Children and Youth Behavioral Health Work Group – Workforce & Rates (W&R) Subgroup

August 7, 2024

Glossary of Terms

AAC: Agency Affiliated Counselor
ABA: Applied Behavior Analysis
ADOS: Autism Diagnostic Observation Schedule
ASD: Autism Spectrum Disorder
BH: Behavioral Health
BHA: Behavioral Health Agency
BHSS: Behavioral Health Support Specialist
BHT: Behavioral Health Technician
CARE: Clinical Alignment and Resource Effectiveness
CCBHC: Certified Community Behavioral Health Clinic
CDC: Centers for Disease Control and Prevention
CHW: Community Health Worker
CRIS: Crisis Response Improvement Strategy
DOH: Washington Department of Health
ESA: Educational Staff Associate
HCAC: Health Care Apprenticeship Consortium
IECMH: Infant-Early Childhood Mental Health
IHAP: Introductory to Healthcare Apprenticeship Program
NAC: Nursing Assistant Certification
NASW: National Association of Social Workers
PACT: Program for Assertive Community Treatment
RUBI: Research Units in Behavioral Intervention
SUD: Substance Use Disorder
SUDP: Substance Use Disorder Profession
UW: University of Washington
WISe: Wraparound with Intensive Services
WSMA: Washington State Medical Association (WSMA)

Meeting Topics

Announcing the new co-lead
Presentation: Apprenticeships program update, Sheryl Schwartz (UW) & Melody McKee (Service Employees International Union (SEIU) 1199NW Training Fund)
Presentation: Autism spectrum-disorder (ASD) workforce & pilot program, Jamie Kautz (MultiCare)
Behavioral Health Support Specialists (BHSS), Bill O'Connell (UW) + Claire Wilson (DOH)
Overview of information we've heard & considered so far for 24-25 and other subgroups' workforce & rates priorities

Discussion Summary

Announcing the new co-lead

1. The subgroup has a new co-lead: Renee Fullerton!
    a. The transition will occur over time – Laurie will stay as co-lead with Hugh through October or November, and then Renee will take over with Hugh into next year.

Apprenticeships program update

1. The Behavioral Health (BH) apprenticeships project started in 2020, with the first cohort launching in 2022.
    a. The program has three BH career pathways:
        i. BH technician (BHT)
            1. This is a 1-year program for a frontline worker in psychiatric inpatient units and substance use disorder (SUD) residential settings, and others.
            2. This role often completes intakes and introductory services.
            3. The program has combined the nursing assistant certification (NAC) with this pathway so people can work in diverse settings and have an NAC certification when they finish the pathway.
        ii. Peer counselor
            1. This is a 1-year program.
        iii. Substance-Use Disorder professional (SUDP)
            1. This is a 2-year program.
2. This is a registered statewide apprenticeship program focused on building a skilled and diverse BH workforce pipeline.
    a. The program combines on-the-job learning and virtual classroom learning.
    b. It is an earn while you learn concept, where people are hired to come into the profession and build a trade for themselves while they receive education and on-the-job training.
3. Impact
    a. Apprenticeships have historically been shown to increase retention rates of both apprentices and their mentors.
    b. Apprenticeships reduce overtime and increase quality.
    c. Apprenticeships show increased employee loyalty and retention rates.
    d. Due to increased equity for access, apprenticeships have been shown to diversify the workforce.
4. Apprenticeship Coursework:
    a. All three apprenticeship pathways are connected to college credit through Olympic College.
    b. Ex. The SUDP pathway provides 56 college credits that people can matriculate into an associates of technical science.
        i. The program is working on agreements so that people in apprenticeship pathways can matriculate into further degreed pathways.
    c. In a basic schedule, people balance classroom instruction with on-the-job training.
5. Program implementation to-date:
    a. Since 2022, the program has run three BHT cohorts, three peer cohorts, and seven SUDP cohorts.

b. There are a total of 160 apprentices who have joined the program.

6. Implementation Evaluation:
    a. The program is contracting with the Seattle Jobs Initiative to evaluate the implementation of the program.
        i. The Seattle Jobs Initiative has conducted interviews, surveys, and analysis of administrative data from the Health Care Apprenticeship Consortium (HCAC), for all 160 apprentices to date.
        ii. 90 apprentices have been surveyed, with a 31% response rate.
            1. The responses included 21 SUDPs, 5 BHTs, and 1 peer apprentice.
            2. There were challenges reaching peer apprentices due to the small cohort size.
7. Findings from the implementation evaluation:
    a. The representation of people who identify as BIPOC is higher in the apprenticeship program than it is in the labor market in Washington state in all 3 pathways.
    b. There are more male apprentices compared to people in the labor market, especially among the peer counselors.
    c. Participation in the program among family caregivers:
        i. Among those with at least 1 dependent, 18% have left the program.
        ii. Among those with no dependents, 11% have left the program.
    d. Work experience among the three apprenticeship pathways:
        i. There are two different ways employers can participate in the apprenticeship program – having incumbent employee apprentices, where an apprentice remains working for their employer but wants to upscale their role, and then hiring someone new for an apprenticeship position.
        ii. Across all pathways, the majority of apprentices are incumbent employees.
            1. The HCAC is working with the employers to help bring in apprentices from the outside.
    e. The top reasons that people chose to participate in the apprenticeship program include:
        i. Furthering their career in BH.
        ii. Acquiring new skills.
        iii. Helping others.
        iv. Gaining or maintaining employment with their employer.
        v. Switching occupational sector.
    f. Future education plans for those in the program:
        i. People had a dispersed range of plans after the program, across plans to pursue licensure, decidedly not wanting to pursue additional credentials or licensure, and not having current plans to pursue additional licensure but leaving the decision open for the future.
        ii. A small percentage wanted to pursue a bachelor's degree or graduate degree.
        iii. The program is trying to open pathways to additional formal education.
    g. To learn more about participating in the program, contact the following:
        i. Leigh Christopherson (Director of Strategic Partnerships)
            1. lchristopherson@healthcareerfund.org
        ii. Marijo Manaois (Strategic Partnerships Project Manager)
            1. mmanaois@healthcareerfund.org

iii. Melody McKee (Director of Behavioral Health Strategy)
1. mmckee@healthcareerfund.org

8. There are a lot of efforts surrounding expanding the program.
    a. There is continued support from the legislature, as well as philanthropic funding.
    b. Additional work through King County and the crisis care center levy will provide ongoing support for the program.
    c. The program has some targeted recruitment efforts across the state, including Pierce County and King County.
        i. Recruitment stats through onboarding training agents, who are BH employers.
            1. All of the employers who started out as training agents have expressed continued interest and have brought apprentices into cohorts.
    d. One of the focus areas of the program right now is looking at the pipeline prior to the BH apprenticeship, and how to bring people into BH through the Introductory to Healthcare Apprenticeship Programs (IHAPs).
    e. Additionally, the program is working to create efficient pathways for people to move through further degrees by getting credit from prior learning in the classroom setting and on-the-job competency-based training.
    f. To help graduates work in child, adolescent and transitional age group settings, the program is thinking about ways to create certification paths or combining efforts with other programs, such as the Cares Project.
    g. There are not currently any defined legislation or budget asks for 2025.

