



Substance Use Disorder Certification Advisory Committee Regular Meeting Notice

October 4, 2024

Time:	9:00 a.m.
Location:	Virtual Meeting via Microsoft Teams or 111 Israel Road, TC2 Room 153, Tumwater WA 98501 Access to the virtual meeting is on the last page of the agenda.
Contact Person:	Claire Wilson, Program Manager 564.669.0392 claire.wilson@doh.wa.gov
Board/Committee Members:	Susan Cherry, SUDP, Chair Bergen Starke, SUD Program Director, Vice Chair Lisa Rudduck, LMHC, SUDP Raymond Gregson, CPC, Public Member Gayle Martinson, HCA Representative Vacant, Physician or MHP Vacant, SUDP Vacant, SUDP
Assistant Attorney General:	Kristi Knieps, Assistant Attorney General
Staff:	Eve Austin, Executive Director Claire Wilson, Program Manager Katie Impehoven, Program Support Alie Dobson, Program Support Rhianna Due, Credentialing Coordinator Melissa Derefield, Credentialing Supervisor Melody Casiano, Policy Analyst
Presenters:	None

In accordance with the Open Public Meetings Act, the agenda for this regular meeting was made available online at least 24 hours prior to the start time of the meeting pursuant to RCW 42.30.077.

For more information, please see [last page](#) of this agenda

Please Note: Comments from the public in attendance may be solicited after each agenda item.

OPEN SESSION:

1. Call to Order – Susan Cherry, SUDP, Chair

- 1.1. Introductions by the committee, staff, and the public
- 1.2. Approval of the October 4, 2024, meeting agenda
- 1.3. Approval of the meeting minutes for May 31, 2024, from the joint meeting with Licensed Counselors Advisory Committee.

2. Public Comment – Susan Cherry, SUDP, Chair

The advisory committee will hear comments from the public. The public may request items to be placed on a future meeting agenda.

3. Management Reports – Claire Wilson, Program Manager; Rhianna Due, Credentialing Coordinator, Quality Assurance

- 3.1. Budget report – Claire Wilson to present.
- 3.2. Credentialing report – Rhianna Due to present.

4. Assistant Attorney General Presentation: Robert’s Rules of Order – Kristi Knieps, AAG

AAG Knieps will provide a presentation reviewing Robert’s Rules of Order to the advisory committee.

5. Legislative Updates – Claire Wilson, Program Manager

- 5.1 Review of ongoing rulemaking for SUDPs
- 5.2 2024 Legislative Recommendations from HB 1724

6. Detox Survey – Sue Cherry, SUDP, Chair, and Bergen Starke, SUDP, Vice Chair

Discuss the survey results, and identify interest a subcommittee.

7. Ethical standards for SUDP/Ts – Claire Wilson, Program Manager

Discuss ethical standards and identify interest in a subcommittee for development of an ethical code of conduct for substance use disorder professionals.

8. Future Agenda Items – Susan Cherry, SUDP, Chair

Items to add for discussion at future committee meetings.

9. Meeting Adjourned

Meeting Access

Virtual Meeting Access: This meeting is being held via Microsoft Teams. You can access the meeting here:

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 220 034 620 844

Passcode: ExBUZF

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Phone Conference ID: 187 073 425#

Times and Order:

The meeting will begin at 9:00 A.M. and will continue until all agenda items are complete. This agenda is subject to change. Comments from the public in attendance will be taken after each agenda item.

[DOH Tumwater Office Directions](#)

This meeting is being recorded.

If anyone objects or does not consent, please let us know.

Next Scheduled Meeting:

Date: December 6, 2024

Time: 9:00 A.M.

Location: Online virtual meeting or Tumwater DOH office
111 Israel Road, TC2 Room 153, Tumwater WA 98501



**Mental Health Counselors, Marriage and Family Therapists, and Social Workers Advisory Committee and Substance Use Disorder Certification Advisory Committee
Joint Meeting Minutes**

May 31, 2024

Virtual Meeting via Microsoft Teams n person at Washington State Department of Health 111 Israel Road, Room 153, Tumwater, WA 98501

Substance Use Disorder Professional Advisory Committee

Members Present:

Susan Cherry, SUDP, Chair
Bergen Starke, LMHC, SUDP, Vice Chair
Lisa Rudduck, LMHC, SUDP
Gayle Martinsen, STR Treatment Mgr., HCA*
Vacant, SUDP
Vacant, SUDP
Vacant, MD or MHP
**ex-officio member*

Members Absent:

Raymond Gregson, CPC, Public Member

Assistant Attorney General Staff:

Kristi Knieps, AAG

DOH Staff:

Eve Austin, Executive Director
Joe Miller, Executive Director
Claire Wilson, SUD Program Manager
Lana Crawford, LC Program Manager
John Simmons, Program Support
James Smartt, Program Support
Joan Simmons, Program Support
Melody Casiano, Policy Analyst
Jennifer Herbrand, Deputy Credentialing Mgr.
Brandon Williams, Project Manager

Mental Health Counselors, Marriage & Family Therapists, and Social Workers Advisory Committee

Members Present:

Megan Simmons – LMFT, Chair
Beda Herbison, LICSW, Vice Chair
Melissa Denner, LMHC
Linda Sattem, Ph.D., Public Member
Vacant, LMHC
Vacant, LASW
Vacant, Public Member

Members Absent:

Michael Fitzpatrick, LMFT, Chair
Netra Kendle, Public Member

Assistant Attorney General Staff:

Luke Eaton, AAG

Guest Presenters:

Elizabeth Geisler, HELMS Business Deputy Project Director
Kitty Slater, Legal Services Case Manager
Kevin Taylor, Legal Services Case Manager

On May 31, 2024, the Substance Use Disorder Certification Advisory Committee and the Mental Health Counselors, Marriage & Family Therapists, and Social Workers Advisory Committee met online via Microsoft Teams and in person at Washington State Department of Health 111 Israel Road, Room 153, Tumwater, WA 98501. Notice of the meeting was published on the Substance Use Disorder, Mental Health Counselor, Marriage & Family Therapist, and Social Worker profession websites and was sent out through the GovDelivery listserv for each profession.

Open Session:

1. **Opening of Public Meeting – Susan Cherry, SUDP, Chair and Megan Simmons, LMFT, Chair**
 - 1.1. Call to Order - The meeting was called to order at 9:05 a.m. Committee and agency staff members as well as public attendees introduced themselves and their area of practice.
 - 1.2. Agenda - Motion to approve the May 31, 2024, agenda, seconded, motion passed (Substance Use Disorder Certification Advisory Committee), motion passed (Mental Health Counselors, Marriage & Family Counselors, and Social Workers Advisory Committee).
 - 1.3. Minutes - Motion to approve the June 9, 2023, joint meeting minutes, seconded, motion passed (Substance Use Disorder Certification Advisory Committee), motion passed (Mental Health Counselors, Marriage & Family Counselors, and Social Workers Advisory Committee).

2. **Public Comment**

There were no comments from the public.

3. **Program Manager Reports – Lana Crawford and Claire Wilson, Program Managers**

- 3.1. Mental Health Counselors, Marriage & Family Therapists, and Social Workers Advisory Committee (MHC, MFT, and SW) budget report.

Ms. Crawford presented the current budget numbers. The following is the current fund balance for the three programs:

- Budget Report
 - o Marriage & Family Therapists – (\$7,880).
 - o Mental Health Counselors – (\$464,800).
 - o Social Workers – (\$1,240,000).
- Credentialing Report
 - o Ms. Herbrand presented the current credentialing numbers and trends to the committee.

Credential	Active Status	Pending Apps
LMFT	2,401	256
LMFT assoc.	807	130
LMHC	10,544	610
LMHC assoc.	3,112	480
LASW	141	76
LASW assoc.	453	51

LICSW	7,275	1,219
LICSW assoc.	3,154	240

3.2. Substance Use Disorder Certification Advisory Committee (SUD)

- Budget Report

- o Ms. Wilson presented the current budget numbers. The fund balance for the program is (\$323,700).

- Credentialing Report

- o Ms. Herbrand presented the current credentialing numbers and trends to the committee.

Credential	Active Status	Pending Apps
SUDP	2,994	220
SUDPT	1,408	136

4. HELMS Presentation – Ratna Craig, HELMS Project Director and Elizabeth Geisler, Business HELMS Deputy Project Director

4.1. Ms. Geisler presented an update on the HELMS project implementation.

5. Discipline Enforcement Action – Claire Wilson / Lana Crawford, Program Managers and Kitty Slater, Legal Services Case Manager / Kevin Taylor, Legal Services Case Manager

5.1. Disciplinary Data (Ms. Wilson and Ms. Crawford)

Ms. Wilson & Ms. Crawford presented disciplinary data and trends for Licensed Counselors (MHC, MFT, and SW) and SUDP/Ts. Mr. Eaton & Ms. Knieps added information on which types of cases are more expensive.

5.2. Introduction to Case Management and Investigations (Ms. Slater and Mr. Taylor)

Mr. Taylor and Ms. Slater presented an overview of the process of complaints and investigations.

6. Assistant Attorney General Report – Luke Eaton, AAG & Kristi Knieps, AAG

6.1. MHC, MFT, and SW (Mr. Eaton) – There were no updates.

6.2. SUD (Ms. Knieps) – There were no updates.

7. Legislative Report – Claire Wilson and Lana Crawford, Program Managers

7.1. Ms. Wilson presented an update on the implementation status of behavioral health bills that were introduced in the 2024 legislative session, including SB 6228, E2SHB 2247, HB2245, and HB 1939. Ms. Wilson and Ms. Crawford gave an update on current emergency rules and upcoming rulemaking workshops.

8. Overview of Alternate Pathway for SUDP Licensure – Claire Wilson, Program Manager

8.1. Ms. Wilson provided an overview of the existing alternate pathways to SUDP licensure.

9. Approval of University of Washington’s Co-Occurring Disorder Enhancement

9.1. Ms. Wilson presented the curriculum for University of Washington’s Co-Occurring Disorder Enhancement. The committees discussed and approved the Co-occurring Disorder Enhancement. Motion to approve the Co-Occurring Disorder Enhancement curriculum, seconded, motion passed (Substance Use Disorder Certification Advisory Committee), motion passed (Mental Health Counselors, Marriage & Family Counselors, and Social Workers Advisory Committee).

10. Future Agenda Items

- No future agenda items added.

11. Meeting Adjourned

11.1. The meeting was adjourned at 11:18 p.m. Motion to adjourn, seconded, motion passed (Substance Use Disorder Certification Advisory Committee), motion passed (Mental Health Counselors, Marriage & Family Counselors, and Social Workers Advisory Committee).

Submitted by:
Claire Wilson, Program Manager
Substance Use Disorder Professional Advisory Committee

Approved by:
Susan Cherry, Chair
Substance Use Disorder Professional Advisory Committee

on file

SIGNATURE

on file

SIGNATURE

DATE

DATE

Submitted by:

Lana Crawford, Program Manager
Mental Health Counselors, Marriage & Family
Therapists, and Social Workers Advisory
Committee

Approved by:

Megan Simmons, Chair
Mental Health Counselors, Marriage &
Family Therapists, and Social Workers
Advisory Committee

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SIGNATURE

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Substance Use Disorder Professional

FY2024 Starting Fund Balance
(\$400.4K)

Current Fund Balance
(\$241K)

Helms Cost Allocation
\$22.10K

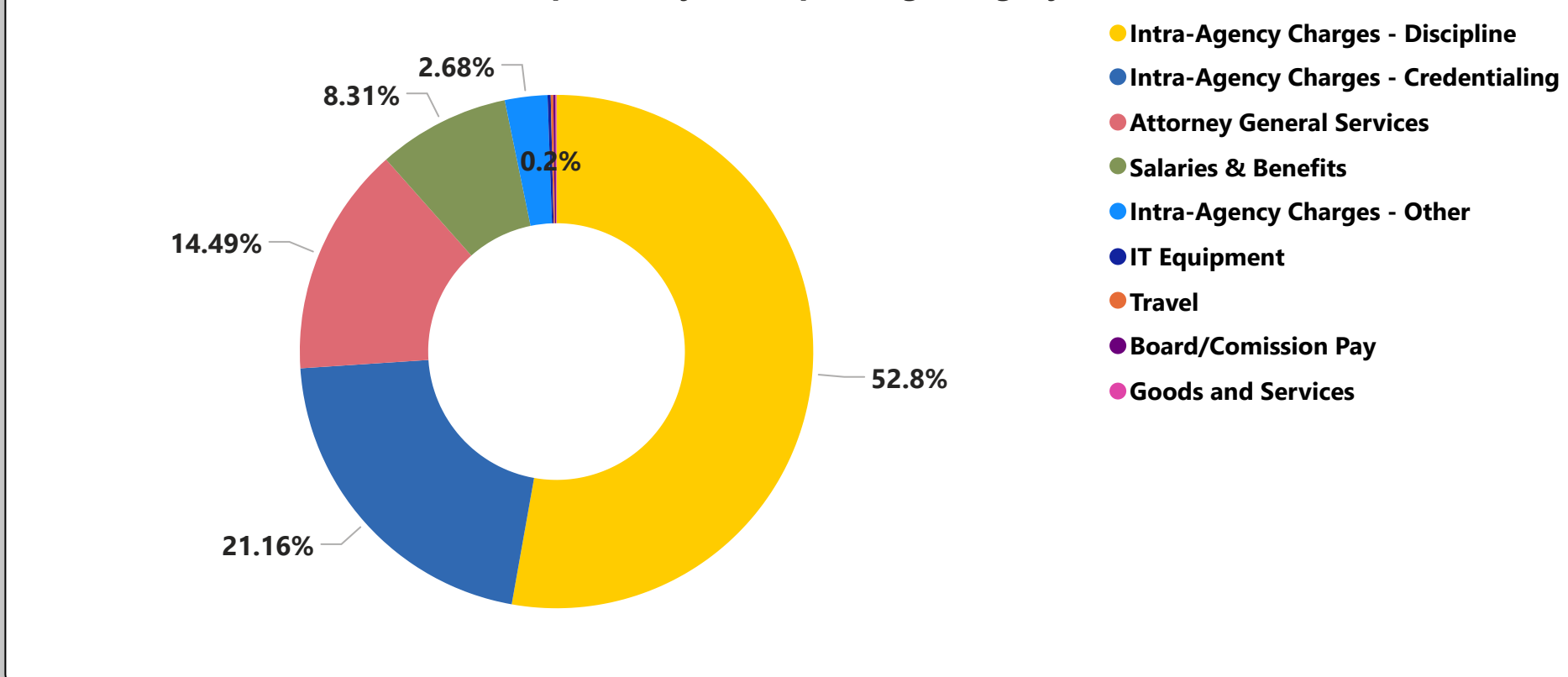
Revenue
\$1.25M

Expenses+Total Indirect+HELMS
\$1.11M

Budget Status by Spending Category

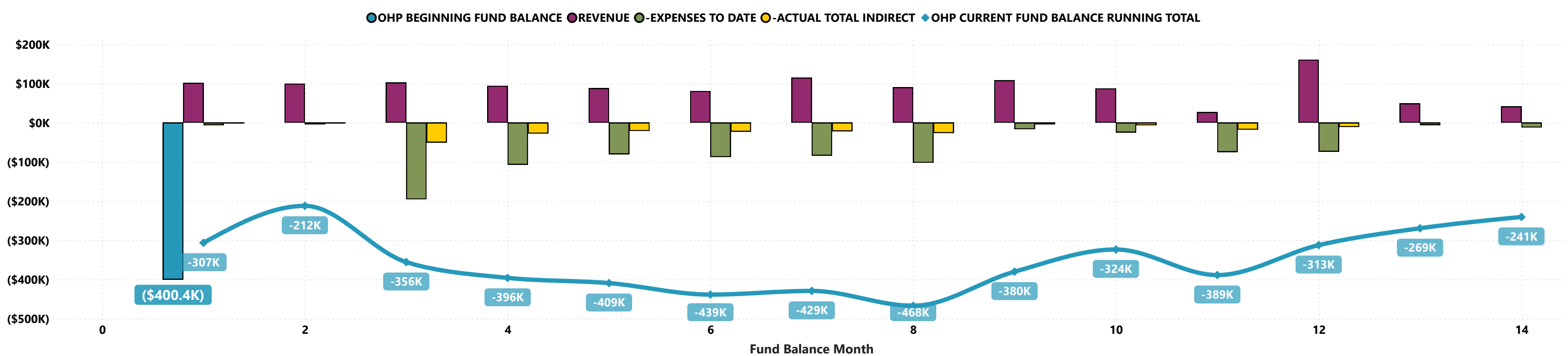
Health Professions	ALLOTMENT TO DATE	EXPENSES TO DATE	VARIANCE TO DATE
Substance Use Disorder Professional & Trainee	\$1,097,239	\$870,027	\$227,212
Travel	\$1,218	\$1,383	(\$165)
Salaries & Benefits	\$89,588	\$69,414	\$20,174
IT Equipment	\$238	\$1,726	(\$1,488)
Intra-Agency Charges - Other	\$35,398	\$23,349	\$12,049
Intra-Agency Charges - Discipline	\$621,269	\$461,752	\$159,517
Intra-Agency Charges - Credentialing	\$279,612	\$183,898	\$95,714
Goods and Services	\$1,652	\$523	\$1,129
Contracts	\$4,368		\$4,368
Board/Comission Pay	\$1,568	\$1,250	\$318
Attorney General Services	\$62,328	\$126,732	(\$64,404)
Total	\$1,097,239	\$870,027	\$227,212

