



2SHB 1724 RECOMMENDATIONS

Section 5 - Increasing the Behavioral Health Workforce

Office of the Assistant Secretary | Health Systems Quality Assurance Division | Department of Health

WASHINGTON STATE DEPARTMENT OF HEALTH
TRANSFORMATIONAL PLAN
A VISION FOR HEALTH IN WASHINGTON STATE

OUR PRIORITIES AND VISION FOR TRANSFORMATIONAL HEALTH



I. HEALTH AND WELLNESS

All Washingtonians have the opportunity to attain their full potential of physical, mental, and social health and well-being.



II. HEALTH SYSTEMS AND WORKFORCE TRANSFORMATION

All Washingtonians are well served by a health ecosystem that is robust and responsive, while promoting transparency, equity, and trust.



III. ENVIRONMENTAL HEALTH

All Washingtonians will thrive in a broad range of healthy environments — natural, built, and social.



IV. EMERGENCY RESPONSE AND RESILIENCE

All Washington communities have the information and resources they need to build resilience in the face of myriad public health threats and are well-positioned to prepare for, respond to, and recover from emergencies and natural disasters.



V. GLOBAL AND ONE HEALTH

All Washingtonians live in ever-connected environments that recognize and leverage the intersection of both global and domestic health as well as the connections of humans, animals, and the environment.

TRANSFORMATIONS IN ACTION



INNOVATION AND TECHNOLOGY



COMMUNITY CENTERED



VISIBILITY AND VALUE



EQUITY DRIVEN



COLLABORATIVE ENGAGEMENT

CORNERSTONE VALUES: EQUITY • INNOVATION • ENGAGEMENT
VISION: EQUITY AND OPTIMAL HEALTH FOR ALL



Behavioral Health Workforce Shortage

Figure 1. Behavioral Health Facilities*
Occupations with exceptionally long vacancies: 2019-2022

Rank	Spring 2019	Fall 2019	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022
1	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor
2	Chemical dependency professional (SUDP)**	Chemical dependency professional (SUDP)**	Chemical dependency professional (SUDP)**	Chemical dependency professional (SUDP)**	Substance use disorder professional	Substance use disorder professional	Substance use disorder professional	SUDP
								Registered nurse
								Peer counselor
3	Social worker	Peer counselor	Social worker	Social worker (Mental Health/SUDP)	Psychiatrist	Social worker (Mental Health/SUDP)	Social worker (Mental Health/SUDP)	Social worker (Mental Health/SUDP)
				Social worker				
4	Marriage & family therapist	Marriage & family therapist	Peer counselor	Registered nurse	Peer counselor	Peer counselor	Marriage & family therapist	Marriage & family therapist

↑ Most cited

*Includes behavioral/mental health, substance use disorder clinics, residential treatment facilities, designated crisis responder services, mobile crisis outreach teams, and other residential and out-of-facility behavioral health services.

**Occupation title changed to Substance Use Disorder Professional (SUDP).

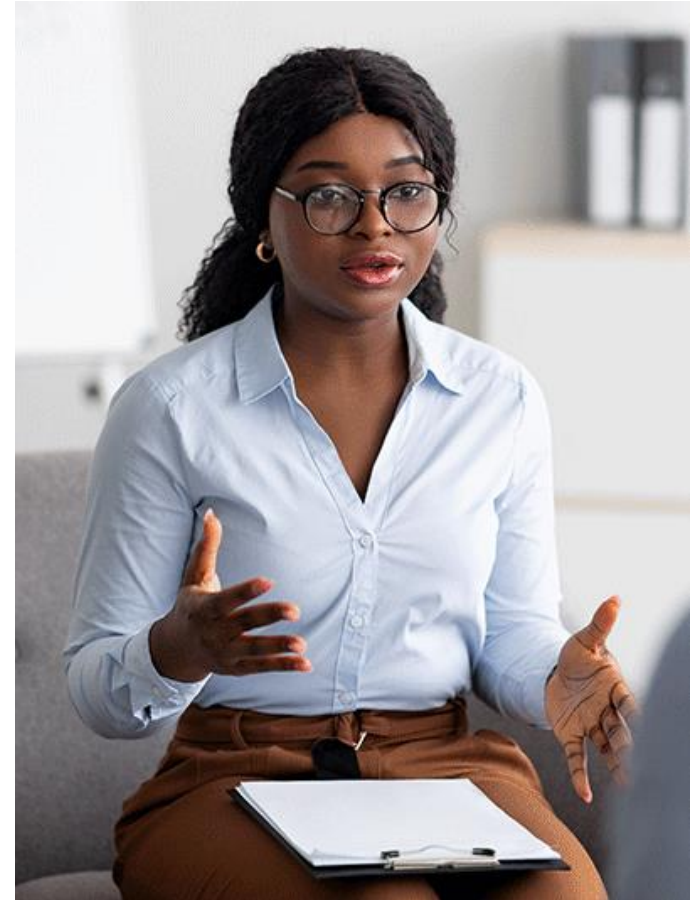
Note: Findings prior to spring 2019 not shown due to space constraints – see the Sentinel Network dashboards at