Autism spectrum-disorder (ASD) workforce & pilot program

1. Trends impacting pediatric autism programs:
    a. Centers for Disease Control and Prevention (CDC) estimates an average of 1 in 88 children have autism.
    b. ASD has a dramatic impact on health care costs, in the following ways:
        i. Significantly more comorbid psychiatric and medical conditions,
        ii. Greater likelihood of hospitalization,
        iii. More Emergency Department (ED) visits.
    c. ASD programs focused on the integration of medical, psychiatric and community services with an emphasis on care coordination have the potential to reduce costly high-acuity services and center care in the family's community.
2. ASD Clinical Alignment and Resource Effectiveness (CARE) model:
    a. Mary Bridge is thinking about autism within a system of CARE, which allows them to:
        i. Identify gaps in access and opportunities for integration, and
        ii. Think about the strategic improvement of care across the continuum of services.
3. Mary Bridge has identified a fair number of roadblocks along the pathway of care.
    a. At Mary Bridge, there is currently a 1-year waitlist for children under 3 who are seeking an ASD diagnosis, and a 2-year waitlist for children older than 3.
    b. Additionally, there are older children who have never received a diagnosis and have thus missed out on significant support services.
4. Mary Bridge is experimenting with a targeted autism nurse navigator program to provide concierge service for families who have received a diagnosis and ensuring they are receiving comprehensive services.

   a. Using this model, Mary Bridge has been able to connect children to care beyond Applied Behavior Analysis (ABA) to find community services that are a good fit for the child and family.
   b. Mary Bridge has created a risk matrix and is targeting the high risk families who come to the ED frequently.
5. To provide a personalized, targeted approach to kids and families with a new diagnosis of ASD, Mary Bridge needs support for additional navigators.
   a. They have proposed a pilot to add a social worker to assist the nurse navigator and provide community advocacy, while the nurse focus on medical advocacy.
   b. Mary Bridge has a steering committee that is monitoring metrics and outcomes for families.
   c. There may be opportunities to use a collaborative learning approach surrounding providers who could help with care navigation in this space.
6. From a workforce perspective, Mary Bridge hears from providers that it is difficult to manage a waitlist of kids with high levels of developmental complexity and need, who are going unserved or have fallen out of services secondary to the challenges associated with families navigating the system.
   a. Mary Bridge is advocating for a partnership with families to help them negotiate the system.
   b. Mary Bridge has early metrics that lead them to believe that the outcomes are promising and can have great downstream impacts for kids, families, EDs and other system providers.
7. Funding proposals for the pilot program:
   a. Option A ($525,000) = 1 program coordinator, 1 nurse navigator, 2 social worker navigators, 7 Autism Diagnostic Observation Schedule (ADOS) kits/training
   b. B ($350,000) = 1 program coordinator, 1 nurse navigator (MultiCare expense), 2 social worker navigators, 7 ADOS kits/training
   c. C ($225,000) = 0 program coordinators, 1 nurse navigator (MultiCare expense), 2 social worker navigators, 7 ADOS kits/training

Behavioral Health Support Specialists (BHSS)

Bill O'Connell (UW) & Claire Wilson (DOH)

1. Wait lists are a problem across all levels of care and age groups, and the goal is to increase the workforce to address those waiting lists.
2. SB 5189 (2023) will certify a BHSS.
   a. The role of UW Seattle is to be a catalyst for this work, with a plan to scale the BHSS role for the entire state of Washington by creating a model curriculum to be shared with education partners across the state.
      i. There are currently 7 colleges and universities participating, who will start teaching the curriculum in the fall:
         1. Eastern Washington University
         2. UW Tacoma
         3. Spokane Falls Community College
         4. Lake Washington Institute of Technology

5. Centralia College
6. Evergreen State College
7. Olympic College

3. While there is a desire to have these workers in the workforce immediately, there is a certification process that must occur.
    a. All higher education institutions will need to be approved by the DOH and collaborate with the HCA to guarantee the integrity of the rollout.
    b. Once programs are approved by DOH, students will be able to matriculate through and apply for the BHSS certification.
    c. Approval processes will likely start in January 2025, with a small number of graduates qualifying for certification in 2025 and a much larger group in 2026.
4. Where will a BHSS be able to provide services?
    a. UW wants to make sure people in the BHSS role have the appropriate education and training to work with populations they are working with.
        i. UW Seattle is working to hire subject matter experts in youth and young adult mental and behavioral health to help develop curriculum, either as part of the undergraduate curriculum or as part of continuing education for BHSS.
    b. HCA has a group assigned to work on the BHSS credential.
        i. DOH finalized the CR 102 for the BHSS credential for review by HCA, which will allow them to start working on billing policies that match the BHSS scope of practice.
        ii. There will be a significant number of billing codes for this role, landing within both behavioral health agency (BHA) work and integrated care work.
    c. DOH:
        i. DOH finalized and filed the CR 102 a few weeks ago.
        ii. The public rule hearing is scheduled for September 3rd.
            1. Behavioral Health Support Specialist Rules in Progress.
        iii. DOH was very intentional in crafting the language to allow for BHSSs to work in multiple settings – this role is not limited to agencies, clinics or hospitals.
            1. There are no statutory or rule limitations for this credential to practice in the main setting.
            2. The main requirement is that the BHSS role practices under approved supervision, which is comprised of a provider who can assess and diagnose both MH, substance use, and co-occurring disorders within their scope of practice.
    d. BHSS and Agency Affiliated Counselors (AACs):
        i. The difference between AACs and BHSSs is that a BHSS takes a specific educational path and skills they are learning as they enter the workforce.
        ii. UW's hope is that this role can complement the AAC role.
            1. Agencies may want to require the BHSS to also become an AAC.
            2. This seems duplicative, and there may be ways to address this through rulemaking.
        iii. It is important to have a clear understanding of how the BHSS and AAC are similar and different, where they can work, the associated billing codes, and wages.

5. Legislative ask:
    a. The cost of licensure is very high – the legislative ask would be for funds to offset this cost for the first few years while the profession is building up and adding members, until it is self-sustaining.

