

# Significant Legislative Rule Analysis

Chapter 246-811 WAC  
a Rule Concerning  
Substance Use Disorder  
Professionals

October 2024

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# 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.**

This rule will implement recent legislation for chapter 246-811 WAC, Substance Use Disorder Professionals and Substance Use Disorder Professional Trainees, reduce barriers to obtaining and retaining a credential, clarify existing WAC language, and update language to clarify the various pathways to certification that have been introduced since 2019, including apprenticeships, out-of-state substantial equivalency, and the co-occurring disorder specialist enhancement.

The proposed rule amendments also incorporate industry-recognized professional standards that will promote appropriate supervision practices, establish clear ethical standards, and support all members of the profession in creating a sustainable clinical practice in a workplace often characterized by secondary traumatic stress, low wages, and short-staffing.

This section will provide a high-level overview of the recent history of the substance use disorder professional (SUDP) profession, as well as the barriers and difficulties facing members of this profession.

### **History**

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...”<sup>1</sup> 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.<sup>2</sup>

This workforce shortage is especially apparent in substance use disorder (SUD) treatment providers, who have been an integral part of the Washington state response to the opioid crisis. There have been multiple legislative attempts<sup>3</sup> to boost this specialized workforce in the past decade,<sup>4</sup> beginning after the Affordable Care Act was passed, which expanded

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

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

<sup>3</sup> WSR 16-14-052, June 29, 2016. <https://lawfilesexternal.wa.gov/law/wsr/2016/14/16-14-052.htm>

<sup>4</sup> WSR 20-12-074, June 1, 2020. <https://lawfilesexternal.wa.gov/law/wsr/2020/12/20-12-074.htm>

substance abuse treatment access to millions of Washington residents. Despite these attempts, the numbers of credentialed SUDPs have largely remained stagnant, growing from 4,309 professionals in 2013 to only 4,534 professionals in 2023.<sup>5,6</sup>

Individuals in this profession have a long history in Washington’s behavioral health care system, and are the backbone of SUD services, ranging from state-regulated behavioral health agencies to drug court programs, supportive recovery housing, and outpatient follow-up care. SUDPs are embedded in the recovery process, often staying with patients for the full duration of their SUD treatment and becoming integral parts of community leadership in many recovery communities.

## Regulatory Challenges

At the regulatory level, the SUDP profession has high rates of disciplinary actions and, as a result, high credential fees.<sup>7</sup> These high fees are consistently cited as one of the biggest barriers to maintaining an SUDP credential, particularly considering that SUDPs and trainees are paid low wages due to low insurance reimbursement rates.<sup>8</sup>

Many of the disciplinary actions for SUDPs relate to a lack of boundaries, ethical violations, and sexual misconduct,<sup>9</sup> which occur at higher rates than in other behavioral health professions.<sup>10</sup> Many members of the profession express concern at these high numbers due to the potential for significant patient harm for individuals experiencing substance use disorders, where mistakes made in a patient/provider relationship could result in the overdose or possible suicide of a patient.

These disciplinary cases can also have the effect of discouraging growth of the profession. Under RCW 43.70.250, the cost of regulating each profession shall be borne by the members of that profession through fees. The costs of investigating complaints and taking disciplinary action when appropriate make up approximately half of the SUDP program’s budget. As a result, the department has had to raise credentialing fees enough to balance the budget, to the extent that maintaining a credential can be cost-prohibitive. Although the temporary fee cap of \$100, included in Second Substitute Senate Bill (2SSB) 6228<sup>11</sup> has profoundly reduced this barrier, without long term profession growth and systematically

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<sup>5</sup> Washington State Department of Health, Health Systems Quality Assurance Division, *2011-13 Uniform Disciplinary Act Biennial Report* (2013), <https://doh.wa.gov/sites/default/files/legacy/Documents/2000/UDAReport2011-2013.pdf>.

<sup>6</sup> Washington State Department of Health, Health Systems Quality Assurance Division, *2021-23 Uniform Disciplinary Act (UDA) Report* (2023), <https://doh.wa.gov/sites/default/files/2024-03/631093-UDAReport2021-2023.pdf>.

<sup>7</sup> WSR 18-09-077, April 17, 2018. <https://lawfilesexternal.wa.gov/law/wsr/2018/09/18-09-077.htm>

<sup>8</sup> Some SUDPs and trainees have reported wages ranging from \$20-\$28 hourly, depending on experience.

<sup>9</sup> Mike Fancher, “License to harm’ series reveals a regulatory system in disarray,” *The Seattle Times*, April 23, 2006. [https://special.seattletimes.com/o/html/licensetoharm/2002947769\\_fancher23.html](https://special.seattletimes.com/o/html/licensetoharm/2002947769_fancher23.html).

<sup>10</sup> “Substance Use Disorder Certification Advisory Committee Regular Meeting Notice,” Washington State Department of Health. October 4, 2024, available online at: <https://doh.wa.gov/sites/default/files/legacy/Documents/Mtgs/2020/AG-SUDP.pdf>

<sup>11</sup> Second Substitute Senate Bill 6228 (Chapter 366, Laws of 2024).

decreased disciplinary rates, these profession fees will return to high amounts in 2029, when the fee cap expires.

In many ways, this profession has been a near-constant topic in legislation and rulemaking in recent years, with many efforts to expand the workforce. The pace of these legislative and regulatory changes has picked up in the last 5 years, with changes occurring annually or more. This frequency has led to uncertainty and some difficulty for members of the profession with keeping up with all the updates. These changes include, in chronological order:

- **Alternate Pathway (2016):** Rulemaking under WSR 16-14-052<sup>12</sup> reduced education and experience requirements for specific behavioral health and medical professionals to obtain their SUDP credential, including psychologists, master’s-level licensed counselors, physicians, physician assistants, advanced practice registered nurses and, more recently, pharmacists.<sup>13</sup>
- **Engrossed Substitute House Bill 1768 (2019):**<sup>14</sup> This bill renamed “chemical dependency professionals” as “substance use disorder professionals” and, in place of an abstinence-only approach to substance use, amended statutes to focus on recovery. Additionally, the bill created the co-occurring disorder specialist enhancement, required the department to develop multiple reports, and made changes to other aspects of the SUDP profession.
- **Senate Bill 5054 (2019):**<sup>15</sup> This bill required the department to issue probationary credentials and establish a reciprocity program for individuals who have been licensed in states with a substantially equivalent or greater scope of practice than Washington.
- **Engrossed House Bill 1311 (2021):**<sup>16</sup> This bill created the SUDP apprenticeship pathway, which was implemented in WSR 22-17-097.<sup>17</sup> Due to the recent implementation of this bill, there is no long-term data that has demonstrated a significant impact to the workforce. However, early numbers of the first SUDP apprentice cohorts indicate a 10-15% increase in the number of trainees working along this pathway.

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<sup>12</sup> WSR 16-14-052, June 29, 2016. <https://lawfilesexternal.wa.gov/law/wsr/2016/14/16-14-052.htm>

<sup>13</sup> The alternate pathway created more opportunities to grow the SUD workforce, and during a department review in spring 2024, an estimated one third of certified SUDPs (around 1000 individuals) held at least one other mental health credential, including Agency Affiliated Counselors, Mental Health Counselors, and Licensed Independent Clinical Social Workers.

<sup>14</sup> Engrossed Substitute House Bill 1768 (Chapter 444, Laws of 2019). <https://lawfilesexternal.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/House/1768-S.SL.pdf?q=20241011132303>

<sup>15</sup> Senate Bill 5054 (Chapter 351, Laws of 2019). <https://lawfilesexternal.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/Senate/5054.SL.pdf?q=20241011133128>

<sup>16</sup> Engrossed House Bill 1311 (Chapter 165, Laws of 2021) <https://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/House/1311.SL.pdf?q=20241011133850>

<sup>17</sup> WSR 22-17-097, August 18, 2022. <https://lawfilesexternal.wa.gov/law/wsrpdf/2022/17/22-17-097.pdf>

Finally, legislation included in this current rulemaking includes three more bills:

- **Second Substitute House Bill (2SHB) 1724 (2023):**<sup>18</sup> 2SHB 1724 tasked the department with reducing barriers to obtaining and retaining licensure in the behavioral health workforce, including implementing reciprocity for out-of-state applicants who have been certified in a state with substantially equivalent licensing standards, removing practice setting limitations from SUDP trainees, removing the department’s authority to screen applicants before scheduling examinations, and identifying additional barriers through conducting public listening sessions.
- **Engrossed Second Substitute House Bill (E2SHB) 2247 (2024):**<sup>19</sup> This bill implements recommendations made pursuant to 2SHB 1724, including removing the limitation on SUDP trainee renewals and implementing rule changes to reduce additional continuing education, supervisor, and certification barriers.
- **Second Substitute Senate Bill 6228 (2024):**<sup>20</sup> Among many other tasks associated with SUD treatment, this legislation implements a temporary fee cap of \$100 for all SUDPs and trainees. This fee cap received funding for the first of five years included in the legislation.

### Declining SUDP Workforce

The following SA Table 1 displays the number of issued SUDP credentials (blue) against the number of expired SUDP credentials (pink/red) dating from 2014 to present.<sup>21</sup> During this time frame, the number of individuals who allowed their credential to expire (and remain expired) often nearly matches the number of newly issued SUDP credentials. Even accounting for individuals who let their credential expire at retirement age (65+, in dark red below), the number of individuals leaving the profession remains high, causing the number of professionals to remain static despite new professionals joining the workforce. Additionally, data provided by the Workforce Training Board likewise indicates a 23% decline in SUDP trainee credentials since 2019.<sup>22</sup>

### SA Table 1. Summary of Credentials Issued and Expired by Year

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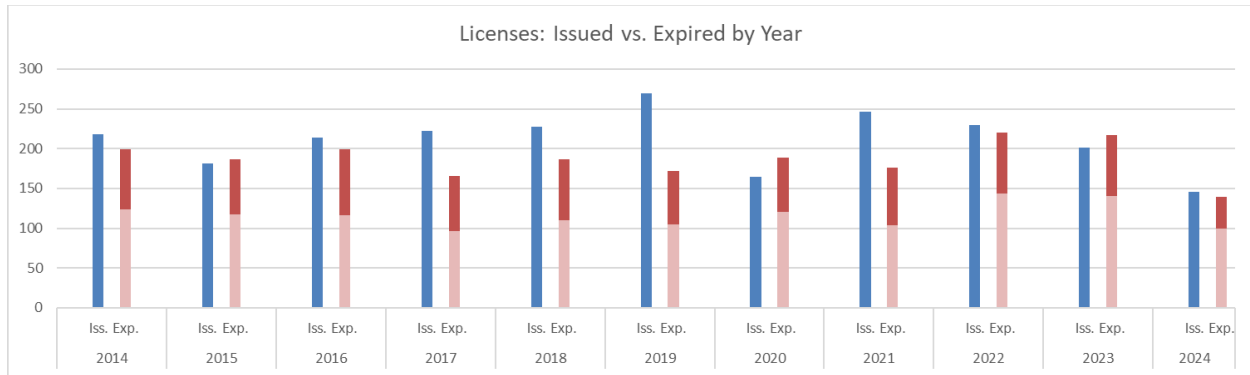
<sup>18</sup> Second Substitute House Bill 1724 (Chapter 425, Laws of 2023). <https://lawfilesexternal.wa.gov/biennium/2023-24/Pdf/Bills/Session%20Laws/House/1724-S2.SL.pdf?q=20241011140209>

<sup>19</sup> Engrossed Second Substitute House Bill 2247 (Chapter 371, Laws of 2024). Available online at: <https://lawfilesexternal.wa.gov/biennium/2023-24/Pdf/Bills/Session%20Laws/House/2247-S2.SL.pdf?q=20241011141413>.

<sup>20</sup> 2SSB 6228 (Chapter 366, Laws of 2024).

<sup>21</sup> This data excludes SUDP trainee credentials.

<sup>22</sup> Workforce Training and Education Coordinating Board, “Completions over time – index and count,” Public.Tableau.com, available at: <https://public.tableau.com/app/profile/workforce.training.and.education.coordinating.board/viz/Completionsovertime-indexandcount/Title>.



## Structural Challenges Facing the SUDP Workforce

Although the scope of this rulemaking cannot address all of the causes of burnout and additional barriers through regulation, the department would advocate that recognizing the impact of these issues on the SUDP workforce is critical. Many reported barriers originate in the work environment, and can include factors like:

### *Lack of Supervision*<sup>23</sup>

Studies<sup>24</sup> have shown that effective supervision plays an important role in retaining the behavioral health workforce. Toxic environments, and abusive leaders within them, tend to drive people out of the workforce,<sup>25</sup> but the opposite is also true: person-centered, trauma-informed leadership keeps people in jobs that might have otherwise cause them to quit or experience burnout. Behavioral health agencies who struggle with consistent staffing levels, sufficient funding, and appropriate staff-to-client ratios often struggle to provide supervision at a level needed by their teams, leading to low retention. Some contributing factors to low quality supervision include:

- Lack of access to sufficient time with an approved supervisor;
- Lack of support from the supervisor due to high patient caseloads and management expectations or responsibilities;
- High patient ratios for the supervisor and supervisee, resulting in less available supervision time;

<sup>23</sup> “Best Practice Standards in Social Work Supervision,” National Association of Social Workers. 2013, available online at: [https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/Best-Practice-Standards-in-Social-Work-Supervision#:~:text=The%20National%20Association%20of%20Social%20Workers%20\(NASW\)%20and](https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/Best-Practice-Standards-in-Social-Work-Supervision#:~:text=The%20National%20Association%20of%20Social%20Workers%20(NASW)%20and)

<sup>24</sup> Iasmina Iosim, Patricia Runcan, Virgil Dan, Bogdan Nadolu, Remus Runcan, and Magdalena Petrescu, “The Role of Supervision in Preventing Burnout among Professionals Working with People in Difficulty,” *International Journal of Environmental Research and Public Health* 19, 1 (2021): 160, available online at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8750667/>.

<sup>25</sup> MIT Sloane Management Review, “Toxic Culture Is Driving the Great Resignation” MIT Sloane Management Review, January 11, 2022, available online at: <https://sloanreview.mit.edu/article/toxic-culture-is-driving-the-great-resignation/>.

- Lack of training for new supervisors; and
- Lack of experience for new supervisors who are not provided the tools, resources, or time to provide adequate supervision.

