

## WSR 26-04-090

## PROPOSED RULES

## DEPARTMENT OF HEALTH

[Filed January 30, 2026, 9:32 a.m.]

## Original Notice.

Preproposal statement of inquiry was filed as WSR 21-04-054.

Title of Rule and Other Identifying Information: Advanced suicide prevention training requirements for mental health professionals. The department of health (department) is proposing rules to establish clear training standards in new WAC 246-12-633, 246-12-635, and 246-12-637 to implement advanced suicide prevention training standards for certain mental health professionals, as required by ESHB 2411 (chapter 229, Laws of 2020). The rule applies to fully licensed and associate-level psychologists, marriage and family therapists, mental health counselors, and social workers. It establishes criteria for advanced training to be completed during a licensee's second required training cycle, building upon existing minimum six-hour training standards outlined in WAC 246-12-630. All trainings must be approved by the department and listed on its model training list.

Hearing Location(s): On March 24, 2026, at 10:00 a.m. Register in advance for this webinar at [https://us02web.zoom.us/webinar/register/WN\\_kkPWK2OGQsm7b4vTkxVVqA](https://us02web.zoom.us/webinar/register/WN_kkPWK2OGQsm7b4vTkxVVqA). After registering, you will receive a confirmation email containing information about joining the webinar.

Date of Intended Adoption: March 31, 2026.

Submit Written Comments to: Kelsey Cato, Office of Health Professions, P.O. Box 47852, Olympia, WA 98504-7852, email [kelsey.cato@doh.wa.gov](mailto:kelsey.cato@doh.wa.gov), web <https://fortress.wa.gov/doh/policyreview>, beginning the date and time of this filing, by March 24, 2026, at 11:59 p.m.

Assistance for Persons with Disabilities: Contact Kelsey Cato, phone 564-669-1196, TTY 711, email [kelsey.cato@doh.wa.gov](mailto:kelsey.cato@doh.wa.gov), by March 3, 2026.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: The department is proposing amendments to chapter 246-12 WAC to implement ESHB 2411, which was passed in 2020 and amended RCW 43.70.442, which requires advanced suicide prevention training for certain behavioral health professionals during their second six-year continuing education cycle. This applies to fully licensed and associate-level psychologists, marriage and family therapists, mental health counselors, and social workers.

The proposed rules establish standards for advanced training, building on existing six-hour minimum training requirements. Advanced courses must include evidence-based modalities or focus on advanced suicide care topics. All trainings must be approved by the department and listed on the model training list.

These changes promote consistent, high-quality education, aiming to better equip professionals with the skills to reduce suicide risk and improve client outcomes.

Reasons Supporting Proposal: The proposed rules establish clear standards for advanced suicide prevention training that fulfill the legislative intent of ESHB 2411 and protect public safety.

Statutory Authority for Adoption: RCW 43.70.442.

Statute Being Implemented: ESHB 2411 (chapter 229, Laws of 2020).

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: Department of health, governmental.

Name of Agency Personnel Responsible for Drafting, Implementation, and Enforcement: Kelsey Cato, 111 Israel Road S.E., Tumwater, WA 98501, 564-669-1196.

A school district fiscal impact statement is not required under RCW 28A.305.135.

A cost-benefit analysis is required under RCW 34.05.328. A preliminary cost-benefit analysis may be obtained by contacting Kelsey Cato, Office of Health Professions, P.O. Box 47852, Olympia, WA 98504-7852, phone 564-669-1196, TTY 711, email kelsey.cato@doh.wa.gov.

This rule proposal, or portions of the proposal, is exempt from requirements of the Regulatory Fairness Act because the proposal:

Is exempt under RCW 19.85.025(3) as the rule content is explicitly and specifically dictated by statute.

Explanation of exemptions: Subsections of WAC 246-12-633 use language directly from ESHB 2411.

Scope of exemption for rule proposal:

Is partially exempt:

Explanation of partial exemptions: WAC 246-12-633 Content for advanced trainings, "(1) Is at least a total of six hours in length;" is exempt under RCW 34.05.310 because it is taken directly from statute (ESHB 2411). The rest of WAC 246-12-633 Content for advanced trainings, is not exempt and requires analysis.