Expenses By OHP Spending Category

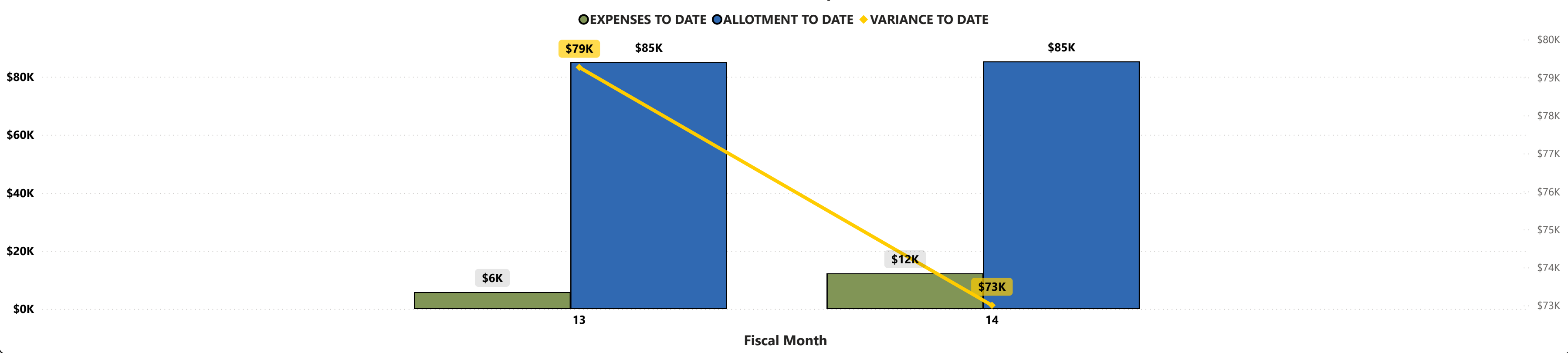


Health Professions	ESTIMATED REVENUE	REVENUE	REVENUE VARIANCE
Substance Use Disorder Professional & Trainee	\$1,416,518.00	\$1,245,552	(\$170,967)
Total	\$1,416,518.00	\$1,245,552	(\$170,967)

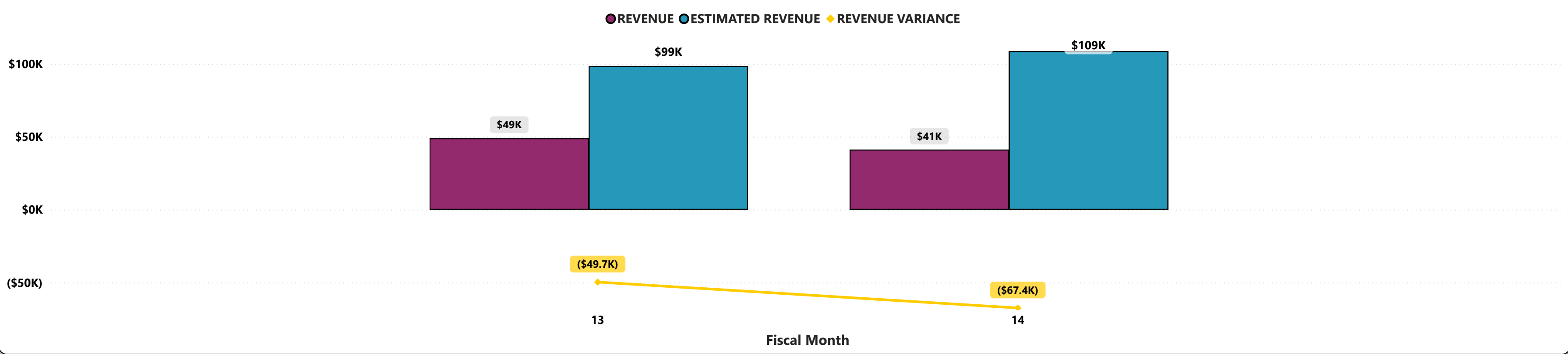
Revenue vs Expenditure - Fund Balance by Fiscal Month



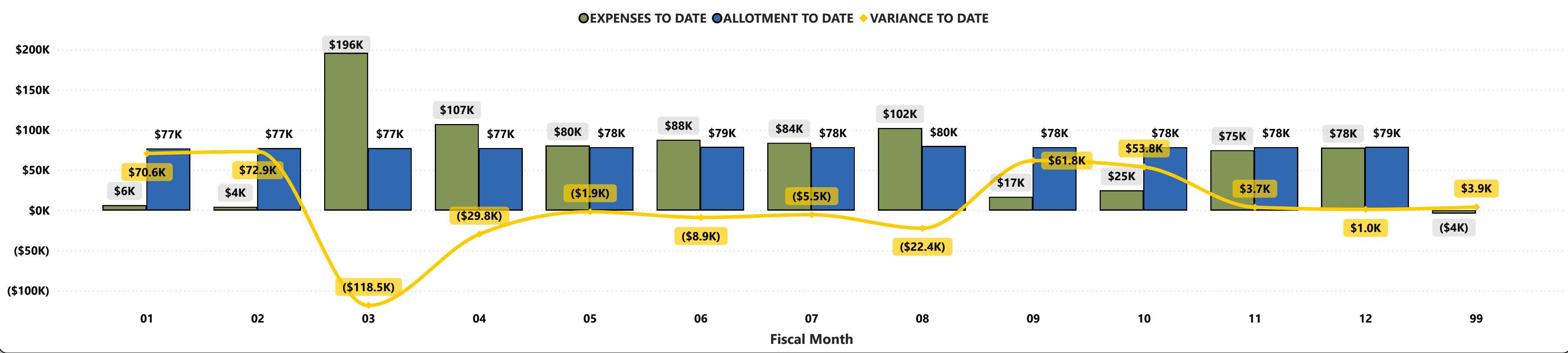
FY25 Estimated and Actual Expenditure Variance



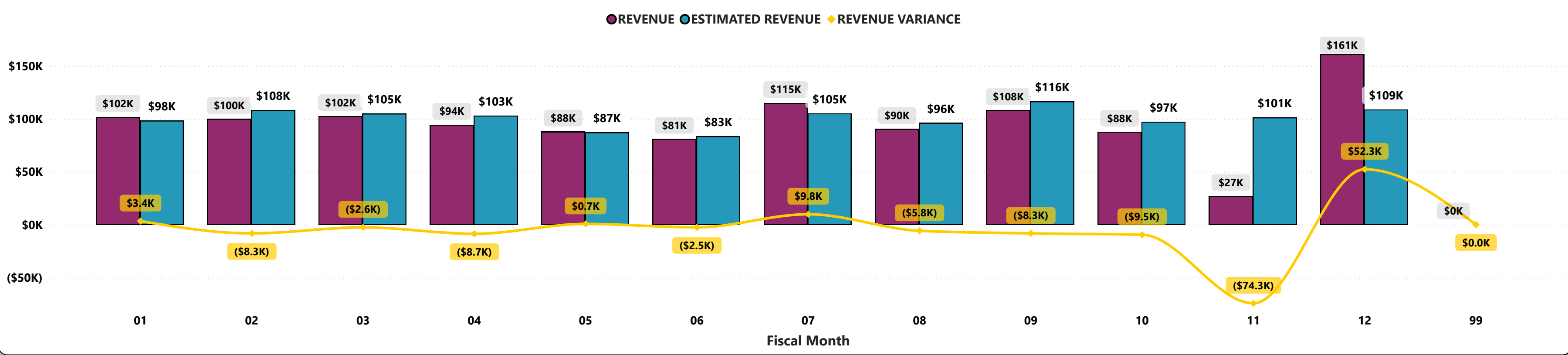
FY 25 Estimated and Actual Revenue Variance



FY24 Estimated and Actual Expenditure Variance



FY24 Estimated and Actual Revenue Variance

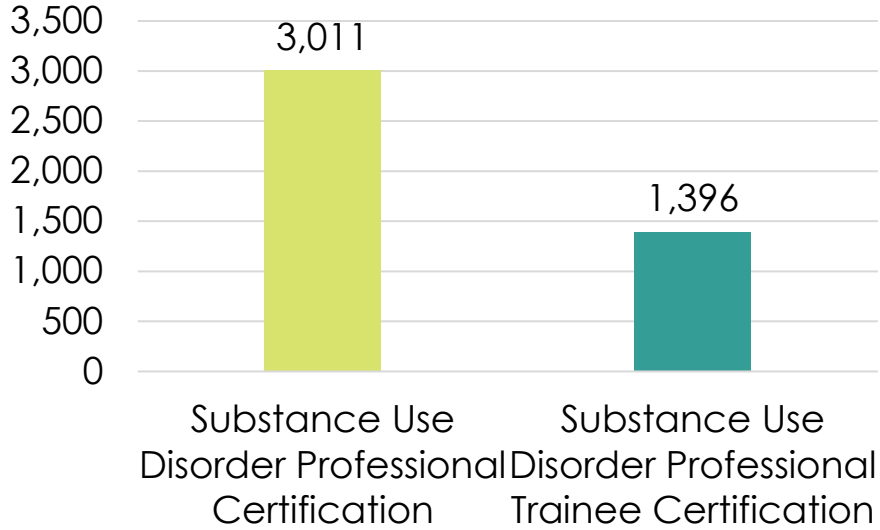




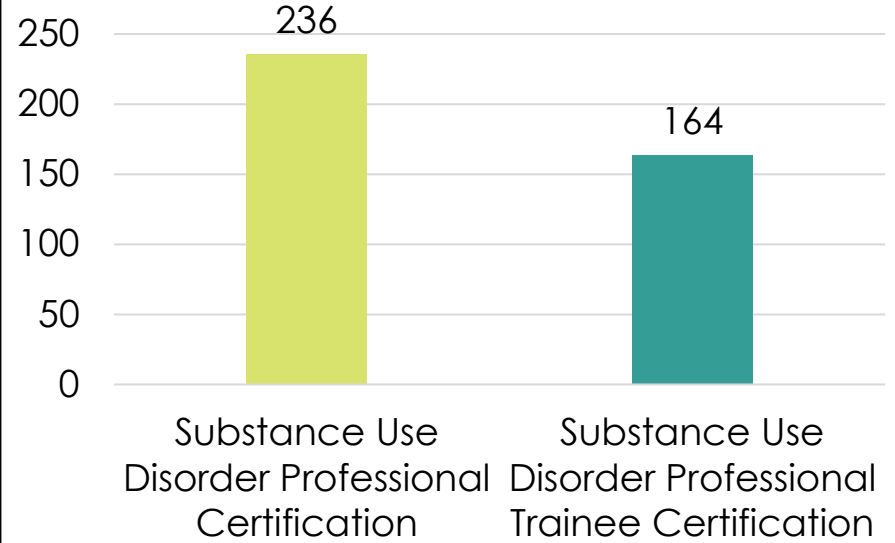
SUBSTANCE USE DISORDER CERTIFICATION ADVISORY COMMITTEE

October 4, 2024

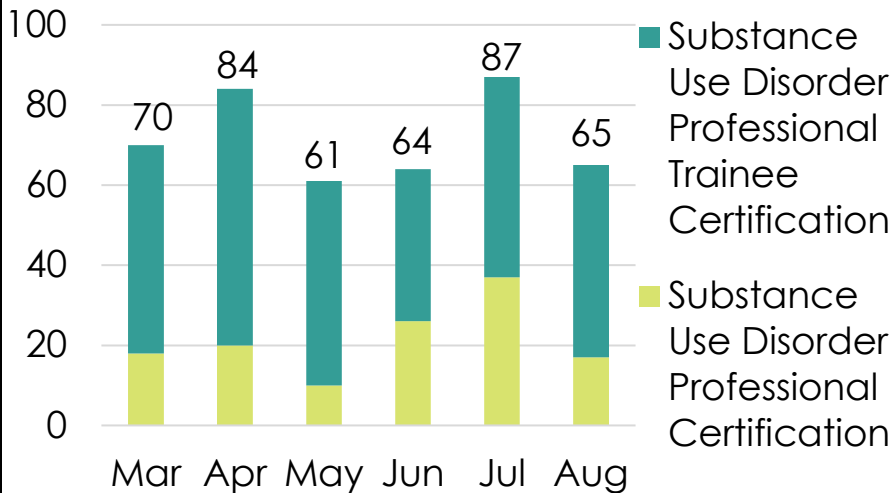
Active Status Counts



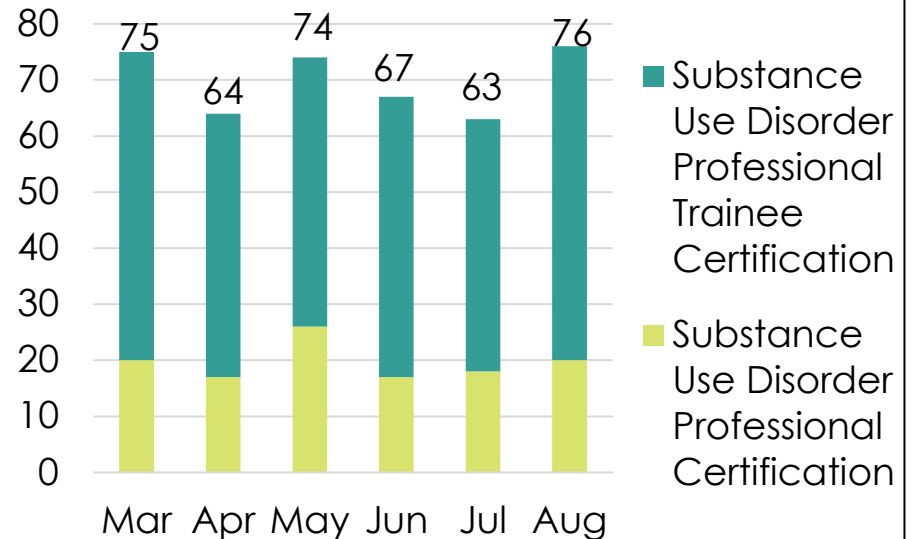
Pending Status Counts



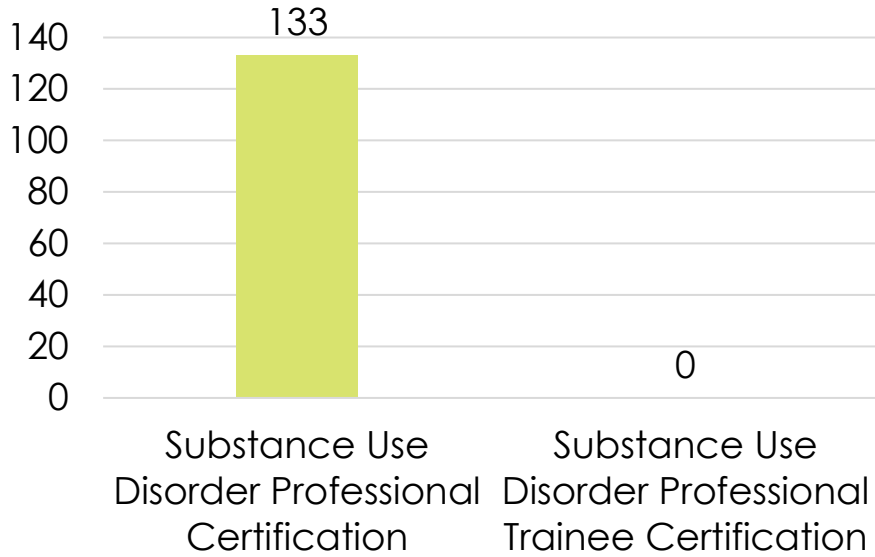
Applications Received



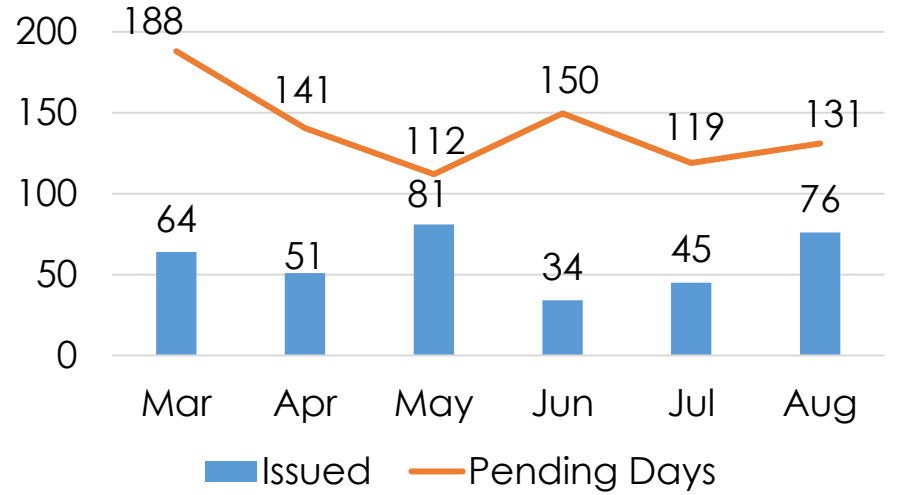
Credentials Expiring by Month



Retired Active Status Counts



Overall Application Processing Time



Updates

Contact Information

DOH website: www.doh.wa.gov

Licensing/Certification link for requirements and forms and the
Provider Credential Search link for credential status

QA/CQI Administrator:

Zach Patnode zachary.patnode@doh.wa.gov

Health Professions Executive Director:

Eve Austin eve.austin@doh.wa.gov

Deputy Credentialing Manager:

Vacant

Health Professions Supervisor

Melissa Derefield melissa.derefield@doh.wa.gov 360-236-4933



Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.