### *Burnout*<sup>26</sup>

Burnout, especially when combined with low wages, is one of the primary reasons that individuals leave this profession and the behavioral health workforce as a whole. Many organizations and experts have contributed to the academic and best-practice standards about the importance of understanding and managing burnout, including the Substance Abuse and Mental Health Services Administration (SAMHSA),<sup>27</sup> the National Association for Addiction Professionals (NAADAC),<sup>28</sup> and industry professionals like Laura Van Dernoot Lipsky,<sup>29</sup> Nadine Burke Harris,<sup>30</sup> and Bruce D. Perry.<sup>31</sup> Some reasons for burnout currently experienced by members of the behavioral health SUD workforce include:

- Lack of access to mental health support, such as adequate time off, supportive and inclusive agency policies, and the impacts of staff shortages forcing overtime and high patient caseloads;
- Lack of education about the causes and signs of burnout, including how to manage burnout as an ethical responsibility;
- Lack of understanding how burnout impacts safety and outcomes for both patients and providers; and
- Failure to create safe spaces to understand and heal from secondary traumatic stress experienced in the SUD workplace, including frequent exposure to traumatic incidents with patients, overdose, suicide, self-harm, and other incidents.

### *Low Wages*<sup>32</sup>

Although many professions share this barrier, low wages are particularly challenging for SUDPs and trainees, many of whom could make a higher wage working at a local food or coffee chain restaurant. Wages for SUDPs and trainees directly correlate to reimbursement rates, and with the high amount of SUD patients on Medicaid insurance,

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<sup>26</sup> Substance Abuse and Mental Health Services Administration, *Addressing Burnout in the Behavioral Health Workforce Through Organizational Strategies* (2022), <https://store.samhsa.gov/sites/default/files/pep22-06-02-005.pdf>

<sup>27</sup> Substance Abuse and Mental Health Services Administration, *Addressing Burnout in the Behavioral Health Workforce Through Organizational Strategies* (2022), <https://store.samhsa.gov/sites/default/files/pep22-06-02-005.pdf>

<sup>28</sup> The Association for Addiction Professionals, “Practice Management, Administration, and Operation in the SUD Field Certificate,” NAADAC.org. Available online at: <https://www.naadac.org/certificate-for-practice-management-online-training-series>

<sup>29</sup> Laura Van Dernoot Lipsky, *Trauma Stewardship* (Berrett-Koehler Publishers, 2009).

<sup>30</sup> Nadine Burke Harris, *The Deepest Well* (Mariner Books, 2021).

<sup>31</sup> Bruce D. Perry, Oprah Winfrey, *What Happened to you? Conversations on Trauma, Resilience, and Healing* and *The Boy Who Was Raised As A Dog* (Flatiron Books, 2021).

<sup>32</sup> “Substance Use Disorder Certification Advisory Committee Regular Meeting Notice,” Washington State Department of Health. Pages 70-73. October 4, 2024, available online at: <https://doh.wa.gov/sites/default/files/legacy/Documents/Mtgs/2020/AG-SUDP.pdf>



these rates rarely allow treatment agencies to pay a comfortable wage to their employees. Some SUDP and trainees report wages starting at approximately \$20 per hour, ranging up to \$28 per hour.

- Poor reimbursement rates from managed care organizations lead agencies to pay their SUDPs poorly; low wages are a primary complaint reported by members of the profession.<sup>33</sup>
- As an associate degree level profession, SUDPs often lack available career advancement to increase their wages over time; the primary available career growth in the WA system would require an SUDP to obtain a masters degree to qualify for a licensed counselor credential.<sup>34</sup>
- Lack of financial stability leads to higher stress and poorer health outcomes for the provider, and subsequently fewer resources available for patients.<sup>35</sup>

### *Implicit Bias*

In particular, the historic and social biases around addiction have created bias toward specific models of abstinence-only recovery, such as Alcoholics Anonymous and other religious-based 12 step programs. This has resulted in systemic uncertainty about emerging alternative methods of SUD treatment which include medication-assisted treatment therapies (MAT) such as Methadone, Suboxone, and Vivitrol, and other recovery models built on harm reduction<sup>36</sup> principles. Washington’s decision to create a definition for recovery in 2019<sup>37</sup> has contributed to positive social change around recovery topics, but members of the profession still face social and ideological stigmas.

- Prior to the passage of 2SSB 6228<sup>38</sup> in the 2024 legislative session, many SUD treatment facilities were not designed to include medication-assisted treatments, unnecessarily requiring individuals to completely withdraw off all psychotropic medications prior to being admitted for SUD treatment.
- SUDPs are deeply entwined with this medication stigma, as “there is a belief among many abstinence-based counselors that incorporating MAT into recovery is merely

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<sup>33</sup> “Substance Use Disorder Certification Advisory Committee Regular Meeting Notice,” Washington State Department of Health. Pages 70-73. October 4, 2024, available online at:

<https://doh.wa.gov/sites/default/files/legacy/Documents/Mtgs/2020/AG-SUDP.pdf>

<sup>34</sup> The Association for Addiction Professionals, “SAMHSA-NAADAC Addiction Professional Education & Career Ladder,” NAADAC.org. 2018, available online at: [https://www.naadac.org/assets/2416/samhsa-naadac\\_career\\_education\\_ladder\\_03-2018.pdf](https://www.naadac.org/assets/2416/samhsa-naadac_career_education_ladder_03-2018.pdf)

<sup>35</sup> Daniel E. Dawes, *The Political Determinants of Health* (Johns Hopkins University Press, 2020).

<sup>36</sup> Substance Abuse and Mental Health Services Administration, “Harm Reduction,” SAMHSA.gov. April 24, 2023. <https://www.samhsa.gov/find-help/harm-reduction>

<sup>37</sup> ESHB 1768 (Chapter 444, Laws of 2019), Section 2, codified as RCW 18.205.020. "Recovery" means a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery often involves achieving remission from active substance use disorder.

<https://app.leg.wa.gov/RCW/default.aspx?cite=18.205.020>

<sup>38</sup> 2SSB 6228 (Chapter 366, Laws of 2024).

replacing one addiction with another.”<sup>39</sup> Other SUDPs with more education and awareness of harm reduction models daily fight against these barriers, advocating for patients who require a “banned” medication in order to maintain their sobriety. At the heart of this conflict is a lack of availability of multiple models of recovery; abstinence-only works well for some people, but not for all, and there is limited treatment availability for newer recovery models that integrate MAT.

- The social impact of this discrimination and addiction stigma<sup>40</sup> is often a daily struggle for the workforce, who work to provide these services in areas where there can be significant political opposition to newer models of recovery and increased access to care.

### *Increased Risk Associated with Escalating and Evolving Substance Abuse*

Due to the ever-evolving nature of substance abuse and drug manufacturing, SUDPs face new trends in substance use and associated behaviors with their clients on a near-daily basis. Especially since the COVID-19 pandemic, substance abuse trends have shifted significantly with the dramatic rise of fentanyl use, associated overdoses, co-detection of stimulants (methamphetamine and cocaine), and potential dangers of encountering patients under the influence.<sup>41</sup> These dangers can include:

- Unpredictable behaviors due to neurological and behavioral impacts of methamphetamine (e.g., psychosis, aggression, memory loss, etc.);
- Masked symptoms of overdose due to methamphetamine use;
- Compassion fatigue and secondary traumatic stress associated with exposure to overdose, patient trauma, and unpredictability of future SUD-related impacts on treatment; and
- Increase in medically complex patients<sup>42</sup> due to physical impacts of laced substance use (e.g., fentanyl laced with xylazine, causing ulcers and impacts similar to necrotizing fasciitis).<sup>43</sup>

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<sup>39</sup> Terri D’Arrigo, “Stigma, Misunderstanding Among the Barriers to MAT Treatment,” Psychiatry Online. September 27, 2019, available online at: <https://psychiatryonline.org/doi/10.1176/appi.pn.2019.10a2>.

<sup>40</sup> Dale Keiger, “Do Drug Treatment Centers Bring More Crime to a Neighborhood?” *John Hopkins Magazine*, Spring 2016. <https://hub.jhu.edu/magazine/2016/spring/nimby-drug-treatment-centers/>

<sup>41</sup> Millennium Health, “The ‘Fourth Wave:’ The Rise of Stimulants and the Evolution of Polysubstance Use in America’s Fentanyl Crisis,” *Millennium Health Signals Report* Volume 6 (2024). [https://resource.millenniumhealth.com/l/436602/2024-02-20/7np7cz/436602/1708454283M2NZA55N/MH\\_Signals\\_Report\\_Vol.6.pdf](https://resource.millenniumhealth.com/l/436602/2024-02-20/7np7cz/436602/1708454283M2NZA55N/MH_Signals_Report_Vol.6.pdf)

<sup>42</sup> SUDPs are not often embedded in medical settings, nor are medical doctors often embedded in SUD clinics, leading to medical issues being treated separately from causal SUD conditions.

<sup>43</sup> Anuradha Bishnoi, Vaneet Singh, Urmil Khanna, Keshavamurthy Vinay, “Skin ulcerations caused by xylazine: A lesser-known entity,” *Journal of the American Academy of Dermatology*, Volume 89, Issue 2 (2023): Pages e99-e102. [https://www.jaad.org/article/S0190-9622\(23\)00594-7/fulltext](https://www.jaad.org/article/S0190-9622(23)00594-7/fulltext)

The impact of these factors on the members of the profession cannot be overstated, and all present significant challenges. Some impacts are easily noted and addressed, and these proposed rules implement changes that will:

- Result in reduced administrative burden on applicants;
- Increase efficient timelines for credential processing;
- Temporarily reduce certification and renewal fees for individuals who make historically low wages, for whom certification and renewal is a significant barrier; and
- Introduce a structure for supervision that will provide support and guidance for new supervisors and new members of the workforce.

Yet other barriers such as overall burnout, addiction bias, unpredictable changes in substance use trends, and social and political stigma, all contribute to the static number of professionals in the state who are willing to continue this hard and necessary work.

### **Reciprocity and Mobility in the SUDP Workforce**

In Washington state, the substance use disorder profession has a decades-long history of legislative changes intended to increase the workforce to meet the escalating demands of the opioid crisis, but the numbers of certified professionals remains limited.

This rulemaking implements reciprocity through out-of-state substantial equivalency by licensing standards, which allows the department to waive education, examination, and experience requirements for applicants who have been credentialed in a state with substantially equivalent licensing standards for at least two years.

In recent years, the topic of professional reciprocity has remained at the forefront of regulatory changes for many healthcare professions, in particular because the rise of telehealth services in the aftermath of the COVID-19 pandemic has created opportunity for professionals to carry licensure in multiple states. In order to maintain high reciprocity standards, there are four primary categories to be considered: examination, education, experience, and ethics.<sup>44</sup> Creating pathways for reciprocity for SUDPs both expedites the credentialing timeline and reduces the administrative burden on applicants and on the department, and has been somewhat effective in drawing more out of state applicants to the workforce in Washington state. Overall, however, the number of certified SUDPs has remained stagnant, in part because professionals are leaving the workforce at higher rates.

Many members of the profession support these reciprocity pathways to SUDP licensure, because the majority of national and state standards across the four categories previously identified meet or exceed the standards in Washington state. Washington differs from

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<sup>44</sup> Alliance for Responsible Professional Licenseing, “Licensed to Move: Pathways, Principles, and Pitfalls for Interstate Practice,” Alliance for Responsible Professional Licensing, available online at: <https://www.responsiblelicensing.org/wp-content/uploads/2020/10/ARPL-Professional-Mobility-FINAL.pdf>.

many states or national standards because it has a single level of credential, which shares the same scope of practice with the “trainee” credential. Other states (and NAADAC) have established tiers of licensure and an effective career ladder<sup>45</sup> which creates the safety and structure for individuals to gradually expand their scope of practice with increased education, experience, and higher examination thresholds.

With every tier of licensure, NAADAC has increased scope recommendations that gradually permit a provider to incorporate new modalities and expand their practice, as well as to take on additional supervisory or management responsibilities. In short, while many states’ licensing standards are substantially equivalent to Washington’s, the reverse assumption is false, and many Washington-based providers would experience difficulties in their professional mobility. See SA Table 2 below.

**SA Table 2. Comparison of Washington Credential and National Certification Requirements**

Credential	SUD Education	Degree	Examination	Experience
SUDPT - WA	N/A	N/A	N/A	N/A
SUDP - WA	450 hours	AA or equivalent.	NCAC-I	2500 hours
NAADAC National Certified Addiction Counselor, Level 1 (NCAC-I) <sup>46</sup>	270 hours	GED or higher	NCAC-I	6000 hours
NAADAC National Certified Addiction Counselor, Level 2 (NCAC-II) <sup>47</sup>	450 hours	BA	NCAC-II	6000 hours
NAADAC Master Addiction Counselor (MAC) <sup>48</sup>	500 hours	MA	MAC	6000 hours

In sum, an overview and high-level analysis of the barriers that are faced by this profession reveals a complex integration of healthcare and the justice system, stigma and implicit

<sup>45</sup> The Association for Addiction Professionals, “SAMHSA-NAADAC Addiction Professional Education & Career Ladder,” NAADAC.org. 2018, available online at: [https://www.naadac.org/assets/2416/samhsa-naadac\\_career\\_education\\_ladder\\_03-2018.pdf](https://www.naadac.org/assets/2416/samhsa-naadac_career_education_ladder_03-2018.pdf).

<sup>46</sup> The Association for Addiction Professionals, “NCAC I,” NAADAC.org, available online at: <https://www.naadac.org/ncac-i>.

<sup>47</sup> The Association for Addiction Professionals, “NCAC II,” NAADAC.org, available online at: <https://www.naadac.org/ncac-ii>.

<sup>48</sup> The Association for Addiction Professionals, “MAC,” NAADAC.org, available online at: <https://www.naadac.org/mac>.

bias, provider support and wellbeing, and patient safety. These proposed rules intend to address some of the more nuanced barriers impacting members of the profession by establishing more intentional space for supervisors and supervisees that align more consistently with best practices, establish clearer, more compassionate ethical standards, and reduce some administrative burdens without compromising patient or provider safety.

