

- Supervising the BHSS’s practice and treatment of clients;
- Providing supervision appropriate for the BHSS’s level of training, education, and experience;
- Ensuring quality of care for all clients;
- Providing competent supervision based on their own level of training, education, and experience; and
- Ensuring the BHSS has access to behavioral health consultation if necessary.

The list of providers eligible to supervise a certified BHSS is exempt from analysis under RCW 34.05.328(b)(iv), as these rules merely clarify which provider types are eligible to provide supervision under the statute, RCW 18.227.010.

Costs: RCW 18.227.010 requires that a BHSS practice under supervision, while RCW 18.227.005 finds that the BHSS training and practice is characterized by “regular, outcome-focused supervision.” The department anticipates no additional probable costs associated with this rule. As with any low or mid-level profession, supervision requires dedicated time, focus, and leadership to provide guidance to staff. Clinical supervisors of a BHSS are in a unique position of

⁴² WAC 246-811-020.

⁴³ Sherry Thomas, *2021-23 Uniform Disciplinary Act (UDA) Report (2023)*, Department of Health, <https://doh.wa.gov/sites/default/files/2024-03/631093-UDARepor2021-2023.pdf>.

providing supervision to a job class they likely will not have worked themselves, requiring additional time to ensure that their clients are receiving the appropriate level of care from a BHSS.

Unlike the practicum supervision rules, the proposed clinical supervision rule does not include any minimum amount of supervision. The proposed rule emphasizes that supervision should be “regular” and “appropriate,” allowing providers the ability to customize a system of supervision based on the supervisor, BHSS, practice setting, and client population. As a result, the amount of time and effort required to provide supervision may vary between individuals and over time as a BHSS gains more experience.

Benefits: The benefits of these clinical supervision requirements include maintaining high quality of care, promoting patient safety, creating flexibility for the staffing models of different practice settings, and providing opportunities for a BHSS to engage in meaningful growth opportunities through collaboration with higher-level behavioral health professionals.

WAC 246-821-420 REQUIRED CLIENT DISCLOSURE INFORMATION

Description: The proposed rule requires a BHSS to disclose name, contact, professional, and billing information to each client. Both the BHSS and the client must sign and date a statement indicating that the client has been given the disclosure information and that they understand it. If the client is in acute crisis or otherwise unable to read, understand, or sign the statement, it can be completed at a later session.

Costs: The department anticipates no probable costs associated with this rule, as it is expected that providing, explaining, and signing the disclosure form will take minimal time and effort.

Benefits: These required client disclosures align with requirements for other behavioral health professions,⁴⁴ creating a consistent experience for clients who may see multiple types of professionals during their care journey. Requiring these disclosures ensures that clients are aware of their rights, the limitations of the BHSS scope, applicable billing practices, and the complaint process if their rights have been violated. To mitigate a potential burden to providers of clients in crisis, the rule also provides flexibility in cases where the form cannot be completed immediately.

WAC 246-821-500 CONTINUING EDUCATION REQUIREMENTS

Description: The proposed rule establishes continuing education (CE) requirements for a BHSS, including:

- 2 hours every 4 years in health equity education;
- 3 hours every 6 years in suicide screening and referral;
- 3 hours every 2 years in law and ethics.

⁴⁴WAC 246-809-700 through 710; WAC 246-810-031 through 032; WAC 246-811-090 through 110.

The requirement for 20 hours of CE every 2 years is exempt from analysis under RCW 34.05.328(5)(b)(v), as this requirement is specifically dictated by statute, RCW 18.227.050.

Costs: The department anticipates no probable costs associated with this rule. RCW 18.227.050 requires a certified BHSS to complete 20 hours of CE every 2 years. Requiring health equity education, suicide screening and referral, and law and ethics as part of the 20 hours required by statute is not anticipated to create additional costs, as free trainings meeting these requirements are available. See chart below.

Training Type	Anticipated Costs
Health equity education (2 hours)	Free eligible trainings are available on the department’s website. Trainings are free and meet or exceed required CE credits in this topic. ⁴⁵
Suicide screening and referral (3 hours)	Free eligible trainings are listed on the department’s model list of approved suicide prevention trainings. Trainings range from free to \$29 to fulfill required CE credits in this topic. ⁴⁶
Law and ethics (3 hours)	Free and low-cost trainings are available from NAADAC and NASW. Trainings range from free trainings to \$75 to fulfill or exceed required CE credits in this topic. ⁴⁷

It is also possible that the health equity education, suicide screening and referral, and law and ethics trainings may represent a cost savings if the provider completes a free training instead of another training that requires a fee.⁴⁸

Benefits: The proposed rules have two major benefits, promoting a diverse workforce and supporting competent client care.

⁴⁵ *Health Equity Continuing Education, Washington State Department of Health, <https://doh.wa.gov/public-health-provider-resources/healthcare-professions-and-facilities/health-equity-continuing-education> (accessed June 18, 2024).*

⁴⁶ See Premiere, https://www.premierece.com/all-courses/?_state=washington&_topic=suicide-prevention (accessed June 18, 2024); A Train Education, <https://www.ATRANCEU.com/search?text=suicide%20screening%2C%20referral%2C%20and%20imminent%20harm> (accessed June 18, 2024).

⁴⁷ See *Ethics Webinars*, NAADAC, <https://www.naadac.org/ethics-webinars> (accessed June 18, 2024); *Ethics Workshops and Webinars*, National Association of Social Workers, <https://www.socialworkers.org/about/ethics/ethics-education-and-resources/workshops-and-webinars> (accessed June 18, 2024); Social Work Online CE Institute, <https://naswinstitute.inreachce.com/searchresults?productattribute=c3c2d7b7-0603-4bd7-af33-879fa090fb99> (accessed June 18, 2024).

⁴⁸ RCW 43.70.613. Free health equity trainings listed on the department website at: <https://doh.wa.gov/public-health-provider-resources/healthcare-professions-and-facilities/health-equity-continuing-education>.

By allowing in-person and remote learning to count toward CE requirements, the department allows flexibility in the way providers meet the requirement. Because it does not require travel, remote CE is widely available and increases access for providers with disabilities, limited mobility, transportation challenges, care-giving obligations, etc. By supporting everyone's access to required CE, this rule contributes to a more diverse behavioral health workforce.

Additionally, the specific topics required - health equity education, suicide screening and assessment, and law and ethics - support competent practice and appropriate client care.

