

OCCUPATIONAL PROFILE: CHEMICAL DEPENDENCY PROFESSIONALS

Chemical dependency professionals (CDPs) are certified in chemical dependency counseling, described in Washington code as “assessment and diagnosis of chemical dependency, chemical dependency treatment planning and referral, patient and family education in the disease of chemical dependency, individual and group counseling with alcoholic and drug addicted individuals, relapse prevention counseling, and case management, all oriented to assist alcoholic and drug addicted patients to achieve and maintain abstinence from mood-altering substances and develop independent support systems”. (Washington State Legislature, 1998) These professionals provide direct counseling to patients and families, assist patients with developing positive means to manage their addiction, and provide community support resources for recovery.

Chemical dependency professional trainees (CDPTs) are individuals who have attested that they are in the process of completing the education and supervised experience requirements to obtain the full CDP certification.

TABLE 1. Chemical Dependency Professionals (CDPs) and Trainees (CDPTs), 2017

	CDP	CDPT
With address in:		
Washington	2,629 (95.9%)	1,522 (96.9%)
Oregon	42 (1.5%)	31 (2.0%)
Idaho	20 (0.7%)	10 (0.6%)
Other	49 (1.8%)	8 (0.5%)
Total	2,740	1,571

Data sources: Washington State Department of Health, 2017 Health Professions Licensing Data System.

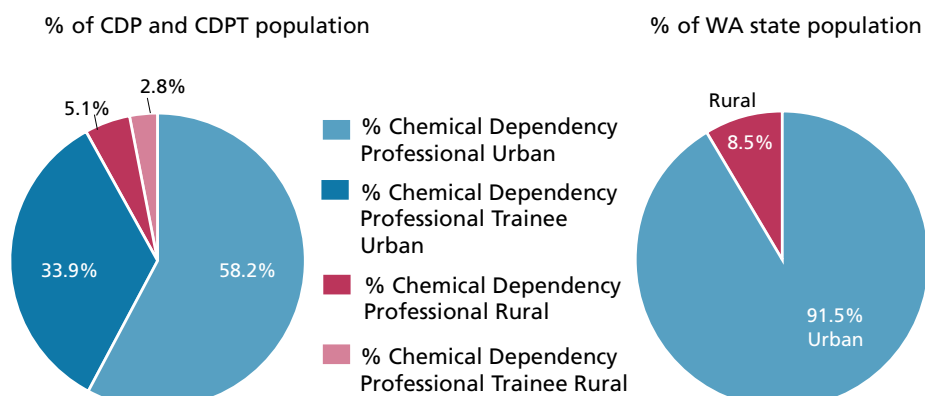
Chemical dependency treatment is important to integrated behavioral health/primary care, given the frequency of substance misuse co-occurring with mental health disorders and medical needs. (Skillman, Snyder, Frogner, & Patterson, 2016)

Size, Distribution, and Demographics of Supply

In April 2017, there were 2,740 CDPs who held an active license in Washington (Table 1). The mean age of Washington's CDPs was 51 years old, and 64.9% were female.

An additional 1,571 individuals held a conditional Washington license as a CDPT. The mean age of the Washington CDPTs was 41 years old, and 69.5% were female. Relative to other behavioral health occupations, a high percentage (36.7%) of the CDP workforce were trainees. This may be in part because trainees are credentialed prior to completing their chemical dependency core education (see *Credentialing*). CDPTs must complete their educational and supervised experience requirements to become a fully licensed CDP within five years of initial registration as a CDPT.

Figure 1: Rural/Urban Distribution of Chemical Dependency Professionals (CDPs) and Trainees (CDPTs) and the General Population in Washington



Data sources: 2016 Washington State Office of Financial Management county population data; Washington State Department of Health, 2017 Health Professions Licensing Data System.

Nearly all (92.1%) of Washington's CDPs and CDPTs had urban addresses.