## SECTION 2

### Significant Analysis Requirement

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

The following SA Table 3 identifies rule sections or portions of 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 3. Summary of Sections not requiring Significant Analysis**

WAC Section and Title	Description of Proposed Changes	Rationale for Exemption Determination
WAC 246-811-010 Definitions	<ul style="list-style-type: none"> <li>• Incorporates definitions from continuing competency sections to reduce redundancies</li> <li>• Incorporates new definitions to support new rule language</li> </ul>	RCW 34.05.328(5)(b)(iv) “Rules that only... clarify language of a rule without changing its effect”
WAC 246-811-025 Certification of a substance use disorder professional	<ul style="list-style-type: none"> <li>• Clarifies which application documents need to be submitted by an applicant and which need to be submitted by third parties (e.g. transcripts, examination results, etc.)</li> <li>• Creates out-of-state substantial equivalency application process</li> <li>• Clarifies prohibition against practicing on a pending credential based on statutory definition of unlicensed</li> </ul>	RCW 34.05.328(5)(c)(i), “A ‘procedural rule’ is a rule that adopts, amends, or repeals... (B) any filing or related process requirement for making application to an agency for a license or permit...” and RCW 34.05.328(5)(b)(iv) “Rules that only... clarify language of a rule without changing its effect”

	practice in RCW 18.130.020	
WAC 246-811-046 Number of experience hours required for certification as a substance use disorder professional	<ul style="list-style-type: none"> <li>Clarifies language around “associate degree or qualifying coursework”</li> <li>Clarifies apprenticeship supervised experience requirements pursuant to chapter 296-05 WAC</li> </ul>	RCW 34.05.328(5)(b)(iv) “Rules that only correct typographical errors... or clarify language of a rule without changing its effect,” and RCW 34.05.328(5)(b)(iii) “Rules adopting or incorporating by reference without material change... rules of other Washington state agencies”
WAC 246-811-047 Competency – Experience requirements	<ul style="list-style-type: none"> <li>Clarifies language,</li> <li>Updates terminology to reference “substance use disorder” instead of “chemical” counseling, and</li> <li>Improves organization</li> </ul>	RCW 34.05.328(5)(b)(iv) “Rules that only... clarify language of a rule without changing its effect”
WAC 246-811-050 Certification of a substance use disorder professional or trainee through an apprenticeship program	<ul style="list-style-type: none"> <li>Clarifies that “at least” 2,500 hours of supervised experience are required by the department, and</li> <li>Clarifies that additional hours may be required by an apprenticeship program under chapter 296-05 WAC</li> </ul>	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)(iii) “Rules adopting or incorporating by reference without material change... rules of other Washington state agencies”
WAC 246-811-060 Examination requirements for a substance use disorder professional certification	<ul style="list-style-type: none"> <li>Updates the title of an organization,</li> <li>Clarifies when and how an applicant schedules an examination,</li> </ul>	RCW 34.05.328(5)(b)(iv) “Rules that only... clarify language of a rule without changing its effect”

	<ul style="list-style-type: none"> <li>Aligns rule language with rule amendments in WAC 246-811-310</li> </ul>	
WAC 246-811-070 National certification	<ul style="list-style-type: none"> <li>Updates the title of an organization, and</li> <li>Updates internal cross-reference</li> </ul>	RCW 34.05.328(5)(b)(iv) “Rules that only correct typographical errors... or clarify language of a rule without changing its effect”
WAC 246-811-080 What happens if my certification expires?	<ul style="list-style-type: none"> <li>Updates rule title, removing question format, and</li> <li>Updates internal cross-reference</li> </ul>	RCW 34.05.328(5)(b)(iv) “Rules that only correct typographical errors... or clarify language of a rule without changing its effect”
WAC 246-811-081, Retired active substance use disorder professional (SUDP) credential	<ul style="list-style-type: none"> <li>Updates internal cross-reference</li> </ul>	RCW 34.05.328(5)(b)(iv) “Rules that only correct typographical errors... or clarify language of a rule without changing its effect”
WAC 246-811-200, Continuing competency definitions [Proposed repeal]	<ul style="list-style-type: none"> <li>Contents moved to “Definitions” WAC 246-811-010</li> </ul>	RCW 34.05.328(5)(b)(iv) “Rules that only... clarify language of a rule without changing its effect”
WAC 246-811-210, Purpose of a continuing competency program [Proposed repeal]	<ul style="list-style-type: none"> <li>Streamlines rule chapter by repealing this section and incorporating content into WAC 246-811-220</li> </ul>	RCW 34.05.328(5)(b)(iv) “Rules that only... clarify language of a rule without changing its effect”
WAC 246-811-220, Continuing competency program requirements	<ul style="list-style-type: none"> <li>Incorporates language moved from WAC 246-811-210,</li> <li>Aligns language with amendments to WAC 246-811-240</li> </ul>	RCW 34.05.328(5)(b)(iv) “Rules that only... clarify language of a rule without changing its effect”
WAC 246-811-250 Acceptable continuing education	<ul style="list-style-type: none"> <li>Clarifies language</li> <li>Incorporates definitions from WAC 246-811-200,</li> </ul>	RCW 34.05.328(5)(b)(iv) “Rules that only... clarify



	which is a proposed repeal	language of a rule without changing its effect”
WAC 246-811-270, Acceptable audit documentation for continuing education, professional development activities, and the enhancement plan	<ul style="list-style-type: none"> <li>• Updates internal cross-reference</li> </ul>	RCW 34.05.328(5)(b)(iv) “Rules that only correct typographical errors... or clarify language of a rule without changing its effect”
WAC 246-811-280 Suicide assessment training standards	<ul style="list-style-type: none"> <li>• Clarifies language,</li> <li>• Incorporates language from WAC 246-811-240</li> </ul>	RCW 34.05.328(5)(b)(iv) “Rules that only... clarify language of a rule without changing its effect”
WAC 246-811-290, Health equity training standards	<ul style="list-style-type: none"> <li>• Aligns with amendments to WAC 246-811-240</li> </ul>	RCW 34.05.328(5)(b)(iv) “Rules that only... clarify language of a rule without changing its effect”
WAC 246-811-310 Out-of-state substantial equivalency [Proposed new section]	<ul style="list-style-type: none"> <li>• Incorporates the RCW 18.130.077 out-of-state substantial equivalency pathway to certification</li> </ul>	RCW 34.05.328(5)(b)(iii) “Rules adopting or incorporating by reference without material change... Washington state statutes...”
WAC 246-811- 410 Apprenticeship program review and approval process [Proposed new section]	<ul style="list-style-type: none"> <li>• Incorporates by reference the statutory review and approval process for proposed substance use disorder professional apprenticeship programs</li> </ul>	RCW 34.05.328(5)(b)(iii) “Rules adopting or incorporating by reference without material change... Washington state statutes...”
WAC 246-811-990 Substance use disorder professional and substance use disorder professional	<ul style="list-style-type: none"> <li>• Adds in conditions for the temporary fee cap required by RCW 43.70.250</li> </ul>	RCW 34.05.328(5)(b)(vi) “Rules that... set or adjust fees or rates pursuant to legislative standards,” and

<p>trainee – fee and renewal cycle</p>	<ul style="list-style-type: none"> <li>• Updates internal cross-reference</li> </ul>	<p>RCW 34.05.328(5)(b)(iv)  “Rules that only correct typographical errors... or clarify language of a rule without changing its effect”</p>
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## SECTION 3

### **Goals and objectives of the statute that the rule implements.**

Authority for the adoption and revision of chapter 246-811 WAC is established in RCW 18.205.060, which grants the department authority to adopt rules to regulate the profession. Additionally, the profession is regulated under the Uniform Disciplinary Act, codified as chapter 18.130 RCW. RCW 18.130.010 clarifies that the legislative intent is to ensure “the adequacy of professional competence and conduct in the healing arts.” The department’s proposed rule amendments support this intent by supporting the SUDP and trainee workforce in expanded practice settings and working to enhance patient safety amidst a growing opioid crisis.

Additionally, the department’s proposed amendments support the intent of legislation being implemented:

- 2SHB 1724 intended to reduce barriers to entering and remaining in the behavioral health workforce, by creating out-of-state reciprocity and identifying additional barriers to obtaining and retaining members of the substance use disorder workforce.
- As it pertains to the SUDP profession, E2SHB 2247 intended to address behavioral health care provider shortages and to increase access to care by allowing SUDP trainees to work in practice settings outside of a state-regulated behavioral health agency and removing the limitation for trainees to renew their credential only four times.
- As it pertains to the SUDP profession, 2SSB 6228 established a temporary fee cap of \$100 for all SUDPs and trainees, subject to funds appropriated for this purpose, between July 1, 2024, and June 30, 2029.

## 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.**

The current requirements in chapter 246-811 WAC conflicts with recent statutory amendments to chapter 18.19 RCW. Rulemaking will allow the department to align rule language with the statute. Other implementation options short of rulemaking result in a persistent conflict between existing regulations and new statutory requirements. The decision to conduct rulemaking is also consistent with the Washington Administrative Procedures Act,<sup>49</sup> 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.”<sup>50</sup>

Consequently, establishing these standards through rule will allow the department to protect public safety and to fairly and consistently enforce professional standards for SUDPs and trainees.

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<sup>49</sup> Chapter 34.05 RCW.

<sup>50</sup> 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 246-811-015 Ethical Standards [proposed new section].**

**Description:** The proposed rule establishes a new rule section with minimum ethical standards for SUDPs and trainees. This rule requires that a provider certified under chapter 246-811 WAC:

- Follow an industry-recognized code of ethics while working in a professional capacity, and
- Have a working knowledge of the statutes and regulations for unprofessional conduct under RCW 18.130.180.

**Cost(s):** There are no probable costs associated with this amendment, due to the pre-existing requirement for individuals certified under this chapter to obtain both education<sup>51</sup> and experience<sup>52</sup> in professional ethics, confidentiality, law, and boundaries. The proposed language seeks to clarify existing standards for ethical and professional conduct for individuals certified under chapter 246-811 WAC and ensure that qualified professionals have intentionally engaged with a code of ethical conduct that will guide their professional decision-making.

**Benefit(s):** While members of this profession already study and discuss ethical standards in the course of their certification, the department has not previously created an enforceable ethical standard in rule before. This has led to confusion and high disciplinary rates, including unethical actions. Establishing ethical standards for this profession will benefit the profession by improving patient trust and outcomes, increasing professional accountability, meeting industry standards in ethical responsibility, and reducing legal liability and professional risk. Eventually, this may also lead to lower credential fees, which have risen because of high disciplinary rates tied to unethical conduct.

Consistent high and transparent ethical standards foster trust in patient/provider relationships, leading to increased patient safety and improved treatment outcomes. Industry-recognized resources in the field of substance abuse further advocate that:

...the ability to do well is based on an underlying concern for the well-being of others. This concern emerges from recognition that we are all stakeholders

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<sup>51</sup> WAC 246-811-030 (3)(s).

<sup>52</sup> WAC 246-811-047 (2)(c).

in each other's lives - the well-being of each is intimately bound to the well-being of all.<sup>53</sup>

Ethical standards thus contribute to provider wellbeing, enhancing a provider's capacity to understand and anticipate how their actions impact others, and subsequently provide high quality care to their patients.

Historically, members of the substance use disorder profession are disciplined at higher rates than in other behavioral health professions.<sup>54</sup> For example, between 2013-2015, SUDPs (including trainees) accounted for 18% of the total disciplinary action in department-regulated professions.<sup>55</sup> Between 2015-2017, the profession had the second highest number of licensed professionals enrolled in a substance abuse monitoring program, with only half of the participants successfully completing the program.<sup>56</sup> These trends have led to higher disciplinary costs, budgetary deficit, and increased fees for individuals seeking certification in this profession. In 2018, fees for individuals certified under chapter 246-811 WAC increased to \$555 for initial certification and application and \$300 for renewal.<sup>57</sup> The increased costs have contributed to the low number of professionals entering this profession, and are barriers to remaining credentialed as an SUDP.

By clarifying the ethical standards and expectations for members of the profession, the department anticipates increased access to and awareness of the ethical standards may:

- Prevent providers from making ethical mistakes that jeopardize patient safety;
- Establish decision-making standards that promote both provider and patient well-being; and
- Reduce the number of professionals being disciplined for unethical conduct, boundary violations, and otherwise unsafe behaviors.

In the proposed rule language, the department has recognized the necessity for credential holders to abide by an industry-recognized code of ethics, such as the NAADAC,<sup>58</sup> the

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<sup>53</sup> Association for Addiction Professionals, "Introduction to NAADAC/ NCC AP Ethical Standards," NAADAC.org. January 1, 2021, available online at: <https://www.naadac.org/code-of-ethics>

<sup>54</sup> Washington State Department of Health, "Health Professions Regulatory Activities (UDA) Reports," doh.wa.gov. Available online at: <https://doh.wa.gov/about-us/programs-and-services/executive-office-prevention-safety-and-health/health-systems-quality-assurance/hsqa-reports-and-guidance-documents/health-professions-regulatory-activities-uda-reports#:~:text=HSQA%20Reports%20and%20Guidance%20Documents.%20Health%20Professions%20Regulatory>

<sup>55</sup> Washington State Department of Health, Health Systems Quality Assurance Division, *2013-15 Uniform Disciplinary Act Biennial Report* (2016). <https://doh.wa.gov/sites/default/files/legacy/Documents/2000/UDAReport2013-2015.pdf>

<sup>56</sup> Washington State Department of Health, Health Systems Quality Assurance Division, *2015-17 Uniform Disciplinary Act Biennial Report* (2017). <https://doh.wa.gov/sites/default/files/legacy/Documents/2000/UDAReport2015-2017.pdf>

<sup>57</sup> WSR 18-09-077, April 11, 2018. <https://lawfilesexternal.wa.gov/law/wsr/2018/09/18-09-077.htm>

<sup>58</sup> The Association for Addiction Professionals, "NAADAC, the Association for Addiction Professionals, NCC AP: The National Certification Commissioner for Addiction Professionals, CODE OF ETHICS," NAADAC.org. January 1, 2021, available online at: [https://www.naadac.org/assets/2416/naadac\\_code\\_of\\_ethics\\_112021.pdf](https://www.naadac.org/assets/2416/naadac_code_of_ethics_112021.pdf)

National Association for Healthcare Quality (NAHQ),<sup>59</sup> or the National Association of Social Workers (NASW) code of ethics.<sup>60</sup> By meeting standards set by national associations, the department also aligns with other states, contributing to professional mobility for individuals licensed in Washington state.

## **WAC 246-811-020 Sexual Misconduct.**

**Description:** This rule section prohibits sexual misconduct and references standards in chapter 246-16 WAC. The proposed rule amendments add that an SUDP or trainee:

- Shall never engage in “a nontreatment relationship with a former client or former key party that could create a conflict of interest or imbalance of power;” and
- May not accept as a client anyone with whom they have had a romantic, sexual, social, or familial relationship.

Additionally, exempt under RCW 34.05.328 (5)(b)(iv), as it only clarifies language of a rule, the proposed amendments clarify that an SUDP or trainee shall never engage in a romantic or sexual relationship with a current or former client.

**Cost(s):** There are no probable costs associated with this proposed amendment.

**Benefit(s):** By clarifying the language regarding sexual misconduct definitions, standards, and expectations for SUDPs in the proposed rule language, the department anticipates the benefit of increased access to and awareness of the standards that can prevent providers from making mistakes that impact patient wellbeing.