Claire Wilson (DOH)

1. Substance Use Disorder Profession (SUDP) rulemaking:
    a. DOH is currently implementing 3 different bills:
        i. HB 1724 (2023)
        ii. HB 2247 (2024)
        iii. SB 6228 (2024)
    b. These bills must be implemented in permanent rule by July 1, 2025.
    c. Emergency rules with some changes are already in place, as of June 6, 2024.
    d. High level changes for SUDPs include:
        i. Removing the 4-time limitation on SUDP trainee (SUDPT) renewals.
        ii. Creating an out-of-state substantial equivalency pathway.
        iii. Reviewing a petition to amend education requirements for SUDPs.
        iv. Temporarily reducing the SUDP/T fees to $100 per year.
    b. The rest of the SUDP rule changes are:
        i. Clarifying the existing rule for readability and comprehension.
        ii. Creating opportunities for expedited credentialing review if applicants obtain a degree in SUD counseling or addiction studies.
        iii. Reducing the required experience for SUDP Approved Supervisors from 2,500 hours to 1 year as a fully certified SUDP in Washington State.
        iv. Reducing Continuing Education requirements.
        v. Creating updated supervision requirements to support SUDPTs working outside of the BHA setting, including new remote supervision.

Information we've heard & considered so far, other subgroups' recommendations, look-ahead & close

1. 23-24 priorities requiring further action:
    a. Certified Community Behavioral Health Clinics (CCBHCs)
    b. Teaching clinic enhancement rate
    c. Conditional scholarships
    d. Stipend Program
    e. Administrative burden
        i. There needs to be more discussion about the specifics of this and if there is an actual legislative ask for this year.
            - There was a huge amount of progress last year, but there are issues surrounding additional training creating additional burden.
2. 23-24 recommendations that did not advance last time:
    a. BH data
    b. "Well-being specialists" or cultural wellness experts

3. 23-24 subgroup-aligned priorities requiring further review:
    a. House Bill 1724 implementation
    b. House Bill 1504 pilot
    c. $100m retention fund
    d. Loan repayment evaluation
    e. Apprenticeships
4. 24-25 topics heard:
    a. School-based BH services charter & provider reimbursement
    b. Crisis Response Improvement Strategy (CRIS) Committee staffing & workforce recommendations
    c. Mental health workflow strategy sprint (Ballmer)
    d. Network adequacy
    e. Washington State Medical Association (WSMA) Assessment Proposal
    f. Agency-Affiliated Counselors rulemaking
    g. School-based BH services charter & provider reimbursement
    h. National Association of Social Workers (NASW) 2025 priorities + Social Worker Compact
    i. CARE project
    j. Understanding BH professions & payment types for different health professions
    k. Intensive services' workforce issues (Sacred Heart)
    l. Autism Spectrum Disorder (ASD) workforce
    m. BHSSs
5. 24-25 other subgroups' priorities
    a. Alternative-payment model for Infant-Early Childhood Mental Health (IECMH)
    b. Family therapy rates
    c. Maximum timeline for licensing
    d. Workforce burnout & attrition (IECMH; intensive services (peers); and school-based providers)
    e. Reflective supervision
    f. Funding for early childhood provider training (Research Units in Behavioral Intervention (RUBI), First Approach Skills Training – Early Childhood (FAST EC), ASD, early childhood navigators, Community Health Workers (CHWs))
    g. Sustainable funding & education pathways for peer professionals (High school; conditional scholarships + loan repayment; funding to expand/support staff in intensive services (New Journeys, Program for Assertive Community Treatment (PACT), Wraparound with Intensive Services (WISe)) and state hospitals
    h. Supervision of unlicensed professionals in primary care
    i. Medicaid: Medicare parity for BH professionals in primary care + private practice
    j. Provider referral network
    k. CHW reimbursement rate
    l. Educational Staff Associate (ESA) staffing in schools
    m. School-based staffing for non-clinical supports
    n. Universal screening in schools
    o. School-based training & resources

Look Ahead: 24/25 Schedule

**(April-August) All meetings will take place on the first and third Wednesdays of the month, unless otherwise indicated.*
(September-October) All meetings will take place on the first and third Thursday of the month, unless otherwise indicated.

- August 15 – 10:30am-12pm
- August 21 – 10-11am
- **Friday,* September 6 – 10-11am
- September 19 – 10-11am
- **Tuesday,* October 1 – 10-11am
- October 17 – 10-11am
- November 7 – 10-11am
- November 21 – 10-11am
- December 5 – 10-11am
- December 19 – 10-11am

ASD Continuum of Care for Youth and Young Adults

Jamie Kautz, LICSW

AVP, Pediatric Behavioral Health

MultiCare Mary Bridge Children's Hospital and Health Network

March 11, 2024

Trends Impacting Pediatric Autism Programs

- The CDC estimates an average of 1 in 88 children have autism.

- ASD has a dramatic impact on health care costs:
  - **Significantly more comorbid psychiatric and medical conditions**
  - **Greater likelihood of hospitalization**
  - **More emergency department visits**

- ASD programs focused on the integration of medical, psychiatric and community services with an emphasis on care coordination have the potential to reduce costly high-acuity services and center care in the family's community.

