BEHAVIORAL HEALTH PROFESSIONS RULEMAKING
STAKEHOLDER WORKSHOP

SB 5054 – HB 1768 – HB 1907

December 9, 2019
Meeting Agenda

1. Introductions, Ground Rules for the day, and review of the Implementation Timeline

2. Behavioral Health Reciprocity per SB 5054
   a) Overview of bill
   b) Update on scope of practice analysis
   c) Overview – Paths to licensure for Psychology
   d) Overview – Paths to licensure for Counselors
   e) Overview – Paths to licensure for SUDPs
   f) Overview of policy approach and process
   g) Review of WAC draft language and comments

3. Peer Counselors per HB 1907
   Overview of bill and language proposal

4. Co-occurring Disorder Specialist Enhancement and other licensure changes per HB 1768
   a) Overview of bill
   b) Overview of supervision
   c) Review of WAC draft language and comments on supervision portion
   d) Overview of Co-Occurring Disorder Enhancement credential
   e) Review of WAC draft language and comments on Co-Occurring Disorder Enhancement credential

5. Details on next Stakeholder Meeting
   a) Final Comments / Adjourn
2019-2020 Behavioral Health Implementation
- General Rules Timeline for ESHB 1768, 2SHB 1907, and SB 5054

July, 2019

Sept 13

Sep 27

Oct 04

Oct 23

Dec 09

Jan 6

Early March
File CR-102
Proposal

Mid-April
Public Hearings

Leg. Session

Stakeholdering
- Surveys
- Workgroups
- Research

Drafting and Review

CY 2019

CY 2020

June 01
File 103P
Adoption

July 02
Rule effective
Senate Bill 5054 – Reciprocity

The bill requires the department to establish a reciprocity program and a probationary license for psychologists, social workers, mental health counselors, marriage and family therapists, and CDPs. It would allow applicants with an applicable license from states or jurisdictions to be eligible for a probationary license in Washington, provided their license was active during the previous twelve months and was in good standing. During the probation period, as established by the department, the applicant would need to complete any remaining credentialing requirements to achieve full licensure. The department will also be required to maintain a list of other states and jurisdiction with equivalent or greater scopes of practice for eligibility for reciprocity in Washington State. (Interstate compact language vetoed by the Governor.)
<table>
<thead>
<tr>
<th>State</th>
<th>Substantially Equivalent or Greater Scope of Practice than Washington’s?</th>
<th>Department’s Determination Of Equivalent Or Greater Scope</th>
<th>Link to State Statute, Rule or Policy Regarding Scope of Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oregon</td>
<td>Yes</td>
<td>Oregon’s scope of practice is similar to Washington’s, and could be considered broader. The language in the scope of practice includes therapy for families in addition to individuals. It also includes safety and risk assessments, documentation requirements, and the coordination of further services that may be needed.</td>
<td>Credential Application with full list of core competencies</td>
</tr>
<tr>
<td>Idaho</td>
<td>Yes</td>
<td>Idaho’s scope of practice language is well defined and exceeds Washington’s. The scope includes ability to diagnose, treat, and provide case management for individuals with substance use disorder along from their families. It also includes protocols for referrals, community education, trauma informed care, and continuity of care including discharge planning and relapse prevention.</td>
<td>Idaho Board of Alcohol/Drug Counselor Certification</td>
</tr>
<tr>
<td>California</td>
<td>Yes</td>
<td>California’s scope of practice would be considered equivalent to Washington’s. The language references Substance Abuse and Mental Health Services Administration’s (SAMHSA) Technical Assistance Publication 21 (TAP 21) competency requirements and consultation with other professionals as required.</td>
<td>California Consortium of Addiction Programs and Professionals Application with core competencies</td>
</tr>
<tr>
<td>Colorado</td>
<td>Yes</td>
<td>Colorado’s scope of practice is well defined and exceeds that of Washington. The scope language includes reference to service planning, on-going continuity of care, advocacy, referral, crisis intervention, recovery management, and culturally specific protocols. And, allows counseling to involve family members as part of the treatment plan.</td>
<td>Colorado Office of Behavioral Health</td>
</tr>
<tr>
<td>Arizona</td>
<td>Yes</td>
<td>Arizona’s scope of practice is similar to Washington’s and we consider it substantially equivalent. The language references the use of general counseling theories, based on research, to treat clients with substance abuse and chemical dependency issues.</td>
<td>ARC 32-3251</td>
</tr>
<tr>
<td>Alaska</td>
<td>Yes</td>
<td>The scope of practice language for Alaska is well defined and broader than Washington’s. The language within the scope suggests the use of tools to address Alaskan natives and other cultural needs along with referral and service coordination protocols.</td>
<td>Alaska Core Competencies</td>
</tr>
<tr>
<td>Montana</td>
<td>Yes</td>
<td>Montana’s scope of practice is similar to Washington and is substantially equivalent. The language includes gambling as part of the counseling of addition.</td>
<td>Montana Code 37-35-102</td>
</tr>
<tr>
<td>Utah</td>
<td>No</td>
<td>Utah’s scope of practice does not correlate with Washington’s and is considered not substantially equivalent. The scope language restricts unsupervised assessments and the development of treatment modalities. And, all provider levels are required to practice under the supervision of a mental health therapist (mental health counselor in Washington).</td>
<td>Utah Department of Commerce requirements and scope matrix</td>
</tr>
</tbody>
</table>