In a recent analysis of SUDP disciplinary rates, the department identified that sexual misconduct accounted for 8% of complaints filed against SUDPs and trainees between 2022-2024, and nearly 12% of the investigations completed<sup>61</sup> during the same period. According to a recent study by the Healthcare Regulatory Research Institute,<sup>62</sup> only 5-10% of the sexual harassment that is experienced by patients from their providers is reported to regulatory agencies,<sup>63</sup> so actual rates of sexual misconduct are likely even higher. In the

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<sup>59</sup> National Association for Healthcare Quality, “Code of Ethics,” NAHQ.org. April 2018, available online at:

<https://nahq.org/about-nahq/code-of-ethics/#:~:text=Whether%20you%E2%80%99re%20just%20entering%20the%20healthcare%20quality%20profession>

<sup>60</sup> National Association of Social Workers, “Read the Code of Ethics,” National Association of Social Workers, available online at: <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>.

<sup>61</sup> “Substance Use Disorder Certification Advisory Committee Regular Meeting Notice,” Washington State Department of Health. October 4, 2024, available online at: <https://doh.wa.gov/sites/default/files/legacy/Documents/Mtgs/2020/AG-SUDP.pdf>.

<sup>62</sup> Catherine Dower, *Communicating About Physical Therapist Sexual Misconduct: Opportunities for Regulatory Boards* (Healthcare Regulatory Research Institute, 2023). [https://d36ab082-c35a-4698-8fe2-8f4a987c0607.usfiles.com/ugd/d36ab0\\_4d15b471e3ec494da68aade71ac8f170.pdf](https://d36ab082-c35a-4698-8fe2-8f4a987c0607.usfiles.com/ugd/d36ab0_4d15b471e3ec494da68aade71ac8f170.pdf).

<sup>63</sup> Catherine Dower, *Communicating About Physical Therapist Sexual Misconduct: Opportunities for Regulatory Boards* (Healthcare Regulatory Research Institute, 2023). Page 10. [https://d36ab082-c35a-4698-8fe2-8f4a987c0607.usfiles.com/ugd/d36ab0\\_4d15b471e3ec494da68aade71ac8f170.pdf](https://d36ab082-c35a-4698-8fe2-8f4a987c0607.usfiles.com/ugd/d36ab0_4d15b471e3ec494da68aade71ac8f170.pdf).

field of substance use and recovery, appropriate boundaries related to sexual misconduct are even more critical due to the physical and mental vulnerability of individuals whose provider is connecting them with life-saving treatment and referrals.

Some of the challenges that arise with regulatory practices around sexual misconduct include the discomfort around specific or explicit language describing inappropriate behaviors. Because sex has been a taboo topic, some regulators, professionals, and members of the public do not have familiarity with the language to identify inappropriate behaviors and advocate when a boundary or rule has been violated. Victims of sexual harassment and trauma often experience shame, blame, and re-triggering, which can be perpetuated by the complaint process within regulatory agencies, so it is even more important for the department to be proactive in clarifying these standards and expectations to prevent violations from occurring.

Results from recent studies<sup>64</sup> of how regulatory agencies discuss sexual misconduct recommend clear and precise language that is easily accessible to members of the public. The proposed rule language in this section clarifies and explicitly describes the types of prohibited relationships and behaviors that are located within WAC 246-16-100, so that those reading the rule do not have to pursue multiple “clicks” on a webpage to find a detailed description of sexual misconduct regulations.

In time, the department anticipates that clarifications to this section will increase awareness of state standards, reduce the number of sexual misconduct cases that occur in this profession, and establish clearer expectations for provider responsibility toward patient safety. As Martin Luther King Jr. shared in a 1963 address, “while it may be true that morality cannot be legislated, behavior can be regulated.”<sup>65</sup>

## **WAC 246-811-030 Education Requirements.**

**Description:** This rule section establishes educational standards for the profession. The proposed rule amendments add that an applicant with an associate’s degree or higher in addiction studies or substance use disorder counseling:

- Meets minimum educational requirements; and
- Is considered to have met coursework requirements listed in subsection (3) of the rule, creating an expedited credentialing pathway for these applicants.

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<sup>64</sup> Catherine Dower, *Communicating About Physical Therapist Sexual Misconduct: Opportunities for Regulatory Boards* (Healthcare Regulatory Research Institute, 2023). Page 13. [https://d36ab082-c35a-4698-8fe2-8f4a987c0607.usfiles.com/ugd/d36ab0\\_4d15b471e3ec494da68aade71ac8f170.pdf](https://d36ab082-c35a-4698-8fe2-8f4a987c0607.usfiles.com/ugd/d36ab0_4d15b471e3ec494da68aade71ac8f170.pdf).

<sup>65</sup> “King, MLK at Western” Dr. Martin Luther King Jr. December 18, 1963. Western Michigan University Archives and Regional History Collections and University Libraries. Available online at: <https://files.wmich.edu/s3fs-public/attachments/MLK.pdf>



Additionally, exempt under RCW 34.05.328 (5)(b)(iv), as it only clarifies language of a rule, the proposed rule language:

- Updates internal cross-references;
- Renames one of the required coursework topics to align with best academic practices by changing “HIV/AIDS brief risk training” to “pathogen risk training;” and
- Aligns with proposed WAC 246-811-310 by clarifying that applicants who have been credentialed in a state with substantially equivalent licensing standards for at least 2 years or more are considered to meet the educational requirements of this section.

**Cost(s):** There are no probable costs associated with these proposed amendments.

The proposed rule change permitting the department to consider an associate degree or higher to meet the course topic requirements outlined in WAC 246-811-030(3)(a) - (w) was based on a recommendation from department credentialing staff. Because the course topic requirements contain 23 different elements, confirming an individual’s transcript(s) meet all requirements is the most time-consuming step in the credentialing process. Staff identified that during transcript review for individuals with the applicable degrees, the degree programs included all required course topics, but due to the strict rule language in place, they could not skip over this portion of the credentialing process. SUDP applicants who complete a degreed program in SUD counseling or addiction studies usually graduate from one of three schools: Eastern Washington University, Edmonds Community College, or Spokane Falls Community College.<sup>66</sup> Each of these programs is designed to incorporate the required SUD topics and publishes a matrix demonstrating how their coursework covers the topics. Effectively, the department’s decision to propose this amended rule language acknowledges that formal educational programs in these specific topics from accredited institutions already meet coursework standards, and that an additional department transcript review - after confirming the degree is eligible - is redundant.

There is no anticipated cost to patient or provider safety with this proposed amendment, because it is essentially an extension of the department’s approval of education institutions to include approved degree types that have already been evaluated and found to include the required coursework.

**Benefit(s):** The department anticipates this proposed change will benefit all applicants by speeding up the application review process and resulting in shorter credentialing timelines. This change will particularly benefit individuals with qualifying degrees, who will be able to skip that portion of the application, and individuals from out-of-state, whose degree programs were likely not designed to conform to Washington’s SUDP certification requirements.

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<sup>66</sup> Internal DOH data report, pulled from credentialing software ILRS on October 4, 2024.

Since this language was included in the first set of emergency rules filed in [WSR 24-12-078](#), on June 4, 2024, the department has saved significant time and resources when processing applicants whose education meets this criteria. Credentialing staff estimate that individuals who qualify for this waived coursework review are processed in 2-4 weeks. This has reduced average application timelines from 150 pending days to 119 pending days between June and July of 2024.

## **WAC 246-811-035 Certification and renewal of a substance use disorder professional trainee.**

**Description:** The proposed rule amends the certification and renewal requirements for SUDP trainees. The proposed language requires:

- An applicant to complete at least four hours of an industry-recognized training in law, ethics and boundaries before initial certification;
- A trainee renewing their credential to verify supervised experience hours earned in the previous credential cycle on a form signed by their supervisor; and\
- A trainee renewing their credential to verify academic courses completed in the previous renewal cycle through an official transcript or documentation of participation in a registered apprenticeship program.

Additionally, exempt under RCW 34.05.328 (5)(b)(iv), as it only clarifies language of a rule, the proposed rule language clarifies that:

- An individual applying for or renewing their trainee certification must declare that they are “actively” taking or have completed required coursework;
- An applicant must attest that they are “actively” working to obtain the required supervised experience; and
- An applicant shall not practice SUD counseling until their credential is issued, consistent with the definition of “unlicensed practice” in RCW 18.130.020.

Exempt from analysis under RCW 34.05.328 (5)(b)(v), as the content is explicitly and specifically dictated by statute, the proposed rules also remove the renewal limit for trainee credentials.<sup>67</sup>

**Cost(s):** The proposed changes may result in costs of up to \$165.12 the first year a trainee is certified to complete prerequisite law and ethics training and up to \$15 for each year afterward, to provide the department with a transcript upon training certification renewal.

*Costs of the required four-hour ethics training*

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<sup>67</sup> E2SHB 2247 (Chapter 371, Laws of 2024), Section 13, codified as RCW 18.205.095.  
<https://lawfilesexternal.wa.gov/biennium/2023-24/Pdf/Bills/Session%20Laws/House/2247-S2.SL.pdf?q=20241014112136>

The largest potential cost of this proposed rule is the cost for a four-hour training in law, ethics, and boundaries related to the substance use disorder profession. Many industry-recognized organizations offer free or low-cost continuing education hours in ethics, law, boundaries, and professional standards, both specific to substance use disorders and general to health care standards. For example, NAADAC offers a four-part training that thoroughly covers the provider code of ethics, with a total cost of \$100 per provider, but also offers free trainings in ethical documentation,<sup>68</sup> social media and ethical dilemmas,<sup>69</sup> professional boundaries,<sup>70</sup> and ethical telehealth practices.<sup>71</sup>

Additionally, most practice settings for SUDP trainees, including state-licensed behavioral health agencies, require ethical and boundaries trainings at the start of employment, so it is highly likely that a trainee applicant will have immediate access to free ethics trainings to meet the requirements of the new proposed rule language. Some additional options are calculated in SA Table 4 below.

**SA Table 4. Costs of Ethics Trainings**

Training Provider	Cost per CEU	Total anticipated costs
NAADAC Ethics Webinars <sup>72</sup>	\$0 - \$25	\$0 - \$100
CE4Less <sup>73</sup>	\$0 - \$75/year	\$0 - \$75
NW Addiction Technology Transfer Center <sup>74</sup>	\$5	\$15-\$20

While some individuals may be able to complete the training during paid work hours, others may need to complete it independently. Based on a state minimum wage of \$16.28

<sup>68</sup> The Progress Note: Where Law & Ethics Meet Efficiency. Elizabeth Irias. The Association for Addiction Professionals, 2020. <https://www.naadac.org/progress-note-efficiency-webinar>

<sup>69</sup> Social Media and Ethical Dilemmas for Behavioral Health Clinicians. Mike Bricker. The Association for Addiction Professionals, 2020. <https://www.naadac.org/social-media-ethical-webinar>

<sup>70</sup> Personal and Professional Boundaries. Lena Sheffield. The Association for Addiction Professionals, 2017. <https://www.naadac.org/personal-professional-boundaries-webinar>

<sup>71</sup> 7 Ways to Legally and Ethically Expand Your Services with Evidence-Based Telehealth. Marlene Maheu. The Association for Addiction Professionals, 2017. <https://www.naadac.org/expandserviceswithtelehealth-webinar>

<sup>72</sup> The Association for Addiction Professionals, “Ethics Webinars,” NAADAC.org. Available online at: <https://www.naadac.org/ethics-webinars>

<sup>73</sup> CE4Less, “Washington Substance Abuse Counselor Courses,” CE4Less.com. Available online at: <https://ce4less.com/substance-abuse-counseling-ce/washington-substance-abuse-counselor-ce-courses/>

<sup>74</sup> Northwest ATTC, “Northwest ATTC Online Trainings,” Addiction Technology Transfer Center Network. Available online at: <https://attcnetwork.org/northwest-online-trainings/>

per hour,<sup>75</sup> it may cost an individual approximately \$65.12 in lost wages to complete a 4-hour training.

#### *Costs of requiring verification of supervised experience at annual renewal*

Verification of supervised experience hours is not expected to add any probable costs to trainees or to supervisors, in part due to proposed amendments in WAC 246-811-048 that establish new supervision requirements.

#### *Costs of requiring transcript submission at annual renewal*

Additional costs associated with this proposed rule language include any costs charged by an educational institution for sending a certified transcript to the department on an annual basis during a student's education. A single electronic transcript may cost between \$5<sup>76</sup> and \$15<sup>77</sup> and involve a wait time between 1 day<sup>78</sup> and 10 days.<sup>79</sup>

**Benefit(s):** The proposed rule amendments include benefits in three primary areas:

#### *Benefits of the required four-hour ethics training*

Benefits of this new ethical requirement include the establishment of a minimum ethical threshold for this credential, which has never been required before. Without entering the field with a minimum ethics training, SUDP trainees are at a professional and personal disadvantage, both of which often lead to mistakes in safety, boundaries, and clinical decision-making, evidenced by the consistently high disciplinary rates for SUDP trainees since the credential was established in 2008.<sup>80</sup>

Without a minimum threshold, agencies hiring trainees have no way of guaranteeing any knowledge of ethical standards for the profession. With a minimum threshold, all agencies hiring trainees can guarantee that a minimum level of training has already occurred, allowing them to build on a pre-existing foundation of ethical knowledge. This will increase patient safety and ensure that new trainees are aware of foundational standards that will allow them to provide care in a safe and responsible manner.

#### *Benefits of requiring verification of supervised experience at annual renewal*

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<sup>75</sup> Washington State Department of Labor & Industries, "Minimum Wage," LNI.wa.gov. 2024, available online at: <https://www.lni.wa.gov/workers-rights/wages/minimum-wage/>.

<sup>76</sup> See Request a Transcript at Bastyr, *Bastyr University*, <https://bastyr.edu/alumni/request-transcript> (accessed Aug. 19, 2024). See also Transcript Request Form, *Bastyr University*, [https://bastyr.edu/sites/default/files/images/pdfs/registrar/Transcript\\_request\\_revised.pdf](https://bastyr.edu/sites/default/files/images/pdfs/registrar/Transcript_request_revised.pdf) (accessed Aug. 19, 2024).

<sup>77</sup> Transcripts, *Western Washington University*, <https://registrar.wvu.edu/transcripts> (accessed Aug. 19, 2024).

<sup>78</sup> Transcripts, *Seattle University*, <https://www.seattleu.edu/office-of-the-registrar/transcripts/> (accessed Aug. 19, 2024). See also Welcome to Northwest University's Transcript Ordering System, *Northwest University*, <https://www.northwestu.edu/registrar> (accessed Aug. 19, 2024).

<sup>79</sup> Request a Transcript at Bastyr, *Bastyr University*, <https://bastyr.edu/alumni/request-transcript> (accessed Aug. 19, 2024).

<sup>80</sup> WSR 09-14-111, June 30, 2009, <https://lawfilesexternal.wa.gov/law/wsr/2009/14/09-14-111.htm>.