Mary Bridge Children's
MultiCare

Autism Within a System of CARE

CARE = Clinically aligned and resource relevant

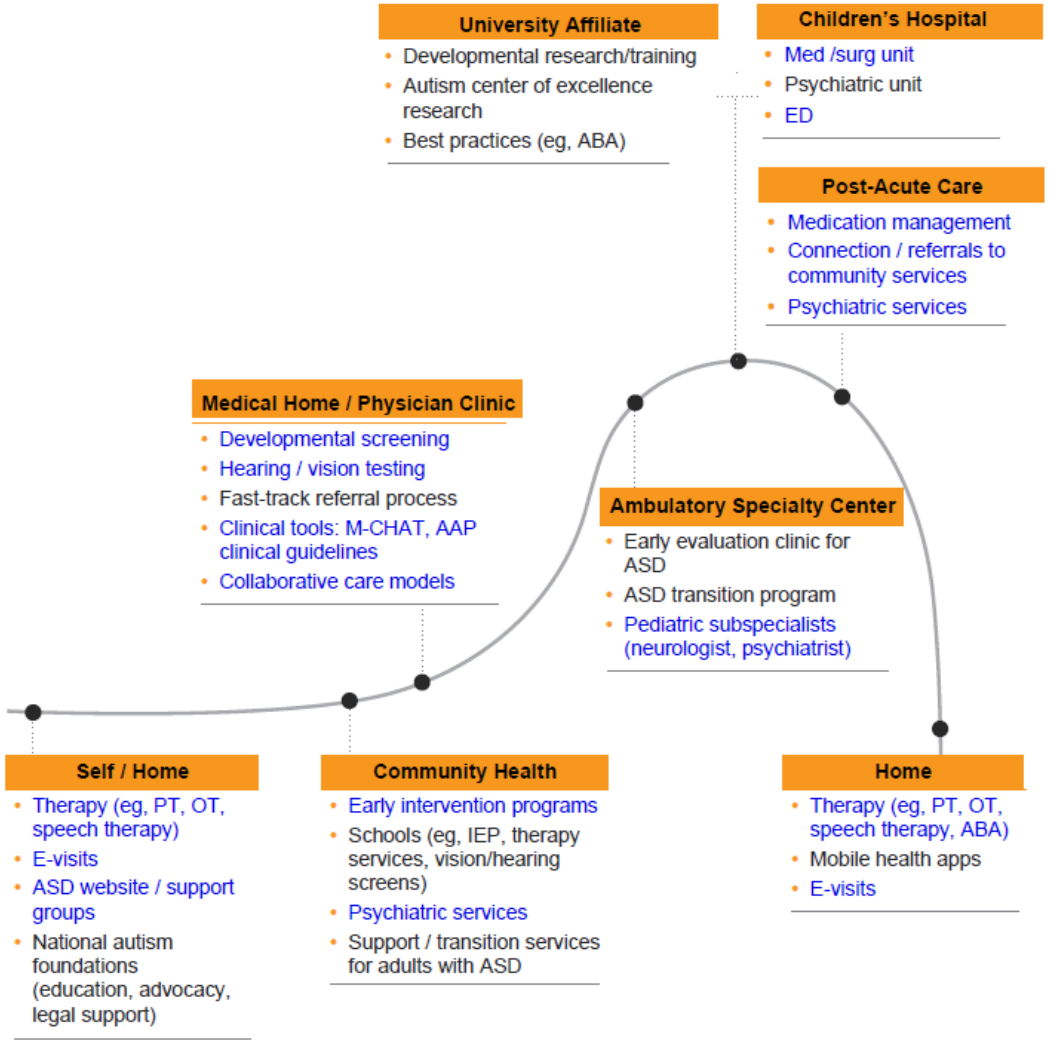
Critical for identifying gaps in access and opportunities for integration

Allows for the strategic improvement of care across the continuum

MultiCare Mary Bridge Children's Hospital & Network

PEDIATRIC AUTISM

Autism System of CARE (Clinical Alignment and Resource Effectiveness)



Proposed One-Year Pilot

Program Coordination:

- Convene community summits
- Form workgroups
- Map services
- Oversee navigation/metrics
- Liaison to steering committee

Navigation:

- RN for medical advocacy and care coordination
- SW for community advocacy and care coordination
- Tiered intervention: crisis, connection, consistent

Training:

- ADOS kits for NPs in Neonatal Follow-Up Clinic
- ADOS training for mid-levels

Funding for One-Year ASD Pilot

	Option A $525,000	Option B $350,000	Option C $225,000
Program Coordinator	1	1	0
RN Navigator	1	(1 - MultiCare expense)	(1 - MultiCare expense)
SW Navigator	2	2	2
ADOS kits/training	7	7	7


Mary Bridge
Children's
MultiCare

UW Medicine
HARBORVIEW MEDICAL CENTER
BEHAVIORAL HEALTH INSTITUTE

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Children & Youth Behavioral Health Workgroup, Workforce & Rates Subgroup

August 7, 2024

Melody McKee, SEIU Healthcare 1199NW Multi-Employer Training Fund

Sheryl Schwartz, UW Medicine Behavioral Health Institute at Harborview Medical Center

Behavioral Healthcare Apprenticeships

Launched in 2022

Three BH career pathways:

Behavioral Health Technician – One-year program

Peer Counselor – One-year program

Substance Use Disorder Professional – Two-year program

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A Sustainable Solution to BH Workforce Crisis

- **Registered** statewide apprenticeship program
- Building a **skilled and diverse** BH workforce **pipeline**
- **On-the-job learning** + virtual **classroom learning** (with credit through Olympic College)
- An **earn-while-you-learn** program

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WA Registered Apprenticeship

Why Behavioral Health Apprenticeships?

- **ROI** - long-term savings from higher retention rates of both apprentices and their mentors
- Reduced **overtime** and increased **quality**
- Increased **employee loyalty** and **retention rates**
- Supports **EDI goals** & **diversifies** the workforce

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Sample Schedule – SUDP Pathway

Instruction & On-the-Job Training (OJT)

Course List: Classroom Time

Course	Hours	Credits
Ethical Framework for Counseling	40	4
Documentation I	60	6
Documentation II	60	6
Group Counseling	60	6
Individual Counseling	60	6
Relapse Prevention	20	2
Suicide Prevention	10	1
Co-Occurring	30	3
Trauma Informed Care	20	2
Health Equity & Cultural Competence	40	4
Crisis Management	10	1
Developmental Psychology	20	2
Abnormal Psychology	20	2
Family Counseling & Referral	20	2
Adolescent Counseling	30	3
Substance Use Disorder & Med. Management	60	6
TOTAL	560	56

Timeframe	Class Schedule & Curriculum
Week 1: Fulltime Classroom: 3 days On-the-Job Training (OJT): 2 days *Optional: employer onboarding/orientation prior to this date*	Understanding substance use disorder, ethical framework
Week 2 – 5: Fulltime Classroom: 2 days Clinic OJT: 3 days	Substance use disorder, ethical framework, start documentation
Week 6 onward: Fulltime Classroom: 1 day Clinic OJT: 4 days	Course Completion Progression according to class schedule
Week 65 – graduation: 4,000 hrs. (5 days per week) of OJT	OJT hours

Program supports a SUDP License from the Department of Health. Upon completion apprentices are qualified to apply to become a licensed Substance Use Disorder Professional.