- Health equity CE is required for all professionals licensed under Title 18 subject to CE requirements.⁴⁹ This training allows individuals to gain a foundation in health equity that can have an immediate positive impact on the professional's interactions with those receiving care. Health equity training enables health care professionals to care effectively for clients from diverse cultures; groups; communities; and varying race, ethnicity, gender identity, sexuality, religion, age, ability, socioeconomic status, and other categories of identity. This training will both reinforce the competencies learned during the BHSS education program and contribute to providers' professional growth.
- Requiring suicide prevention CE supports patient safety by ensuring providers know current best practices for identifying and treating individuals experiencing suicidal ideation. Currently many health professions are required to complete training in suicide prevention.⁵⁰ Although the BHSS profession is not subject to statutory suicide prevention CE requirements, requiring a certified BHSS to periodically complete suicide screening and referral trainings would likely benefit clients significantly. Because a BHSS may be more easily accessible than other behavioral health providers, a certified BHSS may be the first health care provider to interact with an individual experiencing suicidal ideation. Ensuring the BHSS is prepared to identify these individuals and act appropriately is critical to patient safety.
- Requiring CE in law and ethics will support professionalism, support knowledge and understanding of scope of practice and professional requirements, and may help minimize disciplinary costs.

WAC 246-821-510 QUALIFYING CONTINUING EDUCATION AND OTHER PROFESSIONAL DEVELOPMENT ACTIVITIES

Description: The proposed rule establishes requirements for continuing education (CE), including that:

- Education must be relevant to the profession and contribute to competence;

⁴⁹ *Id.*

⁵⁰ RCW 43.70.442.

- Education must be approved by an industry-recognized organization listed in WAC 246-821-520;
- Any distance education must include tests of comprehension; and
- Qualifying activities include programs, courses, seminars, and workshops.

Additionally, the rules establish necessary CE documentation and require credential holders to retain documentation for at least 6 years.

Costs: The department anticipates no or minimal costs associated with this rule.

RCW 18.227.050 requires a certified BHSS to complete 20 hours of CE every 2 years. At least 8 hours of CE credits are available for free. Costs of health equity, suicide prevention, and law and ethics CE are analyzed under SA Section 5 WAC 246-821-500.

After completing the 8 hours of CE required under WAC 246-821-500, a certified BHSS will need to obtain up to 12 hours of additional CE that is relevant to the profession or contributes to their professional competence. A wide range of eligible trainings are available for free on the NAADAC Knowledge Center,⁵¹ while other organizations also provide free or low cost trainings.⁵² Additionally, some low cost subscription services, approved by industry-recognized organizations, give subscribers unlimited access to trainings in their database. Such a subscription would allow a BHSS to complete 20 hours of CE or more for a cost of approximately \$75 per year.⁵³

Because many eligible trainings are available for free, requiring CE from approved organizations, requiring comprehension tests for distance education, and defining qualifying activities to include programs, courses, seminars, and workshops is not anticipated to create additional costs.

The proposed rules also specify what documentation of CE is necessary and that a BHSS must retain documentation for 6 years. Retaining this documentation may cost time and effort, which the department anticipates to be negligible. Additionally, the proposed requirement could potentially subject a BHSS to disciplinary action if they fail to complete or document CE appropriately.

Benefits: Benefits of the proposed CE rules include the flexibility for a BHSS to choose types of CE that directly apply to their work, in their own learning style, and in the manner that best supports their schedule, including in-person or remote availability. This rule provides clear guidance about what CE credits are permitted, limiting the risk of CE-related discipline at a later time.

⁵¹ *Welcome to the Knowledge Center*, NAADAC, <https://www.naadac.org/knowledge-center> (accessed June 18, 2024).

⁵² *Social Work Online CE Institute*, <https://naswinstitute.inreachce.com/> (accessed June 18, 2024).

⁵³ *Washington Counselor Courses*, CE4Less, <https://ce4less.com/counseling-ce/washington-counselor-ce-courses/> (accessed June 18, 2024).

Additionally, the requirement that CE documentation be retained for 6 years ensures that if a BHSS's CE is audited, they should still have documentation of all CE courses from the relevant time period. This should ensure that credential holders are clear about CE procedures and minimize risk of disciplinary actions related to failure to complete CE.

WAC 246-821-520 INDUSTRY-RECOGNIZED ORGANIZATIONS OR INSTITUTIONS OF HIGHER LEARNING

Description: The proposed rule establishes a list of industry-recognized organizations whose approved continuing education (CE) courses are recognized by the department. This list includes:

- Prominent organizations related to the behavioral health professions, and
- Institutions of higher learning accredited as Postsecondary Education Institutions by the U.S. Department of Education.⁵⁴

Costs: The department anticipates no probable costs associated with this rule. RCW 18.227.050 requires a certified BHSS to complete 20 hours of CE every 2 years. Providing a list of pre-approved CE organizations is not anticipated to create additional costs.

Benefits: Benefits of the requirement for CE to be completed with industry-recognized organizations include the assurance that CE remains consistent with other behavioral health professions and is available across the state in virtual and in-person formats. With the creation of a brand new profession, these CE requirements support the integration of BHSS into the existing behavioral health workforce.

WAC 246-821-800 STANDARDS FOR EDUCATIONAL PROGRAMS

Description: The proposed rule requires a BHSS educational program to be approved by the department and, if applicable, registered with the Department of Labor & Industries, before its graduates are eligible for BHSS certification. To be approved, an educational program must provide at least the minimum amount of instruction and teach all competencies and clinical skills listed in WAC 246-821-110. Educational programs may require less instruction for students who have previously completed relevant coursework.

Costs: There may be indeterminate costs for educational programs to comply with the proposed rule. This may include the cost for development or modification of curricula, staff to teach or administer a BHSS program, costs associated with partnering with BHSS practicum sites, etc. These costs cannot be estimated because the BHSS program guidelines developed by the University of Washington are highly customizable. Instead of creating a list of new mandatory classes, UW developed a list of BHSS competencies and clinical skills that can be integrated into an institution's existing classes and courses of study. As a result, the amount of modification

⁵⁴ Database of Accredited Postsecondary Institutions and Programs, U.S. Department of Education, <https://ope.ed.gov/dapip/#/home>.

necessary to meet the proposed standards may vary considerably. The administrative support necessary to run a BHSS program could also vary widely between schools based on the size of their BHSS program and how they intend it to function.

Additionally, approximately 6 BHSS educational programs are already in progress in Washington, with some beginning operation as early as 2020. These programs are in various stages of development and various stages of compliance with UW’s guidelines and the proposed rules. As a result, the department cannot provide a generic estimate of the cost associated with these rules.

Benefits: Benefits of setting educational program standards include the assurance that all BHSS students are adequately prepared for professional practice. Many behavioral health programs are able to be approved through regional or national accreditation or professional associations. Because the BHSS profession is new, however, there is no regional or national body to standardize BHSS education or competencies. The proposed rule codifies the department’s regulatory role for BHSS educational programs and enables the department to establish and enforce consistent standards.