**Summary of Scope of Practice Analysis Findings:** SUDPs from Oregon, Idaho, California, Colorado, Arizona, Alaska, and Montana will be eligible to apply for a probationary license to work in an agency setting while meeting Washington’s licensure requirements.
<table>
<thead>
<tr>
<th>State</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Oregon</td>
<td>Yes</td>
<td>The language in Oregon’s scope of practice is very similar to Washington’s and is considered substantially equivalent.</td>
<td>675.705</td>
</tr>
<tr>
<td>California</td>
<td>Yes</td>
<td>The scope of practice of California is similar to Washington and considered substantially equivalent. The scope language also includes techniques to address personal growth, disabilities, and crisis and psychosocial interventions.</td>
<td>California Board of Behavioral Sciences Statutes and Rules (Page 110)</td>
</tr>
<tr>
<td>Texas</td>
<td>Yes</td>
<td>Texas’s scope of practice is substantially equivalent to Washington’s. The language includes the application of human development principles, care across the lifespan, and techniques to establish treatment goals and objectives.</td>
<td>503.003</td>
</tr>
<tr>
<td>Colorado</td>
<td>Yes</td>
<td>The scope of practice in Colorado is consistent with Washington’s and broader. The scope language includes that application of interventional strategies to address crisis intervention, personal and career development, and testing toward diagnosis.</td>
<td>12-43-602.5 (Page 60)</td>
</tr>
<tr>
<td>Idaho</td>
<td>Yes</td>
<td>Idaho’s scope of practice is similar to Washington and considered substantially equivalent. The language references human development principles across the lifespan to develop treatment modalities across the continuum of care.</td>
<td>54-3401(10)</td>
</tr>
<tr>
<td>Alaska</td>
<td>Yes</td>
<td>Alaska’s scope of practice is consistent with Washington’s and broader. The language includes the application of tests and other diagnostic tools to diagnose and develop treatment plans.</td>
<td>08.29.490</td>
</tr>
<tr>
<td>Montana</td>
<td>Yes</td>
<td>The scope of practice in Montana is well defined and broader than Washington’s. The language allows the use of diagnostic tools and tests to assess, diagnose, develop treatment plans, and care objectives.</td>
<td>37-23-102</td>
</tr>
<tr>
<td>Utah</td>
<td>Yes</td>
<td>The language in Utah’s scope of practice is very similar to Washington’s and is considered substantially equivalent</td>
<td>58-60-407</td>
</tr>
</tbody>
</table>

**Findings:** Mental health counselors from all the states reviewed will be eligible to apply for a probationary license to work in an agency setting while completing Washington licensure requirements.
## Marriage and Family Therapists