Benefits of requiring trainees to verify supervised experience annually at certification renewal include the assurance that trainees are working under an approved supervisor while their credential is active. Due to statutory changes,<sup>81</sup> trainees now may work in a variety of settings, outside the structure provided by state-licensed behavioral health agencies. This supervision requirement ensures that the department is not permitting trainees to indefinitely renew their credential without having appropriate supervision in place.

Additionally, by submitting their hours regularly, trainees will not risk forfeiting hours by waiting months or years to obtain documentation of earned hours.<sup>82</sup> This will, over time, reduce credentialing delays and help trainees understand their progress toward full certification.

#### *Benefits of requiring transcript submission at annual renewal*

Benefits of this requirement include the assurance that trainees, who work under a low-barrier credential with no education, examination, or experience requirements, are continuing to work on the academic requirements for full SUDP certification. During workshops for this rulemaking, the department received feedback from educators that many trainees would enroll in SUDP coursework in order to apply for their trainee credential, but would subsequently drop the courses and work as a trainee for years without completing any further coursework.

The intent of the regulations for this profession have always assumed that trainees would be actively enrolled in SUDP coursework until they had obtained the requisite coursework and credits, but rule language in place had inadvertently created a loophole that led to some trainees never completing required coursework. This proposed rule language will benefit the profession by creating additional levels of verification that individuals meet the minimum requirements of this already-low barrier credential.

## **WAC 246-811-045 Accumulation of experience.**

**Description:** The proposed rule amendments:

- Require that all supervised experience be earned under either an SUDP trainee credential or another credential listed in WAC 246-811-076;
- Eliminate the current cap on earned experience, permitting individuals to use experience earned as a trainee more than 7 years prior to application;

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<sup>81</sup> E2SHB 2247, (Chapter 371, Laws of 2024).

<sup>82</sup> Many SUDP trainee applicants reach setbacks in the application process because they wait to obtain the supervised experience form from their supervisor until they submit their SUDP application, often after years have passed.

- Reduce from 5 years to 1 year the time period required for an out-of-state applicant to have held an out-of-state credential, in good standing, to be deemed to meet Washington’s experience requirements.

Additionally, exempt under RCW 34.05.328 (5)(b)(iv), as it only clarifies language of a rule, the proposed rule language:

- Clarifies experience must meet requirements outlined in WAC 246-811-046 through 246-811-049;
- Clarifies and streamlines the rule section by removing an unnecessary reference to statute;
- Clarifies that a practicum or internship does count toward supervised experience requirements.

**Cost(s):** The proposed rule has both costs and cost savings that are unable to be estimated because the impacts would vary widely between individuals, based on their circumstances.

*Costs of requiring a trainee certification prior to earning supervised experience*

Some costs are associated with requiring supervised experience to be earned under an SUDP trainee certification or other qualifying credential. Costs include an initial application cost of \$110,<sup>83</sup> with subsequent renewal costs of \$90 per year. This proposed amendment is not a new expectation, however. While chapter 246-811 WAC has not explicitly required individuals to hold a credential while gaining supervised experience, unlicensed practice of SUD counseling has been and is still prohibited under the Uniform Disciplinary Act.<sup>84</sup>

*Cost savings of repealing requirement for supervised experience within 7 years*

There are cost savings anticipated with the repeal of the requirement for experience to be earned in the 7 years before an application date. Individuals who completed experience hours more than 7 years ago are currently unable to count those hours toward certification requirements; under proposed changes, they will be able to count those old experience hours, saving them the amount of time necessary to repeat them. This allows individuals to return to the SUD field without having to re-do experience hours over 7 years old. This proposed change is expected to create an incentive for individuals to return to the SUDP

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<sup>83</sup> Under the fee cap established by 2SSB 6228, this cost would be reduced to \$100. However, the fee cap temporary and dependent on renewed funding until June 30, 2029.

<sup>84</sup> RCW 18.130.020 and RCW 18.130.190.

profession, perhaps after taking a temporary break from the profession or running out of trainee credential renewals under previous statutory language.<sup>85</sup> Although the department is unable to estimate this cost savings due to the number of variables involved, this change could save an individual from repeating years of supervised experience – and years of pay at the trainee level – as they work towards becoming a certified SUDP.

#### *Cost savings of reducing requirement for out-of-state licensure*

Finally, the department anticipates cost savings for out-of-state applicants due to the proposed reduced time requirement for out-of-state licensure. Under existing rules, out-of-state applicants would have to locate and contact prior supervisors dating back 5 years, who would then have to directly attest to competency and submit those hours to the department, possibly for someone they had not supervised in more than 5 years. The time, cost, and difficulty of obtaining this documentation added a significant barrier for individuals who had already obtained a credential and become competent in other states.

This amendment has no anticipated impacts on patient safety because one year of full time work amounts to approximately 2,000 hours of experience, which meets the experience requirements for initial SUDP certification for individuals with a bachelor degree. These 2,000 hours are in addition to the experience hours required for their out-of-state initial certification, so any provider previously licensed in another state should have completed more than enough supervised experience to support patient safety.

**Benefit(s):** The department expects benefits of this rule to include:

- Clearer language for individuals planning to obtain supervised experience, who may not realize that providing substance abuse counseling without a credential is considered unlicensed practice;
- More flexibility in accumulating supervised experience and applicants rejoining the field of SUD counseling; and
- Faster credentialing timelines for out-of-state applicants who qualify under the new endorsement pathway; and
- A lower paperwork burden for out-of-state applicants.

## **WAC 246-811-048 Supervision Requirements.**

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<sup>85</sup> The department has already received applications from individuals reactivating their trainee credential now that they can utilize their prior experience from 7+ years ago.



**Description:** The proposed rule establishes new supervision requirements for SUDP trainees, including addressing 2 new statutory changes impacting this rule. The proposed rule:

- Allows approved supervisors to require up to 10 additional hours of trainee observation if they determine the first 50 hours are not sufficient;
- Requires a supervisor to be immediately available for consultation when a supervisee is providing services, replacing the requirement for a supervisor to provide supervision until they have documented that a supervisee has the necessary education, training, and experience;
- Establishes a requirement for the first 50 hours of face-to-face patient contact to include at least 10 hours each in facilitating (1) assessments, (2) individual counseling, and (3) group counseling;
- Establishes supervision frequency that must take place, including individual supervision, optionally group supervision, and either remote or in-person supervision; and
- Requires a supervisor and trainee to create a supervision plan that addresses development of clinical skills, ethical standards, appropriate trainee-to-client ratio, alternate supervisors, and academic progress. This plan must be reviewed and updated at least quarterly.

Additionally, exempt under RCW 34.05.328 (5)(b)(iv), as it only clarifies language of a rule, the proposed rule language clarifies references to direct supervision and direct observation of trainees.

**Cost(s):** There are no probable costs associated with this proposed rule language.

Prior to the passage of E2SHB 2247,<sup>86</sup> SUDP trainees were required to work within the structure of a state-regulated agency. Because trainees have always been required to work under an approved supervisor, these additional structural guidelines are not expected to increase any existing costs. Rather, the proposed language establishes the structure for supervision to occur now that trainees are permitted to work outside of the structure of state-regulated behavioral health agencies.

In existing behavioral health agency rules<sup>87</sup> clinical supervision requires “regular and periodic activities” provided by a clinical supervisor to a supervisee. “Regular and periodic” in practice typically includes weekly or biweekly supervision meetings that include clinical decision-making, documentation review and sign-off, authorization of client care, the direct observation of the delivery of clinical care, and documenting this supervision in the personnel file. This clinical supervision, which has previously been the

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<sup>86</sup> E2SHB 2247, (Chapter 371, Laws of 2024). See also RCW 18.205.095(4).

<sup>87</sup> Chapter 246-341 WAC. See WAC 246-341-0420(17).



structure for trainees working in state-regulated behavioral health agencies, is loosely mirrored in the proposed supervision structure for trainees included in this rule language.

In total, the expected time investment is expected to be 30-60 minutes each week, which can include up to three group supervision meetings per month, allowing supervisors to maximize their time efficiency.

**Benefit(s):** The department anticipates significant benefits from clarifying and standardizing supervision processes for SUD professionals in all settings.

Prior to June 2024,<sup>88</sup> the substance use treatment structure in Washington state was fully integrated with state-regulated agencies. Until 2019, individuals were prohibited from using the “SUDP” title in any non-state-regulated agencies. Because of this, the profession supervision rules were designed with that structure of state-regulated agencies in mind; the department did not need to set standards for supervision frequency in the profession rules, chapter 246-811 WAC, when the agencies were already required to document regular supervision in each trainee’s personnel file under facility rules, chapter 246-341 WAC.

However, with the recent regulatory changes expanding practice settings for both trainees and fully certified SUDPs, the department has identified a need to establish more consistent supervision standards for trainees earning their experience hours, to both assure quality of supervision and to ensure that supervision happens at all, outside of signing department forms for supervision. A 2022 workforce report found that “Supervision, mentorship, and general staff support are needed for both the new and incumbent behavioral health workforce.”<sup>89</sup>

Compounding this issue, the department has received a high number of complaints related to lack of supervision for trainees due to the ambiguous rule language for trainee supervision found in the rules for this profession. By establishing these supervision standards in more precise rule language, and across all practice settings, the department will require that SUDP trainees are given appropriate support from their supervisors that is consistent with trainee education, experience, and clinical skill development, and consistent with best-practices for supervision set by national agency partners.

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<sup>88</sup> Section 13 of E2SHB 2247 became effective on June 6, 2024.

<sup>89</sup> Behavioral Health Workforce Advisory Committee, 2022 Behavioral Health Workforce Assessment,” Washington Workforce Training and Education Coordinating Board, 2022, available online at: [https://wtb.wa.gov/wp-content/uploads/2022/12/BHWAC-2022-report\\_FINAL.pdf](https://wtb.wa.gov/wp-content/uploads/2022/12/BHWAC-2022-report_FINAL.pdf).

These proposed amendments are also in keeping with national best practices. NAADAC, which provides regular trainings in clinical supervision for addiction professionals, advocates for structured supervision because it provides benefits such as<sup>90</sup>:

- Creating predictability and a safe space for trainees to learn;
- Providing a model of clinical responsibility; and
- Modeling supervisory techniques to build trust, which the trainee can then apply to their clinical practice with patients.

The proposed language also ensures that new SUDP trainees receive different experiences in their first 50 hours of direct client care, under the sight and hearing of their approved supervisor. This proposed language has the added benefit of ensuring that supervisors observe trainees providing a variety of direct client services, including assessment, individual counseling, and group counseling, rather than one type of client care. Through this balanced requirement, supervisors can ensure that their trainees are equipped with the clinical skills to provide a variety of services.

To align with national best practices and feedback from the profession, the department's proposed supervision standards require regular in-person meetings. This is a safeguard meant to balance proposed amendments permitting supervisors to provide supervision remotely. Prior to emergency rules filed in June 2024, all SUDP supervisors were required to be on site at all times when a trainee was providing clinical services. Under new rules, except for required in-person meetings, supervisors can now provide remote support after the first 50 hours have taken place under their direct observation.

Many professionals advocated in workshops to require a higher amount of in-person supervision requirements, believing that the rise of telehealth services during COVID-19 highlighted that remote supervision was insufficient to support trainees. The proposed requirement of 1 in-person supervision meeting per month is a compromise, balancing trainee support with the needs of a workforce that increasingly is providing remote services.

In a recent collaboration with University of Washington behavioral health colleagues, the department identified additional benefits associated with group and triadic supervision:

...Triadic supervision (one supervisor working with two supervisees) is a common approach in graduate counseling training and often helps with trust-building between supervisor and novice supervisees. From a cross-cultural perspective, triadic supervision may help honor collectivist cultural backgrounds, promote full participation in clinical supervision, challenge each supervisee to work on improving skills and contribute to collegial support. Triadic supervision is

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<sup>90</sup> Cynthia Moreno Tuohy, Samson Teklemariam, "NAADAC Specialty Training Series: Clinical Supervision in Addiction Profession, Part 5 of 6," NAADAC.org. December 13, 2019, available online at: [https://www.naadac.org/assets/2416/2019\\_12\\_13\\_how\\_to\\_structure\\_clinical\\_supervision\\_trainingslides.pdf](https://www.naadac.org/assets/2416/2019_12_13_how_to_structure_clinical_supervision_trainingslides.pdf).

substantially different from group supervision and allows for focused attention on each supervisee. Practically, with a broad supervision shortage across the state, this modification may help practicum sites meet the demand for supervised practice.<sup>91</sup>

The department anticipates that the allowance for group and/or triadic supervision will contribute to a more culturally sensitive work environment, access to creative group problem-solving, and will support supervisors who provide oversight to multiple individuals by reducing the time commitments specific to supervision.

Benefits specific to the required training plan include a clear structure to guide the formation of the trainee-supervisor relationship. Substance Use Disorder Certification Advisory Committee members provided feedback about this requirement indicating that a training plan of this type should already be created in most agency settings, and were supportive of this rule language ensuring that all trainees would participate in this format of supervision.

Essentially, while some SUDP supervisors already provide the supervision and support that has been included in the proposed rule language, the department is including this language to ensure that all trainees working in all practice settings receive the same minimum level of supervisory support.

## **WAC 246-811-049 Approved Supervisors.**

**Description:** The proposed rule:

- Reduces the amount of experience hours required to become an approved supervisor from 3000 hours (1.5 years) to 1 year as a fully certified SUDP;
- Establishes the requirement that approved supervisors complete at least 8 hours in clinical supervision training before or within their first year providing supervision to trainees;
- Eliminates the options to reduce the number of required experience hours by submitting documentation of specific coursework in supervision training and other approved topics.

Additionally, exempt under RCW 34.05.328 (5)(b)(iv), as it only clarifies language of a rule, the proposed rule language:

- Clarifies that an approved supervisor must meet the requirements of this section;
- Clarifies that out-of-state supervision must be earned under the supervision of a person who meets or exceeds the requirements of this section;

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<sup>91</sup> Letter to the DOH from Bill O'Connell, EdD, Director of the Behavioral Health Support Specialist Clinical Training Program, August 29, 2024.

- Removes previous, unclear language about in-state and out-of-state supervisors.

**Cost(s):** Costs associated with this proposed language include the price of clinical supervision trainings, approximately \$120 to \$2,526, depending on the individual’s chosen training(s). In most cases, these trainings may be completed during work hours.

Many industry-recognized organizations and associations offer clinical supervision trainings that can be specific to behavioral health, healthcare, and additional counseling, offered in a range of costs. Organizations such as NAADAC,<sup>92</sup> the National Board for Certified Counselors,<sup>93</sup> the NASW, and the NW Addiction Technology Transfer Center, as well as many other associations, offer free and low-cost supervision trainings to their members. SA Table 5 below includes price ranges for some common available trainings in clinical supervision, all exceeding the minimum requirements included in the proposed rule language.