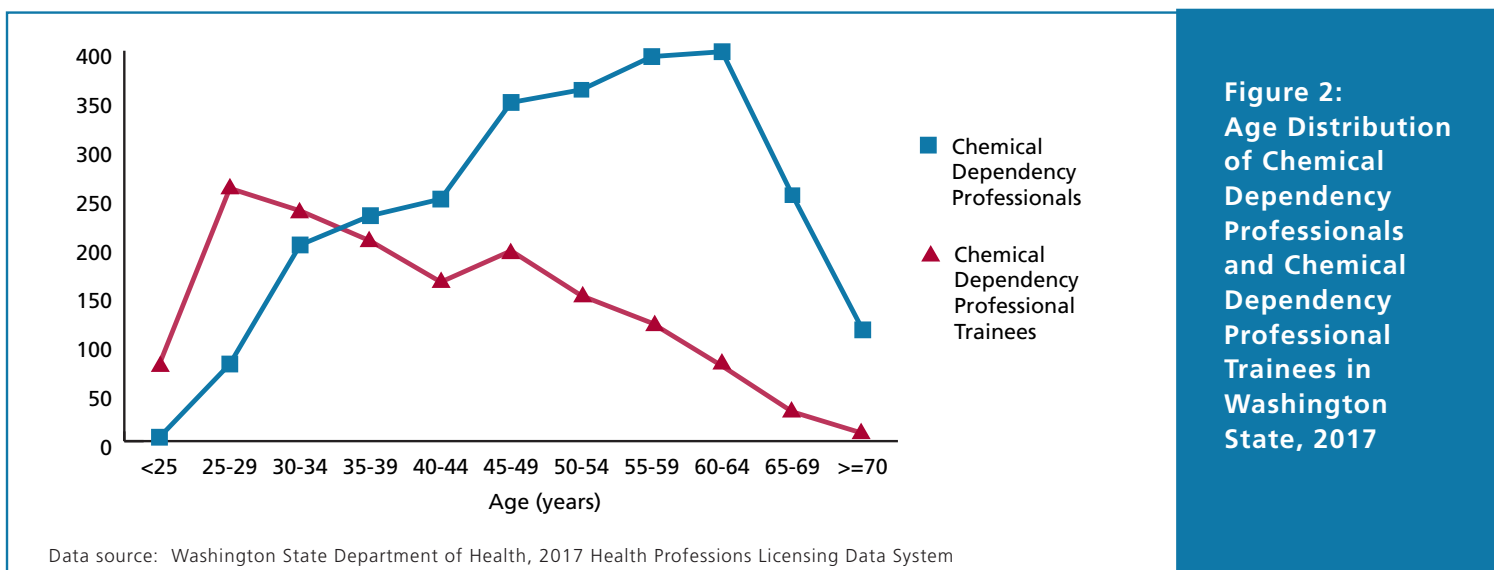


Figure 2:
Age Distribution
of Chemical
Dependency
Professionals
and Chemical
Dependency
Professional
Trainees in
Washington
State, 2017

TABLE 2. Distribution, Age, and Sex of Chemical Dependency Professionals and Trainees in Washington by Accountable Community of Health, 2017

Chemical Dependency Professionals	N	Population	Rate per 100,000	Mean Age	%, (N) >55 Years	%, (N) Female
Statewide*	2,629	7,183,700	36.6	51	44.1% (1,159)	64.9% (1,705)
By Accountable Community of Health (ACH) †						
Pierce County	295	844,490	34.9	53	47.5% (140)	61.0% (180)
North Sound	430	1,206,900	35.6	52	48.6% (209)	66.5% (286)
King County	670	2,105,100	31.8	51	41.3% (277)	63.3% (424)
Better Health Together	357	587,770	60.7	50	38.9% (139)	68.1% (243)
Cascade Pacific Action Alliance	283	614,750	46.0	51	41.0% (116)	66.1% (187)
Greater Columbia	229	710,850	32.2	53	48.5% (111)	64.2% (147)
Southwest Washington	129	493,780	26.1	51	42.6% (55)	67.4% (87)
Olympic Community of Health	163	367,090	44.4	53	49.7% (81)	63.2% (103)
North Central	73	252,970	28.9	51	42.5% (31)	65.8% (48)
Chemical Dependency Professional Trainees	N	Population	Rate per 100,000	Mean Age	%, (N) >55 Years	%, (N) Female
Statewide*	1,522	7,183,700	21.2	41	15.5% (236)	69.5% (1,058)
By Accountable Community of Health (ACH) †						
Pierce County	163	844,490	19.3	41	16.0% (26)	71.2% (116)
North Sound	229	1,206,900	19.0	41	17.0% (39)	71.2% (163)
King County	421	2,105,100	20.0	40	15.4% (65)	67.7% (285)
Better Health Together	176	587,770	29.9	40	14.8% (26)	75.6% (133)
Cascade Pacific Action Alliance	216	614,750	35.1	42	15.7% (34)	64.4% (139)
Greater Columbia	97	710,850	13.6	40	13.4% (13)	71.1% (69)
Southwest Washington	86	493,780	17.4	40	10.5% (9)	73.3% (63)
Olympic Community of Health	108	367,090	29.4	42	19.4% (21)	64.8% (70)
North Central	26	252,970	10.3	42	11.5% (3)	76.9% (20)