wa.sentinelnetwork.org

2SHB 1724 – Increasing the Behavioral Health Workforce

- Section 5 directs DOH to review licensing requirements for select behavioral health professions* and propose and implement policy changes that would:
 - Remove barriers to entering or remaining in the workforce,
 - Streamline and shorten the credentialing process, and
 - Improve equity in behavioral health credentialing.
- Preliminary report today; final report in November 2024.

** Marriage and Family Therapists, Mental Health Counselors, Psychologists, Social Workers, Substance Use Disorder Professionals.*



Listening Sessions

- DOH held four community listening sessions in June to learn about barriers to getting or maintaining behavioral health credentials
- Over 400 licensees, employers, community organizations, and others provided verbal or written comments
- Themes that emerged from qualitative analysis of the data:
 - Poor communication from DOH during the application process
 - Takes too long to get credentialed
 - Supervision requirements are too burdensome
 - Exams pose barriers, especially for BIPOC communities
 - Confusion about requirements to get a credential

Recommendations Feedback

- In August, DOH held two feedback sessions and conducted a survey on draft recommendations for statute and rule changes to reduce barriers
- Feedback provided by nearly 400 people
- General support for the draft recommendations, with a few exceptions
- Appreciation and acknowledgement that we made great strides in the first year of implementation, but more work is needed in 2024 especially on equity issues in licensure exams

Public Feedback on Engagement Process

Thinking about the process the department used to engage with interested parties, please indicate how you feel the department handled the following items:	Rating of Excellent or Good
Communication and listening	77%
Creating safety and space to give feedback	65%
Making meetings and information accessible and equitable	90%
Drafting recommendations responsive to issues raised	77%
Drafting recommendations that will likely improve the behavioral health workforce crisis	73%
Balancing access to care, equity, and patient safety	74%

Note: non-responses and “no opinion” responses excluded from this data.