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Program Implementation to Date

30 employers, with 10 more preparing to start

	BHT	Peer	SUDP
First cohort started	Feb. 2023	Oct. 2022	Oct. 2022
Number of cohorts started	3	3	7
Next cohort planned	Sept. 2024	Sept. 2024	Sept. 2024
No of apprentices	32	24	104

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Implementation Evaluation

- Conducted by Seattle Jobs Initiative
- Interviews, surveys, and analysis of administrative data
- HCAC admin data for all apprentices (160 to date)
- 90 apprentices surveyed in Nov/Dec, 2023
  - 31% response rate (27 apprentices)
    - SUDP: 21 (78%)
    - BH tech: 5 (19%)
    - Peer: 1 (4%)
- Challenges reaching peer apprentices due small cohort size

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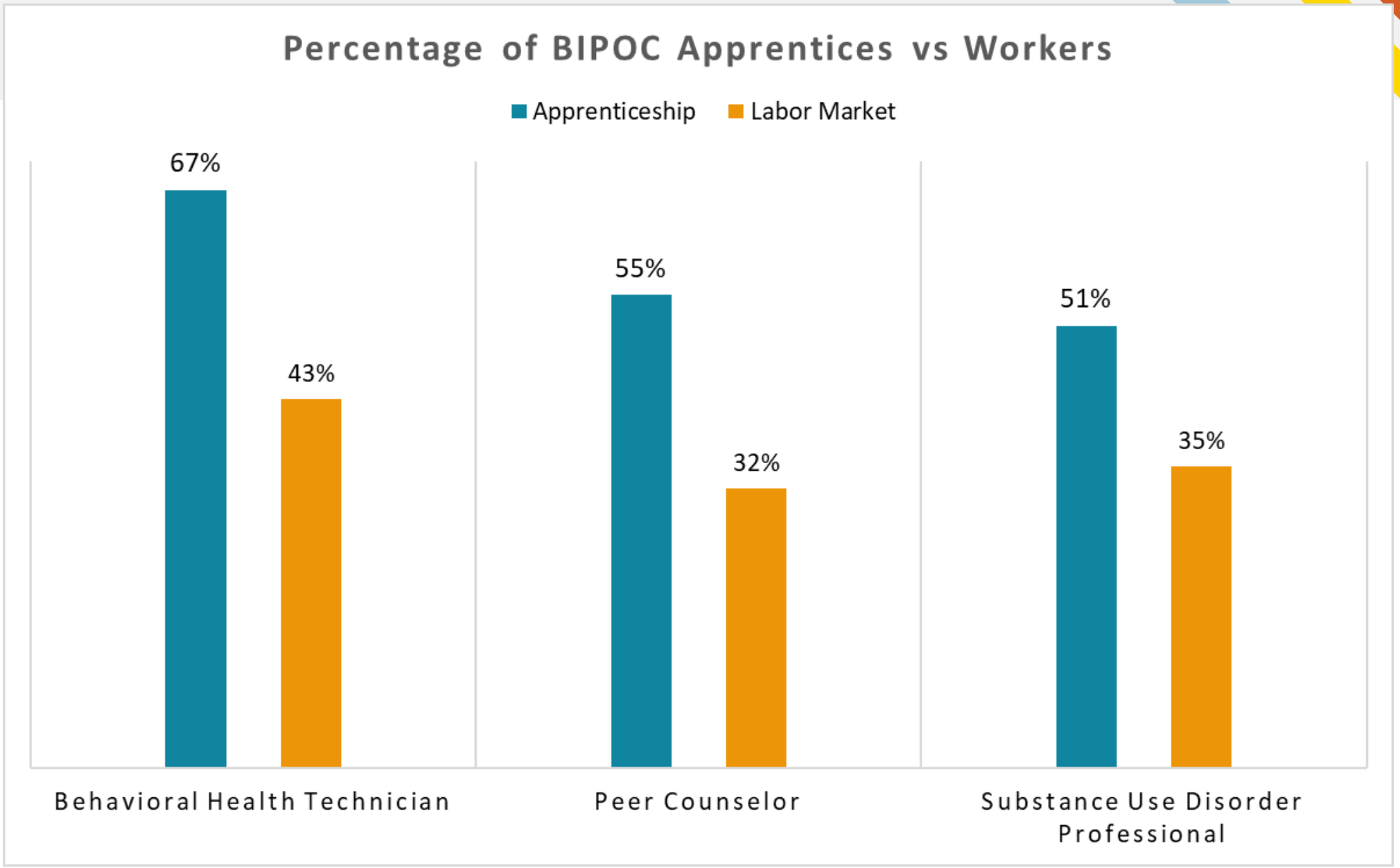
BIPOC representation



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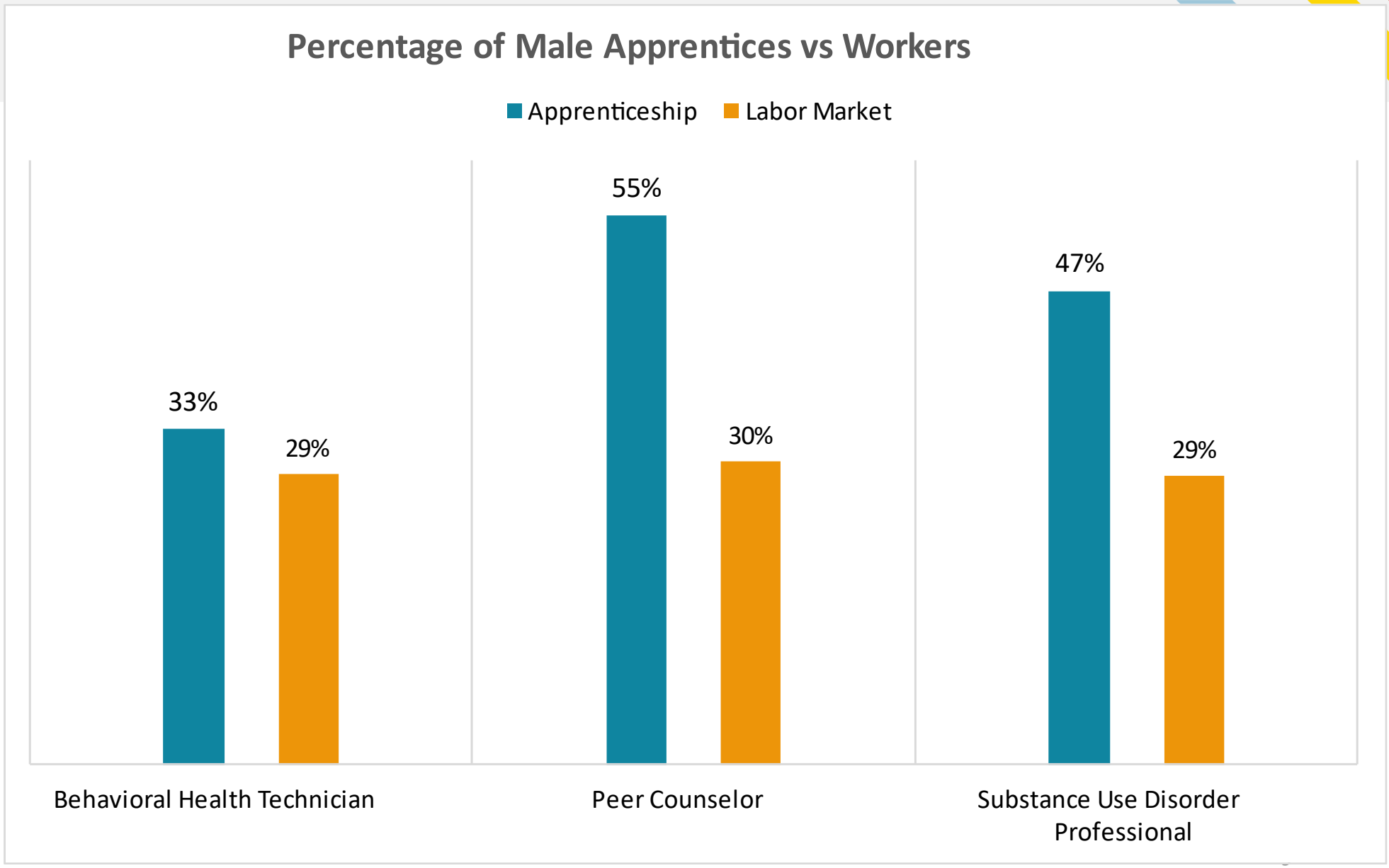
Gender representation