Data source: Washington State Department of Health, 2017 Health Professions Licensing Data System.

* CDPs and CDPTs with Washington State license address only.

† Counties in multi-county ACH's are Whatcom, Skagit, Snohomish, San Juan, Island (North Sound), Ferry, Stevens, Pend Oreille, Lincoln, Spokane, Adams (Better Health Together), Grays Harbor, Mason, Thurston, Pacific Lewis, Wahkiakum, Cowlitz (Cascade Pacific Action Alliance), Whitman, Asotin, Garfield, Columbia, Walla Walla, Franklin, Benton, Kittitas, Yakima (Greater Columbia), Clark, Skamania, Klickitat (Southwest Washington), Clallam, Jefferson, Kitsap (Olympic Community of Health), Okanogan, Chelan, Douglas, Grant (North Central).

TABLE 3. Colleges in Washington State Offering a Certificate Program Leading toward CDP Certification, 2017.

School	Associate Degree	Certificate
Bellevue College		x
Centralia College	x	
Clark College	x	x
Clover Park Technical College	x	x
Eastern Washington University†		x
Edmonds Community College‡	x	x
Grays Harbor College	x	x
Highline College	x	
Lower Columbia College	x	x
Northwest Indian College	x	
Olympic College‡	x	x
Peninsula College	x	
Pierce College-Fort Steilacoom	x	x
Seattle Central College		x
Skagit Valley College	x	x
Spokane Falls Community College‡	x	x
Tacoma Community College	x	x
Wenatchee Valley College	x	x
Yakima Valley Community College	x	x

Data sources: Addiction Technology Transfer Center Network Directory of Addiction Study Programs; CareerOneStop.org; institution websites.
 † Also offers a bachelor's degree in interdisciplinary addiction studies.
 ‡ Offer "fast-track" alternative pathway training for certification.

Education and Training

In 2017, about nineteen schools in Washington offered a specific certification program of study designed for students who are completing state-defined requirements to become a CDP. Some associate and baccalaureate programs in social work, human services, or applied psychology may also prepare students to become a CDP. Schools may also offer certificate programs that meet or exceed the 45-credit chemical dependency-specific educational requirements for the CDP credential, but do not result in an associate degree.

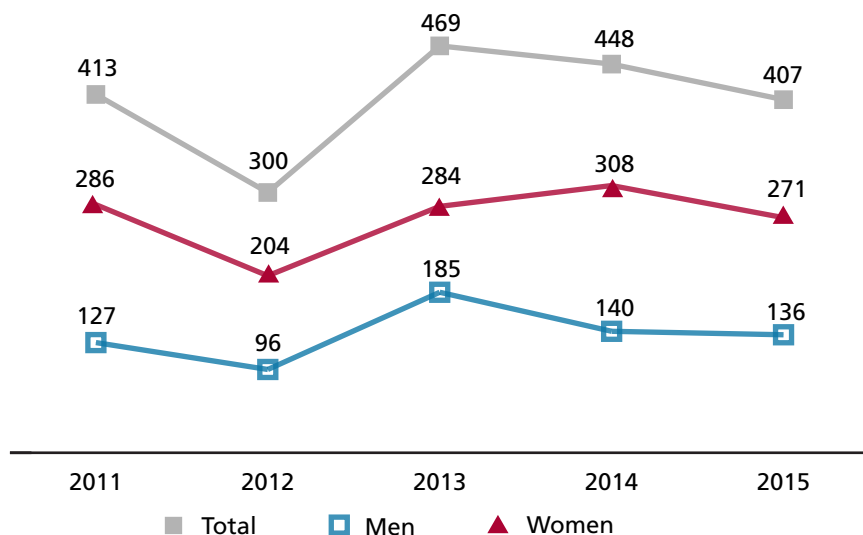
Applicants to CDP-preparation programs who have no post-secondary education or experience must complete an associate degree in a human service-related field, or 90 quarter/60 semester college credits from an approved school. At least 45 quarter/30 semester credits must be completed in courses relating to the chemical dependency profession in 23 topics listed in Washington Administrative Code (WAC) 246-811-030.(Washington State Legislature, "Educational requirements", 2016)