Recommendations to Remove Licensing Barriers in Statute

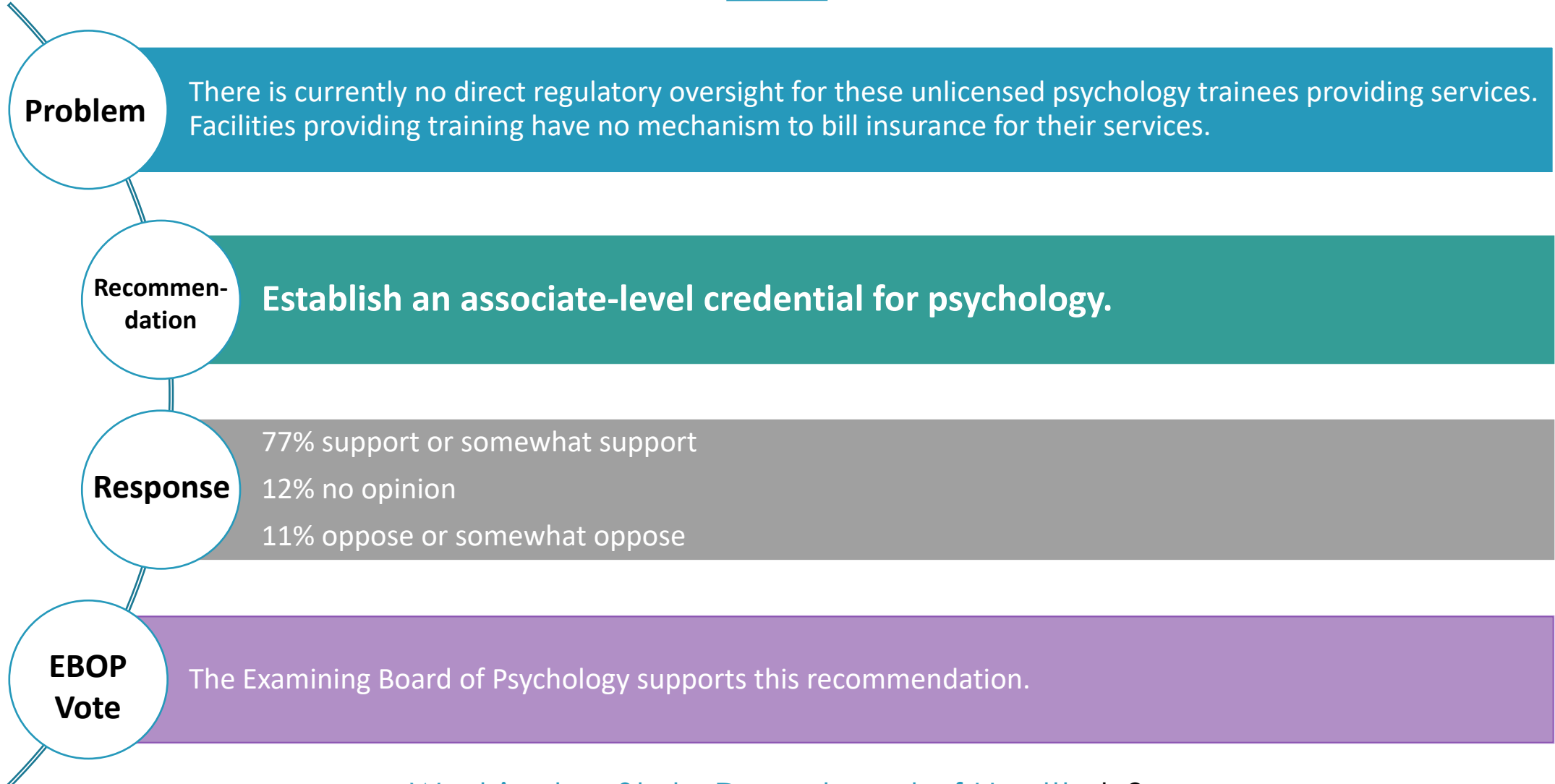
Supervision and Training

Out of State Applicants

Practice Location

Continuing Education

Establish an Associate-Level Psychology Credential



Remove Limitations on Number of Associate License Renewals

Problem

Current statute caps the number of times associates can renew a credential. Applicants may run out of renewals before completing requirements for a full license. This barrier has a negative impact on equity and does not improve patient safety or access to care.

Recommendation

Remove limitations on number of renewals for associate-level credentials.

Applies to marriage and family therapists, mental health counselors, social workers, and substance use disorder professionals

Response

68% support or somewhat support

15% no opinion

17% oppose or somewhat oppose

Reduce Experience Requirements to Supervise MFT Associates

Problem

Current statute requires that MFT associates receive a portion of their supervised experience under a MFT with 5 years of experience. Finding supervisors with this experience level can be difficult, posing a barrier to becoming licensed.

Recommendation

Reduce the years of experience required to supervise MFT associates to align with other masters-level behavioral health counselors (from 5 to 2 years).

Response

62% support or somewhat support
10% no opinion
28% oppose or somewhat oppose

Allow Associate Applicants to Practice During Application Review

Problem

Behavioral health students provide patient care under supervision during the practicum portion of their training program. Their practicum may end before they graduate and are eligible to receive an associate license. This creates disruptions in care for patients, especially given the current provider shortage.

Recommendation

Allow applicants for an associate license to practice with established patients under direct supervision while their application is pending.

Applies to marriage and family therapist associates, mental health counselor associates, and social worker associates

Response

83% support or somewhat support

12% no opinion

5% oppose or somewhat oppose

Adopt the Social Work Interstate Licensing Compact

Problem

Social workers licensed in other states who want to work in Washington must go through the full licensure process, which is a disincentive to work here.