WAC 246-12-635 Advanced training topics—Advanced training in suicide management, suicide care protocols, or effective treatments, is not exempt and requires analysis.

WAC 246-12-637 Advanced training topics—Treatment modalities is not exempt and requires analysis.

The proposed rule does impose more-than-minor costs on businesses.

#### **Small Business Economic Impact Statement (SBEIS)**

**A brief description of the proposed rule, including the current situation/rule, followed by the history of the issue and why the proposed rule is needed. A description of the probable compliance requirements and the kinds of professional services that a small business is likely to need in order to comply with the proposed rule: Overview, current framework, historical context, and rationale for the proposed rule:** The department is proposing to establish in rule advanced suicide prevention training standards in new WAC 246-12-633, 246-12-635, and 246-12-637 to implement legislation.

In 2015, the Washington state legislature established initial minimum continuing education requirements for suicide prevention training as a condition for renewing a professional health care credential. This requirement can be found under RCW 43.70.442. These requirements apply to a broad range of health professionals, including those in the mental health field. Under this mandate, licensees must complete suicide prevention training once every six years. The department adopted minimum training program requirements in WAC 246-12-601 through 246-12-650.

In 2020, the legislature passed ESHB 2411 (chapter 229, Laws of 2020), which amended RCW 43.70.442 to require advanced suicide prevention training for specific mental health professionals upon their second cycle of required training. This advanced training requirement applies to fully licensed and associate-level:

- Psychologists
- Marriage and family therapists
- Mental health counselors
- Social workers

To implement this statutory requirement, the department is proposing amendments to chapter 246-12 WAC that establish standards for advanced suicide prevention training. The proposed standards in new WAC 246-12-633, 246-12-635, and 246-12-637 are intended to align with the original minimum requirements outlined in WAC 246-12-630.

Under the current minimum standards, training must be six hours in length, with at least three hours focused on core topics: Suicide assessment, risk factors, and the management of imminent harm. To qualify as an advanced training, the course must still meet these baseline requirements as required by statute, but must also:

- Focus on advanced suicide care topics such as suicide management, suicide care protocols, or evidence-based treatment approaches; or
- Provide training in an evidence-based treatment modality demonstrated to be effective in working with individuals experiencing suicidal ideation. Approved modalities include:
  - o Dialectical behavior therapy (DBT);
  - o Collaborative assessment and management of suicidality (CAMS); and
  - o Cognitive behavioral therapy for suicide prevention (CBT-SP).

As with the initial training requirements, all advanced suicide prevention trainings must be approved by the department and listed on the model training list available on the department's website. Licensees must complete an approved course from this list to satisfy the advanced training requirement.

During the coronavirus disease 2019 (COVID-19) pandemic, the department prioritized critical statewide public health efforts, which required a significant reallocation of staff and resources. To support professionals during this time, requirements related to suicide prevention education were temporarily waived, helping ease continuing education burdens during an unprecedented period. These necessary efforts affected the original timeline of this rule.

**Probable compliance requirements and professional services needed for small businesses:** Small businesses are not required to create or offer these advanced suicide prevention trainings; participation is entirely voluntary. However, if a small business chooses to provide such training, it must comply with specific department standards outlined in WAC 246-12-633 through 246-12-637. Advanced training requirements include a minimum duration of six hours, with a minimum of three hours focused on approved advanced topics or treatment modalities such as suicide care protocols or evidence-based therapies like DBT or CAMS. Additionally, the training content must meet established quality standards, including cultural relevance, evidence-based practices, and appropriate therapeutic techniques.

To meet these compliance requirements, small businesses will likely need to engage a range of professional services. This may include consulting with subject matter experts in suicide prevention and mental health to ensure accuracy and relevance of content. Certified trainers with experience in evidence-based suicide intervention and treatment modalities will be essential to effectively deliver the

training. Curriculum developers may be necessary to design or tailor training materials that align with the specific requirements in rule. Cultural competency consultants can assist in incorporating culturally relevant protocols and resources to ensure the training is respectful and effective across diverse populations. Finally, quality assurance specialists might be needed to review and verify that the training meets the department's standards, helping to maintain consistency and effectiveness. By utilizing these professional services, small businesses can better navigate the requirements and deliver high-quality, advanced suicide prevention training that aligns with the department's goals of improving suicide risk assessment, treatment, and management.