"Alternative pathway" practitioners hold an active license as an advanced registered nurse practitioner, psychologist, marriage and family therapist, mental health counselor, advanced social worker, independent clinical social worker, osteopathic physician, osteopathic physician assistant, or physician assistant. Once certified as a CDP, they

are commonly referred to as "dual credentialed" providers.(Washington State Department of Health, 2017) To apply for a CDP credential, they must complete training equaling 15 quarter/10 semester college credits in courses specific to the assessment and treatment of people with alcohol and drug addiction, in addition to their underlying health profession education.

Four of the colleges in Table 3 reported offering a "fast-track" program to specifically address the education topics outlined for the alternative pathway. One challenge is that community colleges in Washington are open enrollment institutions, and so would be required to allow any student regardless of education to enroll in these classes or develop a selective admissions process, which costs money and time.

Figure 3: Associate Degrees and Certificates Conferred by Training Programs towards Chemical Dependency Professional Certification in Washington State, 2011 - 2015



Data source: Integrated Postsecondary Education Data System (IPEDS). Institutions' program coding selections likely result in overestimation of CDP program completions due to inclusion of other programs in larger selected categories.

While most of the colleges offer courses that embed the education topics required for the alternative pathway, they total more than 15 credits. For example, a licensed mental health professional can complete the education topics at Bellevue College in courses that total 22 credits.¹

Credentialing

To be certified as a CDPT, applicants must declare that they are enrolled in an approved school and are gaining the experience necessary to apply for a CDP certification. The CDPT certificate can only be renewed four times, and each time the trainee must submit a signed declaration of their progress towards the CDP credential.

TABLE 4. Supervision Requirements for Washington Chemical Dependency Professional Certification

Degree	Supervision Hours Required
Associate	2,500
Baccalaureate	2,000
Master/doctoral	1,500
Licensed healthcare professional	1,000
Topic	
Initial face-to-face client contact under direct observation of supervisor	50
Clinical evaluation	200
With face-to-face patient contact	100
Face-to-face counseling of individuals, groups, families, couples	600
Professional responsibilities/ethics	50

In addition to instructional education, applicants for the CDP credential must complete supervised experience commensurate with their education attainment (Table 4). Approved supervisors (defined by WAC 246-811-049) are certified CDPs or are providers who have at least 4,000 additional hours of experience in chemical dependency treatment (e.g., addiction specialty physician). (Washington State Legislature, "Approved supervisors", 2016)

Alternative pathway practitioners are required to be supervised by a certified CDP during the supervised experience portion of their training. These requirements may be alternatively met if the applicant is certified by one of 12 nationally recognized addiction medicine/addiction counseling organizations listed in WAC 246-811-078 (e.g. National Association of Alcoholism and Drug Abuse Counselors, American Society of Addiction Medicine). (Washington State Legislature, "National certification", 2016) To assess the potential impact of this new pathway to CDP credentialing, in 2016 the Washington State Society for Clinical Social Work surveyed ten mental health organizations/associations which included psychiatrists, psychologists, licensed independent social

workers, marriage and family therapists, mental health counselors, and advanced registered nurse practitioners. In the 334 responses received, providers who were eligible for the alternative pathway revealed that 71.0% never intended to pursue a CDP credential because they could not be away from their current practice to achieve the required work/supervision hours, lacked a convenient place to complete supervised hours, or felt costs were too high. Nearly half of the respondents endorsed the promotion of abstinence-only chemical dependency treatment as a barrier to interest in pursuing the CDP credential.²

CDPs in Washington are required to pass the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) level one or higher exam, or the Intentional Certification and Reciprocity Consortium (ICRC) level two or higher exam. All certification requirements must be met before applicants can be approved to sit for the examination. Applicants credentialed in other states with equivalent standards are not required to take the exam.