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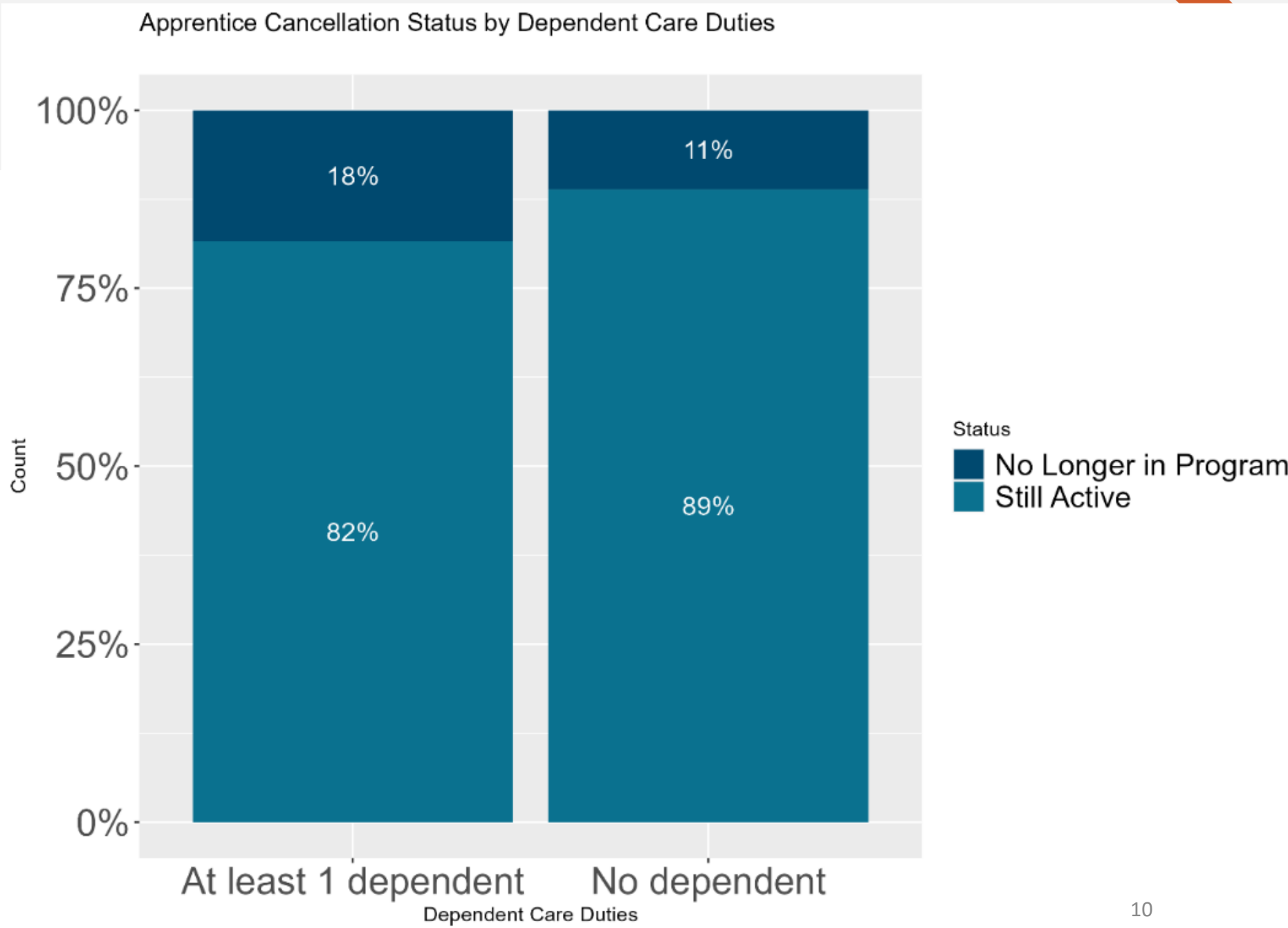
Participation among family caregivers