SUDP LEGISLATIVE UPDATES

Substance Use Disorder Professional Certification
Advisory Committee Meeting – October 4, 2024
[Claire Wilson](#) – Program Manager



Legislation Included in Current SUDP Rulemaking

- 1) **HB 1724 (2023)** tasks the department with conducting listening sessions to identify and reduce barriers to obtaining and retaining licensure in the behavioral health workforce
 - Implements new out of state substantial equivalency pathway
 - Requires new endorsement pathway for all qualified out of state applicants who have been credentialed for at least one year
- 2) **HB 2247 (2024)** follows HB 1724 with implementing statutory recommendations identified during the 2023 listening sessions
 - Removes the limitation on SUDPT Renewals
 - Permits SUDPTs to work outside of a BHA, under approved supervision
 - Permits for remote supervision of SUDPTs after first 50 hours
- 3) **SB 6228 (2024)** implements changes for SUD treatment
 - Implements a temporary fee cap of \$100 between July 1, 2024-June 30, 2029, subject to appropriated funds.

Additional Rulemaking Considerations

Review of a 2022 petition that would eliminate WAC 246-811-030(1)b: “Successful completion of 90 quarter or 60 semester college credits in courses from an approved school.”

Adopting the petition would reduce to two options for obtaining SUD education:

- 1) An associate degree or higher in human services, addiction studies, substance use counseling, or related field from an approved school; or
- 2) Successful completion of an approved and registered apprenticeship program.

During rulemaking workshops, 75% of participants supported the adoption of the petition.

Due to the scope of current rulemaking, the department is not able to adopt this petition at this time, but the feedback and high support for this change will be included in the SUDP Significant Analysis.

Proposed Rule Highlighted Changes

1

Definitions x-010

Moves competency definitions to one definitions rule

Reduces redundancies

Adds definitions for “direct observation” and “group supervision”

2

Ethical Standards (new)

Creates separate rule for the ethical standards for SUDP/Ts

Requires all SUDP/Ts to follow an industry-recognized code of ethical conduct

3

Sexual Misconduct x-020

Clarifies language and includes more specific prohibitions applicable to SUDP/Ts

Clarifies expectations

Proposed Rules Highlights, cont.



Certification x-025

Creates out of state substantial equivalency pathway

Clarifies that SUDP/Ts cannot practice on a pending credential



Education x-030

Permits applicants with a degree in Addiction Studies or SUD Counseling to meet (a)-(w) (e.g., expedited credential review)

Adjusts language for best practices (3g)



Trainees x-035

Updates language to declaration

Requires a 4-hour training in ethics and law to be certified

Requires verified education and experience for annual renewal

Proposed Rule Highlights Cont.



Supervision x-048

Creates breakdown of hours in the first 50: assessment, 1:1, and group counseling

Creates required supervision frequency, structure, and written plan for all SUDPTs



Supervisors x-049

Reduces amount of experience to 1 year as a certified SUDP

Requires 8-hour clinical supervisor training within first year providing supervision



Disclosures x-100

Requires SUDPTs to include their approved supervisor's name, credential number, and contact on all client disclosures

Proposed Rule Highlights Cont.



Continuing Competencies 200-290

Clarifies language, moves definitions to one rule

Reduces total hours for each CE cycle to 20, including up to 4 hours of Professional Development Activities (50% reduction)

Moves all required types to one rule, clarifies language, removes redundancies



Reciprocity x-310 (new)

Creates out of state substantial equivalency rule and qualifications

Locates all reciprocity programs to the same section of the WAC chapter

Proposed Rule Highlights, cont.



SUDP/T Fees, x-990

Includes temporary fee cap in rule language, while still recognizing that if funds are not secured for this purpose, SUDP fees will return to the original fee schedule



SUDP Apprenticeship Programs (new)

Creates the approval process for SUDP Apprenticeship Programs in rule, moving the requirements from a previous policy statement



HB 1724 Listening Session SUDP/T Recommendations: 2024

Proposed statutory recommendation: permit SUDPTs who are part of a registered and approved SUDP Apprenticeship program to work under supervision while their application for SUDPT is pending



Chapter 246-811 WAC
SUBSTANCE USE DISORDER PROFESSIONALS AND SUBSTANCE USE DISORDER
PROFESSIONAL TRAINEES

DEFINITIONS

- 246-811-010 Definitions.
- [NEW SECTION: 246-811-015 Ethical standards](#)
- 246-811-020 Sexual misconduct.
- 246-811-025 Certification of a substance use disorder professional.

EDUCATION

- 246-811-030 Educational requirements.
- 246-811-035 Certification [and renewal](#) of a substance use disorder professional trainee.

EXPERIENCE REQUIREMENTS

- 246-811-045 Accumulation of experience.
- 246-811-046 Number of experience hours required for certification as a substance use disorder professional.
- 246-811-047 Competency—Experience requirements.
- 246-811-048 Supervision requirements.
- 246-811-049 Approved supervisors.
- 246-811-050 Certification of a substance use disorder professional or trainee through an apprenticeship program.

EXAMINATION

- 246-811-060 Examination requirements for a substance use disorder professional certification.

NATIONAL CERTIFICATIONS

- 246-811-070 National certification.

ALTERNATIVE TRAINING

- 246-811-076 Eligibility for certification through alternative training.
- 246-811-077 Educational requirements to apply for substance use disorder professional certification with alternative training.
- 246-811-078 National certification acceptable for alternative training.

EXPIRED CREDENTIAL

246-811-080 What happens if my certification expires?

SUBSTANCE USE DISORDER PROFESSIONAL RETIRED ACTIVE CREDENTIAL

246-811-081 Retired active substance use disorder professional (SUDP) credential.

CLIENT DISCLOSURE INFORMATION

246-811-090 A substance use disorder professional and a substance use disorder professional trainee must provide client disclosure information.

246-811-100 Disclosure statement requirements.

246-811-110 Failure to provide client disclosure information.

CONTINUING COMPETENCY REQUIREMENTS FOR SUBSTANCE USE DISORDER PROFESSIONALS

~~246-811-200 Continuing Competency Definitions~~

246-811-210 ~~Purpose of a~~Number of required continuing competency hours

246-811-220 Continuing competency program requirements.

246-811-230 Continuing competency reporting period.

246-811-240 ~~Number of~~Types of continuing education hours required.

246-811-250 Acceptable continuing education.

246-811-260 ~~Completion of the twelve hours of other~~Acceptable professional development activities.

246-811-270 Acceptable audit documentation for continuing education, professional development activities, and the enhancement plan.

246-811-280 Suicide assessment training standards.

246-811-290 Health equity training standards.

CERTIFICATION THROUGH RECIPROCITY

246-811-300 Probationary license

~~246-811-310 Out of state substantial equivalency~~

SUBSTANCE USE DISORDER PROFESSIONAL APPRENTICESHIP PROGRAMS

~~NEW SECTION 246-811-400 Apprenticeship program review and approval process~~

FEEES

246-811-990 Substance use disorder professional and substance use disorder professional trainee—Fees and renewal cycle.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-811-075 AIDS prevention and information education requirements. [Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW 18.19.050, 18.205.060, 18.225.040, 43.70.110, and 43.70.250. WSR 20-12-074, § 246-811-075, filed 6/1/20, effective 7/2/20. Statutory Authority: Chapter 18.205 RCW. WSR 09-14-111, § 246-811-075, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(1). WSR 99-13-084, § 246-811-075, filed 6/14/99, effective 7/15/99.] Repealed by WSR 21-02-002, filed 12/23/20, effective 1/23/21. Statutory Authority: RCW 18.19.050, 18.29.130, 18.29.210, 18.34.120, 18.46.060, 18.55.095, 18.84.040, 18.88B.060, 18.89.050, 18.130.050, 18.138.070, 18.155.040, 18.200.050, 18.205.060, 18.215.040, 18.230.040, 18.240.050, 18.250.020, 18.290.020, 18.360.030, 18.360.070, 70.41.030, 70.230.020, 71.12.670, and 18.108.085.

246-811-082 What is the retired active credential renewal fee? [Statutory Authority: RCW 18.130.250. WSR 02-07-083, § 246-811-082, filed 3/19/02, effective 4/19/02.] Repealed by WSR 09-14-111, filed 6/30/09, effective 7/1/09. Statutory Authority: Chapter 18.205 RCW.

DEFINITIONS

PDF 246-811-010

Definitions.

The definitions in [RCW 18.205.010](#) and in this section apply throughout this chapter unless the context clearly states otherwise.

(1) "Agency" means a community behavioral health agency or facility operated, licensed, or certified by the state of Washington, a federally recognized Indian tribe located with the state, a county, a federally qualified health center, or a hospital.

(2) "Apprentice" means an individual enrolled in an approved and registered apprenticeship program.

(3) "Approved and registered apprenticeship program" means a substance use disorder apprenticeship program approved by the secretary under chapter [18.205](#) RCW and registered by the department of labor and industries under chapter [49.04](#) RCW.

(4) "Approved school" means any college or university accredited by a [state](#), national or regional accrediting body, at the time the applicant completed the required education or other educational programs approved by the secretary.

(5) ["Approved supervisor" is a certified substance use disorder professional who meets the requirements of WAC 246-811-049 and provides oversight to substance use disorder professional trainees as outlined in under WAC 246-811-048.](#)

Commented [MC1]: @Wilson, Claire A (DOH)
Suggested tweak here - "outlined" seems to imply less formality, like these might be guidelines.

(6) "Competent instructor" has the same meaning as provided in WAC 296-05-003.

(6) "Counseling" means employing any therapeutic techniques including, but not limited to, social work, mental health counseling, marriage and family therapy, and hypnotherapy, for a fee, that offer, assist, or attempt to assist an individual or individuals in the amelioration or adjustment of mental, emotional, or behavioral problems, and includes therapeutic techniques to achieve sensitivity and awareness of self and others and the development of human potential.

(7) "Continuing competency enhancement plan" is a plan showing the goals an individual will develop to continue proficiency as a certified substance use disorder professional. This plan will be based on core competencies of substance use disorder counseling listed in WAC 246-811-047 and on forms provided by the department.

(8) "Continuing education" means a program or course (including distance learning), seminar, workshop, or professional conference approved by an industry-recognized organization or institution of higher learning listed in this chapter.

(9) "Core competencies of substance use disorder counseling" means competencies oriented to assist individuals with substance use disorder in their recovery. Core competencies include the following nationally recognized areas:

(a) Knowledge;

(b) Skills;

(c) Attitudes of professional practice, including assessment and diagnosis of substance use disorder;

(d) Substance use disorder treatment planning and referral;

(e) Patient and family education in substance use disorder;

(f) Individual and group counseling;

(g) Relapse prevention counseling; and

(h) Case management.

~~(8) "Department" means the department of health.~~

~~(9) "Direct supervision" means the supervisor is on the premises and available for immediate consultation.~~

(10) "Counseling" means employing any therapeutic techniques including, but not limited to, social work, mental health counseling, marriage and family therapy, and hypnotherapy, for a fee, that offer, assist, or attempt to assist an individual or individuals in the amelioration or adjustment of mental, emotional, or behavioral problems, and includes therapeutic techniques to achieve sensitivity and awareness of self and others and the development of human potential.

~~(11) "Department" means the department of health.~~

~~(12) "Direct observation" means the supervisor is on the premises and within sight and hearing of the trainee.~~

Commented [MC2]: Is this meant to be two different items in the list or one? (Is a "seminar workshop" a thing?)

Commented [W(3R2)]: Good catch, added the missing comma

(13) "Enrolled" means actively participating in an approved school or approved and registered apprenticeship program, whether where a substance use disorder professional trainee is engaged in or has completed course work as described in WAC **246-811-030** (3)(a) through (w).

(14) "Group supervision" means a meeting with an approved supervisor involving one approved supervisor and no more than four individual supervisees.

(11) "Individual formal meetings" means a meeting with an approved supervisor, involving one approved supervisor and no more than four supervisees.

(15) "Industry-recognized" is any local, state, national, or international organization or institution of higher learning including, but not limited to, the following:

(a) National Association of Addiction Providers (NAADAC);

(b) National Association of Addiction Treatment Providers (NAATP);

(c) International Certification and Reciprocity Consortium (ICRC);

(d) Northwest Indian alcohol/drug specialist certification board;

(e) Institutions of higher learning that are accredited by a national or regional accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation; and

(f) Division of behavioral health and recovery (DBHR), Health Care Authority; and

(g) Addiction Technology Transfer Center (ATTC)

(162) "Official transcript" means the transcript from an approved college or school, in an envelope readily identified as having been sealed by the school.

(173) "Out-of-state" means any state or territory of the 2United States.

(184) "Probationary license" means a temporary license issued to out-of-state applicants qualifying for licensure reciprocity in Washington state under the restrictions and conditions of RCW **18.205.140** and this chapter.

(195) "Reciprocity" means licensure of out-of-state licensed counselors based on substantial equivalence between Washington state scope of practice and the scope of practice of the other state or territory, subject to a probationary licensure period to complete outstanding Washington state licensure requirements as determined necessary by the secretary to gain full licensure.

(2046) "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.

(2147) "Related field" means health education, behavioral science, sociology, psychology, marriage and family therapy, mental health counseling, social work, psychiatry, nursing, divinity, criminal justice, and counseling education.

(2248) "Related/supplemental instruction" or "RSI" has the same meaning as provided in WAC **296-05-003**.

(2319) "Substance use disorder counseling" means employing the core competencies of substance use disorder counseling to assist or attempt to assist individuals with substance use disorder in their recovery.

(240) "Substance use disorder professional" or "SUDP" means an individual certified in substance use disorder counseling under chapter 18.205 RCW and this chapter.

(254) "Substance use disorder professional trainee" or "SUDPT" means an individual credentialed as an SUDPT and working toward the education and experience requirements for certification as a substance use disorder professional under chapter 18.205 RCW and this chapter.

(26) "Substantially equivalent licensing standards" means out of state licensing standards evaluated by the department to be consistent with the education, experience, and exam requirements for substance use disorder professional certification under chapter 18.205 RCW and this chapter.