Practice Characteristics

In Washington, more than 60% of chemical treatment agencies in 2012 were independent community-based agencies or local branches of multi-site health care organizations. (Rodriguez, 2016) Eighty-six percent of the agencies provided outpatient services and 26% provided residential services. Chemical dependency (CD) treatment-only agencies reportedly have a significantly higher proportion of CDPs than both agencies offering both mental health (MH) and CD treatment (74% versus 65%), but showed a significantly lower proportion of CDPTs than agencies providing both MH and CD (19% versus 27%). (Rodriguez, 2016) This may suggest that newer professionals in the field are more commonly employed in blended mental health/chemical dependency settings. In chemical

¹Paul Weatherly, Bellevue College, personal communication, October 30, 2017

²Laura Groshong, Washington State Society for Clinical Social Work, personal communication, October 10, 2017

dependency agency settings, six percent of the clinical staff were reported to be dual certified, and dual certified professionals were more likely to work in blended MH/CD settings. (Rodriguez, 2016)

A 2005 survey sponsored by the former Washington Division of Alcohol and Substance Abuse (DASA, now the Division of Behavioral Health and Recovery) described the substance abuse treatment workforce in Washington.(Knudsen, Gallon, & Gabriel, 2006) At that time, 51.9% of clinicians were 50 years of age or older, similar to our current licensure data findings. However, 48.0% of those surveyed clinicians reported substance abuse treatment as a second career, and clinicians with less than four years of experience were distributed fairly evenly across the 20 – 60 years of age spectrum. Forty-eight percent of reporting clinicians were in recovery themselves. These clinicians tended to be older, had more experience, but lower degree status and salary, and were less likely to plan to leave the treatment field than non-recovering clinicians.

Changes made during the 2017 legislative session allowed credentialed CDPs or CDPTs to practice outside of a Division of Behavioral Health and Recovery-approved substance use disorder agency.(Washington State Legislature, “SSB 5779”, 2017) Previously, CDPs and CDPTs were only allowed to practice in an approved substance use disorder treatment facility, unless they were dual certified.

The 2016 mean annual wage for substance abuse and behavioral disorder counselors in Washington was \$39,030.³ The 10th percentile mean annual wage was \$25,850 and the 90th percentile mean annual wage was \$54,460.(Bureau of Labor Statistics, “Employment Statistics”, 2017) State data from a 2009 CDP survey reported that CDPs working in publicly funded treatment agencies were paid less than their counterparts in private facilities.(Rodriguez & Axelsson, 2011)

Relevant Skills Needed for Behavioral Health – Primary Care Integration:

In the integrated team, CDPs may provide direct counseling to patients and families, assist patients with developing positive means to manage their addiction, and provide community support resources for recovery.(Skillman, Snyder, Frogner, & Patterson, 2016)

A focus within some CDP education and training has been treating those with co-occurring mental health and substance use disorders, an area which has been gaining further attention as integration moves forward. (SAMHSA, 2005; Minkoff & Cline, 2006) As the addiction specialist on an integrated team, CDPs must be prepared to provide leadership and clinical supervision over the substance abuse aspect of patient care, especially given the dearth of chemical dependency treatment education and supervised clinical work provided in most health professions training programs.(Goplerud, Hagle, & McPherson, 2017)

Washington’s Division of Behavioral Health and Recovery published a summary report of CDPs in 2011 which suggested that CDPs would need higher-level skills to implement evidence-based practices, better case management, and integration of CD treatment with primary care.(Rodriguez & Axelsson, 2011). Especially with the legislation passed in 2017 to expand where CDPs may practice, they must expand their roles to include prevention and early intervention to help those with risky drug and alcohol behavior, and to implement interventions such as SBIRT (Screening, Brief Intervention, and Referral to Treatment), medication-assisted treatment, technology-assisted care, and other evidence-based interventions that may be better suited for an integrated environment.(Sacks, et al., 2015) Integration requires providing CDP staff with education on common disease processes, differing practice styles between provider types, and confidentiality issues.(SAMHSA-HRSA Center for Integrated Health Solutions, 2013)

Demand

The Washington State Employment Security Department (ESD) estimates that the average annual growth rate for Substance Abuse and Behavioral Disorder Counselors between 2015 – 2020 is 1.9% and for 2020 – 2025 will be 1.7%.(Washington State Employment Security Department, 2017) This equates to 74 and 72 annual openings for CDPs over 5 years due to growth, respectively. ESD estimates, however, are based on average health sector growth trends and do not necessarily take into account state initiatives that may increase demand for behavioral health occupations.