### Findings:
Marriage and family therapists from all the states reviewed will be eligible to apply for a probationary license to work in an agency setting while completing Washington licensure requirements.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>Yes</td>
<td>The scope of practice in California is substantially equivalent to Washington. The language of the scope also includes pre-marital counseling and methods to address psychosexual and psychosocial aspects of therapy.</td>
<td>4980.02 and 4980.03</td>
</tr>
<tr>
<td>Oregon</td>
<td>Yes</td>
<td>The language of Oregon’s scope of practice is similar to Washington’s and is substantially equivalent. The language includes the application of techniques to address interpersonal conflict, changing perceptions, and attitudes in relationships.</td>
<td>675.705</td>
</tr>
<tr>
<td>Colorado</td>
<td>Yes</td>
<td>Colorado’s scope of practice is similar to Washington and is substantially equivalent. The language also addresses counseling for domestic violence, substance use disorder, and individual dysfunction in relationships.</td>
<td>12-43-503 (page 55)</td>
</tr>
<tr>
<td>Idaho</td>
<td>Yes</td>
<td>Idaho’s scope of practice language is substantially equivalent to Washington’s. In addition, Idaho’s scope of practice allows licensees the ability to diagnose and treat addiction.</td>
<td>Idaho Marriage and Family Therapy Rules (see page 17)</td>
</tr>
<tr>
<td>Texas</td>
<td>Yes</td>
<td>The scope of practice in Texas is similar to Washington and is considered substantially equivalent.</td>
<td>801.42</td>
</tr>
<tr>
<td>Alaska</td>
<td>Yes</td>
<td>Alaska’s scope of practice language is broader than Washington’s because practice is based on standard diagnostic nomenclature for marital and family therapy. The language also includes development of treatment plans to address interpersonal and intrapersonal conflicts, changing perceptions, and attitudes in relationships.</td>
<td>08.63.900</td>
</tr>
<tr>
<td>Utah</td>
<td>Yes</td>
<td>Utah’s scope of practice language is similar to that of Washington and is substantially equivalent. The language includes individualized (interpersonal and intrapersonal) treatment planning for pre-marital challenges and divorce and other behavior dysfunctions.</td>
<td>58-60-302</td>
</tr>
<tr>
<td>Montana</td>
<td>Yes</td>
<td>Montana’s scope of practice is broader because it allows the use of testing to evaluate, diagnose, and develop treatment plans.</td>
<td>37-37-102</td>
</tr>
</tbody>
</table>
### Independent Clinical Social Workers

**Findings:** Independent Clinical Social Workers from all the states reviewed will be eligible to apply for a probationary license to work in an agency setting while completing Washington’s licensure requirements.