WAC 246-821-810 APPROVAL PROCESS FOR EDUCATIONAL PROGRAMS

Description: The proposed rule establishes the approval process for educational programs providing BHSS education:

- To apply, the program must submit documentation showing its curriculum and practicum sites meet requirements. If a program is denied, an explanation will be provided.
- When a program is “most aligned” with 29 of 34 competencies in the gap analysis tool, the department provisionally approves the program for 3 years. When a program fully complies with requirements, the department approves the program for a 7-year period.
- Approved programs must inform the department within 60 days about any significant changes to the BHSS curriculum, practicum sites, accreditation status, or financial solvency.
- If an educational program no longer meets criteria for approval, the department provides a statement of deficiencies and works with the program to agree on a corrective action plan. The department may also conduct audits or revoke program approval as appropriate.
- An educational program may appeal a decision under chapter 34.05 RCW and chapter 246-10 WAC.

Costs: The application and approval process for BHSS educational programs will require additional time for the educational program.

The department is unable to estimate the amount of additional time required for an educational program to complete an application. While the department forms necessary for this process have

not yet been developed, the department intends to model them after UW's gap analysis worksheets. Additional time required to complete the educational program application may vary significantly based on whether a program is already using UW's gap analysis worksheets to track its progress. For programs that maintain current program data using UW's gap analysis worksheets, the time required to complete the application may be significantly reduced or minimal.

Benefits: Benefits of this rule include a graduated approval process for BHSS education programs, which allows educational institutions to develop BHSS programs with guidance from UW over an achievable time frame. For a profession new to the entire nation, not just Washington state, this graduated approval process will be critical for allowing educational programs to devote significant time and resources to developing BHSS programs and practicum partnerships.

Unlike other behavioral health professions, which require specific coursework or degrees completed at regionally or nationally accredited schools, and often require transcript analysis to ensure qualifications have been met, all BHSS education programs will be developed specifically to meet department and UW standards. In this way, the initial costs of creating and approving education programs will create efficiencies in the future years of the profession.

Additionally, application reviews of individual BHSS applicants will be expedited because students will have completed an approved BHSS program, which will lead to reduced credentialing costs for the profession over time.

WAC 246-821-811 LEGACY CLAUSE FOR PROGRAMS OPERATING PRIOR TO 2025

Description: The proposed rule creates a route to BHSS certification for students who completed a BHSS program in development prior to January 1, 2025. To make its past students eligible for certification, an educational program must apply for approval for a past academic year(s). The department may approve the program for any past academic year if the program submits evidence of meeting the standards for provisional program approval in WAC 246-821-810, including a practicum. If a pre-2025 BHSS student's practicum was less than 240 hours, they may supplement their application with documentation of additional supervised experience to meet the 240-hour requirement.

Costs: There are no anticipated costs for the legacy clause, as this process uses the standard educational program approval process, which does not require a fee, and the standard individual applicant process.

Benefits: Benefits to this proposed rule primarily include the recognition of time and effort that students and educators put into creating the BHSS education program and profession prior to its adoption into statute. The profession can only grow and enter the workforce because of the work

and effort of these individuals, and this legacy clause creates the structure for former BHSS students to be credentialed as a BHSS without having to repeat coursework.

Additionally, the legacy clause allows an applicant who completed their BHSS education program and practicum prior to 2025 to submit additional supervised hours if their practicum length did not match the requirements proposed in chapter 246-821 WAC, rather than requiring that person to complete a second practicum.

Summary of all Cost(s) and Benefit(s)

SA Table 2. Summary of Section 5 probable cost(s) and benefit(s)

WAC Section and Title	Probable Cost(s)	Probable Benefit(s)
WAC 246-821-100 BHSS required education	<p><u>Cost to Applicant:</u></p> <ul style="list-style-type: none"> • Bachelor: no cost in excess of bachelor program. • Post baccalaureate: ranging in cost between \$7,500 to \$19,000. • Apprenticeship: a financial gain of approximately \$80,000 over 2 years. <p><u>Cost to Supervisor:</u> N/A <u>Cost to Education Program:</u> N/A</p>	Standards support competent providers and patient safety.
WAC 246-821-200 Supervised experience requirements	<p><u>Cost to Applicant:</u> No cost or financial gain in addition to analysis in WAC 246-821-100.</p> <p><u>Cost to Supervisor:</u> N/A <u>Cost to Education Program:</u> N/A</p>	Standards support competent providers and patient safety.
WAC 246-821-210 Practicum supervision requirements	<p><u>Cost to Applicant:</u> No cost or financial gain in addition to analysis in WAC 246-821-100.</p> <p><u>Cost to Supervisor:</u> The cost of supervising a practicum may be approximately \$366.36 to \$1,366.80, depending on the profession of the supervisor.</p>	Supervision requirements ensure students have sufficient practice to become competent professionals.

	<u>Cost to Education Program: N/A</u>	
WAC 246-821-215 BHSS practicum supervisor requirements	<u>Cost to Applicant: N/A</u> <u>Cost to Supervisor: No probable financial cost, but supervisor requirements impact individuals with specific credentials.</u> <u>Cost to Education Program: N/A</u>	Supervisor requirements support ethical and professional boundaries and provide students with high-quality supervision.
WAC 246-821-400 Professional standards for certified BHSS	No probable costs.	Provides clear standards for how the new BHSS profession functions within a care team.
WAC 246-821-405 Ethical standards	No probable costs.	Raises standard of client care, improves patient safety, and centers BHSS/client relationship on client needs.
WAC 246-821-410 Clinical supervisors	No probable costs.	Supervision requirements support competent practice and patient safety, while maintaining flexibility for providers.
WAC 246-821-420 Required client disclosure information	No probable costs.	Creates a consistent experience for clients and ensures clients are aware of their rights, limits of the BHSS scope, billing practices, and complaint processes.
WAC 246-821-500 Continuing education requirements	No probable costs.	Supports competent practice and patient safety, while maintaining flexibility for providers.
WAC 246-821-510 Qualifying continuing education and other professional development activities	<u>Cost to Applicant: No probable financial costs, but time and energy to retain documents and risk of discipline for failure to document CE properly.</u> <u>Cost to Supervisor: N/A</u> <u>Cost to Education Program: N/A</u>	Allowing distance learning adds accessibility. Documentation requirements set clear expectations and minimize risk of disciplinary action.