Washington’s “early warning” system of health workforce demand changes, the Washington Health Workforce Sentinel Network, allows employers to report workforce shifts and high-priority needs.(Workforce Training & Education Coordinating Board, 2017) More than half of sentinels from BH settings across the state reported exceptionally long vacancies and increased demand for CDPs in late

³Estimates do not include self-employed workers.

2017. Reasons reported for these difficulties included increased demand for CDPs since Medicaid expansion, movement of addiction treatment into managed care settings, and difficulty offering competitive salaries. Psychiatric/substance abuse hospitals frequently reported similar challenges in finding enough qualified applicants for CDP positions, and Federally Qualified Health Centers (FQHCs) also reported exceptionally long vacancies for CDP positions. Changes in onboarding were reported specifically for CDPs moving into the managed care arena, requiring proficiency in areas that may not have been previously required (e.g., Medicaid documentation, evidence-based brief interventions).

A 2011 state assessment reported that between 2004 and 2010 the number of admissions in publicly funded treatment agencies (intensive inpatient, recovery house, long-term residential, outpatient, and opiate treatment programs) in the state increased by 31% while the number of CDPs only rose by 19%.(Rodriguez & Axelsson, 2011) The authors further estimated that expanded Medicaid coverage would result in an additional 41,000 chemical dependency patients seeking publically funded alcohol and drug treatment, requiring an additional 774 CDPs to serve them. Roughly half of the agencies accredited to provide chemical dependency treatment did not serve Medicaid and low income patients.

Few recent studies of CDP demand exist, but at the time of the 2005 DASA survey, 79% of all planned hires in agencies where chemical dependency treatment was provided were CDPs, counselors, and clinicians.(Knudsen, Gallon, & Gabriel, 2006) The most frequently cited reason for difficulties filling open positions was an insufficient number of applicants meeting minimum qualifications (experience, training, and certification).

DASA also produced a staffing report of chemical dependency treatment facilities covering 1991 to 2006.(Rodriguez, 2008) The total number of CDP-certified staff increased from 1991 to 2000, but decreased in 2003 and 2006. This report compared trends in staffing patterns between contract and non contract facilities (contract facilities receive state or federal funds through state contract or through a county sub contract; non contract facilities do not) and found that a higher percentage of all FTE staff in non-contract facilities were CDP-certified compared to contract facilities (ranging from 7% more in 1991 to 16.3% in 2006). This may be in part because of pay disparity for CDPs between the two facility types. In the 2006 report, salary was identified as the number one barrier to entering the substance abuse treatment field.(Knudsen, Gallon, & Gabriel, 2006)

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TECHNICAL NOTES

- Washington State chemical dependency professional and chemical dependency professional trainee data are from the Washington State Department of Health, Health Professions Licensing Data System, April 2017, as analyzed by the Washington State Office of Financial Management. All analyses include CDPs/CDPTs ages 18 – 75 years with active credential status and expiration of credential \geq 2017.
- Washington population data are from the Washington State Office of Financial Management, 2016 data.
- Rural/urban status determined using Rural Urban Commuting Area (RUCA) taxonomy.(U.S. Department of Agriculture) and practitioner's license public address ZIP code.
- Included IPEDS CIP code 51.1501 (Substance Abuse/Addiction Counseling), 51.1599 (Mental and Social Health Services and Allied Professions); when both categories available for one institution, reported 51.1501 category; included Certificates below baccalaureate level and associate degrees, 1st/2nd major, no imputation variables. 2011 – 2015 Final Release Data.
- Washington State Employment Security Department, SOC code 21-1011 (Substance Abuse and Behavioral Disorder Counselors).

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