**Identification and summary of which businesses are required to comply with the proposed rule using the North American Industry Classification System (NAICS):**

**Table 1. Summary of Businesses Required to Comply to the Proposed Rule**

NAICS Code (4, 5, or 6 Digit)	NAICS Business Description	Number of Businesses in Washington State	Minor Cost Threshold
611310	Colleges, Universities, and Professional Schools	110	\$18,010.69
611430	Professional and Management Development Training	372	\$1,178.00
621330	Offices of Mental Health Practitioners (except Physicians)	3379	\$620.09

**Analysis of probable costs of businesses in the industry to comply to the proposed rule and includes the cost of equipment, supplies, labor, professional services, and administrative costs. The analysis considers if compliance with the proposed rule will cause businesses in the industry to lose sales or revenue:** The proposed rules in WAC 246-12-633 through 246-12-637 create new sections and establish the content requirements for advanced training in suicide assessment, treatment, and management, as mandated by RCW 43.70.442.

The training is designed for the following licensed health care professionals required by statute to complete the training: Licensed psychologists, mental health counselors, marriage and family therapists, independent clinical social workers, social worker associates-independent clinical, advanced social workers, and social worker associates-advanced. Each health care provider is required to complete six hours of advanced training as mandated by the statute.

**WAC 246-12-633 Content for advanced trainings.**

Description: The proposed rule outlines the content requirements for advanced training in suicide assessment, treatment, and management, as mandated by RCW 43.70.442. The proposed rule requires the training to be approved by the department. To qualify as advanced training, a program must meet established standards for duration, content, and quality.

The proposed rule reflects the statutory requirement of a minimum six-hour duration for advanced suicide prevention training. This proposed requirement is exempt from the cost-benefit analysis under RCW 34.05.310 (4) (e), as it is explicitly and specifically dictated by statute.

The requirements related to content, and quality of the courses are analyzed below.

Cost(s) for Developers: Trainers are not required to develop advanced suicide prevention courses; however, the proposed rule creates a new business opportunity for those who choose to do so. By develop-

ing and offering department approved trainings, trainers could choose to tap into a new market and offer a specialized product that meets a formal requirement. In addition, some training programs already meet the requirements of the proposed rule.

To better understand the potential financial impact on training developers, particularly small businesses and individual trainers, the department gathered information on the likely costs of developing or updating suicide prevention training to meet the new statutory requirements under ESHB 2411 by sending questions directly to training providers. The goal was to better understand potential costs due to the proposed rule, as well as determine whether the proposed rule would create a financial burden for small businesses choosing to develop new "advanced" suicide prevention courses or revise existing materials to align with the new standards.

The department sought to identify the extent of readiness among current providers, their capacity to meet demand, and the potential range of costs that small businesses might incur. To do this, the department distributed questions to training developers currently listed on, or seeking to be listed on, the model list of department-approved suicide prevention trainings.

To better understand the potential costs associated with developing or revising advanced suicide prevention training, the department distributed the following three questions:

- (1) Do you currently have a training program in place that addresses the advanced suicide prevention training requirements outlined in ESHB 2411?
- (2) If yes, are you able to accommodate the number of participants potentially needing this training within a two-year continuing education cycle?
- (3) If your current training requires updates to meet these statutory requirements, what would be the anticipated cost to revise your program?

A total of 19 out of 80 training developers responded to the questions, representing individual trainers, small businesses, universities, and continuing education organizations. Their responses provided valuable insight into both the readiness and costs associated with implementing the new requirements under the proposed rule.