WAC 246-821-520 Industry-recognized organizations or institutions of higher learning	No probable costs.	Ensures BHSS CE remains consistent with other behavioral health fields and best practices; provides a list of pre-approved organizations for convenience.
WAC 246-821-800 Standards for educational programs	<u>Cost to Applicant:</u> N/A <u>Cost to Supervisor:</u> N/A <u>Cost to Education Program:</u> Indeterminate costs based on current educational program curriculum and updates necessary to comply with UW and proposed department standards.	Ensuring consistent, high-quality education for BHSS students.
WAC 246-821-810 Approval process for educational programs	<u>Cost to Applicant:</u> N/A <u>Cost to Supervisor:</u> N/A <u>Cost to Education Program:</u> Indeterminate costs for schools to apply for approval.	Ensuring consistent, high-quality education for BHSS students.
WAC 246-821-811 Legacy clause for programs operating prior to 2025	No probable costs.	Providing a path to certification for early BHSS students.

Determination

Probable Benefits greater than Probable Costs

Probable benefits of the proposed rules include:

- Ensuring BHSS students are appropriately educated; complete practicum experience under high-quality, knowledgeable supervision; and are prepared to practice as competent, ethical providers during all phases of their career; and
- Promoting patient safety.

The costs of the proposed rule include:

- The cost of BHSS education, which ranges from up to approximately \$19,000 or more to a gain of approximately \$80,000 over two years;
- A cost to practicum supervisors for the time they spend supervising students; and
- Indeterminate costs to educational programs who choose to develop BHSS educational programs.

WASHINGTON STATE DEPARTMENT OF HEALTH

Significant Analysis

Template Updated April 2024

Because the proposed rules are necessary to implement the goal of the legislature and to ensure the new BHSS profession has the education and training necessary to practice safely, it was determined that the probable benefits of the proposed rules are greater than the probable costs.

SECTION 6

List of alternative versions of the rule that were considered including the reason why the proposed rule is the least burdensome alternative for those that are required to comply and that will achieve the goals and objectives of the proposed rule.

In the fall of 2023 and the spring of 2024, the department held a total of 18 workshops intended to invite discussion and feedback from interested parties, including Washington state educators, behavioral health professionals, and members of the public. These workshops resulted in many conversations and suggestions to develop the rule language for the BHSS profession.

CHAPTER 246-821 WAC BEHAVIORAL HEALTH SUPPORT SPECIALIST

Description: The proposed rules for the certified Behavioral Health Support Specialist profession establish requirements for certification and how the department regulates the profession.

Alternatives Considered:

Throughout discussions with interested parties, a persistent cause of confusion has been the term BHSS “certification.” This terminology has prompted multiple requests for clarification about whether the BHSS is a real professional credential or merely a training, such as a first aid certification training course. While the department does not have the authority to change the term “certification,” the new BHSS certificate is a true professional credential.

Washington has three types of health professional credential: registration, certificate or certification, and license.⁵⁵ Registered professions have the lowest requirements for entry, while licensed professions have the highest. Certification is required for many professions that require some education and training, but do not require the highest level of training and experience recognized in the field. A clear example of this stratification is the recent division of agency affiliated counselors (AAC) into registered, certified, and licensed AACs:⁵⁶

- Registration as an AAC requires an individual to be an employee or student intern of an agency;
- Certification as an AAC requires employment, a qualifying bachelor degree, and experience; and
- Licensure as an AAC requires employment, a qualifying master or doctorate degree, and experience.

Each of these is a professional credential that permits an individual to engage in counseling within the credential’s scope of practice within an agency setting.⁵⁷

⁵⁵ RCW 18.120.020.

⁵⁶ 2SHB 1724 (chapter 425, Laws of 2023), Sections 13 through 31, available at: <https://lawfilesexternal.wa.gov/biennium/2023-24/Pdf/Bills/Session%20Laws/House/1724-S2.SL.pdf?q=20240620161921>.

⁵⁷ RCW 18.19.020.

Under SSB 5189, the BHSS profession was created as a “certification,” which is consistent with department regulation of other similar professions, such as the certified AACs,⁵⁸ certified counselors,⁵⁹ and certified substance use disorder professionals⁶⁰ and trainees.⁶¹

WAC 246-821-100 BHSS REQUIRED EDUCATION

Description: The proposed rule requires an applicant to complete the minimum amount of instruction in a behavioral health curriculum: 45 quarter college credits; 30 semester college credits; or 450 hours of apprenticeship related/supplemental instruction. All three options represent the same amount of time spent in classroom instruction.

Alternatives Considered:

In workshops, some behavioral health educators recommended a higher amount of required BHSS instruction (60 quarter college credits) rather than only 45 quarter college credits. Others shared that their BHSS programs contain fewer than 60 quarter credits, but require students to complete prerequisite coursework before beginning the BHSS program. After consideration, the department ultimately decided on the lower number of credits. This will establish a minimum amount of required instruction, while still allowing programs the flexibility to expand their programs through prerequisite coursework or additional BHSS program courses.

The department also considered requiring BHSS programs to devote a certain amount of credit hours per competency, but this option seemed impractical due to the difficult nature of identifying how long an individual needs to master any given competency, and then tracking how much class time is devoted to each of 34 competencies and clinical skills.

The model proposed by the department establishes an open framework of minimum instruction that can be adapted by many educational programs, while still ensuring BHSS students receive adequate instruction.

WAC 246-821-200 SUPERVISED EXPERIENCE REQUIREMENTS

Description: The proposed rule sets minimum requirements for a practicum.⁶² Minimum requirements include that a practicum must: reinforce BHSS competencies and clinical skills; allow the student to shadow providers and provide direct client care; and include supervision from an eligible supervisor. A practicum must be at least 240 hours, completed over at least 5 months.

Alternatives Considered:

⁵⁸ RCW 18.19.030.

⁵⁹ RCW 18.19.200.

⁶⁰ RCW 18.205.010.

⁶¹ RCW 18.205.095.

⁶² The proposed rules use the terms “supervised experience,” “practicum,” and “on-the-job training” interchangeably.

The department considered multiple alternatives for the practicum experience required by SSB 5189.