[Statutory Authority: RCW 18.205.060 and 2021 c 165. WSR 22-17-097, § 246-811-010, filed 8/18/22, effective 9/18/22. Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW 18.19.050, 18.205.060, 18.225.040, 43.70.110, and 43.70.250. WSR 20-12-074, § 246-811-010, filed 6/1/20, effective 7/2/20. Statutory Authority: RCW 18.205.100 and 18.205.060. WSR 16-14-052, § 246-811-010, filed 6/29/16, effective 7/30/16. Statutory Authority: Chapter 18.205 RCW. WSR 09-14-111, § 246-811-010, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(1). WSR 99-13-084, § 246-811-010, filed 6/14/99, effective 7/15/99.]

NEW SECTION WAC 246-811-015 Ethical standards

(1) An individual certified under this chapter shall follow an industry-recognized code of ethics, such as NAADAC or the NASW, while acting as a substance use disorder professional or trainee.

(2) An individual certified under this chapter shall make every effort to avoid multiple relationships with a client, former client, or key party, including but not limited to: bartering, engaging in a landlord/tenant relationship, providing transportation, and gifting. If a dual relationship is unavoidable, the individual shall ensure professional judgment is not impaired and shall make professional decisions in consultation and alignment with an industry-recognized code of ethics.

246-811-020

Sexual misconduct.

(1) The definitions and prohibitions on sexual misconduct described in chapter **246-16** WAC apply to substance use disorder professionals and a substance use disorder professional trainee except WAC **246-16-100** (4) and (5).

(2) A substance use disorder professional or a substance use disorder professional trainee shall never engage, or attempt to engage, in:

(a) The activities listed in WAC **246-16-100** (1) and (2) with a former patient, former client or former key party; or

(b) A nontreatment relationship with a former client or former key party that could create a conflict of interest or imbalance of power.

(3) An SUDP or SUDPT shall never engage in any form of sexual or romantic relationship with any current or former client, nor shall they accept as a client anyone with whom they have engaged in a romantic, sexual, social, or familial relationship. This prohibition shall include in-person and electronic interactions and/or relationships. An SUDP or SUDPT shall be prohibited from engaging in counseling relationships with friends or family members.

[Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-020, filed 6/1/20, effective 7/2/20. Statutory Authority: RCW **18.130.050** and **18.205.060**. WSR 17-24-084, § 246-811-020, filed 12/5/17, effective 1/5/18. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-020, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.155.040**, **18.19.050**, **18.225.040**, **18.205.060**, **18.130.050**. WSR 08-07-090, § 246-811-020, filed 3/19/08, effective 4/19/08.]

PDF **246-811-025**

Certification of a substance use disorder professional.

(1) Unless applying for a substance use disorder professional certification under subsection (2) or (3) below, a An applicant for a substance use disorder professional certificate shall submit to the department:

(a) An application on forms provided by the department;

(b) Official transcripts or apprenticeship certificate of completion to verify meeting educational requirements under WAC **246-811-030**;

(c) Verification of meeting supervised experience hour requirements under WAC **246-811-046** or **246-811-050** on forms provided by the department;

(d) Official verification of meeting examination requirements under WAC **246-811-060**; and

(e) The fee required under WAC **246-811-990**.

(2) An applicant for a substance use disorder professional certificate under the alternative training path shall submit to the department:

(a) An application on forms provided by the department;

(b) Verification of meeting eligibility requirements for the alternative training path under WAC **246-811-076**;

(c) Official verification of meeting educational requirements under WAC **246-811-077**;

(d) Verification of obtaining the 1,000 supervised experience hours required under WAC **246-811-046** on forms provided by the department;

(e) Official verification of meeting examination requirements under WAC **246-811-060**; and

(f) The fee required under WAC **246-811-990**.

(3) Out of state applicants meeting the requirements of WAC 246-811-310 shall submit to the department:

(a) An application on forms provided by the department;


(b) Verification of out-of-state credential; and

(c) The fee required under WAC 246-811-990.

(4) An applicant for substance use disorder professional under this chapter shall not practice substance use disorder counseling until their credential has been issued. Practicing counseling on a pending credential is considered unlicensed practice and will be subject to disciplinary action.,

[Statutory Authority: RCW **18.205.060** and 2021 c 165. WSR 22-17-097, § 246-811-025, filed 8/18/22, effective 9/18/22.]

EDUCATION

 **246-811-030**

Educational requirements.

Except as provided for in WAC **246-811-077** and **246-811-078**, to be eligible for certification as a substance use disorder professional an applicant shall meet the education requirements in this section.

(1) The minimum education requirements for a substance use disorder professional credential are:

(a) An associate's degree or higher in human services, addiction studies, substance use disorder counseling, or related field from an approved school;

(b) Successful completion of 90 quarter or 60 semester college credits in courses from an approved school that meets the coursework requirements of subsection (3); or

(c) Successful completion of an approved and registered apprenticeship program.

(2) The minimum amount of instruction required in topics related to the substance use disorder profession is at least:

(a) Forty-five quarter college credits;

(b) Thirty semester college credits; or

(c) Four hundred fifty hours of related/supplemental instruction provided by a competent instructor in an approved and registered apprenticeship program.

(3) Education and apprenticeship program course work that does not result in an addiction studies or substance use disorder counseling degree must include the following topics specific to individuals with substance use disorder in their recovery:

(a) Understanding addiction;

(b) Pharmacological actions of alcohol and other drugs;

(c) Substance abuse and addiction treatment methods;

(d) Understanding addiction placement, continuing care, and discharge criteria, including American Society of Addiction Medicine (ASAM) criteria;

(e) Cultural diversity including people with disabilities and its implication for treatment;

(f) Substance use disorder clinical evaluation (screening and referral to include comorbidity);

(g) ~~Pathogen risk training-HIV/AIDS brief risk intervention for individuals with a substance use disorder;~~

(h) Substance use disorder treatment planning;

(i) Referral and use of community resources;

(j) Service coordination (implementing the treatment plan, consulting, continuing assessment and treatment planning);

(k) Individual counseling;

(l) Group counseling;

(m) Substance use disorder counseling for families, couples and significant others;

(n) Client, family and community education;

(o) Developmental psychology;

(p) Psychopathology/abnormal psychology;

(q) Documentation, to include, screening, intake, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client related data;

(r) Substance use disorder confidentiality;

(s) Professional and ethical responsibilities;

(t) Relapse prevention;

(u) Adolescent substance use disorder assessment and treatment;

(v) Substance use disorder case management; and

(w) Substance use disorder rules and regulations.

(4) The department considers an associate degree or higher in addiction studies or substance use disorder counseling to meet the coursework requirements in subsection (3) of this section.

(5) An applicant who has been credentialed as a substance use or addiction counselor in another state with substantially equivalent standards under WAC 246-811-310 is considered to meet the education requirements of this section.

[Statutory Authority: RCW **18.205.060** and 2021 c 165. WSR 22-17-097, § 246-811-030, filed 8/18/22, effective 9/18/22. Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-030, filed 6/1/20, effective 7/2/20. Statutory Authority: RCW **18.205.100** and **18.205.060**. WSR 16-14-052, § 246-811-030, filed 6/29/16, effective 7/30/16. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-030, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.205.060**(1). WSR 99-13-084, § 246-811-030, filed 6/14/99, effective 7/15/99.]

PDF **246-811-035**

Certification and renewal of a substance use disorder professional trainee.

(1) To apply for a substance use disorder professional trainee certificate an applicant shall:

(a) Submit an application on forms provided by the department, including any written documentation needed to provide proof of meeting the eligibility requirements as indicated on the application;

(b) Declare that they are enrolled in an approved school or approved and registered apprenticeship program and are actively taking approved coursework required for substance use disorder professional certification, or have completed the educational requirements in WAC 246-811-030;

(c) Attest that they are actively working to obtain the supervised gaining the experience required to receive a substance use disorder professional credential;

(d) Submit documentation of successful completion of an industry-recognized training in law, ethics, and boundaries lasting at least four hours; and

(e) Pay applicable fees in WAC 246-811-990.

~~(3) (2)~~To apply for annual renewal, a substance use disorder professional trainee must submit to the department applicable fees in WAC 246-811-990 and:

(a) ~~A~~ signed declaration with their annual renewal that states they:

(i) ~~a~~ Are currently enrolled in an approved educational program or approved and registered apprenticeship program and are actively taking approved coursework required for substance use disorder professional certification; or

(ii) ~~b~~ Have completed the educational requirements in WAC 246-811-030 and are obtaining the experience requirements for a substance use disorder professional credential in WAC 246-811-046 or 246-811-050.

(b) Verification of supervised experience hours earned in the previous credential cycle on forms provided by the department and signed by an approved supervisor; and

(c) Transcripts for academic courses completed in the previous renewal cycle or documentation of participation in a registered apprenticeship program during the previous renewal cycle

(3) An applicant for substance use disorder professional trainee under this chapter shall not practice substance use disorder counseling until their credential has been issued. Practicing counseling on a pending credential is considered unlicensed practice and will be subject to disciplinary action.

~~(3) A substance use disorder professional trainee certificate can only be renewed four times, except as provided in RCW 18.205.095.~~

[Statutory Authority: RCW 18.205.060 and 2021 c 165. WSR 22-17-097, § 246-811-035, filed 8/18/22, effective 9/18/22. Statutory Authority:

RCW 18.225.040, 18.205.060, and 2021 c 57; RCW 18.225.145, 18.205.095. WSR 21-20-030, § 246-811-035, filed 9/24/21, effective 10/25/21. Statutory Authority:

RCW 18.19.050, 18.29.130, 18.29.210, 18.34.120, 18.46.060, 18.55.095, 18.84.040, 18.88B.060, 18.89.050, 18.130.050, 18.138.070, 18.155.040, 18.200.050, 18.205.060, 18.215.040, 18.230.040, 18.240.050, 18.250.020, 18.290.020, 18.360.030, 18.360.070, 70.41.030, 70.230.020, 71.12.670, and 18.108.085. WSR 21-02-002, § 246-811-035, filed 12/23/20, effective 1/23/21. Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW 18.19.050, 18.205.060, 18.225.040, 43.70.110, and 43.70.250. WSR

20-12-074, § 246-811-035, filed 6/1/20, effective 7/2/20. Statutory Authority:
Chapter **18.205** RCW. WSR 09-14-111, § 246-811-035, filed 6/30/09, effective 7/1/09.]

EXPERIENCE REQUIREMENTS

PDF 246-811-045

Accumulation of experience.

(1) All supervised experience earned in Washington State toward the application for certification as a substance use disorder professional must be earned under either (a) a SUDPT credential, or (b) another credential listed in WAC 246-811-076.

~~The department will consider experience in the field of substance use disorder counseling up to seven years prior to the date of application.~~

(2) Accumulation of the experience hours is not required to be consecutive.

(3) Experience ~~that will count toward certification~~ must meet the requirements outlined in WAC **246-811-046** through **246-811-049**.

(4)

(4) A practicum or internship taken for credit as part of an education program for substance use disorder certification is applicable experience.

(5) Applicants who have held an active substance use disorder credential for at least one year in another state or territory, without a disciplinary record or disqualifying criminal history, are deemed to have met the supervised experience requirements of this chapter for Washington state licensure.

~~Supervised experience is the practice as referred to in RCW **18.205.090** (1)(c) and is the experience received under an approved supervisor.~~

~~(5) A practicum or internship taken while acquiring the degree or semester/quarter hours is applicable.~~

~~(6) Applicants who have held an active substance use disorder credential for the past five consecutive years or more in another state or territory, without a disciplinary record or disqualifying criminal history, are deemed to have met the supervised experience requirements of this chapter for Washington state licensure.~~

[Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-045, filed 6/1/20, effective 7/2/20. Statutory Authority: RCW **18.205.100** and **18.205.060**. WSR 16-14-052, § 246-811-045, filed 6/29/16, effective 7/30/16. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-

811-045, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.205.060**(1). WSR 99-13-084, § 246-811-045, filed 6/14/99, effective 7/15/99.]

PDF 246-811-046

Number of experience hours required for certification as a substance use disorder professional.

Except as provided in WAC **246-811-050** and **246-811-070**(1), an applicant for substance use disorder professional certification shall complete the following experience requirements based on their level of formal education:

- (1) Two thousand five hundred hours of substance use disorder counseling, for individuals who have an associate degree or qualifying coursework;
- (2) Two thousand hours of substance use disorder counseling for individuals who have a baccalaureate degree in human services or a related field from an approved school;
- (3) One thousand five hundred hours of substance use disorder counseling for individuals who possess a master or doctoral degree in human services or a related field from an approved school; or
- (4) One thousand hours of substance use disorder counseling for individuals who are credentialed according to WAC **246-811-076**. The experience must be supervised by an approved supervisor meeting the requirements under WAC **246-811-049**(8).

(5) Individuals participating in an approved and registered SUDP apprenticeship program consistent with the Department of Labor and Industries requirements under Chapter 296-05 WAC may be asked to complete additional hours in supervised experience as part of their apprenticeship.

[Statutory Authority: RCW **18.205.060** and 2021 c 165. WSR 22-17-097, § 246-811-046, filed 8/18/22, effective 9/18/22. Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-046, filed 6/1/20, effective 7/2/20. Statutory Authority: RCW **18.205.100** and **18.205.060**. WSR 16-14-052, § 246-811-046, filed 6/29/16, effective 7/30/16. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-046, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.205.060**(1). WSR 99-13-084, § 246-811-046, filed 6/14/99, effective 7/15/99.]

Competency—Experience requirements.

(1) ~~It is the intent that an~~An individual applying for a substance use disorder professional certification ~~one has shall~~ become competent in the core competencies of ~~chemical-substance use disorder~~ counseling through the experience requirements in this section.

(2) Individuals must have the following experiences to gain the core competencies of substance use disorder counseling:

(a) Two hundred hours of clinical evaluation, of which one hundred hours must be face-to-face patient contact hours;

(b) Six hundred hours of face-to-face counseling to include:

- (i) Individual counseling;
- (ii) Group counseling; and
- (iii) Family, couples, and significant others;

(c) Fifty hours of discussion of professional and ethical responsibilities;

(d) Transdisciplinary foundations:

- (i) Understanding addiction;
- (ii) Treatment knowledge;
- (iii) Application to practice; and
- (iv) Professional readiness;

(e) Clinical skills, including:

- (i) Treatment planning;
- (ii) Referral;
- (iii) Service coordination;
- (iv) Client, family, and community education; and
- (v) Documentation, to include, screening, intake, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client related data.

(3) Of the total experience hours required under WAC **246-811-046**, eight hundred fifty hours of experience must be divided among subsection (2)(a) through (c) of this section. The remaining experience hours must be divided among subsection (2)(d) ~~through and (e)~~ of this section as determined by the supervisor.

[Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-047, filed 6/1/20, effective 7/2/20. Statutory Authority: RCW **18.205.100** and **18.205.060**. WSR 16-14-052, § 246-811-047, filed 6/29/16, effective 7/30/16. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-

811-047, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.205.060**(1). WSR 99-13-084, § 246-811-047, filed 6/14/99, effective 7/15/99.]

PDF 246-811-048

Supervision requirements.

(1) All of the experience required for substance use disorder professional certification must be under the direct supervision of an approved supervisor as defined in WAC **246-811-049**.

(2) A substance use disorder professional or an individual credentialed according to WAC **246-811-076** may provide substance use disorder assessment, counseling, and case management to patients consistent with his or her education, training, and experience as documented by the approved supervisor.

(a) The first fifty hours of any face-to-face patient contact must be under direct ~~supervision observation and within sight and hearing~~ of an approved supervisor or a substance use disorder professional designated by the approved supervisor. If the approved supervisor identifies that additional training is necessary, they may require up to ten additional hours of direct observation after the first fifty hours have been completed.

(b) An approved supervisor or the approved supervisor's designated certified substance use disorder professional must provide ~~direct~~ supervision when a supervisee is providing clinical services to patients ~~until the approved supervisor documents in the employee file that the supervisee has obtained the necessary education, training, and experience and be immediately available for consultation.~~

(c) The first fifty hours of face-to-face patient contact described under subsection (a) shall include at least:

(i) 10 hours in assessments;

(ii) 10 hours in 1:1 patient sessions; and

(iii) 10 hours in group counseling facilitation.

(3) The approved supervisor and trainee shall schedule regular supervision meetings both remotely and in-person.

(a) The frequency of supervision shall be at least once a week, which can either be group supervision or individual supervision.

(b) The approved supervisor and trainee shall have at least two individual supervision sessions each month.

(c) The approved supervisor and trainee shall have at least one in-person supervision session each month.