<table>
<thead>
<tr>
<th>State</th>
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<tbody>
<tr>
<td>Oregon</td>
<td>Yes</td>
<td>Oregon’s scope of practice language is similar to that of Washington’s and incorporates family and marital therapeutic services as well as providing individual services.</td>
<td>ORS 675.510</td>
</tr>
<tr>
<td>California</td>
<td>Yes</td>
<td>California’s scope of practice exceeds that of Washington. The language includes addressing unconscious motivations in behavior, interpreting psychosocial aspects of care, assisting with modification of internal and external conditions impacting mental or behavior health.</td>
<td>4996.9 (See page 90)</td>
</tr>
<tr>
<td>Idaho</td>
<td>Yes</td>
<td>Idaho’s scope of practice language is substantially similar to Washington.</td>
<td>201.01 through 201.03</td>
</tr>
<tr>
<td>New York</td>
<td>Yes</td>
<td>New York’s scope of practice is well defined and is broader than Washington’s. The language defined key concepts of clinical competencies and require developmental treatment regimens to prevent addiction, react to disabilities and injuries, and adjust to social issues. It also allows the use of tests and other assessment tools to evaluate, diagnose, and develop treatment plans.</td>
<td>Section 7701</td>
</tr>
<tr>
<td>Texas</td>
<td>Yes</td>
<td>Texas’s scope of practice is broader than Washington’s. The language suggest the use of Diagnostic and Statistical Manual of Mental Disorders (DSM), the International Classification of Diseases (ICD), Current Procedural Terminology (CPT) Codes, and other diagnostic classification systems as the basis of assessment, diagnosis, treatment and other practice activities.</td>
<td>Texas Administrative Code, Rule 781.102</td>
</tr>
<tr>
<td>Illinois</td>
<td>Yes</td>
<td>Illinois’s scope of practice language is substantially equivalent to Washington’s.</td>
<td>225 ILCS 20/3</td>
</tr>
<tr>
<td>Alaska</td>
<td>Yes</td>
<td>Alaska’s scope of practice language is substantially equivalent to Washington’s. The language includes the use of human and referral services, assisting clients to achieve social adaptations, and supporting community efforts towards social, health, research, and ancillary services.</td>
<td>08.95.990</td>
</tr>
<tr>
<td>Utah</td>
<td>Yes</td>
<td>Utah’s scope of practice language is substantially equivalent to that of Washington.</td>
<td>58-60-202</td>
</tr>
<tr>
<td>Montana</td>
<td>Yes</td>
<td>Montana’s scope of practice is substantially equivalent of Washington’s. The language expands upon the concepts of social work practice to include social adjustments and clearer treatment modalities.</td>
<td>37-22-102</td>
</tr>
<tr>
<td>State</td>
<td>Substantially Equivalent or Greater Scope of Practice than Washington’s?</td>
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<tr>
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<td>-----------------------------------------------------------------</td>
</tr>
<tr>
<td>California</td>
<td>Yes</td>
<td>California’s scope of practice language is substantially equivalent to Washington’s.</td>
<td>Chapter 6.6, Article 1 Sec. 2902 (see page 103)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>California’s scope includes specific assessments, diagnostic testing, and treatment modalities. It also allows hypnosis as a treatment modality.</td>
<td></td>
</tr>
<tr>
<td>Oregon</td>
<td>Yes</td>
<td>Oregon’s scope of practice is substantially equivalent to Washington’s.</td>
<td>ORS 858-101-0001</td>
</tr>
<tr>
<td>Colorado</td>
<td>Yes</td>
<td>Colorado’s scope of practice language is substantially equivalent to Washington’s.</td>
<td>12-43-303 (page 38)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The scope also allows the use of hypnosis as a treatment modality and encourages consultation with physicians regarding continuity of care if physical health concerns are presented.</td>
<td></td>
</tr>
<tr>
<td>Illinois</td>
<td>Yes</td>
<td>Illinois’s scope of practice language is substantially equivalent to Washington’s.</td>
<td>225 ILCS 15/2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>It also allows the use of hypnosis and biofeedback as treatment modalities.</td>
<td></td>
</tr>
<tr>
<td>Texas</td>
<td>Yes</td>
<td>The language is in Texas’s scope of practice is substantially equivalent to Washington’s and goes further to mention specific areas of practice.</td>
<td>Sec. 501.003</td>
</tr>
<tr>
<td>Idaho</td>
<td>Yes</td>
<td>Idaho’s scope of practice is substantially equivalent to Washington’s.</td>
<td>$4,2302</td>
</tr>
<tr>
<td>Alaska</td>
<td>Yes</td>
<td>Alaska’s scope of practice is substantially equivalent to Washington’s.</td>
<td>Sec. 08.86.230</td>
</tr>
<tr>
<td>Utah</td>
<td>Yes</td>
<td>Utah’s scope of practice is substantially equivalent to Washington’s.</td>
<td>58-61-102 (9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The language includes addressing interpersonal relationships, work and life adjustment, personal effectiveness, and allows hypnosis as a treatment modality.</td>
<td></td>
</tr>
<tr>
<td>Montana</td>
<td>Yes</td>
<td>Montana’s scope of practice is substantially equivalent to Washington’s.</td>
<td>MAC 37-17-102</td>
</tr>
<tr>
<td></td>
<td></td>
<td>It includes addressing psychoeducational evaluations, interpersonal relationships, work and life adjustment, personal effectiveness, and allows hypnosis as a treatment modality.</td>
<td></td>
</tr>
</tbody>
</table>

**Findings:** Psychologists from all the states reviewed will be eligible to apply for a probationary license to work in an agency setting while completing Washington’s licensure requirements.
Psychologist Licensure Paths

**Licensure Requirements  WAC 246-924-043**

- APA-accredited or equivalent doctoral degree
  - Minimum 3 years in doctoral degree program
  - Minimum credit hour requirements in specific academic domains
  - Dissertation
  - 300 hour pre-doctoral practicum
  - 1500 hour pre-doctoral internship
  - One year residency or 750 hours in-person academic meetings
- Minimum of 3,300 total supervised hours (including above practicum and internship)
Psychologist Licensure Paths

**Licensure by Examination**
- First time applicants or individuals licensed less than two years in another state
  - Newly licensed applicants can transfer their EPPP score
- Complete educational section if degree from non-APA program
- Completed supervised experience section
- Expedited processing if graduated from APA-accredited doctoral degree, APA/APPIC-approved internship, and all other criteria are met
- All other applications (non-APA graduates, non-APA/APPIC internships, irregularities with total supervised hours, “yes” to Personal Data Questions, etc.) go to a professional board member for review

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**Licensure by Endorsement  WAC 246-924-100**
- Licensed in another state or country for at least two years; OR
- Diplomate in good standing of the American Board of Examiners in Professional Psychology, now the American Board of Professional Psychology (ABPP).
- Expedited processing if licensed two years or more in a substantially equivalent state.