- 1) The department originally considered establishing requirements for apprenticeship on-the-job training in a separate rule, but later decided to include it in a general “supervised experience” rule section to ensure consistency across all possible practicum formats.
- 2) The original draft required the practicum setting to be a traditional clinic setting, such as a doctor’s office or outpatient mental health clinic. After discussion with interested parties about the possible applications of the credential, the department updated the rule language to include nontraditional options for a practicum setting, allowing for creativity and flexibility that may be required in various communities or behavioral health settings, while maintaining the same supervision requirements that would be required in a traditional clinic setting.
- 3) The department considered different minimum amounts of hours for practicum, ranging from 160 to 400 hours, before deciding on 240 hours as the proposed requirement. The department’s decision-making included recommendations from UW, feedback from educational institutions that are implementing BHSS programs, and consideration of experience requirements for other professions with a similar level of education.^{63 64}
- 4) In addition to the required number of hours, the department is proposing that the practicum be completed over a minimum time period. A minimum time frame supports students in completing their practicum gradually, alongside their BHSS education, encouraging the reinforcement of competencies from study to practice. Initially the time frame was drafted as a requisite number of quarters or semesters (2-3 quarters, or 1-2 semesters). However, these time frames would not fit with alternative academic schedules or an apprenticeship program. As a result, the department proposed a minimum time frame of 6 months, which educators suggested reducing by 2 weeks to better align with the academic calendar. To facilitate easy calculations and planning, the department ultimately settled on 5 months, a minimum amount of time that can be applied across all educational programs, while providing adequate support and learning time to BHSS students.

WAC 246-821-210 PRACTICUM SUPERVISION REQUIREMENTS

Description: The proposed rule sets supervision standards for practicums. A student must receive at least biweekly individual supervision and complete 240 hours of practicum/supervised

⁶³ See WAC 246-810-0221. Certification for a certified counselor requires a bachelor degree in a counseling-related field, but no supervised experience.

⁶⁴ See WACs 246-811-030, 246-811-046, and 246-811-048. Certification as a substance use disorder professional (SUDP) requires college coursework, but does not require a degree. While 2,000 hours of supervised experience are required for an SUDP applicant with a bachelor degree, an SUDP trainee without any confirmed education can begin treating clients after 50 hours of direct observation.

experience, at least 12 hours of individual supervision, and at least 60 hours of direct client contact. Additionally, a student must demonstrate at least one clinical skill in each competency listed in WAC 246-821-110.

Alternatives Considered:

During the workshops, practicum supervision requirements invited a high amount of participation and discussion from interested parties and educators, resulting in many alternate frameworks before determining the proposed requirements.

- 1) Initial draft language required a BHSS student to demonstrate all competencies during their practicum. Interested parties, however, raised concerns that not all practicum sites would allow students to demonstrate all competencies. Because of the diversity of possible practicum settings and clients, some sites may generate opportunities for students to demonstrate all competencies, but others might not. After discussion, the language was updated to reflect that the practicum is part of the learning process and an opportunity to reinforce competencies learned through coursework, not a test of full professional competency.
- 2) Likewise, initial practicum supervision requirements included a provision for supervisors to attest to their BHSS student meeting all competencies listed under WAC 246-821-110. Some interested parties objected to this requirement, as no other behavioral health profession places this responsibility or liability on supervisors. The department did not remove this requirement entirely because SSB 5189 requires that a BHSS demonstrate competency during their practicum;⁶⁵ however, the department amended draft language to require a supervisor's attestation that a BHSS demonstrated at least one clinical skill per competency listed in WAC 246-821-110. This requires a supervisor to attest to 8 competencies or clinical skills instead of all 34. Interested parties agreed this was a reasonable expectation that supervisors could accomplish without undue burden. The department believes that this solution balances the need to ensure competent practice with the desire to avoid placing prohibitively high requirements on supervisors.
- 3) Additionally, early drafts did not include the requirement for a BHSS to complete a minimum amount of direct client contact hours. During workshops interested parties suggested this requirement because a BHSS works independently once credentialed, and thus needs to demonstrate the ability to work effectively and appropriately with clients without their supervisor present. The number of required direct client contact hours was determined through discussion, and identified because it is consistent with requirements in other professions, such as SUDP trainees, which require the first 50 hours of face-to-face client interaction to occur under the direct observation of a supervisor.⁶⁶ The

⁶⁵ RCW 18.227.070.

⁶⁶ WAC 246-811-048.

proposed amount of direct client contact hours (60) is 25% of a student’s practicum, which will promote competency in this area.

- 4) The practicum supervision requirements also evolved over the course of the workshops. Initial drafts required a supervision planning meeting before the practicum began, which was later changed to a meeting within the first month of the practicum. This change was made to accommodate the schedule requirements of individuals who may be approved supervisors.
- 5) The department also considered the frequency of individual supervision. Possible approaches ranged from weekly, biweekly, or monthly supervision to not requiring a meeting frequency at all. An earlier draft required monthly individual supervision, which prompted feedback requesting a more frequent supervision schedule and suggesting that weekly individual supervision would be appropriate. After consideration, the department adjusted the required cadence of supervision to biweekly, rather than monthly. This both establishes a minimum supervision frequency, takes into account the relatively low number of practicum hours required for a BHSS practicum, and ensures appropriate support for BHSS students.
- 6) Additionally, the department considered the format of required supervision. Education providers suggested requiring group or triadic supervision to allow supervisors to meet with multiple BHSS students simultaneously. Others commented that there may not be enough BHSS students at a practicum site to conduct these types of supervision. After considering all feedback, the department decided to require only individual supervision because, particularly in the initial years of the credential, there may not be enough practicum students to conduct group or triadic supervision at all practicum locations. By establishing minimum standards, the department hopes to encourage creativity and allow clinical practicum sites to implement a supervision system that supports the needs of their students, their facility, and their clients. Practicum sites are free to implement more frequent or additional types of supervision as their schedule, staffing, and capacity permit.

WAC 246-821-215 BHSS PRACTICUM SUPERVISOR REQUIREMENTS

Description: The proposed rule language sets requirements for any professional who supervises a BHSS student during practicum. Requirements include that the provider: hold an eligible credential type and be competent to support a BHSS student; not be related to the student or have another conflict of interest; review and sign all practicum documentation or determine a designee; and maintain responsibility for clients treated by any BHSS student they supervise.

Alternatives Considered:

Alternatives to the practicum supervisor requirements for a BHSS centered on including the full list of permitted supervisors outlined in SSB 5189 or reducing this list to behavioral health professions only. These discussions focused on the need for students to have a supervisor who is familiar with the interventions and conditions that a BHSS will encounter during their practicum.

WASHINGTON STATE DEPARTMENT OF HEALTH

Selecting the full list of providers permitted in law, which includes non-behavioral health professions such as physicians and physician assistants, was the more inclusive choice in order to support the flexibility required in more rural or restricted areas. However, the department wants to ensure supervisors are prepared to provide the level of behavioral health-specific support necessary to guide BHSS students. To balance these priorities, the proposed rule explicitly lists professions with behavioral health expertise as eligible supervisors. Additionally, it permits the non-behavioral health provider types to serve as supervisors if they are competent to assess, diagnose, and treat behavioral health conditions and support a student BHSS appropriately. These requirements emphasize that a practicum supervisor must be an eligible provider type, but also must possess sufficient knowledge of behavioral health to support a student. The department feels this compromise both maintains accessibility and prioritizes behavioral health expertise.