(d) The length of each supervision session will be determined jointly by the approved supervisor and trainee, consistent with the trainee's education, experience, and skill level.

(4) Within the first week of a supervisor/trainee relationship, the supervisor and trainee shall develop a written plan for supervision and professional development that includes:

(a) Clinical development goals consistent with the trainee's education, experience, and skill level, including, if applicable, prior experience earned at a different workplace under a different approved supervisor, as required in WAC 246-811-047;

(b) Ethical standards and expectations, including a detailed review of an industry-recognized code of ethics, such as the National Association of Addiction Professionals (NAADAC) code of ethics or the NASW code of ethics;

(c) Identification of the appropriate trainee to client ratio consistent with the trainee's education, experience, and skill level;

(d) Identification of an alternate supervisor, if possible, in case the primary supervisor is unavailable for consultation; and

(e) Review of the trainee's academic progress and identification of appropriate training to assist the trainee in professional skills and competency development.

(5) The plan identified by the approved supervisor and trainee under subsection (4) of this section shall be updated and reviewed at least quarterly to track progress and reflect the trainee's development of clinical skills, education, and experience.

(6) Approved supervisors must attest to the department that the supervisee has demonstrated competency in the areas listed in WAC 246-811-047(2) on forms provided by the department.

~~(3) Approved supervisors must attest to the department that the supervisee has demonstrated competency in the areas listed in WAC **246-811-047**(2) on forms provided by the department.~~

[Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-048, filed 6/1/20, effective 7/2/20. Statutory Authority: RCW **18.205.100** and **18.205.060**. WSR 16-14-052, § 246-811-048, filed 6/29/16, effective 7/30/16. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-048, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.205.060**(1). WSR 99-13-084, § 246-811-048, filed 6/14/99, effective 7/15/99.]

Approved supervisors.

(1) An approved supervisor is a certified substance use disorder professional who meets the requirements of this section. Out of state experience must be earned under the supervision of a person who meets or exceeds the requirements of a certified substance use disorder professional in the state of Washington, and who would be eligible to take the examination required for certification.

(2) An approved supervisor must have at least one year of experience as a certified substance use disorder professional, not including time as a trainee. The substance use disorder certification shall not be subject to ongoing disciplinary action or restrictions.

~~An approved supervisor is a certified substance use disorder professional or a person who meets or exceeds the requirements of a certified substance use disorder professional in the state of Washington, and who would be eligible to take the examination required for certification.~~

~~(2) An approved supervisor must have at least three thousand hours of experience in a state approved substance use disorder treatment agency in addition to the supervised experience hours required to become a substance use disorder professional.~~

~~(3) An approved supervisor must complete at least eight hours of industry-recognized clinical supervisor training within their first year providing supervision to substance use disorder professional trainees. An approved supervisor may substitute twenty-eight clock hours of recognized supervisory training for one thousand hours of experience.~~

~~(4) An approved supervisor may substitute five hundred hours of experience with thirty-six hours of education specific to:~~

- ~~(a) Counselor development;~~
- ~~(b) Professional and ethical standards;~~
- ~~(c) Program development and quality assurance;~~
- ~~(d) Performance evaluation;~~
- ~~(e) Administration;~~
- ~~(f) Treatment knowledge; and~~
- ~~(g) Washington state law regarding substance use disorder treatment.~~

~~(45) An approved supervisor is not a blood or legal relative, significant other, cohabitant of the supervisee, or someone who has acted as the supervisee's primary counselor.~~

(56) A substance use disorder professional trainee (SUDPT) must receive documentation of his or her approved supervisor's qualifications before training begins.

(67) An approved supervisor or other certified substance use disorder professional must review and sign all substance use disorder professional trainee clinical documentation.

(78) An approved supervisor is responsible for all patients assigned to the substance use disorder professional trainee they supervise.
[Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-049, filed 6/1/20, effective 7/2/20. Statutory Authority: RCW **18.205.100** and **18.205.060**. WSR 16-14-052, § 246-811-049, filed 6/29/16, effective 7/30/16. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-049, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.205.060**(1). WSR 99-13-084, § 246-811-049, filed 6/14/99, effective 7/15/99.]

PDF **246-811-050**

Certification of a substance use disorder professional or trainee through an apprenticeship program.

(1) An apprentice accepted into an approved and registered apprenticeship program:

- (a) May begin completing related/supplemental instruction at any time after becoming an apprentice; and
- (b) Must be credentialed as a substance use disorder professional trainee under WAC **246-811-035** to obtain hours of supervised experience in substance use disorder counseling under subsection (2)(b) of this section.

(2) To be eligible for certification as a substance use disorder professional under WAC **246-811-025**, an apprentice shall:

- (a) Complete education requirements under WAC **246-811-030**;
- (b) Complete at least 2,500 hours of supervised experience in substance use disorder counseling, or more as required by the apprenticeship program;
- (c) Meet supervision requirements under WAC **246-811-048**; and
- (d) Meet examination requirements under WAC **246-811-060**.

[Statutory Authority: RCW **18.205.060** and 2021 c 165. WSR 22-17-097, § 246-811-050, filed 8/18/22, effective 9/18/22.]

EXAMINATION

PDF 246-811-060

Examination requirements for a substance use disorder professional certification.

(1) An applicant must take and pass the National Association of Alcoholism and Drug Abuse Counselor (NAADAC) National Certification Examination for Addiction Counselors or International Certification and Reciprocity Consortium (ICRC) Certified Addiction Counselor Level II or higher examination.

(2) The department will accept the passing score set by the testing company.

(3) An applicant who has been credentialed as a substance use or addiction counselor in another state with substantially equivalent standards under WAC 246-811-310 is considered to meet the examination requirements of this section.

[Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-060, filed 6/1/20, effective 7/2/20. Statutory Authority: RCW **18.205.100** and **18.205.060**. WSR 16-14-052, § 246-811-060, filed 6/29/16, effective 7/30/16. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-060, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.205.060**(7). WSR 00-01-122, § 246-811-060, filed 12/17/99, effective 1/17/00.]

NATIONAL CERTIFICATIONS

PDF 246-811-070

National certification.

(1) A person who is certified through the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) or the International Certification and Reciprocity Consortium (ICRC) as an alcohol and drug counselor (ADC) or advanced alcohol and drug counselor (AADC), is considered to meet the experience requirements of WAC **246-811-046**.

(2) A person who is certified through NAADAC or ICRC as an ADC or AADC is considered to have met the education requirements of WAC **246-811-030**(2).

(3) Verification of certification must be sent directly to the department from NAADAC or ICRC.

[Statutory Authority: RCW **18.205.060**, 2020 c 76, and 2020 c 80. WSR 24-03-139, § 246-811-070, filed 1/23/24, effective 2/23/24. Statutory Authority: RCW **18.205.100** and **18.205.060**. WSR 16-14-052, § 246-811-070, filed 6/29/16, effective 7/30/16. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-070, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.205.060**(1). WSR 99-13-084, § 246-811-070, filed 6/14/99, effective 7/15/99.]

ALTERNATIVE TRAINING

PDF 246-811-076

Eligibility for certification through alternative training.

A practitioner listed in subsections (1) through (7) of this section who holds an active license in good standing may apply for certification as a substance use disorder professional using alternative training under WAC **246-811-077** or **246-811-078**:

- (1) Advanced registered nurse practitioner under chapter **18.79** RCW;
- (2) Marriage and family therapists, mental health counselor, advanced social worker, or independent clinical social worker under chapter **18.225** RCW;
- (3) Psychologist under chapter **18.83** RCW;
- (4) Osteopathic physician under chapter **18.57** RCW;
- (5) Physician under chapter **18.71** RCW;
- (6) Physician assistant under chapter **18.71A** RCW; or
- (7) Pharmacist under chapter **18.64** RCW.

[Statutory Authority: RCW **18.205.060**, 2020 c 76, and 2020 c 80. WSR 24-03-139, § 246-811-076, filed 1/23/24, effective 2/23/24. Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-076, filed 6/1/20, effective 7/2/20. Statutory Authority: RCW **18.205.100** and **18.205.060**. WSR 16-14-052, § 246-811-076, filed 6/29/16, effective 7/30/16.]

PDF 246-811-077

Educational requirements to apply for substance use disorder professional certification with alternative training.

An applicant credentialed according to WAC **246-811-076** may meet the educational requirements for substance use disorder professional certification by demonstrating successful completion of fifteen quarter or ten semester college credits in courses from an approved school.

(1) Course work on each of the following topics specific to individuals with substance use disorder is required:

- (a) Survey of addiction;
- (b) Treatment of addiction;
- (c) Pharmacology;
- (d) Physiology of addiction;
- (e) American Society of Addiction Management (ASAM) criteria;
- (f) Individual group, including family addiction counseling; and
- (g) Substance use disorder law and ethics.

(2) Course work must be completed for credit.

(3) An applicant shall verify course completion by submitting official transcripts to the department. If the course title does not clearly identify the content area, the applicant shall provide the course syllabi.

(4) An applicant who meets the educational requirements of this section is considered to meet the educational requirements of WAC **246-811-030**.

[Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-077, filed 6/1/20, effective 7/2/20. Statutory Authority: RCW **18.205.100** and **18.205.060**. WSR 16-14-052, § 246-811-077, filed 6/29/16, effective 7/30/16.]

PDF **246-811-078**

National certification acceptable for alternative training.

(1) An applicant credentialed according to WAC **246-811-076** may submit a national certification listed in subsection (2) of this section in place of the following requirements for substance use disorder professional certification:

- (a) The educational requirements in WAC **246-811-077** and **246-811-030**; and
- (b) The supervised experience requirements in WAC **246-811-046**.

(2) The department accepts the following national certifications from an applicant credentialed according to WAC **246-811-076**:

(a) American Society of Addiction Medicine (ASAM) or the American Board of Addiction Medicine (ABAM);

(b) Addiction psychiatry from the American Board of Psychiatry and Neurology;

(c) Master addiction counselor (MAC) from the National Association of Alcoholism and Drug Abuse Counselors;

(d) Master addiction counselor (MAC) from the National Board of Certified Counselors;

(e) Certified addictions registered nurse or a certified addictions registered nurse – Advanced practice from the International Nurses Society on Addictions;

(f) Certified addiction specialist (CAS) from the American Academy of Health Care Providers in the Addictive Disorders;

(g) Certificate of Proficiency in the Treatment of Psychoactive Substance Abuse Disorders from the American Psychological Association;

(h) Advanced alcohol and drug counselor (AADC) from the International Certification and Reciprocity Consortium;

(i) American Osteopathic Board of Anesthesiology Certificate of Added Qualification in Addiction Medicine;

(j) American Osteopathic Board of Family Medicine Certificate of Added Qualification in Addiction Medicine;

(k) American Osteopathic Board of Internal Medicine Certificate of Added Qualification in Addiction Medicine; and

(l) American Osteopathic Board of Neurology and Psychiatry Certificate of Added Qualification in Addiction Medicine.


(3) The certifying body of a national certification submitted according to this section must send verification of the certification directly to the department.

(4) A national certification submitted according to this section must be active and in good standing.

(5) Nothing in this section exempts any applicant from the examination requirements of WAC **246-811-060**.

[Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-078, filed 6/1/20, effective 7/2/20. Statutory Authority: RCW **18.205.100** and **18.205.060**. WSR 16-14-052, § 246-811-078, filed 6/29/16, effective 7/30/16.]

EXPIRED CREDENTIAL

 **246-811-080**

What happens if my certification expires?

(1) If the substance use disorder professional or substance use disorder professional trainee certification has expired for five years or less, the individual must meet the requirements of chapter **246-12** WAC, Part 2.

(2) If a substance use disorder professional certification has lapsed for more than five years, the applicant must demonstrate continued competency and must pass an examination, if an examination was not successfully passed for the initial certification. In addition, the requirements of chapter **246-12** WAC, Part 2, must be met.

(3) If a substance use disorder professional trainee certification has lapsed for more than five years, the applicant must meet the requirements of chapter **246-12** WAC, Part 2.

[Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-080, filed 6/1/20, effective 7/2/20. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-080, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.205.060**(1). WSR 99-13-084, § 246-811-080, filed 6/14/99, effective 7/15/99.]

SUBSTANCE USE DISORDER PROFESSIONAL RETIRED ACTIVE CREDENTIAL

 **246-811-081**

Retired active substance use disorder professional (SUDP) credential.

A certified substance use disorder professional may obtain a retired active credential. Refer to the requirements of chapter **246-12** WAC, Part 5.

[Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-081, filed 6/1/20, effective 7/2/20. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-081, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.130.250**. WSR 02-07-083, § 246-811-081, filed 3/19/02, effective 4/19/02.]

CLIENT DISCLOSURE INFORMATION

PDF 246-811-090

A substance use disorder professional and a substance use disorder professional trainee must provide client disclosure information.

A substance use disorder professional and a substance use disorder professional trainee must provide disclosure information to each client prior to the delivery of certified services. Disclosure information may be printed in a format of the substance use disorder professional's choosing or in a general format used by a state approved treatment facility.

[Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-090, filed 6/1/20, effective 7/2/20. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-090, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.205.060**(15). WSR 00-12-102, § 246-811-090, filed 6/7/00, effective 7/8/00.]

PDF 246-811-100

Disclosure statement requirements.

(1) The following information must be printed on all disclosure statements provided to counseling clients in language that can be easily understood by the client:

- (a) Name of firm, agency, business, or substance use disorder professional's practice.
- (b) Employment address and telephone number.
- (c) Name, credential, and credential number.
- (d) Billing information, including:
 - (i) Client's cost per each counseling session;
 - (ii) Billing practices, including any advance payments and refunds.
- (e) A list of the acts of unprofessional conduct in RCW **18.130.180** including the name, address, and contact telephone number within the department of health.

(2) A substance use disorder professional trainee must provide all the information required in subsection (1) as well as their approved supervisor's name, credential number, and contact information.

(3) The substance use disorder professional or substance use disorder professional trainee and the client must sign and date a statement indicating that the client has been given a copy of the required disclosure information, and the client has read and understands the information provided.

[Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-100, filed 6/1/20, effective 7/2/20. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-100, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.205.060**(15). WSR 00-12-102, § 246-811-100, filed 6/7/00, effective 7/8/00.]

PDF 246-811-110

Failure to provide client disclosure information.

Failure to provide to the client any of the disclosure information required by WAC **246-811-090** and **246-811-100** constitutes an act of unprofessional conduct as defined in RCW **18.130.180**(7) and may be grounds for disciplinary action.

[Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-110, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.205.060**(15). WSR 00-12-102, § 246-811-110, filed 6/7/00, effective 7/8/00.]

CONTINUING COMPETENCY REQUIREMENTS FOR SUBSTANCE USE DISORDER PROFESSIONALS

PDF 246-811-200

Continuing competency definitions.

(1) "Agency sponsored training" is training provided by an agency that is not limited to people working within that agency and is a professional development activity as defined in subsection (7) of this section.

(2) "Continuing competency enhancement plan" is a plan showing the goals an individual will develop to continue proficiency as a certified substance use disorder professional. This plan will be based on core competencies of substance

use disorder counseling listed in WAC ~~246-811-047~~ (2)(a) through (i) and on forms provided by the department.

(3) "Continuing education" means a program or course (including distance learning), seminar workshop, or professional conference approved by an industry-recognized organization or institution of higher learning listed in subsection (5) of this section.

(4) "Distance learning" is industry-recognized education obtained to enhance proficiency in one or more of the professional development activities as defined in subsection (7) of this section, through sources such as internet course work, satellite downlink resources, telecourses, or correspondence courses.

(5) "Industry-recognized" is any local, state, national, or international organization or institution of higher learning including, but not limited to, the following:

(a) National Association of Alcoholism and Drug Abuse Counselors (NAADAC);
(b) National Association of Addiction Treatment Providers (NAATP);
(c) International Certification and Reciprocity Consortium (ICRC);
(d) Northwest Indian alcohol/drug specialist certification board;
(e) Institutions of higher learning that are accredited by a national or regional accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation; and

(f) Division of behavioral health and recovery (DBHR), health care authority.

(6) "In-service training" is training provided by an agency that is limited to people working within that agency and is a professional development activity as defined in subsection (7) of this section.

(7) "Professional development activities" means addiction competencies as outlined in WAC ~~246-811-047~~, including: Clinical evaluation, individual counseling, group counseling, counseling family, couples, and significant others, professional and ethical responsibilities, understanding addiction, treatment knowledge, application to practice, professional readiness, treatment planning, referral, service coordination, client, family, and community education, screening, intake, assessment, clinical reports, clinical progress notes, discharge summaries, and other client related data.

[Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW ~~18.19.050, 18.205.060, 18.225.040, 43.70.110, and 43.70.250~~. WSR 20-12-074, § 246-811-200, filed 6/1/20, effective 7/2/20. Statutory Authority: RCW ~~43.70.442~~(7). WSR 14-09-102, § 246-811-200, filed 4/22/14, effective 4/22/14. Statutory Authority: Chapter ~~18.205~~ RCW. WSR 09-14-111, § 246-811-200, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW ~~18.205.060~~(12). WSR 02-07-084, § 246-811-200, filed 3/19/02, effective 4/19/02.]

PDF **246-811-210**

Purpose of a continuing competency program.

To enhance the professional competency of the substance use disorder professional. A successful continuing competency program focuses on all aspects of professional practice to ensure that the practitioner is competent to provide safe and quality care to patients. The purpose of the professional development activities is to broaden the experience that a substance use disorder professional may undertake to maintain competency.

[Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-210, filed 6/1/20, effective 7/2/20. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-210, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.205.060**(12). WSR 02-07-084, § 246-811-210, filed 3/19/02, effective 4/19/02.]

PDF **246-811-220**

Continuing competency program requirements.

(1) The purpose of a continuing competency program is to enhance the professional competency of the substance use disorder professional. A successful continuing competency program focuses on all aspects of professional practice to ensure that the practitioner is competent to provide safe and quality care to patients. The purpose of the professional development activities is to broaden the experience that a substance use disorder professional may undertake to maintain competency. A substance use disorder professional, regardless of method of certification, must complete:

(a) An enhancement plan as described in WAC **246-811-200**(7);

(b) Twenty-Twenty-eight hours of continuing education as described in WAC **246-811-240**; and including up to four hours of other professional development activities as described in WAC 246-811-260.

(c) Twelve hours of other professional development activities as described in WAC **246-811-200**(7) and **246-811-260.**

[Statutory Authority: RCW **18.205.060** and **43.70.613**. WSR 23-23-034, § 246-811-220, filed 11/3/23, effective 1/1/24. Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-220, filed 6/1/20, effective 7/2/20. Statutory Authority: RCW **18.205.100** and **18.205.060**. WSR 16-14-052, § 246-811-220, filed 6/29/16, effective 7/30/16. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-220, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.205.060**(12). WSR 02-07-084, § 246-811-220, filed 3/19/02, effective 4/19/02.]

PDF **246-811-230**

Continuing competency reporting period.

A substance use disorder professional must complete the continuing competency program requirements every two years. A substance use disorder professional must develop and implement the plan upon initial certification, and every two years thereafter.

[Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-230, filed 6/1/20, effective 7/2/20. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-230, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.205.060**(12). WSR 02-07-084, § 246-811-230, filed 3/19/02, effective 4/19/02.]

PDF **246-811-240**

Number-Types of continuing education hours required.

(1) A certified substance use disorder professional must complete ~~20~~8 hours of continuing education (CE) every two years, which may include up to four hours of professional development activities described in WAC 246-811-260.

~~(a) At least 14 hours must be completed in one or more of the topic areas as described in WAC **246-811-030** (3)(a) through (w).~~

~~(b) (2) At least four hours must be in professional ethics and law.~~

~~(3) At least three hours every six years must be completed in suicide assessment training as listed in WAC 246-811-280. (c) The additional 10 hours shall be in areas relating to the various phases of their professional career.~~

~~(4) At least two hours every four years must be completed in health equity training as listed in WAC 246-811-290. (d) The training in suicide assessment listed in subsection (2) of this section shall count towards meeting the CE requirements.~~

~~(e) The health equity training listed in WAC **246-811-290** shall count towards meeting the CE requirements.~~

~~(2) Once every six years a certified substance use disorder professional must complete at least three hours of training in suicide assessment, including screening and referral, as specified in WAC **246-811-280**.~~

~~(a) Except as provided in (b) of this subsection, the first training must be completed during the first full CE reporting period after initial certification.~~

~~(b) An individual applying for initial certification as a substance use disorder professional may delay completion of the first required training for six years after initial certification if they can demonstrate completion of a three-hour training in suicide assessment, including screening and referral that:~~

~~(i) Was completed no more than six years prior to the application for initial certification; and~~

~~(ii) Meets the qualifications listed in WAC **246-811-280(1)**.~~

~~(3) After January 1, 2024, substance use disorder professionals are required to complete two hours of health equity training every four years as specified in WAC **246-811-290**.~~

~~(54) Nothing in this section is intended to expand or limit the existing scope of practice of a certified substance use disorder professional or certified substance use disorder professional trainee credentialed under chapter **18.205** RCW.~~

[Statutory Authority: RCW **18.205.060** and **43.70.613**. WSR 23-23-034, § 246-811-240, filed 11/3/23, effective 1/1/24. Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-240, filed 6/1/20, effective 7/2/20. Statutory Authority: RCW **43.70.442(7)**. WSR 14-09-102, § 246-811-240, filed 4/22/14, effective 4/22/14. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-240, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.205.060(12)**. WSR 02-07-084, § 246-811-240, filed 3/19/02, effective 4/19/02.]

PDF **246-811-250**

Acceptable continuing education.

Acceptable continuing education may include, but is not limited to, the following:

(1) Programs having a featured instructor, speaker(s) or panel that is industry recognized;

(2) Distance learning programs, which are industry-recognized education obtained to enhance proficiency in one or more of the professional development activities, through sources such as internet course work, telecourses, or correspondence courses which require comprehension tests upon completion;

(3) Agency sponsored trainings, which are provided by an agency, but not limited to its employees and is a professional development activity as defined in WAC 246-811-200(7);

(4) Course work at institutions of higher learning that are accredited by a national or regional accrediting body recognized by the commission on recognition of postsecondary accreditation; or

(5) In-service training programs limited to seven hours per reporting period, which are trainings provided by an agency that are limited to people working within that agency and are a professional development activity.

[Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-250, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.205.060**(12). WSR 02-07-084, § 246-811-250, filed 3/19/02, effective 4/19/02.]

PDF **246-811-260**

Completion of the twelve hours of other professional development activities.

(1) A substance use disorder professional (SUDP) may obtain up to four hours per continuing education cycle through professional development activities including the following:

(a) Practicum;

(b) Peer-review including serving on a formal peer review panel or committee, or individual review of a sole provider, where the purpose of the review is to determine whether appropriate treatment was rendered;

(c) Public presentation including preparing and presenting lectures or education that contribute to the professional competence of a substance use disorder professional. The substance use disorder professional may accumulate the same number of hours obtained for continuing education purposes by attendees as required in WAC **246-12-220**. The hours for presenting a specific topic lecture or education may only be used for continuing education credit once during each reporting period;

(d) Publication of writings;

(e) Participation in the Substance Use Disorder Certification Advisory Committee meetings, legislative hearings, rule workshops, or other state-led activities involving the substance use disorder profession.

(f) Other activities as determined by the substance use disorder professional's supervisor;

~~(f) Continuing education; these continuing education hours are in addition to the twenty-eight hours of continuing education as listed in WAC 246-811-240.~~

(2) All documentation must include the dates the continuing competency activity that took place, and if appropriate, the title of the course, the location of the course, and the name of the instructor.

[Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-260, filed 6/1/20, effective 7/2/20. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-260, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.205.060**(12). WSR 02-07-084, § 246-811-260, filed 3/19/02, effective 4/19/02.]

PDF **246-811-270**

Acceptable audit documentation for continuing education, professional development activities, and the enhancement plan.

(1) Acceptable documentation must be specific to the program completed and include:

(a) Transcripts, letters from course instructors, or certificate of completion;

(b) Written report by the substance use disorder professional explaining how they achieved the competencies in WAC **246-811-047**; or

(c) Signed agreement between parties involved.

(2) A substance use disorder professional must comply with the requirements of chapter **246-12** WAC, Part 7.

[Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-270, filed 6/1/20, effective 7/2/20. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-270, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **18.205.060**(12). WSR 02-07-084, § 246-811-270, filed 3/19/02, effective 4/19/02.]

Suicide assessment training standards.

~~(1)~~(1) A certified substance use disorder professional must complete a training in suicide assessment, including screening and referral. The training must be provided by a single provider and must be at least three hours in length, which may be provided in one or more sessions. The training must take place at least every six years.

(a) Except as provided in (b) of this subsection, the first training must be completed during the first full CE reporting period after initial certification.

(b) An individual applying for initial certification as a substance use disorder professional may delay completion of the first required training for six years after initial certification if they can demonstrate completion of a three-hour training in suicide assessment, including screening and referral that:

(i) Was completed no more than six years prior to the application for initial certification; and

(ii) Meets the qualifications listed in WAC 246-811-280(1).

(2) The training must be on the department's model list for training programs in suicide assessment, treatment, and management which was developed in accordance with RCW **43.70.442**.

~~(3)~~ A certified substance use disorder professional who is a state or local government employee is exempt from the requirements of this section if they receive a total of at least three hours of training in suicide assessment, including screening and referral from their employer every six years. For purposes of this subsection, the training may be provided in one three-hour block or may be spread among shorter training sessions at the employer's discretion.

~~(4)~~ A certified substance use disorder professional who is an employee of a community mental health agency licensed under chapter **71.24** RCW or a substance use disorder program certified under chapter **70.96A** RCW is exempt from the requirements of this section if they receive a total of at least three hours of training in suicide assessment, including screening and referral from their employer every six years. For purposes of this subsection, the training may be provided in one three-hour block or may be spread among shorter training sessions at the employer's discretion.

[Statutory Authority: RCW **18.205.060** and **43.70.613**. WSR 23-23-034, § 246-811-280, filed 11/3/23, effective 1/1/24. Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**.

WSR 20-12-074, § 246-811-280, filed 6/1/20, effective 7/2/20. Statutory Authority: RCW **18.205.060** and **43.70.442**. WSR 17-13-083, § 246-811-280, filed 6/16/17, effective 7/17/17. Statutory Authority: RCW **43.70.442**(7). WSR 14-09-102, § 246-811-280, filed 4/22/14, effective 4/22/14.]

PDF 246-811-290

Health equity training standards.

(1) Beginning January 1, 2024, a substance use disorder professional must complete training in health equity as part of their continuing competency program. The substance use disorder professional must complete at least two hours of health equity training every four years. The training may be in-person or virtual but must meet the course requirements in WAC **246-12-830**, including strategies to reduce implicit bias and assess the provider's ability to apply health equity concepts into practice.

(2) The hours spent completing training in health equity education count towards the 28 total hours of continuing education.

[Statutory Authority: RCW **18.205.060** and **43.70.613**. WSR 23-23-034, § 246-811-290, filed 11/3/23, effective 1/1/24.]

CERTIFICATION THROUGH RECIPROCIITY

PDF 246-811-300

Probationary license.

(1) The department shall issue a probationary license to out-of-state applicants seeking licensure in Washington state for substance use disorder professional according to the conditions and restrictions of the reciprocity program established RCW **18.205.140** and this chapter.

(2) The out-of-state license must be from a state or territory identified on a list published by the department as eligible for reciprocity for the purposes of a probationary license for the particular behavioral health profession.

(3) An initial probationary license is valid for one year. To receive an initial probationary license, the applicant must submit to the department a completed application to include:

(a) Verification of their out-of-state license; and

(b) The fee according to WAC **246-811-990**.

(4) A probationary license may be renewed a single time and is valid for one year after the date of renewal. To renew a probationary license, the applicant must submit to the department a completed application to include:

(a) Completion of suicide assessment, treatment, and management training according to WAC **246-811-280(1)**; and

(b) The fee according to WAC **246-811-990**.

(5) Continuing education. With the exception of the requirements in subsection (4) of this section, continuing education requirements will apply once a probationary licensee transitions to a full license.

(6) Approved supervision. If the department determines a probationary licensee must complete supervised hours of experience as a condition for full licensure, the licensee must complete the stated hours under an approved supervisor according to the conditions of this chapter.

[Statutory Authority: RCW **18.205.060**, 2020 c 76, and 2020 c 80. WSR 24-03-139, § 246-811-300, filed 1/23/24, effective 2/23/24. Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-300, filed 6/1/20, effective 7/2/20.]

NEW SECTION WAC 246-811-310 Out of state substantial equivalency

(1) An applicant who has been credentialed as a substance use or addiction counselor in another state with substantially equivalent licensing standards, as determined by the department under RCW 18.130.077, is considered to meet:

(a) the education requirements of WAC 246-811-030;

(b) the examination requirements of WAC 246-811-060; and

(c) the experience requirements of WACs 246-811-045 through 246-811-047.

(2) An applicant for substance use disorder professional under (1) of this section is eligible for out-of-state substantial equivalency if they:

(a) have held their credential in another state for at least two years immediately preceding their application, with no interruption in licensure lasting longer than 90 days;

(b) have not been subject to disciplinary action for unprofessional conduct or impairment in any state, federal, or foreign jurisdiction;

(c) are not subject to denial of license; and,

(d) are not under investigation or subject to charges in any state, federal, or foreign jurisdiction during the pendency of their application.

SUBSTANCE USE DISORDER PROFESSIONAL APPRENTICESHIP PROGRAMS

[NEW SECTION WAC 246-811-4100 Apprenticeship program review and approval process](#)

[An apprenticeship program must apply to the department of health \(DOH\) and labor and industries \(L&I\) for approval. Applications shall be reviewed by the substance use disorder certification advisory committee and the secretary of health, under Chapter 18.205 RCW.](#)

FEEES

PDF 246-811-990

Substance use disorder professional and substance use disorder professional trainee—Fees and renewal cycle.

(1) A substance use disorder professional (SUDP) certificate must be renewed every year on the practitioner's birthday as provided in chapter **246-12** WAC, Part 2.

(2) A substance use disorder professional trainee certificate must be renewed every year to correspond with issuance date.

(3) [Except as provided for under subsection \(6\) below, the](#) following nonrefundable fees will be charged for a certified substance use disorder professional:

Title of Fee	Fee
Application	\$260.00
Initial certification	295.00
Active renewal	300.00
Active late renewal penalty	150.00
Retired active renewal	115.00
Retired active late renewal penalty	60.00
Expired certification reissuance	115.00
Duplicate certification	10.00
Verification of certificate	25.00

(4) [Except as provided for under subsection \(6\) below, t](#)he following nonrefundable fees will be charged for a certified substance use disorder professional trainee:

Title of Fee	Fee
Application and initial certification	\$110.00
Renewal	90.00
Late renewal penalty	50.00
Expired certification reissuance	50.00
Duplicate certification	10.00
Verification of certificate	25.00

(5) Probationary licensure. Except as provided for under subsection (6) below, Probationary licensure. To receive an initial or renewal of a probationary license as described in WAC **246-811-300** (3) and (4), the following nonrefundable fees will be charged:

Title of Fee	Fee
Application and initial certification	\$555.00
Active renewal	300.00
Active late renewal penalty	150.00
Expired certification reissuance	115.00
Duplicate certification	10.00
Verification of certificate	25.00

(6) Subject to appropriations under RCW 43.70.250, all application and renewal fees for substance use disorder professionals and trainees shall not exceed \$100 between July 1, 2024 and June 30, 2029. If funds are not appropriated for this purpose, fees shall be charged under sections (3) through (5) of this rule.

[Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW **18.19.050**, **18.205.060**, **18.225.040**, **43.70.110**, and **43.70.250**. WSR 20-12-074, § 246-811-990, filed 6/1/20, effective 7/2/20. Statutory Authority: RCW **43.70.250**, **43.70.280**, and **18.205.060**. WSR 18-09-077, § 246-811-990, filed 4/17/18, effective 8/1/18. Statutory Authority: Chapter **18.205** RCW. WSR 09-14-111, § 246-811-990, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW **43.70.110**, **43.70.250**, 2008 c 329. WSR 08-15-014, § 246-811-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW **43.70.250**, [43.70.]280 and **43.70.110**. WSR 05-12-012, § 246-811-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW **18.130.250**. WSR 02-07-083, § 246-811-990, filed 3/19/02, effective 4/19/02. Statutory Authority: RCW **18.205.060**(1). WSR 99-13-084, § 246-811-990, filed 6/14/99, effective 7/15/99.]