**SA Table 5. Costs of Supervision Trainings**

Training Provider	Cost per CEU	Total anticipated costs
NAADAC <sup>94</sup>	\$0 - \$15 (depending on member status)	\$0 - \$120
NBCC – recommended Mercer University Course in counselor supervision <sup>95</sup>	\$842 per credit	\$2,526
NASW-WA <sup>96</sup> 15 CE course	Cost depends on member status	\$340 - \$390

<sup>92</sup> Ethics in Practice, Part 1: Principles I & VIII. Presented by Mita Johnson. The Association for Addiction Professionals. <https://www.naadac.org/ethics-series-2021-session-one>.

<sup>93</sup> National Board for Certified Counselors, “CCE Approved Clinical Supervisor (ACS) Program,” NBCC.org. June 17, 2021, available online at: <https://www.nbcc.org/resources/nccs/newsletter/cce-approved-clinical-supervisor-ac-program>.

<sup>94</sup> Increasing Effective Clinical Supervision for SUD Treatment Providers. Presented by James Campbell, Celeste Hutchinson. NAADAC, 2020. <https://www.pathlms.com/naadac/courses/43287>.

<sup>95</sup> Center for Credentialing & Education, “Required Training: Approved Clinical Supervisor (ACS),” NBCC.CCE-global.org. Available online at: <https://nbcc.cce-global.org/credentialing/acs/training>.

<sup>96</sup> National Association of Social Workers Washington Chapter, “Clinical Supervision: Principles and Methods Webinar (15 CE’s),” NASWWA.org. Available online at: <https://naswwa.socialworkers.org/Events/ArtMID/56776/ArticleID/4333/Clinical-Supervision-Principles-and-Methods-1121-222024#:~:text=This%2015-hour%20webinar%20is%20designed%20to%20meet%20the>.

Cascadia Clinical <sup>97</sup> Supervision Training	\$23	\$345 for 15 CE hours
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**Benefit(s):** Benefits of the proposed rule language include ensuring that SUDP supervisors are prepared to support trainees and new providers. Although the experience requirement for clinical SUDP supervisors is being reduced to lower barriers to obtaining supervised experience, these supervisors still are required to have completed clinical supervisor training that will provide them with appropriate support and education to provide high quality supervision to their trainees.

The rule language is also phrased in such a way to permit new approved supervisors to find the right training for their specific situation by allowing providers to take an entire year to find and complete the required training. This will ensure that trainees are immediately able to access a new supervisor while simultaneously requiring that supervisors receive appropriate training in a timely manner.

## WAC 246-811-100 Disclosure Requirements

**Description:** The proposed rule amendment creates a new standard requiring all SUDP trainees to provide additional information on all client disclosure statements, including their approved supervisor’s name, credential number, and contact information.

**Cost(s):** There may be negligible costs associated with the time and software to update existing client disclosure forms to include this new information.

**Benefits:** With the recent statutory change permitting SUDP trainees to work outside of state-regulated agencies,<sup>98</sup> trainees will be able to work in environments without the state-regulated structure of supervision that is included in behavioral health agencies. As approved SUDP supervisors are legally responsible for all clients receiving care from a supervisee, this updated language in disclosure statements assures that all clients are able to contact the approved supervisor if any issues with their care arise. This proposed language thus creates an added layer of patient protection, ensuring that trainees do not work independently from their approved supervisor until they have met the requirements for certification as a full SUDP.

## WAC 246-811-240 Types of continuing education hours required.

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<sup>97</sup> Cascadia Training, “Clinical Supervision Training: (Almost) Everything You Need to Know,” Cascadia Training. Available online at: <https://cascadia-training.com/course/clinical-supervision-october-2024/#:~:text=Through%20direct%20instructions,%20presentation%20of%20real-life%20scenarios,%20and>.

<sup>98</sup> E2SHB 2247 (Chapter 371, Laws of 2024).

**Description:** This section establishes requirements for continuing education (CE), including amounts of ethics and law, suicide assessment, health equity, and total CE required.

The proposed rule:

- Reduces the total CE requirement from 28 hours to 20 hours every 2 years;
- Allows up to 4 hours of professional development activities; and
- Removes the requirement for an additional 10 hours of CE relating to various phases of the professional career.

Additionally, exempt under RCW 34.05.328 (5)(b)(iv), as they only clarify language of a rule, the proposed amendments streamline the rule section by eliminating excess language around the suicide assessment and health equity training requirements, which both reference other rule sections providing full details.

**Costs:** There are no probable costs associated with this proposed rule language.

There may be cost savings associated with reducing by 50% the amount of CE credits requirement per year. The department is unable to estimate this cost difference due to variety in cost and type of CE trainings, which can vary by practice setting and employer training requirements.

**Benefits:** The department anticipates that members of the substance use disorder profession will benefit from the proposed rule language because it clarifies language, improves readability, and generally makes CE requirements easier to locate and understand. In addition to the expected time and cost savings associated with the 50% reduction in CE requirements, the proposed language creates more flexibility in the types of other qualifying CE hours an SUDP can complete by removing the requirement that 14 hours be completed in topics included in the education requirements of WAC 246-811-030(3).

## **WAC 246-811-260 Acceptable professional development activities.**

**Description:** This rule section establishes requirements for professional development activities. The proposed rule expands the definition of acceptable professional development activities to include participation in state-led activities related to the profession, including participation in Substance Use Disorder Certification Advisory Committee meetings, rulemaking workshops, and other legislative activities related to the SUDP profession.

Additionally, exempt under RCW 34.05.328 (5)(b)(iv), as they only clarify language of a rule, the proposed amendments:

- Align the maximum amount of professional development activities (4 hours) with proposed amendments to WAC 246-811-240; and
- Removes an unnecessary cross-reference to another rule section.

**Cost(s):** There are no probable costs associated with this proposed rule language.

**Benefit(s):** Throughout the rulemaking process, the department has consistently received feedback from members of the profession that they feel left out of the legislative and regulatory processes that impact the development of the profession. The department anticipates that this proposed rule amendment will incentivize member participation in these regulatory activities, thus increasing professional regulatory awareness, establishing higher transparency in the profession’s legislative development, and recognizing the importance of active participation in state regulatory processes.

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

**SA Table 6. Summary of Section 5 probable cost(s) and benefit(s)**

<b>WAC Section and Title</b>	<b>Probable Cost(s)</b>	<b>Probable Benefit(s)</b>
WAC 246-811-015 Ethical Standards Proposed new section	No probable costs	<ul style="list-style-type: none"> <li>• Increased transparency in ethical requirements,</li> <li>• Reduced disciplinary costs, and</li> <li>• Improved patient safety</li> </ul>
WAC 246-811-020 Sexual Misconduct	No probable costs	<ul style="list-style-type: none"> <li>• Increased clarity in sexual misconduct standards,</li> <li>• Clear language about possible violations, and</li> <li>• Improved patient safety</li> </ul>
WAC 246-811-030 Education Requirements	No probable costs	<ul style="list-style-type: none"> <li>• Reduced credentialing timelines; and</li> <li>• Reduced administrative burden for qualified out-of-state applicants</li> </ul>

<p>WAC 246-811-035 Certification and renewal of a substance use disorder professional trainee</p>	<ul style="list-style-type: none"> <li>• Up to \$165.12 for ethical/boundaries training, and</li> <li>• Up to \$15 at renewal to submit official transcripts to department</li> </ul>	<ul style="list-style-type: none"> <li>• Improving ethical knowledge, reducing disciplinary actions, and improving patient safety,</li> <li>• Closing loopholes that permit trainees to practice without education, and</li> <li>• Ensuring trainees are working toward certification as an SUDP</li> </ul>
<p>WAC 246-811-045 Accumulation of experience</p>	<ul style="list-style-type: none"> <li>• Costs cannot be estimated, due to variability between individuals, based on their circumstances</li> </ul>	<ul style="list-style-type: none"> <li>• Clearly states that an SUDP trainee credential is necessary to obtain supervised experience,</li> <li>• Improves flexibility in completing experience hours,</li> <li>• Streamlines credentialing process for out-of-state applicants</li> <li>• Prevents trainees from needing to repeat supervised experience from over 7 years ago</li> <li>• Reduces paperwork burden for out-of-state applicants</li> </ul>
<p>WAC 246-811-048 Supervision Requirements</p>	<p>No probable costs</p>	<ul style="list-style-type: none"> <li>• Sets minimum supervision standards for supervision</li> <li>• Provides support for trainees to safety practice</li> <li>• Allows flexibility in how supervisors and trainees meet standards</li> </ul>
<p>WAC 246-811-049 Approved supervisors</p>	<p>\$120 to \$2,526, depending on an</p>	<ul style="list-style-type: none"> <li>• Reduces experience barrier to becoming an approved supervisor</li> </ul>



	individual’s chosen trainings	<ul style="list-style-type: none"> <li>• Maintains standards by requiring clinical supervisor training</li> <li>• Creates flexibility for new supervisors to complete trainings</li> </ul>
WAC 246-811-100 Disclosure requirements	Negligible costs	Ensures patients of trainees are able to contact supervisors to address concerns
WAC 246-811-240 Types of continuing education required	Indeterminate cost savings	<ul style="list-style-type: none"> <li>• Reduces CE burden for providers by 50%</li> <li>• Clarifies specific types of CE required</li> </ul>
WAC 246-811-260 Acceptable professional development activities	No probable costs	<ul style="list-style-type: none"> <li>• Incentivizing participation in regulatory processes, and</li> <li>• Increasing awareness of legislation/regulatory actions that impact the profession</li> </ul>
Total	Up to \$300.12 to \$2706.12, depending on indeterminate costs	Increasing professional standards, ethical requirements, and patient safety, while reducing unnecessary process burdens

**Determination**

**Probable Benefits greater than Probable Costs**

It was determined that the probable benefits (establishing clear and consistent standards, increasing provider and supervisor competency, establishing a consistent structure of support for providers and new members of the profession, complying with statutory requirements, and providing clarity about professional requirements) of the proposed rule 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.

### **WAC 246-811-015 Ethical Standards [proposed new section].**

**Description:** The proposed rule establishes a new rule section with minimum ethical standards for SUDPs and trainees. This rule requires that a provider certified under chapter 246-811 WAC:

- Follow an industry-recognized code of ethics while working in a professional capacity, and
- Have a working knowledge of the statutes and regulations for unprofessional conduct under RCW 18.130.180.

#### **Alternatives Considered:**

Initially the department considered including ethical standards within a subsection of the rule for Sexual Misconduct, WAC 246-811-020. This initial framework assumed that ethical standards and sexual misconduct share regulatory commonalities, and that ethical conduct includes expectations that prohibit sexual misconduct. The alternative framework also included more specific language requiring individuals certified under this chapter to follow the NAADAC ethical code of conduct, instead of broader language requiring the adoption of an “industry-recognized” code of ethics.

The department conducted research into best practices both for ethical standards in addiction counseling professions, and for best practices for all healthcare professions related to ethics and sexual misconduct. This research<sup>99</sup> identified many areas of ethical best practices that were outside the scope of our current rulemaking, but also included three primary recommendations that helped shape the proposed rule:

- 1) Clarifying language surrounding sexual misconduct and ethical standards in regulatory rules, websites, and communication materials, written at an 8th grade level of comprehension;
- 2) Reducing the number of steps on an agency website required to access detailed information about sexual misconduct and ethical standards rules and regulations; and

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<sup>99</sup> *Communications by Regulatory Boards about Sexual Misconduct: Self-Audit Template and Standards* (Healthcare Regulatory Research Institute, 2024). Available online at: [https://www.hrri.org/files/ugd/42efe1\\_4bff92fbd24a48a2a695df2998908837.pdf](https://www.hrri.org/files/ugd/42efe1_4bff92fbd24a48a2a695df2998908837.pdf).

- 3) Addressing the lack of a standard definition of sexual misconduct and ethical standards.

During workshops with interested parties, the department also received feedback that the ethical standards would be more transparent if separated from the sexual misconduct recommendations, which led to the proposed rule format that creates a new ethical standards section.

In a recent analysis of SUDP disciplinary rates, the department identified that sexual misconduct accounted for 8% of complaints filed against SUDPs and trainees between 2022-2024, and nearly 12% of the investigations completed<sup>100</sup> during the same period. The remaining complaints and investigations against SUDPs are classified in ways that fall under general ethical standards and unprofessional conduct, such as:

- Violations of regulations or rules;
- Theft;
- Bartering, gifting, or fraud;
- Standard of care;
- Misrepresentation;
- Dual relationships; and
- Other boundary violations.

This data highlighted a need for the department to create clear ethical standards in order to address the high discipline rates and provide professionals with stronger ethical decision-making tools.

The department separately plans to engage with the Substance Use Disorder Certification Advisory Committee, interested parties, and members of the substance use disorder workforce to develop and implement:

- A Washington State Substance Use Disorder Professional Code of Ethics that is consistent with national standards, and
- Decision-making guidelines that recognize both the difficulty and the value of working in the field of recovery as a person who may also be in recovery.

## **WAC 246-811-020 Sexual Misconduct.**

**Description:** This rule section prohibits sexual misconduct and references standards in chapter 246-16 WAC. The proposed rule amendments add that an SUDP or trainee:

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<sup>100</sup> “Substance Use Disorder Certification Advisory Committee Regular Meeting Notice,” Washington State Department of Health. October 4, 2024, available online at: <https://doh.wa.gov/sites/default/files/legacy/Documents/Mtgs/2020/AG-SUDP.pdf>.

- Shall never engage in “a nontreatment relationship with a former client or former key party that could create a conflict of interest or imbalance of power;” and
- May not accept as a client anyone with whom they have had a romantic, sexual, social, or familial relationship.

**Alternatives Considered:**

The department considered alternate rule language which would not have included explicit examples of sexual misconduct and prohibited relationships, which were incorporated under subsections (3) and (4) of the proposed rule amendment. After conducting research into best practices for sexual misconduct regulations, the department determined that this rule language needed to:

- 1) Provide specific details of sexual misconduct requirements, including examples of prohibited relationships; and
- 2) Not require an individual to click on multiple links to see examples of sexual misconduct, which are further outlined in WAC 246-16-100 and RCW 18.130.180.

By clarifying the language regarding sexual misconduct definitions, standards, and expectations for the substance use disorder profession in the proposed rule language, the department will promote increased access to and awareness of the standards. This may prevent providers from making mistakes with their patients that can jeopardize both patient safety and the financial stability of the counseling practice where they work.