WAC 246-821-400 PROFESSIONAL STANDARDS FOR CERTIFIED BHSS

Description: The proposed rule establishes requirements for a BHSS’s professional practice after certification. These standards require a BHSS to: provide brief, evidence-based interventions and measurement-based care; regularly confer with their supervisor; and refer a client to alternate health care when their needs exceed the BHSS’s scope of practice or competence. Additionally, the proposed rules clarify how a BHSS provides care within their scope of practice by: clarifying that a BHSS provides symptom-based treatment, independent of a client’s diagnosis; and establishing that if a client is treated with a single intervention for more than 6 months, a BHSS must routinely confer with their supervisor about alternative interventions and referral to another provider.

Alternatives Considered: In the initial draft of this rule, the department considered a more definitive and time-constrained version of “brief, evidence-based interventions,” which included a total number of permitted sessions (25 sessions per intervention), a time limit to each session (5-15 minutes), and a total maximum length of time for an intervention (between 6 months and 3 years). Through discussion, the department determined that defining this term in such detail was restrictive and likely unnecessary. Instead, the department and UW developed a more inclusive definition of “brief, evidence-based interventions” that requires collaboration with a supervisor if a person’s condition does not improve during the first 6 months of interventions completed by a BHSS. This proposed language allows a BHSS to schedule the time necessary to appropriately treat a client while remaining within their scope of practice and collaborating with their supervisor.

WAC 246-821-405 ETHICAL STANDARDS

Description: The proposed rule language establishes ethical standards for the BHSS profession, including: barring a BHSS from engaging in a sexual relationship with a former client or key party;

barring any nontreatment relationship with a former client or key party that could be perceived to create a conflict of interest or imbalance of power; and requiring a BHSS to limit self-disclosure in order to maintain a professional, neutral environment.

Alternatives Considered:

The original draft of BHSS rule language did not include a section specific to ethical standards. Instead, the language referenced chapter 246-16 WAC to prohibit sexual misconduct. In workshops, however, interested parties raised the concern that as a new credential type, BHSS professionals would benefit from a specific ethical standards rule in order to guide their practice. In developing the ethical standards section, the department considered two frameworks. The first permitted a BHSS to adhere to WAC 246-16-100 as it is written, which would allow a BHSS to have a relationship with a former client provided they considered the requirements outlined in WAC 246-16-100 (4) and (5). The second framework used language similar to regulations for other behavioral health professions, such as licensed counselors,⁶⁷ substance use disorder professionals,⁶⁸ agency affiliated counselors and certified counselors,⁶⁹ and psychologists,⁷⁰ which bar these professions from ever engaging in a relationship with a former client. The department determined the second framework was most appropriate for the BHSS due to disciplinary trends in other similar credentials. Additionally, the department added prohibitions against self-disclosure and dual relationships in order to establish a high standard for client and BHSS safety.

WAC 246-821-410 CLINICAL SUPERVISORS

Description: The proposed rule language establishes the responsibilities of any provider supervising a certified BHSS. Responsibilities include supervising the BHSS’s practice and treatment of clients; providing supervision appropriate for the BHSS’s level of training, education, and experience; ensuring quality of care for all clients; providing competent supervision based on their own level of training, education, and experience; and ensuring the BHSS has access to behavioral health consultation if necessary.

Alternatives Considered: In developing the clinical supervisor rules, the department originally did not include clarification on the specific responsibilities assigned to a supervisor, but during workshops, participants and interested parties requested clarification due to the concern that providers without significant experience in behavioral health would be providing supervision to BHSSs. This clarification included adding in the requirements that supervisors ensure a BHSS works within their scope of practice and provide regular and appropriate supervision. Additionally,

⁶⁷ WAC 246-809-049.

⁶⁸ WAC 246-811-020.

⁶⁹ WAC 246-810-049.

⁷⁰ WAC 246-924-358 (2).

the requirement to ensure behavioral health consultation is available to a BHSS ensures that certified BHSSs working in a non-behavioral health setting, such as a physician’s practice, will have access to behavioral health expertise if a situation exceeds the supervisor’s knowledge.

The department also received feedback requesting that agency affiliated counselors be added to the list of clinical supervisors. While this addition would allow for easy integration of BHSSs into behavioral health agencies and other settings, it conflicts with statutory requirements for BHSS supervisors. Under RCW 18.19.215, certified and licensed agency affiliated counselors have a scope of practice that allows them to “conduct mental health assessments and make mental health diagnoses.” BHSSs, however, must have a supervisor “who has the ability to assess, diagnose, and treat identifiable mental and behavioral conditions as part of their scope of practice.”⁷¹ Because the statute clarifies that “behavioral health” in this instance encompasses mental health, substance use, and co-occurring disorders, the required scope for a BHSS supervisor exceeds the scope granted to an agency affiliated counselor.

WAC 246-821-420 REQUIRED CLIENT DISCLOSURE INFORMATION

Description: The proposed rule requires a BHSS to disclose name, contact, professional, and billing information to each client. Both the BHSS and the client must sign and date a statement indicating that the client has been given the disclosure information and that they understand it. If the client is in acute crisis, it can be completed at a later session.

Alternatives Considered:

In the workshops, the department discussed the client disclosure requirements with participants to determine if they should be required at all. Because other behavioral health professions require client disclosures, the department chose to include this rule for consistency. Feedback received from participants included concern about clients in crisis, who are unable to sign the disclosure. To address these concerns, the department added a provision that allows clients in crisis to review and sign their disclosures during the first month of treatment, rather than requiring disclosures to be completed prior to engaging in any treatment. Creating this flexible timeline promotes a more inclusive and trauma-informed environment at the start of the patient/provider relationship, while still maintaining patient safety and awareness of provider responsibility.

WAC 246-821-500 CONTINUING EDUCATION REQUIREMENTS

Description: The proposed rule establishes continuing education (CE) requirements for a BHSS, including 2 hours every 4 years in health equity education; 3 hours every 6 years in suicide screening and referral; and 3 hours every 2 years in law and ethics.

Alternatives Considered:

⁷¹ RCW 18.227.010 (4).

In determining the specific CE requirements for a BHSS, the department considered multiple options for the topics required within the 20 hours⁷² required in statute. Because this is a new profession, and no BHSS-specific CE courses exist at this time, the department proposes requiring basic CE coursework that aligns with other behavioral health professions and reinforces BHSS competencies.