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**Temporary Practice Permit  WAC 246-924-480**
- Approved if currently licensed (no minimum length) in a substantially equivalent state
- Applicants from non-substantially equivalent states must provide documentation of graduating from an APA-accredited program and completing an APA/APPIC approved internship
- Holders may practice up to 90 days (not consecutive) within one year from date of issuance
Licensed Counselor Requirements

**Marriage and Family Therapists**
- **Education**
  - Master’s program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE); OR
  - Master’s or doctoral degree in marriage and family therapy from an approved school; OR
  - Master’s or doctoral degree in a behavioral science program with equivalent course work from an approved school; OR
  - Persons who have obtained American Association for Marriage and Family Therapy (AAMFT) clinical membership status; OR
  - Meet program equivalency requirement
    - Course work equivalent to master’s or doctoral degree
    - A total of 45 semester credits or 60 quarter credits in the nine areas of study as outlined in WAC 246-809-121
- **Experience**
  - Minimum of 2 years of full-time marriage and family therapy; AND
  - Minimum of 3,000 hours of which must include at least:
    - Direct client contact - 1,000 hours
  - Direct supervision - 200 hours

**Mental Health Counselor**
- **Education**
  - Master’s or doctoral program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP); OR
  - Master’s or doctoral degree in mental health counseling from an approved school; OR
  - Master’s or doctoral degree in a behavioral science field relating to mental health counseling from an approved school which include a core of study as outlined in WAC 246-809-221
- **Experience**
  - Minimum of 3 years full-time counseling; OR
  - Minimum of 3,000 hours of which must include at least:
    - Direct client contact - 1,000 hours
  - Direct supervision - 100 hours
Licensed Counselor Requirements

Advanced Social Worker
• Education
  • Master’s or Doctoral degree in a social work educational program accredited by the Council on Social Work Education (CSWE); OR
  • Persons who have obtained the Board Certified Diplomate in Clinical Social Work from the American Board of Examiners in Clinical Social Work (ABECSW); OR
  • Persons who have obtained the Diplomate in Clinical Social Work (DCSW) or Qualified Clinical Social Work (QCSW) from the National Association of Social Workers (NASW)
• Experience
  • Minimum of 3,200 hours of which must include at least:
    • Direct client contact - 800 hours
  • Direct supervision - 90 hours

Independent Clinical Social Worker
• Education
  • Master’s or Doctoral degree in a social work educational program accredited by the Council on Social Work Education (CSWE); OR
  • Board Certified Diplomate in Clinical Social Work from the American Board of Examiners in Clinical Social Work (ABECSW); OR
  • Diplomate in Clinical Social Work (DCSW) or Qualified Clinical Social Work (QCSW) from the National Association of Social Workers (NASW)
• Experience
  • Minimum of 3 years; AND
  • Minimum of 4,000 hours of which must include at least:
    • Direct client contact - 1,000 hours
  • Direct supervision - 130 hours
Substance Use Disorder Professionals Licensure Paths

Licensure Requirements

- An Associate’s Degree (or higher) in a human services related field
  - At least 45 quarter hours must be in courses related to the chemical dependency field including specific course topics in WAC 246-811-030
  - SUDP Trainees must declare that they are enrolled in an approved school and gaining experience to receive the SUDP credential
- Supervised Experience based on level of formal education
  - Associate’s degree requires 2,500 hours of SUD counseling
  - Baccalaureate degree requires 2,000 hours of SUD counseling
  - Master or Doctoral degree requires 1,500 hours of SUD counseling
- Examination
  - 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