#### Summary of Findings:

- Existing Trainings: Most respondents (17 of 19) already have suicide prevention trainings in place that meet or nearly meet the new statutory requirements. Two are in the process of updating or expanding their current courses.
- Capacity to Deliver Training: The majority (17 of 19) reported having the capacity to accommodate all licensed health care professionals within a two-year continuing education cycle, primarily through online, self-paced, or virtual formats. One individual trainer noted limited capacity (40-50 participants per session, three - four sessions annually).
- Estimated Costs to Update or Revise Training:
  - o No cost (\$0): Seven respondents - It would not cost them anything.
  - o Less than \$1,000: One respondent - Updates absorbed internally or already compliant.
  - o \$1,000-\$5,000: Four respondents - Minor content additions or module revisions.

- o \$5,000-\$25,000: Four respondents - Significant content or technology updates. 1 respondent is from a large university that estimated it would cost \$15,000-\$25,000.
- o Additional responses of note:
  - One respondent: \$2,000-\$4,000 for developing additional materials and logistics.
  - One trainer indicated they are waiting for finalized rule language before making final adjustments to their materials.

In summary, the overall cost to providers ranged between \$0 to \$25,000, with seven respondents indicating no additional cost and an additional five respondents estimating costs under \$5,000. Five respondents indicated costs between \$5,000 and \$25,000.

WAC 246-12-635 Advanced training topics: Advanced training in suicide management, suicide care protocols, or effective treatments.

Description: The proposed rule creates a new section and establishes the content requirements for advanced training programs that focus on suicide management, suicide care protocols, or effective treatment strategies. Under this section, qualifying training must include a minimum of three hours focused on at least one of the following content areas:

- Suicide care protocols
- Acute risk interventions
- Post intervention protocols

This section is part of the broader advanced suicide prevention training requirements outlined in WAC 246-12-633, which mandates a total of at least six hours of training, with a minimum of three hours in an advanced content area such as those required in this section.

Cost(s): The costs associated with taking training under WAC 246-12-635 are expected to be similar to those outlined for WAC 246-12-633.

Costs for Developers: The costs associated with developing training under WAC 246-12-637 are reflected above under WAC 246-12-633. As outlined, trainers are not required to develop advanced suicide prevention courses; however, the proposed rule creates a new business opportunity for those who choose to do so.

**WAC 246-12-637 Advanced training topics: Treatment modalities.**

Description: The proposed rule creates a new section and defines the content and structure required for advanced suicide prevention training focused on treatment modalities proven to reduce acute or chronic suicide risk. To qualify, training must consist of a minimum of three hours of instruction and focus on at least one evidence-based therapeutic approach, such as:

- DBT;
- CAMS;
- CBT as applied to suicide prevention; or
- Another evidence-based treatment modality.

The proposed rule requires that training must offer participants a foundational understanding of the selected modality, including its theoretical framework and supporting research, with the goal of encouraging ongoing skill development through further training and supervision.

In addition to theory, the training must address practical strategies for:

- Lethal means safety and safety planning.
- Developing reasons for hope and reducing hopelessness.
- Inspiring delay and reducing impulsivity.
- Teaching effective coping skills.

Trainers must teach how to build a compassionate therapeutic alliance, recognize the modalities' strengths and limits, and manage acute suicidal ideation. The proposed rule provides licensed professionals focused, evidence-based training for effective and ethical suicide prevention care.

The inclusion of DBT, CAMS, and CBT as they relate to suicide prevention is exempt from analysis under RCW 34.05.310 (4)(e), as it is explicitly dictated by statute.

**Cost(s):**

Costs for Developers: The costs associated with developing training under WAC 246-12-637 are outlined under WAC 246-12-633. As outlined, trainers are not required to develop advanced suicide prevention courses; however, the proposed rule creates a new business opportunity for those who choose to do so.

**Summary of all cost(s):**

**Table 2. Summary of Probable Cost(s)**

WAC Section and Title	Probable Cost(s)
WAC 246-12-633 Content for advanced trainings	Costs for Developers/Trainers: • Not required to develop courses but may choose to create department-approved training.
WAC 246-12-635 Advanced training topics—Suicide management, care protocols, effective treatments	Costs for Developers/Trainers: Included in WAC 246-12-633.
WAC 246-12-637 Advanced training topics—Treatment modalities	Costs for Developers/Trainers: Included in WAC 246-12-633.