Comment report

Lists all the questions in the survey and displays all the free text responses to these questions, if applicable

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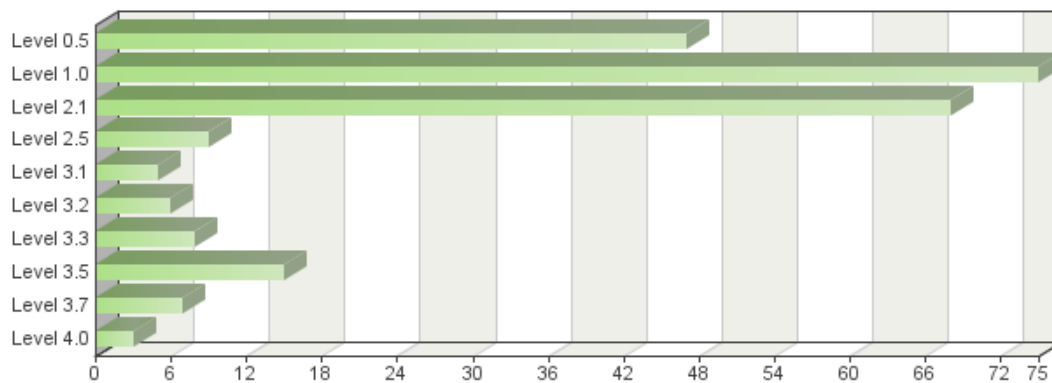
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Report info

Report date:	Wednesday, September 25, 2024 11:55:13 AM PDT
Start date:	Wednesday, March 6, 2024 1:13:00 PM PST
Stop date:	Sunday, September 15, 2024 11:59:00 PM PDT
Stored responses:	172
Number of completed responses:	104

Question 1

What Levels of care does the agency you work for offer? (check all that apply)



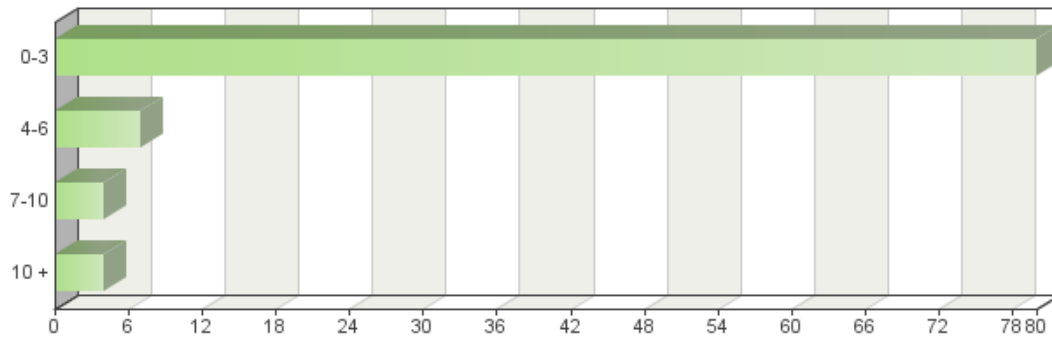
Frequency table

Choices	Absolute frequency	Cum. absolute frequency	Relative frequency by choice	Relative frequency	Cum. relative frequency	Adjusted relative frequency	Cum. adjusted relative frequency
Level 0.5	47	47	19.34%	27.33%	27.33%	50%	50%
Level 1.0	75	122	30.86%	43.6%	70.93%	79.79%	129.79%
Level 2.1	68	190	27.98%	39.53%	110.47%	72.34%	202.13%
Level 2.5	9	199	3.7%	5.23%	115.7%	9.57%	211.7%
Level 3.1	5	204	2.06%	2.91%	118.6%	5.32%	217.02%
Level 3.2	6	210	2.47%	3.49%	122.09%	6.38%	223.4%
Level 3.3	8	218	3.29%	4.65%	126.74%	8.51%	231.91%
Level 3.5	15	233	6.17%	8.72%	135.47%	15.96%	247.87%
Level 3.7	7	240	2.88%	4.07%	139.53%	7.45%	255.32%
Level 4.0	3	243	1.23%	1.74%	141.28%	3.19%	258.51%
Sum:	243	-	100%	-	-	-	-
Not answered:	78	-	-	45.35%	-	-	-
Average:	3.16	Minimum:	1	Variance:	5.13		
Median:	2	Maximum:	10	Std. deviation:	2.27		

Total answered: 94

Question 2

How many times each week, do you refer to Level 3.7 or higher?



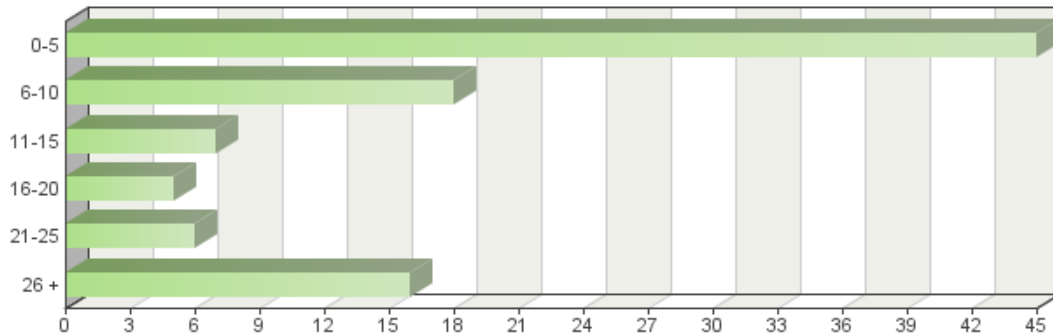
Frequency table

Choices	Absolute frequency	Cum. absolute frequency	Relative frequency	Cum. relative frequency	Adjusted relative frequency	Cum. adjusted relative frequency
0-3	80	80	46.51%	46.51%	84.21%	84.21%
4-6	7	87	4.07%	50.58%	7.37%	91.58%
7-10	4	91	2.33%	52.91%	4.21%	95.79%
10 +	4	95	2.33%	55.23%	4.21%	100%
Sum:	95	-	55.23%	-	100%	-
Not answered:	77	-	44.77%	-	-	-
Average:	1.28	Minimum:	1	Variance:	0.55	
Median:	1	Maximum:	4	Std. deviation:	0.74	

Total answered: 95

Question 3

In the past 12 months, how many people each month, on average, needed referral to withdrawal management services prior to engaging in SUD treatment services?



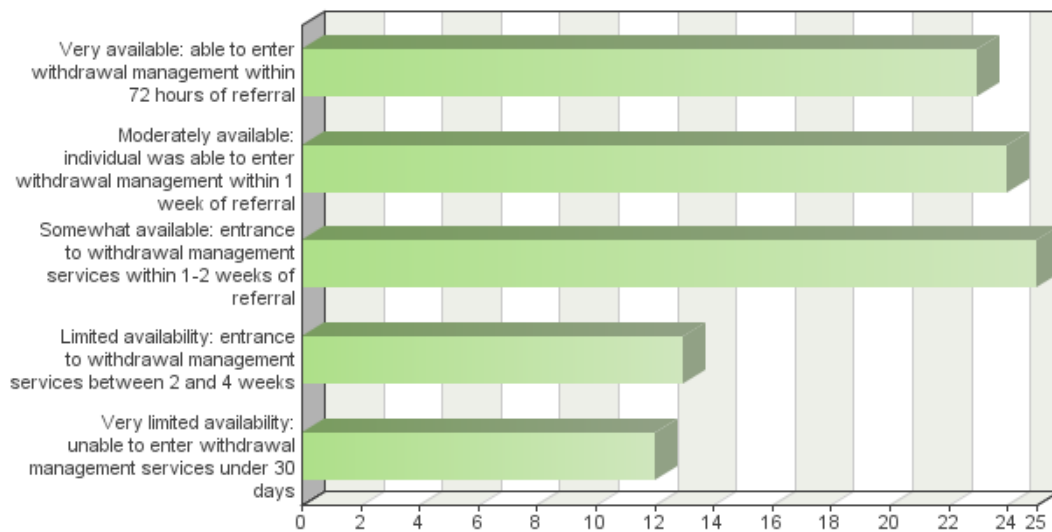
Frequency table

Choices	Absolute frequency	Cum. absolute frequency	Relative frequency	Cum. relative frequency	Adjusted relative frequency	Cum. adjusted relative frequency
0-5	45	45	26.16%	26.16%	46.39%	46.39%
6-10	18	63	10.47%	36.63%	18.56%	64.95%
11-15	7	70	4.07%	40.7%	7.22%	72.16%
16-20	5	75	2.91%	43.6%	5.15%	77.32%
21-25	6	81	3.49%	47.09%	6.19%	83.51%
26 +	16	97	9.3%	56.4%	16.49%	100%
Sum:	97	-	56.4%	-	100%	-
Not answered:	75	-	43.6%	-	-	-
Average:	2.56	Minimum:	1	Variance:	3.67	
Median:	2	Maximum:	6	Std. deviation:	1.91	

Total answered: 97

Question 4

Of those referred, how available were withdrawal management services to meet that need?



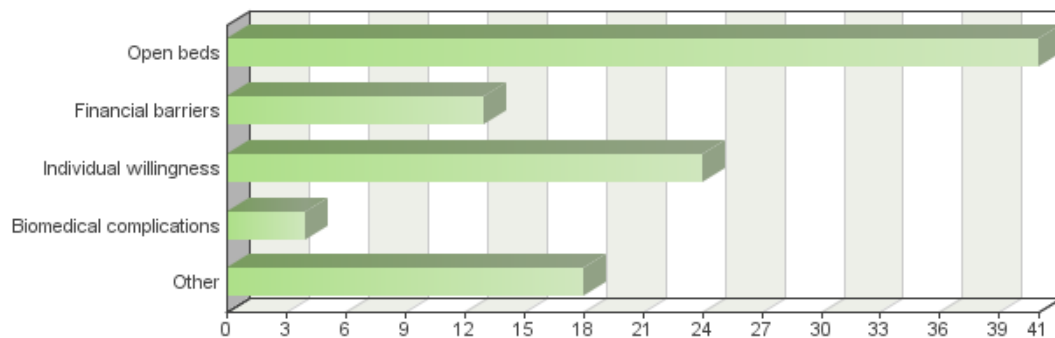
Frequency table

Choices	Absolute frequency	Cum. absolute frequency	Relative frequency	Cum. relative frequency	Adjusted relative frequency	Cum. adjusted relative frequency
Very available: able to enter withdrawal management within 72 hours of referral	23	23	13.37%	13.37%	23.71%	23.71%
Moderately available: individual was able to enter withdrawal management within 1 week of referral	24	47	13.95%	27.33%	24.74%	48.45%
Somewhat available: entrance to withdrawal management services within 1-2 weeks of referral	25	72	14.53%	41.86%	25.77%	74.23%
Limited availability: entrance to withdrawal management services between 2 and 4 weeks	13	85	7.56%	49.42%	13.4%	87.63%
Very limited availability: unable to enter withdrawal management services under 30 days	12	97	6.98%	56.4%	12.37%	100%
Sum:	97	-	56.4%	-	100%	-
Not answered:	75	-	43.6%	-	-	-
Average:	2.66	Minimum:	1	Variance:	1.73	
Median:	3	Maximum:	5	Std. deviation:	1.31	

Total answered: 97

Question 5

What would you indicate is the biggest barrier to accessing withdrawal management services?



Frequency table

Choices	Absolute frequency	Cum. absolute frequency	Relative frequency	Cum. relative frequency	Adjusted relative frequency	Cum. adjusted relative frequency
Open beds	41	41	23.84%	23.84%	41%	41%
Financial barriers	13	54	7.56%	31.4%	13%	54%
Individual willingness	24	78	13.95%	45.35%	24%	78%
Biomedical complications	4	82	2.33%	47.67%	4%	82%
Other	18	100	10.47%	58.14%	18%	100%
Sum:	100	-	58.14%	-	100%	-
Not answered:	72	-	41.86%	-	-	-
Average:	2.45	Minimum:	1	Variance:	2.25	
Median:	2	Maximum:	5	Std. deviation:	1.5	

Total answered: 100

Last choice text input

Agency policy and criteria, open beds

lack of level 3.7WM facilities

Open beds and insurance problems

no local facilities

Transport

lack of 3.7

Staffing

stigma against Methadone

complicated process to get people into detox

Long-term PACT or IOP services, housing, resources for long-term case management services

location of available services

screening procedures indicate discrimination:eg, medical detox wont admit someone for a history of seizures even it it was 20 years ago. They need to stop stating it's a liability, and start having the providers assess for risk and individualize that risk

unrealistic expectations of community detox

availability by region

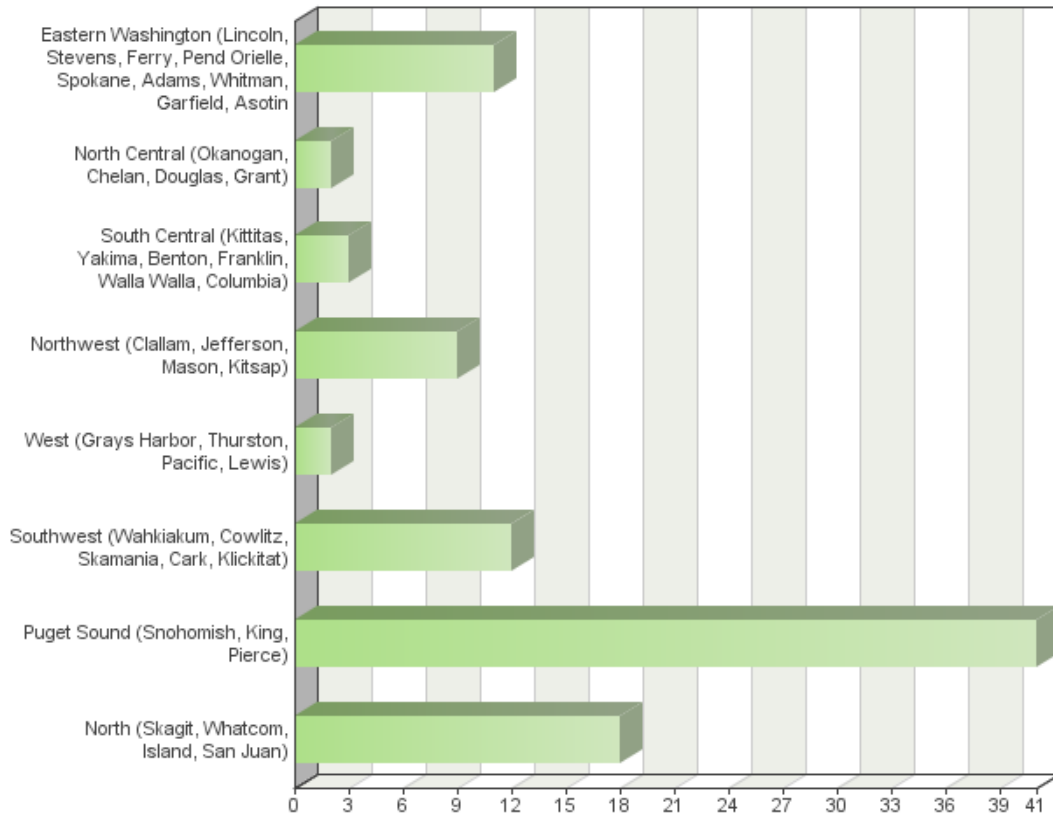
methadone dose

lack of beds but also medical conditions

Both open beds and Biomedical

Question 6

In what region of Washington do you provide SUD services? Select the region below which contains the county where you provide services.



Frequency table

Choices	Absolute frequency	Cum. absolute frequency	Relative frequency	Cum. relative frequency	Adjusted relative frequency	Cum. adjusted relative frequency
Eastern Washington (Lincoln, Stevens, Ferry, Pend Orielle, Spokane, Adams, Whitman, Garfield, Asotin)	11	11	6.4%	6.4%	11.22%	11.22%
North Central (Okanogan, Chelan, Douglas, Grant)	2	13	1.16%	7.56%	2.04%	13.27%
South Central (Kittitas, Yakima, Benton, Franklin, Walla Walla, Columbia)	3	16	1.74%	9.3%	3.06%	16.33%
Northwest (Clallam, Jefferson, Mason, Kitsap)	9	25	5.23%	14.53%	9.18%	25.51%
West (Grays Harbor, Thurston, Pacific, Lewis)	2	27	1.16%	15.7%	2.04%	27.55%
Southwest (Wahkiakum, Cowlitz, Skamania, Cark, Klickitat)	12	39	6.98%	22.67%	12.24%	39.8%
Puget Sound (Snohomish, King, Pierce)	41	80	23.84%	46.51%	41.84%	81.63%
North (Skagit, Whatcom, Island, San Juan)	18	98	10.47%	56.98%	18.37%	100%
Sum:	98	-	56.98%	-	100%	-
Not answered:	74	-	43.02%	-	-	-
Average:	5.85	Minimum:	1	Variance:	4.98	
Median:	7	Maximum:	8	Std. deviation:	2.23	

Total answered: 98

Question 7

If you could change anything about the current substance use disorder treatment system in Washington State, where would you start? What other information is important for the committee to know?