- While health equity training is required by law⁷³, the department proposes requiring a 2-hour training every 4 years, consistent with minimum standards set by the department.⁷⁴ Requiring a 2-hour training is consistent with other behavioral health professions, such as licensed counselors⁷⁵ and substance use disorder professionals.⁷⁶ This amount of training will reinforce UW’s clinical training competencies, while still allowing BHSSs sufficient time to take CE training in other topics. Additionally, because the department is required to make free 2-hour health equity trainings available, BHSSs will be able to complete the free training, rather than pay for a longer training.
- In the area of suicide prevention, the department proposes requiring the 3-hour training in suicide screening, assessment and referral. While the department considered requiring the 6-hour training on suicide assessment, treatment, and management, the content of the 3-hour training seemed more consistent with the BHSS scope of practice. Additionally, given that 20 hours of CE are required per 2-year CE cycle, the 6-hour training would take up a large portion of CE time, limiting BHSS opportunities to take CE on other topics. The 3-hour suicide prevention training should promote the ability of BHSSs to treat and refer clients with suicidal ideation appropriately, while still increasing their knowledge of the behavioral health field.
- Finally, the department proposes requiring 3 hours in law and ethics every 2 years. Originally, the draft required 2 hours of ethics every 2 years. This was later expanded to include law in addition to ethics. Inclusion of law will reinforce BHSS competencies, especially during the initial years of the profession, when legal requirements are newly established and educational programs may not have fully developed a curriculum on this subject. Additionally, the department raised the required training length to 3 hours to align with CE requirements for other, similar professions.

Profession	Law and Ethics CE (Hours)	Total CE (Hours)	Law and Ethics (%)
Behavioral Health Support Specialist	3	20	15%

⁷² RCW 18.227.050 (6).

⁷³ RCW 43.70.613.

⁷⁴ WAC 246-12-800 through WAC 246-12-830.

⁷⁵ WAC 246-809-630.

⁷⁶ WAC 246-811-290.

Licensed Counselor ⁷⁷ and Associate ⁷⁸ (MHC, MFT, SW)	6	36	16.7%
Substance Use Disorder Professional ⁷⁹	4	28	14.3%
Certified Counselor or Certified Adviser ⁸⁰	6	36	16.7%

Requiring only 2 hours of law and ethics, or 10% of total CE hours, would have been below what other similar professions require. Increasing this to 3 hours will align with other professions and provide new BHSS providers the necessary legal and ethical foundation to begin practicing.

WAC 246-821-510 QUALIFYING CONTINUING EDUCATION AND OTHER PROFESSIONAL DEVELOPMENT ACTIVITIES

Description: The proposed rule establishes requirements for CE, including that education must be relevant to the profession and contribute to BHSS professional competence; education must be approved by an industry-recognized organization; any distance education must include tests of comprehension; and qualifying activities include programs, courses, seminars, and workshops. Additionally, the rules establish documentation necessary to receive CE credit and that a BHSS must retain documentation for at least 6 years.

Alternatives Considered:

Proposed qualifying CE and professional development activities were largely based on other behavioral health professions, then tailored to apply to the new profession. The proposed rule language includes requirements that focus CE on relevance to the profession, professional growth, and competency, rather than on income or efficiency. The proposed rule also requires CE from industry-recognized organizations in order to protect the integrity of the profession. The major point of discussion in this rule was about the requirement for a BHSS to retain CE documentation. The department considered requiring a BHSS to maintain documentation for only one CE cycle at a time, but the proposed rule language extends that requirement to 6 years, or 3 CE cycles, due to the requirement in WAC 246-821-500 that a BHSS complete a suicide screening and referral training once every 6 years. The 6-year document retention requirement ensures that a BHSS should have documentation of all relevant trainings if the department audits their CE.

WAC 246-821-520 INDUSTRY-RECOGNIZED ORGANIZATIONS OR INSTITUTIONS OF HIGHER LEARNING

⁷⁷ WAC 246-809-630.

⁷⁸ WAC 246-809-632.

⁷⁹ WAC 246-811-240.

⁸⁰ WAC 246-810-027.

Description: The proposed rule establishes a list of industry-recognized organizations whose approved CE courses are recognized by the department. This list includes, but is not limited to, prominent organizations related to the behavioral health professions and institutions of higher learning accredited as Postsecondary Education Institutions by the U.S. Department of Education.

Alternatives Considered:

The department’s initial draft included a shorter list of organizations approved to provide CE. This list was expanded based on workshop and interested party feedback. Additions based on this feedback include the Association for Addiction Professionals (NAADAC), the Voice for Washington State Addiction Professionals (WAADAC), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Collaborative Family Healthcare Association. Throughout the drafting process, the department prioritized inclusion of behavioral health organizations representing professions whose trainings would further the professional development of certified BHSSs.

WAC 246-821-800 STANDARDS FOR EDUCATIONAL PROGRAM

Description: The proposed rule requires a BHSS educational program to be approved by the department and, if applicable, registered with the Department of Labor & Industries, before its graduates are eligible for BHSS certification. To be approved, an educational program must provide at least the minimum amount of instruction and teach all competencies and clinical skills listed in WAC 246-821-110. Educational programs may require less instruction for BHSS students who previously completed relevant coursework.

Alternatives Considered:

The proposed rule language is consistent with the educational standards set in RCW 18.227.020, aligning BHSS education standards with the BHSS program guidelines set by the UW Department of Psychiatry and Behavioral Sciences. Alternatives considered included requiring a different amount of overall credits for a BHSS program, ranging from 45 to 60 quarter credits or the equivalent in semester credits or apprenticeship classroom instruction hours. While some educational partners expressed that 60 quarter credits was an appropriate minimum educational foundation for a BHSS, others indicated that some programs require prerequisite courses before a student can begin BHSS coursework. After weighing this feedback, the department determined that 45 quarter credits or the equivalent is a sufficient minimum standard. This will both ensure a minimum amount of BHSS education and allow flexibility for educational programs to independently set additional requirements.

Additionally, the department received the suggestion to raise the minimum amount of apprenticeship education from 450 hours to 1,350 hours. This recommendation is based on chapter 250-61 WAC, which regulates colleges, universities, and other degree-granting educational institutions. Under these standards, one quarter credit hour generally represents

“three hours of student work per week... usually a combination of one hours of lecture and two of homework...”⁸¹ Using this approach to calculate the minimum amount of education time for BHSS apprenticeships would result in a 1,350 hours requirement.

While the department recognizes the important role homework plays in reinforcing classroom instruction, the department has determined that requiring only 450 hours of apprenticeship instruction, the same amount required for BHSS students who receive their education through college courses, is appropriate.

A primary reason for this determination is a lack of authority. The department does not regulate the amount of homework assigned or completed in educational settings. Not only is regulating homework assigned in college courses beyond the department’s authority, but also the department would be unable to enforce such a requirement. The department is similarly unable to effectively regulate homework assigned by apprenticeship programs.