**Analysis on if the proposed rule may impose more-than-minor costs for businesses in the industry. Includes a summary of how the costs were calculated:** The proposed rule does not require any business to develop courses but may choose to create department-approved training. To better understand the costs the department did ask for feedback from 19 training developers that already conduct suicide prevention training.

Seventeen of the 19 training developers contacted indicated that they already have suicide prevention training that would meet or nearly meet the standards established in the proposed rule. The majority (17 of 19) of these training developers indicated that they could accommodate the full volume of professionals who would be required to take these trainings under the proposed rule within the duration of a continuing education cycle.

Because the proposed changes do not require businesses to take any action to comply, no direct costs are imposed on businesses. Any decision by a business to take action would be voluntary and could likely be recouped in collecting training fees. Since the advanced suicide prevention trainings already exist, the department does not anticipate any additional cost will be directly imposed to businesses, and the costs are therefore below the minor cost thresholds for training developers. If a business chooses to develop new trainings to meet

the standards in the proposed rule, voluntary costs that could be incurred are described more thoroughly in Section 3.

A copy of the statement may be obtained by contacting Kelsey Cato, Office of Health Professions, P.O. Box 47852, Olympia, WA 98504-7852, phone 564-669-1196, TTY 711, email kelsey.cato@doh.wa.gov.

January 30, 2026  
Kristin Petersen, JD  
Chief of Policy  
for Dennis E. Worsham  
Secretary of Health

### RDS-6389.3

#### NEW SECTION

**WAC 246-12-633 Content for advanced trainings.** The department shall approve advanced training in suicide assessment, treatment, and management as required by RCW 43.70.442 if the training:

- (1) Is at least a total of six hours in length;
- (2) Provides at least three hours of training on one advanced training option in either WAC 246-12-635 or 246-12-637;
- (3) Provides the remaining hours of training, which may include additional time in the required content areas or topics covered in standard suicide prevention training under WAC 246-12-630; and
- (4) Meets quality standards under WAC 246-12-640.

#### NEW SECTION

**WAC 246-12-635 Advanced training topics—Advanced training in suicide management, suicide care protocols, or effective treatments.** An advanced suicide prevention training must meet the requirements in this section OR the requirements in WAC 246-12-637. To qualify as an advanced training in suicide management, suicide care protocols, or effective treatments, a training must include a minimum of three hours in at least one of the following three content areas:

- (1) In-depth discussion and application of suicide care protocols when treating clients or patients who are experiencing immediate suicidal thoughts or have attempted suicide, including how to appropriately refer a client based on lived experience, assessed risk and resources available through the health care system, community, tribal behavioral health system or alternative sources;
- (2) The application and follow-up of short-term acute risk interventions that are evidence-based, culturally relevant or otherwise recognized as best practices; and
- (3) Culturally relevant protocols, tools, and resources to be used when assisting family members, friends, peers, or community members following a completed, or attempted suicide.

NEW SECTION**WAC 246-12-637 Advanced training topics—Treatment modalities.**

(1) An advanced suicide prevention training must meet the requirements in this section OR the requirements in WAC 246-12-635. To qualify as an advanced training in a suicide prevention treatment modality proven to reduce acute or chronic suicide risk that provides a basic understanding of treatment components for patients or clients in crisis and encourages participants to pursue further training and supervision, a training must include a minimum of three hours on at least one of the following:

- (a) Dialectical behavior therapy (DBT);
  - (b) Collaborative assessment and management of suicide risk (CAMS);
  - (c) Cognitive behavior therapy (CBT) as it relates to suicide prevention; or
  - (d) Another evidence-based treatment modality.
- (2) Content must include:
- (a) Core theoretical principles of the treatment modality and supporting research;
  - (b) The treatment modality's approach to:
    - (i) Lethal means safety;
    - (ii) Safety planning;
    - (iii) Developing reasons for hope and reducing hopelessness; and
    - (iv) Inspiring delay, reducing impulsivity, and teaching coping skills.
  - (c) Techniques to develop the therapeutic alliance and engage with a client or patient in a collaborative, compassionate, and supportive manner;
  - (d) Strengths and limitations of the treatment modality; and
  - (e) Approaches to managing acute suicidal ideation.