Text input

My biggest struggle as a provider has been Tricare West insurance. I cannot find a residential treatment program in the state that accepts this insurance. It would be nice to have scholarships for the few people who fall through the cracks and that includes medicare.

More detox facilities and a faster bha application process

Call me, I'll tell you. 360-688-8923

Higher reimbursement rates for SUD providers would elevate the profession overall as it would attract more qualified professionals. Updating the WACs and RCWs to reflect more current and updated trends in treatment and allowing for autonomy of treatment providers when providing individual care. Often times the DOH investigator interpretation of WAC varies from individual to individual and leads to discrepancies in the field, presenting a barrier to referring for needed services, and confusion around the field. The regulations either need to be structured and laid out, or they need to be open for interpretation with the providers interpretation being acceptable.

Reduce licensing fees. Increase access to care. Stop the flow of substances available for use.

Allowing SUDPs to provide low-severity co-occurring treatment services. Not to assess mental health disorders just those issues identified in ASAMs dimension 3 as part of an SUD assessment.

Withdrawal Management, specifically, the lack of Level 3.7WM facilities.

How state Medicaid facilities offer treatment services. Detached from clients, lacks group processing experience, mainly giving client's information but not teaching them how to use it or encouraging Tx community connection or bonding within the groups.

Higher pay rates for SUDPT in order to bring more people into the field.

We are suffering from staffing shortages which results in staff burnout, which impacts the quality of patient care. Additionally the salary offerings in the field are low.

Youth withdrawal management is greatly important and lacking around the state.

Easier access to withdrawal management services

We need medical detox available and more beds. Preferably with a mental health care worker and FCS on staff.

More availability

I think there should be greater scrutiny of agencies that carry out "harm reduction" as therapy for their clients. How much is allowable, and who is overseeing this issue in Spokane! I also would like greater liaising between DSHS and our SUD agencies as clients just "fall of the radar" once their POs close their files! What is the use of having substance use treatment as their initial recommendations, and not allowing us to make the final determination on whether the client has completed treatment or not?

We need housing and safe consumption sites. The research is profoundly undeniable about the efficacy of safe consumption sites. The all encompassing harm reduction approach that keeping somebody housed is. They're also needs to be more regulation in SUDP organizations. Fraud and malpractice run rampant.

Interception of serious mental illness withdrawal management.

Open beds, transportation to detox & inpatient

Insurance is always a problem. The wait time for a bed date is always a problem. The typical inpatient treatment stay should be at least 60 - 90 days. 30 day inpatient treatment is not long enough.

DOC not DSHS is the department that probation officers work with. It is the communication for successful completion with probation that must align with successful completion with treatment.

There are not enough beds, when we need to transfer individuals to a higher level of care after entering 3.5 in withdrawal, we often will have to drop patient's off at south sound detox and hope that they get into services. If they do not, we are unable to support other than giving detox resources. While our patients having to enter detox first prior to coming in they do not always do this. On an outpatient level it is challenging to support someone when detox is a farfetched option. Most individuals end up not using the 3.7 straight to 2.1 model because you lose them before they are even able to make it in to a bed date. If we had more readily available services for patient's I believe we would see a decrease in recidivism. The barriers placed on provider resources related to detox is slim. Also, it would be nice at some point if we followed an 8-day model for detox. This would allow for case managers in a 3.7 setting to have time in coordinating inpatient treatment services. For example, someone comes in with alcohol withdrawal and they are kept for 4 days, the first day counts as day 1. Essentially, they are there for 2 days which does not give case managers a long enough time to coordinate residential inpatient or complete an assessment to address the appropriate level of care. This is the first survey I have received in a long time that is asking about that actual issue at hand and it gives me hope that our state and payers are ready to move in another direction. Thank you for your time.

Return AAC status to SUDP/T counselors. DOH requires college coursework for licensure, which includes co-occurring classes, yet takes away AAC for those without an associate degree. Essentially, I've paid for classes no longer needed, including HIV/AIDS. Establishing an online credit/course tracking program allowing SUDPT to track their work and know what DOH has accepted and what remains to complete licensure requirements. Contacting DOH is difficult, and return calls/emails are not timely. Increase bed availability and residential facilities that will actually serve a co-occurring population.

Increase access and reducing barriers by other professionals so that there are less “no” answers and reduce Spokane Counties stigma by professionals. Other BHAs will require that people stop methadone and that’s either willful ignorance straight discrimination

More funds for detox and inpatient tx beds

That there are enough openings when people are ready for treatment services.

We need more inpatient facilities that provide on-site detox. In the transition, the bed date or the client's willingness to go is lost. I have always believed that the 60-day stay for Inpatient Services gives the best results, since in the first 5 to 10 days they are not receptive to information because they are detoxifying.

Lower license fees. More free training. Higher wages.

That the state has run independent owners out of business.

The difficulties obtaining hours needed for licensure as well as costs associated make hiring and keeping qualified staff extremely difficult. Remove barriers to co-occurring licensure.

Add more inpatient beds

Increase access to Vivitrol and providers to administer

There are NO Medically Managed Detox (MMD) in Kitsap County for Medicaid. Kitsap Recovery has a detox, but not medically managed. The only MMD around is Tacoma Detox (MDC) and their services have gone down hill over the last 5-6 years. Kitsap Recovery wants to expand and try to get ahead of the Fentanyl problem, but they don't have the funding or the location. KRC would be the perfect place to invest funding as they offer everything from going to the streets to Detox, inpatient, and outpatient. But they are limited by funding and facility. They have an idea on how to go full cooccurring, but it seems like noone is listening or they have put so much state and county funding into KMHS that they are stuck putting in more instead of investing in a county ran non-profit.

More harm reduction, MORE trauma informed and patient centered

Housing at discharge is a huge issue... most of the people experiencing homelessness have little resources for placement.

Provide easily accessible quality services that include medical, mental health and SUD therapeutic for everyone (children, adolescents, adults & Elders on Medicare).

Lacks adequate pay for staff

That all patients be covered by some kind of insurance and not have to pay out of pocket for treatment.

Making transitional more readily available for people coming off the streets and for the people coming home from inpatient treatment.

Better pay for clinical staff (you can make more \$ at Starbucks than some agencies & that is appalling); more robust/meaningful credentials for clinical staff, perhaps an “advanced professional” credential that requires MA & 5+ years experience; other incentives for seasoned clinicians to stay in the field

There are not enough Methadone clinics in rural areas to support individuals wanting to stop using illicit opiates. Methadone is the the medication that is showing to be more successful than Bupenorphine in treating Fentanyl addiction. Peoples lives are at risk. There needs to be options available to those in more rural areas for opiate addiction.

Increased access to long term (60/90/180 day) inpatient treatment with more effective transitions back to the community.

More detox beds Clearer path to get people to inpatient treatment Better system working with methadone clinics

There has to be flexibility with the SUD credentials. My agency, its staff, and the professionals within my community need more confidence in the State of Washington's Department of Health's ability to issue SUDP credentials to meet the needs of the SUD population. I have staff who have over 25 years of experience. They even applied for the Co-Occurring Disorder Credentials while taking additional courses to meet the state's requirement; they credentialed in Oregon, and still, the COODC cannot be achieved because DOH still needs to update its website regarding its partnership with EWU. EWU does not provide ANY courses to meet this credentialing requirement, so how should staff get the credentials if the state needs a clear direction on what is expected? There is an ongoing inconsistency with what is required for the SUDP credentials. I also have a clinical supervisor who was once a SUDP; he let it expire because, at the time he was employed with the HCA, they were not supportive of the credentials. He let it go, and now he is forced to do more hours and coursework. There is no confidence in DOH staff responsible for administering this credential.

Currently I think that mental health and SUD treatment services working more closely together would increase more positive outcomes for those seeking services.

Withdrawal management needs provided for within facilities licensed as hospitals not RTF. Combining acute withdrawal with mentally ill jeopardizes care for those in acute withdrawal. Lack of facilities able to manage medical detox and permitted to provide service within RTF also providing mental health treatment is hazardous.

Housing for clients, getting into Inpatient services quicker

If a patient would want to leave the residential program by self-will, the patient could leave without family consent. That is a big frustration.

The hurdles put in front of SUDPTs to become fully licensed is unacceptable.

More available beds, phone assessments from the inpatient treatment center as it is difficult to get clients in for assessment to get referral going

More bed availability

Increase detox beds and housing for people returning from treatment. Offer paid mental health training for current SUDPs so co-occurring disorders can be treated without a wait list.

Better pay for employees.

There are so many individuals struggling with substance use and it can be challenging to get them into services within a timely manner. Sometimes it takes weeks to get them an open bed, and that can be dangerous for individuals who continue to use. It also poses an obstacle with motivation and providing emergent services when the client is ready to receive services. It would be great to have more facilities and/or beds available to offer appropriate withdrawal management and inpatient treatment. I think we need to have an appropriate number of providers to clients to help have a successful outcome.

More youth detox beds and inpatient services. More funds to provide transportation to inpatient.

Stop discrimination with screening procedures for Detoxification services. Even medical detoxes are turning people away who report any history of Seizures (even if it was 20 years ago, or alcohol or drug related when that facility and provider are adequately able to manage that risk by medication management. Providers should screen for that risk not front desk staff giving denials based on "ever" It's discriminatory and dangerous. Several detox facilities throughout Washington state do this (even if there medical) It needs to stop! Whatcombe, pioneer, valley cities. take a look at them. They need to have providers assess for that risk, not front desk staff and then just eliminate them even though the risk at that time may be minimal or none!!!!

More help with temporary housing so people waiting to get into treatment have a place to be contacted/found.

Unsure.

More wraparound services. Better access to funding to help with temporary housing and other expenses (housing primarily).

I could write a paper about this. However, in light of the topic at hand being withdrawal management, I would encourage more trauma informed care amongst community detox as well as more access to medical detox services for patient suffering from severe withdrawal symptoms. Any patients with medical complications are encouraged to go to the ER, but then the ER turns them away.

Making under the influence/using/possession a crime again, not to send individuals to jail but court order them to do treatment. Also built halfway houses instead of shelters, or have the shelters be dry and not wet.

There is a huge gap in funding for clients in recovery who desire to live in high-barrier recovery-based housing after leaving 3.5 agencies. It is well known that clients who have door-to-door service from inpatient to recovery-based housing have a huge advantage over those who do not. The problem is there is very limited funding sources compared to other populations who are experiencing homelessness. Low-barrier housing is not a good fit for them, and in reality poses an existential risk. That doesn't mean that all people who are in low-barrier housing are active substance users, but the existence of overdoses in those housing units shows that there is an availability of substances present. Another well known fact is that when clients leave treatment and relapse they are much more likely to die than clients who haven't detoxed and maintained recovery for any amount of time. These unfortunate citizens have no understanding of what level of tolerance they have, if any, and even though they will intentionally use less than before, they realize too late that it was too much. Because of all these risk factors, having any barriers to assisting them enter recovery-based housing is unacceptable. We can and do help them apply for Oxford Housing Grants which give them enough funding to get situated and find employment, and for government subsidized sources like the HARPS and HEN programs, but what about clients who only recently learn of a disabling condition? They can't work, and will be denied SSI or SSDI for many months or years before they see any income. Are we just to let them be evicted and go off to die somewhere? HARPS funding itself is an inadequately funded program; one which runs out of money in large counties within weeks of the beginning of a quarter. So, not only is it just a Band-Aid to get clients in and hope they find employment, it also is a gamble to get it the first place, with the cards stacked against them. All it takes to drastically alter the overdose rate, the recovery failure rate, the substance use-related crime rate, and all the other substance-related deaths is to simply provide a stable source of funding for them and allow it to pay for at least 6 months of recovery-based housing. The estimates of spending per person experiencing homelessness in WA are around \$1,000,000. The cost of paying for a space in an Oxford House for 6 months is roughly \$3,000-4,000. Besides the spending look at how difficult it is to measure success in housing programs and to show the public the value of investing. If we can better fund people in recovery they will have an observable increase in success, a greater quality of life, and in the end become engaged, productive members of our communities; ones who engage other active substance users, or those new to recovery and help them to succeed. These are outcomes that can easily be measured, and easily demonstrated to the public as a huge success. In the end there is no reason we cannot still fight the homelessness epidemic and fight for Washingtonians desperately trying to save their lives from substance use disorders. All I ask is for the subject to be studied, and I am certain that it will show how much of a no-brainer this investment is. It's legitimacy lies in Recovery Environment being one of the ASAM criteria. One which is too often not accounted for. Thanks for your time and I hope you are as driven as I to help this suffering, neglected population. Sincerely, Scott Polsgrove, LSWAIC, MHP, MSW, MA, SUDPT Intake Clinician Kitsap Mental Health Services polsgroves@gmail.com

I work in a hospital in Edmonds. I am a Social Worker/SUDP dually credentialed professional working on a project to assist people with opioid use issues. Barriers we see in the ED include funding/no insurance, lack of available beds for 3.7WM, and transportation to a facility that might be an hour or more away. On the med floors, pt often go through acute detox during their stay making them ineligible for 3.7WM. If they are on Medicaid, we are unable to get them the required ASAM SUD assessment and place them into inpatient SUD tx in a timely manner. The length of time it takes to get the assessment done and then secure a bed date at an outside agency, means a pt will almost always be medical stable and discharged from the hospital prior to getting a bed date. They will then have to follow up at the outpatient level of care decreasing the likelihood of going to inpatient SUD tx. A bed-to-bed transfer would be ideal.

more availability for assessment/evaluations. longer time allowed for level 3.5

a better connections between treatment and housing

Offer more Pre-treatment services.

Moving forward having more access to Detox services residential treatment for methadone patients that need to continue dosing while in Higher level of care...

Making it easier to access co-occurring SUD treatment both out- and in-patient. I believe all SUD treatment should include mental health services due to high rate of trauma with our demographic in MAT services.

Funding and where the funding are allocated. In my opinion SUD entities don't have enough. Better benefits for employees working within the system. Allow our voices get heard in Olympia. Need more beds to send clients to detox having a waiting period is one more chance to use and overdose.

More beds for both withdrawal management & inpatient treatment. A real co-occurring inpatient treatment facility with psychiatric services.

Stop the nonsense of extensive assessment for clients who want to enter on voluntary basis. I've done this work for 31 years. Assessment just needs one page of a few questions such as type of substance used, amount & frequency and any serious medical or psych issues that may interfere or complicate things. We don't need support system, employment, legal Hx, family Hx, previous Tx outcomes, and other in depth info just to allow a client to begin counseling & Tx or be referred to detox. Clients hate the process and so do professionals. It's crazy. Data and other info can be obtained later in the Tx process. HUGE barrier and deterrent. ASAM needs to become more brief or be gone altogether like other states do. IT really doesn't take an Einstein to put someone in Tx when that's what they are telling us they need and are willing to do.

Detox at residential treatment centers in order to ease access for individuals going to IIP and reduce barriers for treatment.

ease of access to treatment centers.

Enable opiate patients to enter inpatient facility when still establishing a stable medicine level to avoid withdrawals and cravings.

Access to primary care and Psyc.Meds before inpatient/during detox. More co-occurring facilities.

More inpatient treatment and youth support.

Inpatient treatment program require an assessment be completed on an individual. In SW WA the withdrawal management services offered do not do assessments and therefore client are discharged back to their communities without an assessment to help them get into inpatient treatment services. The individuals are trying to stay sober while getting into an outpatient treatment facility to get an assessment and then referred to inpatient. There has got to be a better way to streamline going from withdrawal management services directly into inpatient treatment services to reduce relapse, needing additional withdrawal management services while waiting for an inpatient bed, or even loss of life in this chaotic process that currently exists.

Make available state and federal grant monies for withdrawal costs for individuals in need

Less restrictions on patient information sharing between substance use disorder treatment providers, especially through web-based portals, to improve and expedite care coordination.

I have no idea