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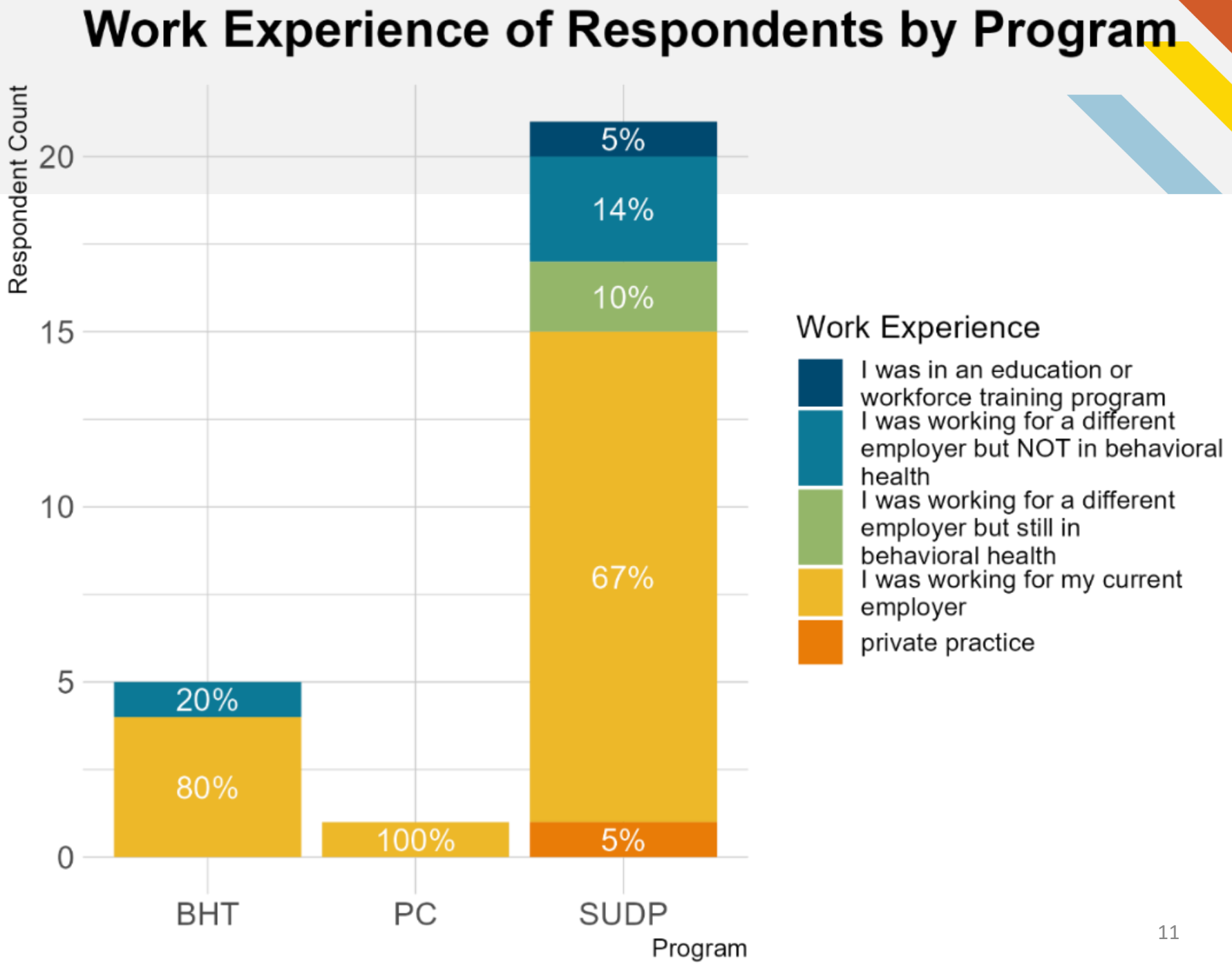
Work experience



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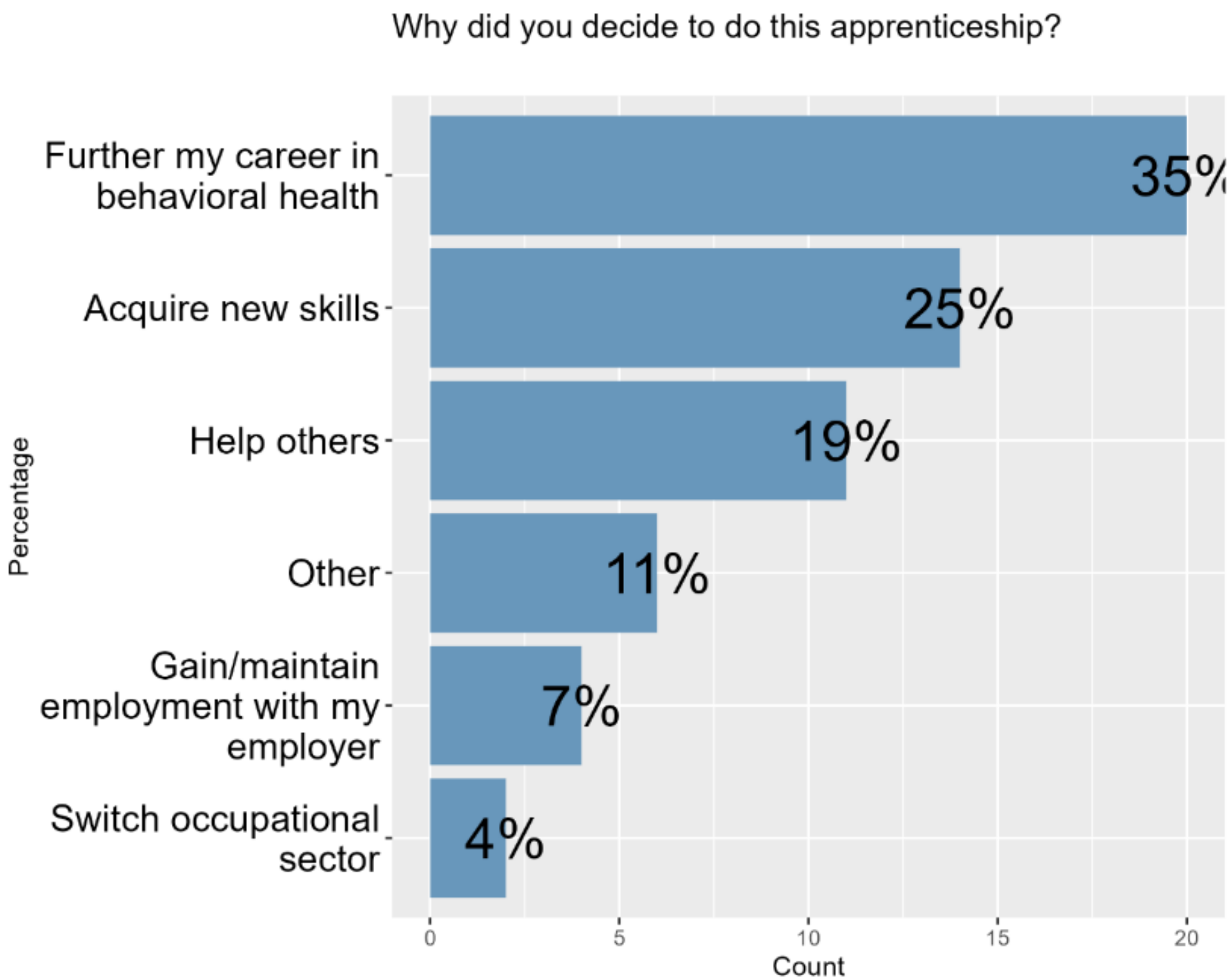