Alternative Training Requirements

- Available only to individuals with a license in good standing for the following:
  - Psychologists
  - Marriage and Family Therapists, Mental Health Counselors, Advanced Social Workers or Independent Clinical Social Workers
  - Osteopathic Physician or Osteopathic Physician Assistant
  - Physician or Physician Assistant
- Education Requirement
  - 15 quarter or 10 semester college credits specific to alcohol and drug-addicted individuals is required
- Supervised Experience Requirement
  - 1,000 hours of SUD counseling
- Examination Requirement
  - 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
5054 Draft Language – Licensed Counselors

5054 Draft Language – Substance Use Disorder Professionals

5054 Draft Language - Psychology
House Bill 1907 – Peer Counselors practicing as agency affiliated counselors

This legislation changes the requirements on agency affiliated counselors practicing as a peer counselor. It allows for those counselors who are participating in a substance abuse monitoring program to only have to participate for one year in order to meet the program graduation requirements. A practitioner with less than one year of recovery would only be required to participate in a recovery program until they reach the one year mark.

Prohibits Facilities that care for vulnerable adults from automatically denying employment to an applicant for as AAC position practicing as a peer counselor provided that at least one year has passed since conviction; and the offense was the result of substance abuse or untreated mental health symptoms and the applicant has been in recovery for at least one year.

Additionally, the department is tasked with conducting a sunrise review to evaluate the need for creating an advanced peer counselor support specialist credential.
1907 Draft Language – Counselors
House Bill 1768 – Substance Use Disorder Practice

This bill makes changes to the practice of the Chemical Dependency Professional Health Profession. The bill changes the profession title to Substance Use Disorder Professional (SUDP), amends the definitions of the practice, reduces supervision requirements for SUDP who are seeking selected advanced licensure, reduces the amount of time a SUDP must participate in a substance use monitoring program, and changes supervision requirements for the profession.

The department is required to create a co-occurring disorder specialist enhancement to be added to a license or registration of a psychologist, clinical social worker, marriage and family therapist, mental health counselor, or agency affiliated counselor with a master's degree or higher. The enhancement applicant must meet the education, training, and experience standards established by the department and outlined in statute. The department is provided the ability to contract with an educational program to offer the training for the enhancement and the department is also afforded the ability to contact with an entity to provide telephonic consultation services to assist these specialists in providing their services.

A sunrise review to evaluate the need for a creation of a bachelor’s level behavioral health professional credential is requested. Additionally, the department is required to coordinate with the UW Behavioral Health Institute, DSHS, and HCA to review and analyze the effects of the creation of the new specialist enhancement on increasing the number of providers qualified to provide substance use disorder services and improving outcomes for patients. The initial report is due in 2022 with the final report on the subject due in 2024.
## WAC 246-811-049