Ultimately the role of regulating non-classroom work belongs to other entities. Just as college programs are regulated by the Washington Student Achievement Council under chapter 250-61 WAC, any potential apprenticeship program would be regulated by the Department of Labor & Industries under chapter 296-05 WAC.

Additionally, requiring 1,350 hours of apprenticeship instruction, but only 450 hours of college instruction would create a discrepancy in how the department regulates these educational pathways. Without a compelling public safety reason, the department has no justification for regulating apprenticeship programs to a greater degree than college or post-baccalaureate programs.

Requiring 450 hours of apprenticeship instruction – an amount equal to required college instruction – presents no added risk to patient safety, as all BHSS students and apprentices will complete the same amount of education and a practicum, whether they were educated in college or in an apprenticeship. If future disciplinary rates reveal a clear discrepancy based on the disciplined providers’ educational path, the department will use that information to consider appropriate updates to chapter 246-821 WAC.

WAC 246-821-810 APPROVAL PROCESS FOR EDUCATIONAL PROGRAM

Description: The proposed rule establishes the approval process for educational programs providing BHSS education. To apply, the program must submit documentation to the department that its curriculum and its practicum sites meet requirements. When a program is “most aligned” with 29 out of 34 competencies and clinical skills using the gap-analysis tool developed by UW, the department provisionally approves the program for 3 years. When a program fully complies

⁸¹ WAC 250-61-050 (9).

with requirements, the department approves the program for a 7-year period. Additionally, the department may conduct audits, require a corrective action plan, and revoke program approval for good cause.

Alternatives Considered:

The department considered several alternate frameworks for the approval process of BHSS educational programs, largely focusing on the length of time approvals would last, whether or not to create a probationary approval process, and whether or not the department would work directly to certify practicum sites participating in the BHSS program.

The proposed rule language defines both provisional and full approval, with provisional approval meaning that a program is substantially consistent with the competencies and standards defined by the UW guidelines for the BHSS profession. During workshops, the department proposed that “substantially consistent” requirements would indicate an 85% curriculum alignment, or being “most aligned” in 29 out of 34 total competencies. This provisional approval process allows education programs to begin implementing a BHSS program while still working toward full curriculum alignment over the course of the 3-year provisional approval, and does not compromise public safety because it still maintains a high level of compliance with the competencies established in WAC 246-821-110.

During workshops, the department received feedback that shorter periods of full approval time would be acceptable, with suggestions of 3 or 5 year periods of time. The department considered a shorter time period, but instead proposes a 7-year period of full approval for education programs, in order to reduce costs to the profession required for the analysis and evaluation of education programs. As the profession grows and becomes more widely known, the department anticipates new education programs applying for both provisional and full approval. This proposed rule language includes this anticipated growth in its calculation of the best use of resources while continuing to adequately support the new BHSS profession.

The proposed rule also includes a requirement that educational programs evaluate practicum sites independent of the department, and attest to the department that the practicum sites meet the requirements of WAC 246-821-200. The department considered requiring practicum sites to attest directly to the department, but this model was not chosen, as this would have increased the administrative burden on clinical and other practice settings, and potentially discouraged some from participating as practicum sites.

Additionally, the department originally considered a more limited approach to enforcement of BHSS educational program standards, where the department could revoke a program’s approval status for good cause. After consideration, the department added enforcement mechanisms that allow more nuanced enforcement of program standards. Under the proposed rules, if the department identifies that an educational program is not meeting criteria, the department can issue a statement of deficiencies and request a corrective action plan, rather than simply revoking

a program's approval status. This addition will allow BHSS programs to correct problems with their BHSS program and minimize negative impacts to their students.

WAC 246-821-811 LEGACY CLAUSE FOR PROGRAMS OPERATING PRIOR TO 2025

Description: The proposed rule creates a route to BHSS certification for students who completed a BHSS curriculum prior to January 1, 2025. To make its past students eligible for certification, an educational program must apply for approval for a past academic year(s). The department may approve the program for any past academic year if the program submits evidence of meeting the standards for provisional program approval in WAC 246-821-810. If a student did not complete a 240-hour practicum, they may supplement their application with documentation of additional supervised experience.

Alternatives Considered:

In composing the original proposed draft language, the department considered not including a legacy clause for students who completed a BHSS program prior to January 1, 2025, because any BHSS programs were not intentionally designed under requirements of SSB 5189. Approval of pre-2025 BHSS program years will require time for both educational programs to apply and the department to review. Additionally, it is likely that relatively few pre-2025 BHSS students will apply for certification, as many completed the BHSS program incidental to preparation for graduate-level behavioral health studies.

However, the department recognizes that a legacy clause is an important part of recognizing the efforts of educational programs to create the framework for the BHSS profession. Feedback received at workshops supported this approach. With this in mind, the department attempted to create legacy rule language that would both uphold quality of BHSS education and allow pre-2025 BHSS students to join the behavioral health workforce.

Originally, the department's legacy rule draft focused on students proving they had substantially met current standards, including collecting attestations from their college or university's BHSS program staff and documentation of practicum hours from their practicum supervisor. However, the department received feedback that this system would create a large burden on individual students. As a result, the department redrafted the legacy rule to place this burden on educational programs. Not only are educational programs supported by paid staff, but also they have more complete information about the development of their own BHSS program and its compliance with UW's guidance over the years.

The proposed legacy rule allows a BHSS program to apply for approval for a pre-2025 academic year. If the program meets standards described in the rule, then students who completed BHSS coursework that program year are eligible for certification. To address potential gaps between a pre-2025 practicum and current proposed standards, pre-2025 students will be allowed to submit documentation of additional supervised experience hours to make up the difference. In this way,

the department intends to both create a path to certification for pre-2025 students, while minimizing the administrative burden on individual students and upholding proposed standards.

SECTION 7

Determination that the rule does not require those to whom it applies to take an action that violates requirements of another federal or state law.

The rule does not require those to whom it applies to take action that violates the requirements of federal or state law.

SECTION 8

Determination that the rule does not impose more stringent performance requirements on private entities than on public entities unless required to do so by federal or state law.

The rule does not impose more stringent performance requirements on private entities than on public entities.

SECTION 9

Determination if the rule differs from any federal regulation or statute applicable to the same activity or subject matter and, if so, determine that the difference is justified by an explicit state statute or by substantial evidence that the difference is necessary.

The rule does not differ from any applicable federal regulation or statute.

SECTION 10

Demonstration that the rule has been coordinated, to the maximum extent practicable, with other federal, state, and local laws applicable to the same activity or subject matter.

The proposed rule does not differ from any federal regulation or state applicable to the same activity or subject matter.