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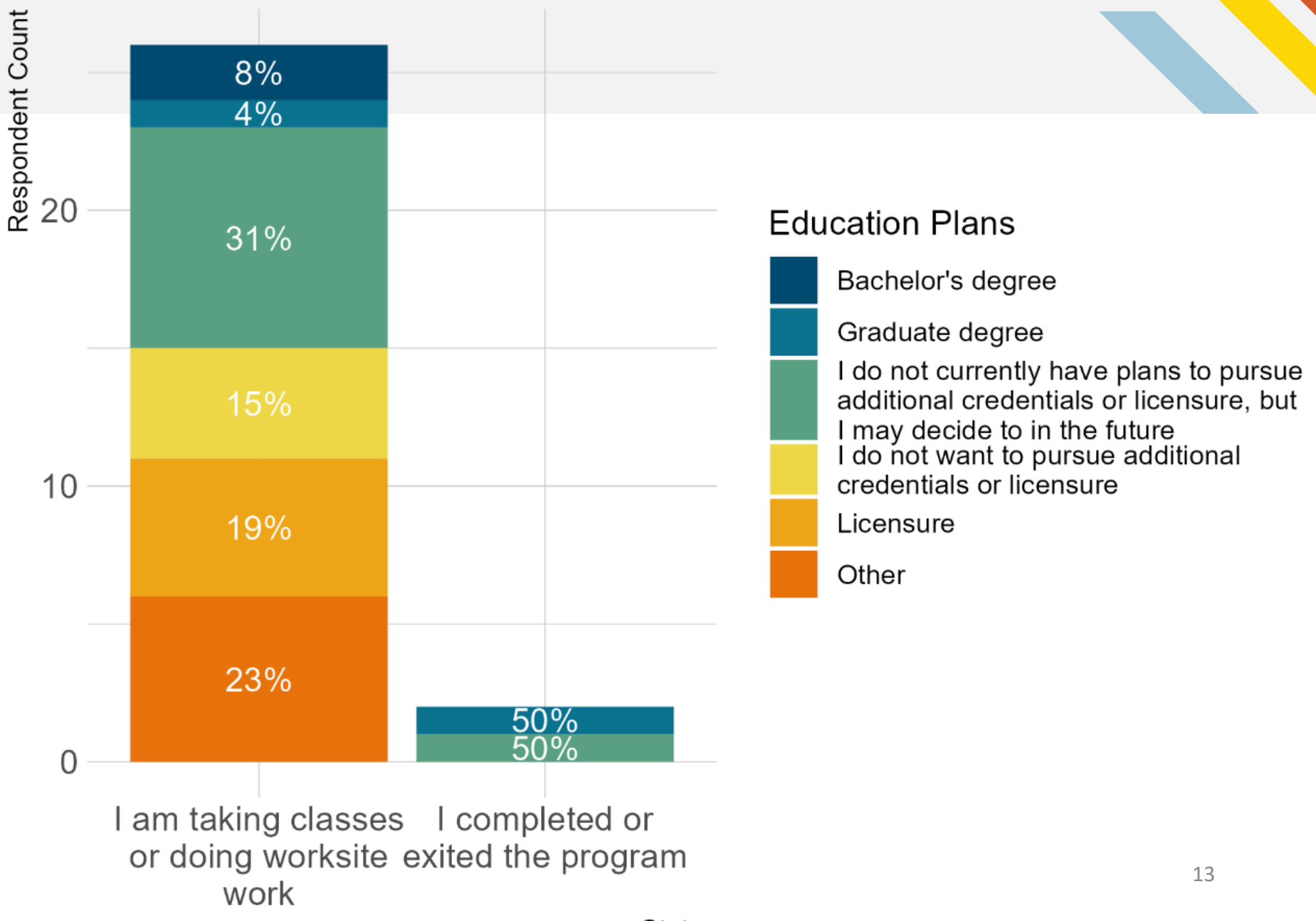
Future Education plans



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Health Care Apprenticeship Consortium

To learn more:

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Melody McKee (Director of Behavioral Health Strategy)
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Health Care Apprenticeship Consortium
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PROGRAM OVERVIEW

Behavioral Health Support Specialist &
SUDP Rule-making updates

Claire Wilson – Program Manager

Certified BHSS – Available January 1, 2025

First of its kind

The BHSS, created by SB 5189, is the only credential like this in the USA, and is modeled after a similar credential that launched in the UK a decade ago

Bachelor-level

A BHSS will be able to provide symptom-based, evidence-informed intervention in real-time for individuals with MH, SUD, and/or COD – no assessment or diagnosis needed

No setting limitations

A BHSS works under supervision in a variety of settings: clinics, hospitals, agencies, outreach, justice-system, schools, etc.

Goals & Intent

1

Increase access to care

Help alleviate backlogs by providing care to individuals who would otherwise be on a waiting list for an assessment or treatment with a master's level provider

2

Boost other providers

By providing interventions for low-acuity conditions, a BHSS supports master's level providers to work at the top of their scope of practice

3

Integration of behavioral healthcare

A BHSS will be trained to provide support for all types of behavioral health: mental health, substance use, and co-occurring disorders

BHSS Program Requirements

8 Meta-competencies

- Health Equity
- Helping Relationship
- Cultural Responsiveness
- Team-Based Care and Collaboration
- Screening and Assessment
- Care Planning and Coordination
- Intervention
- Law, Ethics, and Professional Practice

BA Degree and Practicum

- 45 quarter credits (30 semester) OR 450-hour apprenticeship
- 240-hour practicum
- Programs must be approved by the Department of Health (RCW 18.227)

Education Partners

Schools

- Centralia College
- Eastern Washington University
- Evergreen College
- Lake Washington Institute of Technology
- Olympic College
- Spokane Falls Community College
- University of Washington Tacoma

Degree type

- BS in Behavioral Healthcare
- BS in Health Psychology
- BA in Psychology
- BS in Behavioral Healthcare
- BA in Applied Science
- BS in Integrated Behavioral Health
- BA in Social Welfare

For more information on the BHSS:

- Visit the UW BHSS Webpage
- Review the BHSS Rules in Progress
- Contact us at BHSS@doh.wa.gov

SUDP Rule Changes Overview

Current rulemaking implements recent legislation: House Bill 1724 (2023), House Bill 2247 (2024), and Senate Bill 6228 (2024)

- Must be implemented in permanent rule by July 1, 2025; emergency rules with some changes are already in place (June 6th, 2024)

High-level changes:

- Removes 4-time limitation on SUDPT renewals
- Creates out-of-state substantial equivalency pathway
- Reviews a petition to amend education requirements for SUDPs
- Temporarily reduces SUDP/T fees to $100/year

SUDP Rule Changes, cont.

- Clarifies existing rule language for readability and comprehension
- Creates opportunities for expedited credentialing review if applicants obtain SUD counseling or addiction studies degrees
- Reduces required experience for SUDP Approved Supervisors from 2500 hours to 1 year as a fully certified SUDP in WA state
- Reduces Continuing Education requirements
- Creates updated supervision requirements to support SUDPTs working outside of BHA setting, including new remote supervision

For rulemaking updates, visit the SUDP Rules in Progress Webpage
Sign up for updates via GovDelivery