### Current requirements to become an SUDP approved supervisor

<table>
<thead>
<tr>
<th>Requirement</th>
<th>“Regular path”</th>
<th>“Alternative path”</th>
<th>Proposed Compromise</th>
</tr>
</thead>
<tbody>
<tr>
<td>4000 hours of experience in a state approved agency. This is in addition to any experience hours gained to become an SUDP initially.</td>
<td>1500 hours of experience in a state approved agency. This is in addition to any experience hours gained to become an SUDP initially.</td>
<td>3000 hours of experience in a state approved agency. For those who are already an SUDP, this is in addition to any experience hours gained.</td>
<td></td>
</tr>
<tr>
<td>28 clock hours of supervisory training (not specified) may be substituted for 1000 of the 4000 hours of experience.</td>
<td>28 clock hours of supervisory training. Training may not be substituted for hours of experience.</td>
<td>28 clock hours of supervisory training (not specified) may be substituted for 500 of the 3000 required hours of experience.</td>
<td></td>
</tr>
<tr>
<td>36 hours of education specific to counselor development, professional and ethical standards, program development, performance evaluation, administration, treatment knowledge, and state laws. Education hours may not be substituted for hours of experience.</td>
<td>36 hours of education specific to counselor development, professional and ethical standards, program development, performance evaluation, administration, treatment knowledge, and state laws. Education hours may be substituted for 1000 of the 3000 required hours of experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May not be a blood relative, significant other, cohabitant, etc. of the person supervised.</td>
<td>May not be a blood relative, significant other, cohabitant, etc. of the person supervised.</td>
<td>May not be a blood relative, significant other, cohabitant, etc. of the person supervised.</td>
<td></td>
</tr>
<tr>
<td>Must receive documentation of their approved supervisor qualifications before supervision begins</td>
<td>Must receive documentation of their approved supervisor qualifications before supervision begins</td>
<td>Must receive documentation of their approved supervisor qualifications before supervision begins</td>
<td></td>
</tr>
<tr>
<td>Sign all clinical documentation of supervisee.</td>
<td>Sign all clinical documentation of supervisee.</td>
<td>Sign all clinical documentation of supervisee.</td>
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<td>Responsible for all patients assigned to their supervisee.</td>
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1768 Draft Language – Substance Use Disorder Professionals - Supervision
<table>
<thead>
<tr>
<th>Prerequisite</th>
<th>Standard SUDP</th>
<th>Alternative Path SUDP</th>
<th>Co-Occurring Disorder Specialist</th>
</tr>
</thead>
</table>
| *SUDP Trainees may obtain licensure with a declaration that they are enrolled in an approved education program and actively pursuing SUD license requirements* | None | Have one of the following licenses in good standing:  
- Psychologists  
- Marriage and Family Therapists, Mental Health Counselors, Advanced Social Workers or Independent Clinical Social Workers  
- Osteopathic Physician or Osteopathic Physician Assistant  
- Physician or Physician Assistant | Have one of the following licenses in good standing:  
- Psychologists  
- Marriage and Family Therapists, Mental Health Counselors, Advanced Social Workers or Independent Clinical Social Workers  
- Osteopathic Physician or Osteopathic Physician Assistant  
- Physician or Physician Assistant  
- Agency Affiliated Counselor with a Master’s Degree and two years of supervised experience |
| An Associate’s Degree (or higher) with at least 45 quarter hour credits related to the SUD field | 15 quarter or 10 semester college credits specific to alcohol and drug-addicted individuals is required | 60 hours of instruction in SUD treatment |
| Supervised experience is based on the level of formal education:  
- Associate’s degree requires 2,500 hours of SUD counseling  
- Baccalaureate degree requires 2,000 hours of SUD counseling  
- Master or Doctoral degree requires 1,500 hours of SUD counseling | 1,000 hours of supervised experience in SUD counseling | 80 hours for individuals with less than 5 years of experience in their prerequisite license  
40 hours for individuals with more than 5 years of experience in their prerequisite license |
| National Association of Alcoholism and Drug Abuse Counselor (NAADAC) National Certification Examination for Addiction Counselors; or the International Certification and Reciprocity Consortium (ICRC) Certified Addiction Counselor Level II or higher examination | National Association of Alcoholism and Drug Abuse Counselor (NAADAC) National Certification Examination for Addiction Counselors; or the International Certification and Reciprocity Consortium (ICRC) Certified Addiction Counselor Level II or higher examination | National Association of Alcoholism and Drug Abuse Counselor (NAADAC) National Certification Examination for Addiction Counselors; or the International Certification and Reciprocity Consortium (ICRC) Certified Addiction Counselor Level II or higher examination |
| Full Scope of Practice from RCW 18.205 implementing the Core Competencies of Substance Use Disorder Counseling, which means competency in the nationally recognized knowledge, skills, and attitudes of professional practice, including assessment and diagnosis of substance use disorders, substance use disorder treatment planning and referral, patient and family education in the disease of substance use disorders, individual and group counseling, relapse prevention counseling, and case management, all oriented to assist individuals with substance use disorder in their recovery. | Full Scope of Practice from RCW 18.205 implementing the Core Competencies of Substance Use Disorder Counseling, which means competency in the nationally recognized knowledge, skills, and attitudes of professional practice, including assessment and diagnosis of substance use disorders, substance use disorder treatment planning and referral, patient and family education in the disease of substance use disorders, individual and group counseling, relapse prevention counseling, and case management, all oriented to assist individuals with substance use disorder in their recovery. | Full Scope of Practice from RCW 18.205 with the following limitations:  
- Must be employed by an approved agency, federally qualified health center, or a hospital  
- Only provide SUD treatment to clients with co-occurring mental health and substance use disorders  
- Refer a client with an ASAM score of 2.1 or higher to the appropriate level of care setting |

**Review of the Standard SUDP License, the Alternative Path SUDP License and the Co-Occurring Specialist Enhancement**
Contact Information

For any further questions, concerns, or comments please email:

• HSQABehavioralHealth@doh.wa.gov