In a recent analysis of disciplinary rates, the department identified that sexual misconduct accounted for 8% of complaints filed against SUDPs and trainees between 2022-2024, and nearly 12% of the investigations completed<sup>101</sup> during the same period. According to a recent study by the Healthcare Regulatory Research Institute,<sup>102</sup> only 5-10% of the sexual harassment that is experienced by patients from their providers is reported to regulatory agencies,<sup>103</sup> so actual rates of sexual misconduct are likely even higher. These rates of sexual misconduct create further incentive for the department to propose rule amendments that will clarify standards for both patients and providers.

**WAC 246-811-030 Education Requirements.**

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<sup>101</sup> “Substance Use Disorder Certification Advisory Committee Regular Meeting Notice,” Washington State Department of Health. October 4, 2024, available online at: <https://doh.wa.gov/sites/default/files/legacy/Documents/Mtgs/2020/AG-SUDP.pdf>.

<sup>102</sup> Catherine Dower, *Communicating About Physical Therapist Sexual Misconduct: Opportunities for Regulatory Boards* (Healthcare Regulatory Research Institute, 2023). [https://d36ab082-c35a-4698-8fe2-8f4a987c0607.usfiles.com/ugd/d36ab0\\_4d15b471e3ec494da68aade71ac8f170.pdf](https://d36ab082-c35a-4698-8fe2-8f4a987c0607.usfiles.com/ugd/d36ab0_4d15b471e3ec494da68aade71ac8f170.pdf).

<sup>103</sup> Catherine Dower, *Communicating About Physical Therapist Sexual Misconduct: Opportunities for Regulatory Boards* (Healthcare Regulatory Research Institute, 2023). Page 8. [https://d36ab082-c35a-4698-8fe2-8f4a987c0607.usfiles.com/ugd/d36ab0\\_4d15b471e3ec494da68aade71ac8f170.pdf](https://d36ab082-c35a-4698-8fe2-8f4a987c0607.usfiles.com/ugd/d36ab0_4d15b471e3ec494da68aade71ac8f170.pdf).

**Description:** This rule section sets educational standards for the profession. The proposed rule amendments add that an applicant with an associate’s degree or higher in addiction studies or substance use disorder counseling:

- Meets minimum educational requirements; and
- Is considered to have met coursework requirements listed in subsection (3) of the rule, creating an expedited credentialing pathway for these applicants.

**Alternatives Considered:**

*Consideration of WACASE Petition*

Additionally, during the rulemaking workshops, the department and interested parties reviewed a rule amendment proposed by a Washington Consortium of Addiction Studies Educators (WACASE) petition in April 2022. This petition, which was approved for consideration by the Substance Use Disorder Certification Advisory Committee on June 3, 2022, proposed amending WAC 246-811-030(1) to remove subsection (b), which provides an option for “successful completion of ninety quarter or sixty semester credits in courses from an approved school.” The petition’s proposed amendment would require applicants for SUDP certification to obtain an associate degree or higher, rather than the equivalent amount of coursework with no formal degree.

The petition advocated for this change in order to support both career advancement and professional mobility for members of the profession, in a workplace that increasingly requires higher education and formal degrees. Lack of a formal degree also leads to lower wages and limited reciprocity in other states. Supporting this assertion, in 2011 experts created national recommendations<sup>104</sup> endorsed by SAMHSA and NAADAC, including a model career ladder<sup>105</sup> with an expanding scope of practice for professionals with increasing experience and education. The career ladder proposes a system allowing individuals with no experience or education to gradually work their way up in a profession, learning to provide expanded services as they acquire education and counseling experience. According to national addiction counseling standards, best practices include this space for professional growth, which is lacking in Washington state’s current structure.

By adopting the petition’s proposed amendment, however, the department would inadvertently create internal dissonance within the profession. RCW 18.205.090

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<sup>104</sup> *Model Scopes of Practice & Career Ladder for Substance Use Disorder Counseling* (Advocates for Human Potential, 2010). Available online at: [https://www.careeronestop.org/competencymodel//modelFiles/Model%20Scopes%20of%20Practice%20and%20Career%20Ladder%20for%20SUD%20Counseling%20February%2028%20%201PM%202011%20FINAL.pdf#:~:text=Health%20Services%20Administration%20\(SAMHSA\)%20convened%20key%20stakeholders%20to](https://www.careeronestop.org/competencymodel//modelFiles/Model%20Scopes%20of%20Practice%20and%20Career%20Ladder%20for%20SUD%20Counseling%20February%2028%20%201PM%202011%20FINAL.pdf#:~:text=Health%20Services%20Administration%20(SAMHSA)%20convened%20key%20stakeholders%20to).

<sup>105</sup> Association for Addiction Professionals, “SAMHSA-NAADAC Addiction Professional Education & Career Ladder,” NAADAC.org. 2018, available online at: [https://www.naadac.org/assets/2416/samhsa-naadac\\_career\\_education\\_ladder\\_03-2018.pdf](https://www.naadac.org/assets/2416/samhsa-naadac_career_education_ladder_03-2018.pdf).

establishes that individuals are eligible for certification after completing an approved and registered apprenticeship program.<sup>106</sup> Apprenticeship program requirements do not include a required associate degree, so the petition's proposed requirement for an associate degree would create degreed and non-degreed paths to SUDP certification, resulting in a tiered credential.

Restructuring the profession as a series of tiered credentials is outside the authority of the department and exceeds the current scope of rulemaking, since it would create barriers to licensure, establish unequal tiers of SUDP certification, and undermine the apprenticeship pathway. As a result, the department determined it could not adopt the petition's proposed language at this time. If Washington state legislators create an SUDP career ladder in the future, including gradual education and experience requirements that would lead to an increased scope of practice, it is likely that many members of the profession would support the change and appreciate the new opportunities for advancement.

#### *Degree Fields that Meet Coursework Requirements*

The department considered expanding the list of eligible degrees for new rule language that considers specific degree completion with meeting the coursework topics under WAC 246-811-030(3)(a)-(w). Some suggestions included a degree in human services,<sup>107</sup> psychology,<sup>108</sup> or behavioral health.<sup>109</sup> However, in a review of sample coursework for these degrees, the department identified that these programs would either:

- 1) Not cover the requisite number of SUD topics necessary for SUDP certification, or,
- 2) Not cover the requisite number of SUD credit hours necessary for SUDP certification.

Behavioral Health degree programs, which typically offer a bachelor degree or higher, often nearly meet the threshold for SUD topics, but only if an individual selects SUD courses for all their elective coursework. Because of this discrepancy, it's possible for some graduates with this degree to study all required topics, and possible that another graduate holding the same degree will have studied only a fraction of the required topics. Through this process, the department determined that addiction studies and substance use counseling degrees were most likely to cover all required education materials.

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<sup>106</sup> EHB 1311 (Chapter 165, Laws of 2021).

<sup>107</sup> Skagit Valley College, "Skagit Valley College Academic College," Catalog.Skagit.edu. Available online at: [https://catalog.skagit.edu/preview\\_program.php?catoid=32&poid=8364](https://catalog.skagit.edu/preview_program.php?catoid=32&poid=8364).

<sup>108</sup> Tacoma Community College, "Associate of Arts, DTA - Psychology Specialization," TacomaCC.edu. 2023, available at: [https://catalog.tacomacc.edu/programs/PSYCHOLOGY?\\_gl=1%2a1acdhk2%2a\\_gcl\\_au%2aMzE0NjY1OTM5LjE3Mjg0OTcxNTA](https://catalog.tacomacc.edu/programs/PSYCHOLOGY?_gl=1%2a1acdhk2%2a_gcl_au%2aMzE0NjY1OTM5LjE3Mjg0OTcxNTA).

<sup>109</sup> Eastern Washington University, "Master of Arts in Behavioral Health," EWU.edu. 2024, available online at: <https://www.ewu.edu/cpp/social-work/addiction-studies/behavioral-health-ma/>.

## **WAC 246-811-035 Certification and renewal of a substance use disorder professional trainee.**

**Description:** The proposed rule adjusts the certification and renewal requirements for SUDP trainees. New proposed language requires:

- An applicant for SUDP trainee certification to complete at least four hours of an industry-recognized training in law, ethics and boundaries before initial certification;
- A trainee renewing their certification to verify supervised experience hours earned in the previous credential cycle on a form signed by their supervisor; and
- A trainee renewing their credential to verify academic courses completed in the previous renewal cycle through an official transcript or documentation of participation in a registered apprenticeship program.

### **Alternatives Considered:**

The department evaluated several alternate frameworks for the proposed amendments, including:

#### *Requiring Applicants to Complete Training in Law, Ethics, and Boundaries*

The department received suggestions from members of the public and addiction studies educators which recommended a best practice of requiring SUDP trainees to complete a full college course in law, ethics, and boundaries as a pre-requisite to obtaining a trainee credential. The majority of SUD counseling education programs in Washington state are designed to support a student through several of the required courses under WAC 246-811-030(3), including law and ethics, before a student applies for their trainee credential and begins working directly with patients. These educators advocated for this to become a state requirement in order to ensure that trainees have a basic academic foundation in addiction studies before they are providing direct patient care in the field, which would increase patient safety and provider competence.

While the department does appreciate the value that this proposal would have brought to the profession, the new requirement would have raised barriers to obtaining an trainee credential in a way that runs counter to the intent of recent legislation<sup>110</sup> and current rulemaking. The trainee credential was established in rule<sup>111</sup> in 2009 to create a low-barrier opportunity for individuals to earn experience and complete education for full SUDP certification. Additionally, establishing a higher threshold for qualified applicants is outside the scope of the current rulemaking, which focuses on removing unnecessary barriers to licensure.

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<sup>110</sup> See 2SHB 1724 and E2SHB 2247.

<sup>111</sup> WSR 09-14-111, March 30, 2009. Available online at: <https://lawfilesexternal.wa.gov/law/wsr/2009/14/09-14-111.htm>.



The department believes that the proposed rule requirement for trainees to complete an industry-recognized four-hour training in law and ethics will be sufficient to promote patient safety, provider competence, and remain in alignment with the legislation supporting current rulemaking.

#### *Requiring Proof of Enrollment for Initial Certification*

One alternative considered would have required a trainee to submit proof of enrollment in required coursework under WAC 246-811-030 for initial certification, but not required annual proof of continued participation in the coursework for renewal. Feedback from addiction studies educators in Washington state indicated that this proposal would facilitate a loophole where trainees could enroll in courses, obtain the required documentation for initial certification, and then either discontinue or never attend the required classes. Without annual proof of participation, and with the statutory change that trainees can renew their credential indefinitely,<sup>112</sup> trainees could potentially work for years without ever obtaining the necessary education to provide SUD counseling in a safe, competent manner.

By closing this loophole, the department creates a minimum standard for trainees to participate in completing their coursework requirements on an annual basis. This time frame permits a trainee to take time away from school for a short amount of time if any life events disrupt their progress, while still allowing the trainee to practice under approved supervision, provided they participate in coursework at least once in the annual renewal cycle.

#### *Requiring CE for Trainees who have Completed Education Requirements*

Another alternative considered would have required all trainees who completed their education requirements to complete annual continuing education hours. The department considered that this requirement would provide two possible benefits: encouraging trainees to continue the academic learning process while they earned their supervised experience, and aligning with other behavioral health credentials who require CE for individuals working under a credential designed to allow the holder to earn experience required for a full degree (e.g. licensed counselor associates). Associate credentials are similar to trainee credentials in that they are intended to be transitional, allowing a provider to earn requisite experience for full licensure. Associates are required to complete annual CE hours as a condition of licensure,<sup>113</sup> but trainees have not had equivalent requirements.

The department ultimately determined that this proposal could place undue burden on a trainee by requiring them to pay for CE when they have already met the education requirements for full certification, under a credential that still requires significant

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<sup>112</sup> E2SHB 2247 (Chapter 371, Laws of 2024).

<sup>113</sup> WAC 246-809-632.



supervision and oversight. Additionally, proposed changes in the supervision rules would create the opportunity for supervisors and trainees to identify appropriate trainings that would aid a trainee in developing necessary skills and competencies, regardless of whether the trainee had completed their education requirements. By placing this option within the supervisor's discretion, trainees will still engage in education related to SUD counseling without an arbitrary requirement regulated at the department level.

## **WAC 246-811-045 Accumulation of experience.**

**Description:** The proposed rule amendments:

- Require that all supervised experience be earned under either a trainee credential or another credential listed in WAC 246-811-076;
- Eliminate the current cap on earned experience, permitting individuals to use experience earned as a trainee more than 7 years prior to application;
- Reduce from 5 years to 1 year the time period required for an out-of-state applicant to have held an out-of-state credential, in good standing, to be deemed to meet Washington's experience requirements.

### **Alternatives considered:**

The department considered not adding language to this rule to clearly require a credential before obtaining supervised experience hours, but opted to include the new language in order to create more transparency in state regulations. During the workshops conducted for this rulemaking and in separate conversations with applicants for SUDP certification, the department received feedback that chapter 246-811 WAC does not clearly require a credential in order to provide SUD counseling. Although RCW 18.205.030 and RCW 18.130.020 clearly define unlicensed practice, the department determined that adding in clarifying language to reduce the difficulties in locating these regulations would increase transparency for current and potential members of the profession.

The department also considered aligning the endorsement pathway language included in this rule amendment with the separate out-of-state substantial equivalency qualifications in new WAC 246-811-310, but ultimately chose to keep the reduction to 1 year, instead of 2 years. This aligns with endorsement pathways in other behavioral health professions, based on department recommendations made pursuant to Section 5 of 2SHB 1724.

## **WAC 246-811-048 Supervision Requirements.**

**Description:** The proposed rule establishes new supervision requirements for SUDP trainees, including addressing two new statutory changes impacting this rule. The proposed rule:

- Allows approved supervisors to require up to 10 additional hours of trainee observation if they determine the first 50 hours are not sufficient;
- Requires a supervisor to be immediately available for consultation when a supervisee is providing services, replacing the requirement for a supervisor to provide supervision until they have documented that a supervisee has the necessary education, training, and experience;
- Establishes a requirement for the first 50 hours of face-to-face patient contact to include at least 10 hours each in facilitating assessments, individual counseling, and group counseling;
- Establishes supervision frequency that must take place, including individual supervision, optionally group supervision, and either remote or in-person supervision.
- Requires a supervisor and trainee to create a supervision plan that addresses development of clinical skills, ethical standards, appropriate trainee-to-client ratio, alternate supervisors, and academic progress. This plan must be reviewed and updated at least quarterly.

**Alternatives considered:**

In early discussions with members of the public and interested parties, including behavioral health agency staff and directors, the department received a significant amount of feedback articulating concern at the statutory change permitting SUDP trainees to work outside of state-regulated behavioral health agencies.<sup>114</sup> This feedback centered on the supervision structure that trainees need in order to provide safe and quality care to patients, and the concern that by extending practice settings without a defined supervision structure, trainees would be left to work virtually independently, and potentially unsafely. Many of these comments were incorporated into the proposed rule language in order to assure that trainees working in diverse practice settings are able to receive the same quality and amount of supervision as a trainee working in a state-regulated agency would receive. Specific comments included:

- Trainees need to have consistent and regular access to their supervisor
- Trainees need sufficient supervision to develop and demonstrate SUD competencies, not just “earning hours”
- Scheduled and documented supervision meetings should be held on a regular basis
- On-site supervision (not all remote) is necessary

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<sup>114</sup> E2SHB 2247 (Chapter 371, Laws of 2024), Section 13.

- SUDP-specific clinical supervision training is necessary, not just a general clinical supervisor training
- SUDPs and trainees need consistent expectations and to create a safe space to process feedback collaboratively
- Membership in NAADAC should be encouraged to promote access to resources, continuing education, and ethical standards for new professionals

As a result of this feedback, some of the supervision structure in the proposed rules incorporates supervision standards set in the behavioral health agency regulations, located in chapter 246-341 WAC. These requirements apply generally to all behavioral health agencies, and do not include profession-specific guidelines, so the proposed language incorporates additional supervisory structure specific to SUDPs.

The proposed structure and requirements incorporate best practices for supervision that are aligned with NAADAC recommendations and integrate feedback from the profession, without producing unnecessary difficulty for supervisors and trainees. Some individuals may still feel that a supervision structure creates administrative or time barriers for both trainees and approved supervisors, but in evaluating the feedback and scope of this rulemaking, the department determined that this structure was necessary for the following reasons:

- 1) Reported burnout among trainees often results from lack of adequate supervision, indicating that the proposed supervision structure may improve professional retention; and
- 2) Access to supervision will improve patient safety by ensuring that trainees can consult with their supervisor regularly about clinical recommendations, rather than making fully independent clinical decisions.

The department considered several alternate proposals for this rule, including:

- 1) *Not requiring a trainee to complete specific types of client care within their first 50 hours under direct observation.*

The requirement for trainees to complete their first 50 hours under direct observation is directly lifted from RCW 18.205.095 but has never been expanded upon in rule to require specific types of care. The department chose to incorporate suggestions to require a balance of SUD counseling competencies in order to ensure that trainees have been observed by their supervisor in 3 areas identified as critical aspects of SUD care: the provision of SUD assessments, facilitating individual patient counseling sessions, and facilitating group counseling sessions.

- 2) *Requiring the supervision plan proposed under subsection (4) of the rule to be updated at different intervals of time - either monthly or annually - rather than quarterly.*

The department determined that a minimum quarterly standard for supervision plan revision would create the appropriate balance of structure without imposing arbitrary administrative burden on supervisors. The requirement for quarterly plan updates, which are not required to be submitted to the department, also aligns with the requirements for applicants who are credentialed with a probationary period requiring additional supervision.

3) *Requiring each trainee to follow the NAADAC code of ethics, rather than an industry-recognized code of ethics*

Given the profession’s support for encouraging membership with NAADAC, the department considered an initial proposed requirement for all SUDP trainees to specifically follow the NAADAC Code of Ethics<sup>115</sup> as well as to review the code of ethics directly with their supervisor. Proposed rule language will create a separate rule for ethical standards, but the department believes a secondary reference to ethical standards is necessary in the requirements for supervision, due to the high level of influence that a supervisory relationship has on a trainee’s competency and skills development, in addition to their practical understanding of ethical conduct. NAADAC’s clinical supervision workbook states that “it is incumbent on supervisors to provide such guidance as a means of assisting supervisees to be aware of ethical challenges as they occur and mentor them in developing a framework of ethical decision-making.”<sup>116</sup>

The department contracts with NAADAC for the provision of the NCAC-1 examination,<sup>117</sup> which all SUDPs must pass in order to obtain their certification, and requiring all members of the profession to review and follow the NAADAC code of ethics initially seemed like a logical extension and safe way to ensure providers meet national standards for ethical conduct. However, during internal reviews, the department determined that the profession would benefit from identifying and creating Washington State SUDP Ethical Standards, which the department plans to do in partnership with the Substance Use Disorder Professional Certification Advisory Committee.

By proposing more inclusive language for a requisite industry-recognized code of ethics, the department also creates more flexibility for professionals with dual

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<sup>115</sup> Association for Addiction Professionals, “NAADAC, the Association for Addiction Professionals, NCC AP: The National Certification Commissioner for Addiction Professionals, CODE OF ETHICS,” NAADAC.org. January 1, 2021, available online at: [https://www.naadac.org/assets/2416/naadac\\_code\\_of\\_ethics\\_112021.pdf](https://www.naadac.org/assets/2416/naadac_code_of_ethics_112021.pdf).

<sup>116</sup> Thomas Durham, *Clinical Supervision: An Overview of Functions, Processes and Methodology* (NAADAC, the Association for Addiction Professionals, 2019). [https://www.naadac.org/assets/2416/clinical\\_supervision\\_workbook-sneak\\_peek.pdf#:~:text=processes,%20methodology,%20and%20best%20practices%20in%20clinical%20supervision.](https://www.naadac.org/assets/2416/clinical_supervision_workbook-sneak_peek.pdf#:~:text=processes,%20methodology,%20and%20best%20practices%20in%20clinical%20supervision.)

<sup>117</sup> Association for Addiction Professionals, “NCAC I,” NAADAC.org, available online at: <https://www.naadac.org/ncac-i>.

credentials aligned with other professional codes of conduct, including the NASW-WA<sup>118</sup> or the AMHCA.<sup>119</sup>

## **WAC 246-811-049 Approved Supervisors.**

**Description:** The proposed rule:

- Reduces the amount of experience hours required to become an approved supervisor from 3000 hours (1.5 years) to 1 year as a fully certified SUDP;
- Establishes the requirement that approved supervisors complete at least 8 hours in clinical supervision training before or within their first year providing supervision to trainees; and
- Eliminates the options to reduce the number of required experience hours by submitting documentation of specific coursework in supervision training and other approved topics.

### **Alternatives considered:**

During rulemaking workshops, members of the profession shared a significant amount of concerns regarding the suggestion to reduce experience requirements for approved supervisors, which was an approved recommendation identified during the implementation of 2SHB 1724. The experience requirements for SUDP approved supervisors were already reduced by 25% in 2020,<sup>120</sup> from 4000 hours of experience (2 years) to 3000 hours of experience working in a state regulated SUD treatment agency, with the additional option to substitute coursework and reduce requirements to only 1500 hours of experience.

Concerns from the profession include the following:

- SUDP trainees need to be supervised by an experienced SUDP who has the knowledge and practical experience to provide guidance for trainees learning the profession for the first time
- One year is not enough time to become seasoned and experienced as an SUDP
- Seasoned SUDPs are leaving state agencies in order to earn a higher wage in other SUD clinical settings
- Supervisors face difficulty in balancing their supervisory responsibilities with high patient caseloads and high supervisor-to-trainee ratios
- Supervisors need more administrative and managerial support in order to provide high-quality supervision and leadership to SUDP Trainees

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<sup>118</sup> National Association of Social Workers, “Code of Ethics,” NASW. 2021, available online at: <https://www.socialworkers.org/about/ethics/code-of-ethics>.

<sup>119</sup> AMHCA Code of Ethics (American Mental Health Counselors Association, 2020). Available online at: [https://sccmhca.org/images/downloads/Documents/code\\_of\\_ethics.pdf](https://sccmhca.org/images/downloads/Documents/code_of_ethics.pdf).

<sup>120</sup> WSR 20-12-074, June 1, 2020. <https://lawfilesexternal.wa.gov/law/wsr/2020/12/20-12-074.htm>.

- SUDP supervisors should complete SUDP Clinical Supervisor training in order to supervise SUDP Trainees
- Poor or inadequate supervision leads to trainee misconduct and malpractice, increasing the risk for patient harm
- There are not enough SUDPs to raise experience requirements for approved supervisors

The department conducted research to identify best practices for clinical supervisor training and determine which suggestions could be incorporated into the proposed rule language while remaining consistent with the scope of rulemaking by reducing barriers to licensure. During this evaluation process, the department identified several recommendations:

- The majority of other Washington state behavioral health professions require a minimum of 15 contact hours in clinical supervisor training in addition to 2 full years as a licensed clinician, with a license that is active and in good standing.<sup>121</sup>
- Industry recognized trainings in clinical supervision often require between 6<sup>122</sup> and 45 clock hours of training.<sup>123</sup>
- Industry standard also recommends 2-3 years minimum experience<sup>124</sup> for behavioral health clinical supervisors.

However, the department also recognizes that the number of SUDPs in Washington state who are able to provide approved supervision is too low to impose higher experience standards [see SA Table 7 below for details]. By requiring clinical supervisor training for all supervisors, while still reducing the overall experience requirements, the department can expand the pool of qualified supervisors and thus reduce existing barriers to licensure.

### **SA Table 7. Active and Retired Active Licenses by Age**

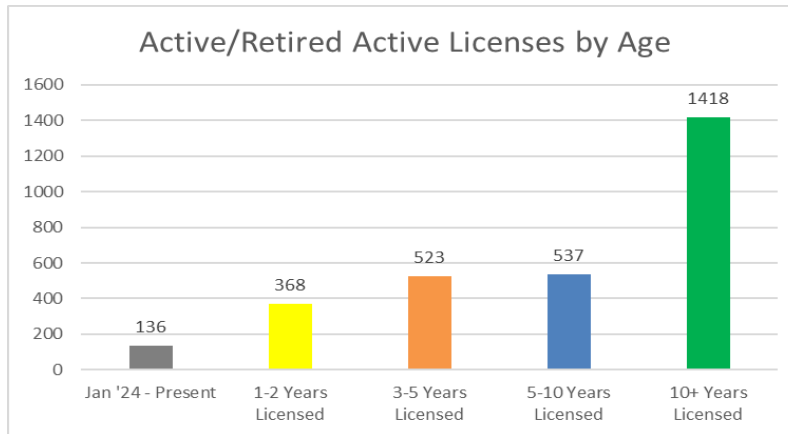
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<sup>121</sup> Chapter 246-809 WAC.

<sup>122</sup> Association for Addiction Professionals, “Clinical Supervision in the Addiction Profession Certificate,” NAADAC.org. Available online at: <https://www.naadac.org/certificate-for-clinical-supervision-online-training-series#:~:text=As%20a%20guided%20companion%20to%20the%20most%20up>.

<sup>123</sup> Center for Credentialing & Education, “Required Training: Approved Clinical Supervisor (ACS),” CCE-global.org. Available online at: <https://www.cce-global.org/credentialing/acs/training>.

<sup>124</sup> National Association of Social Workers, “Best Practice Standards in Social Work Supervision,” socialworkers.org. 2013 available online at: <https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/Best-Practice-Standards-in-Social-Work-Supervision#introduction>.



Some could perceive that by the department requiring a clinical supervisor training that previously was optional, there are new barriers for approved supervisors. However, the department determined that since the required experience hours remain lower than industry standards, a training is necessary in order to ensure that supervisors gain access to education and resources that will support them in providing high quality, evidence-based, outcome-focused supervision.

## WAC 246-811-100 Disclosure Requirements

**Description:** The proposed rule amendment creates a new subsection requiring all SUDP trainees to provide additional information on all client disclosures, including their approved supervisor’s name, credential number, and contact information.

### Alternatives considered:

The department considered not making these inclusions to the disclosure requirement rules, but ultimately determined that with the expanded practice settings available to SUDP trainees, it would improve transparency and patient safety to make these additional requirements for trainee disclosures.

## WAC 246-811-240 Types of continuing education hours required.

**Description:** This section establishes requirements for continuing education, including amounts of ethics and law, suicide assessment, health equity, and total CE required. The proposed rule:

- Reduces the total CE requirement from 28 hours to 20 hours every 2 years;
- Allows up to 4 hours of professional development activities; and
- Removes the requirement for an additional 10 hours of CE relating to various phases of the professional career.



### **Alternatives considered:**

During the rulemaking workshops, the department received a variety of feedback about the appropriate standards for SUDP CE. General comments on this section of the rule included the following:

- CE requirements were not a barrier to remaining credentialed as an SUDP
- CE requirements are not standardized across addiction professionals, and there is not sufficient research into best practices for CE requirements
- Although CE requirements are not standardized, most professionals recognize the importance of completing CE in order to stay intellectually engaged in the profession and up-to-date with new and emerging data for best practices in the profession
- Some professionals felt that if they had a higher level of education, their CE requirements should be lower than for individuals with an associate degree or equivalent coursework.

Based on this feedback, the department created an alternate framework that was considered for rulemaking. The framework (below) established a graduated amount of CE requirements based on level of education:

*A certified substance use disorder professional shall complete the following continuing education requirements during each two-year continuing competency cycle based on their level of formal education:*

*(1) 30 hours of continuing education for an individual who has an associate degree or qualifying coursework from an approved school;*

*(2) 25 hours of continuing education for an individual who has a baccalaureate degree from an approved school; or*

*(3) 20 hours for an individual who has a master or doctoral degree from an approved school.*

Members of the rulemaking workshops for this topic shared some feedback in favor of this model, sharing that the gradual requirements recognized the value and professional mobility of obtaining higher levels of education. However, the majority of participants shared negative feedback about this model, believing that it would penalize individuals with significant experience in the field who did not pursue higher education after obtaining their SUDP credential, and would create an educational hierarchy within a single-level profession. These participants advocated that the department should create a model that promotes experience as much as education, and that a different model inclusive of years of experience may be more beneficial.

Given that industry and regulatory standards establish CE requirements within a credential type, rather than within the level of education or experience, the department determined



that a single CE requirement would be most beneficial for all members of the profession. Creating a complex model based on education and experience levels would be difficult for SUDPs to navigate, and may inadvertently make the CE process more of a barrier.

The department further considered reducing the number of CE hours by more than 50%, but determined in collaboration with workshop participants that more severe reductions in this requirement could lead to reduced professional development and possibly decrease patient safety.

## **WAC 246-811-260 Acceptable professional development activities.**

**Description:** This rule section establishes requirements for professional development activities. The proposed rule expands the definition of acceptable professional development activities to include participation in state-led activities related to the profession, including participation in Advisory Committee meetings, rulemaking workshops, and other legislative activities related to the SUDP profession.

### **Alternatives considered:**

The department considered not making allowing professional development hours for participation in the SUD Certification Advisory Committee meetings, rulemaking workshops, and other legislative activities related the SUDP profession. However, the department chose to affirm that members of the profession who remain active in regulatory and legislative discussions are actively contributing to the profession and their own professional development. The department will need to identify the appropriate documentation for these types of hours to contribute to the professional development activities within their continuing competence plan, but this work can continue outside of rulemaking and be included in resources on the department webpage.

## 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 regulations 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.