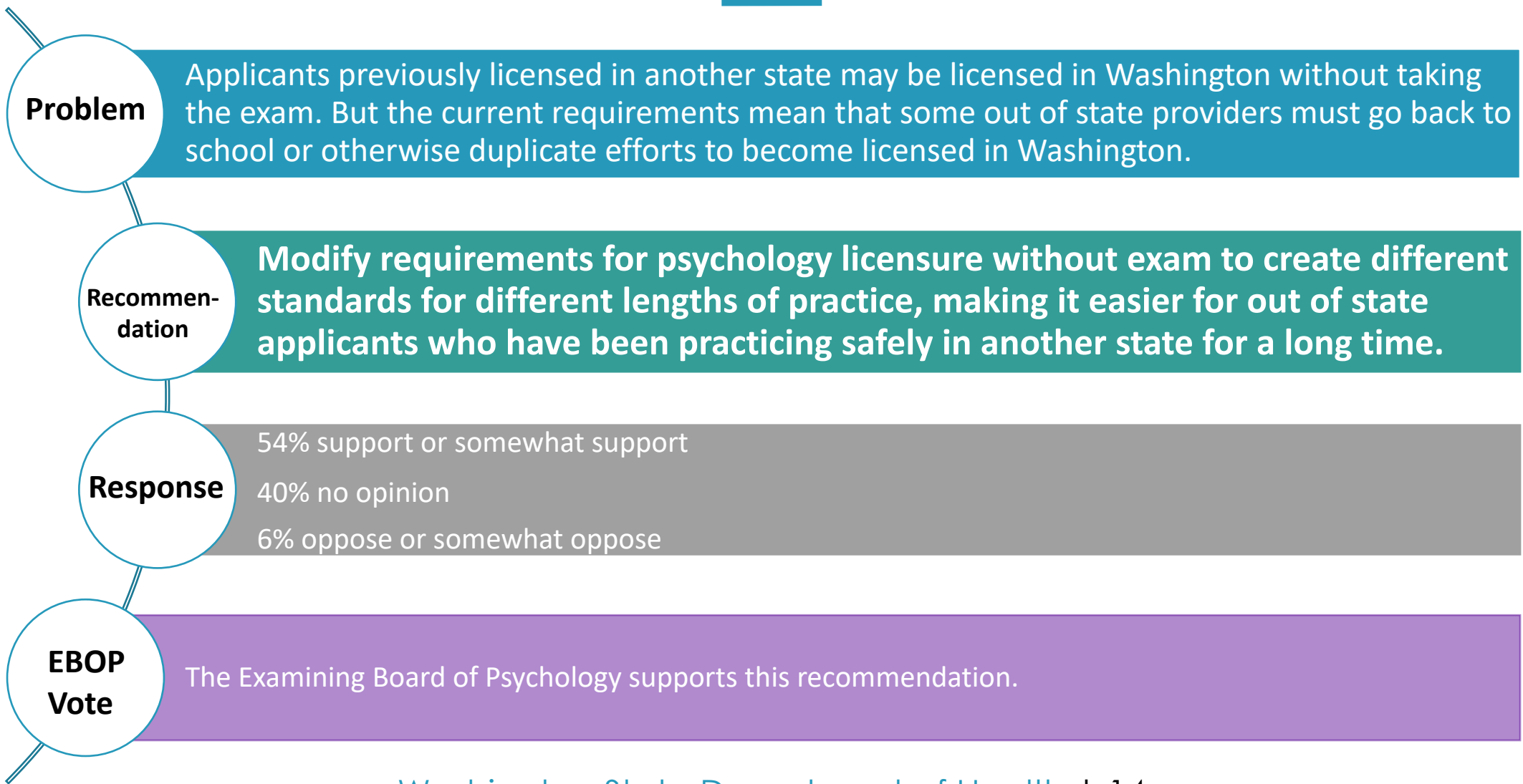
Recommendation

Adopt the social work compact as an alternate pathway to legal practice in Washington.

Response

65% support or somewhat support
26% no opinion
9% oppose or somewhat oppose

Account for Years of Experience in Out of State Licensure



Remove Restrictions on SUDP Training Sites

Problem

Limitations on training sites for substance use disorder professionals can be a bottleneck to getting trainees the required experience to become fully licensed. This can slow the flow of available practitioners and in some cases even dissuade applicants from becoming licensed.

Recommendation

Remove the restrictions on substance use disorder professional trainees that limit them to working in a behavioral health agency licensed to provide SUD services.

Response

47% support or somewhat support
16% no opinion
37% oppose or somewhat oppose

Allow Agency Affiliated Counselors to Practice in FQHCs

Problem

Current statute limits the settings where Agency Affiliated Counselors can practice and the settings do not include FQHCs. This prevents FQHCs from employing agency affiliated counselors.

Recommendation

Allow Agency Affiliated Counselors to practice in Federally Qualified Health Centers.

Response

51% support or somewhat support
22% no opinion
27% oppose or somewhat oppose

Remove Minimum Hours of Continuing Education

Problem

Most professions' licensing chapters provide rulemaking authority for CE, but no specific requirements for the number of hours. Master's level counselors are the exception to this, which prevents regulatory flexibility and slows DOH's responsiveness to changing needs in these professions.

Recommendation (modified)

Remove minimum hour of continuing education from statute and allow them to be maintained in WAC, except for health equity and suicide prevention.

Applies to marriage and family therapists, mental health counselors, and social worker professions

Response

Recommendation revised based on stakeholder feedback in August. No data available on level of support for the revised recommendation.

Recommendations to Remove Licensing Barriers in Rule

Rule Change Recommendations: Master's Level Providers and SUDPs

Recommendation	Applies to
Reduce continuing education requirements and remove in-person attendance requirements.	Marriage and Family Therapists, Mental Health Counselors, Social Workers, and Substance Use Disorder Professionals

Rule Change Recommendations: Substance Use Disorder Professionals

Recommendation

Reduce the number of years of licensure in a substantially-equivalent state required for licensure in Washington by endorsement.

Modify coursework review requirements so review is only required if applicant did not complete a SUD counseling program with a degree.

Eliminate the time limit (currently 7 years) for earning supervised experience hours.

Reduce years of practice (currently 3,000 hours) to become an approved supervisor of SUDP trainees.

Remove the requirement that supervisors of SUDP trainees be on-site, allowing for remote supervision after the first 50 hours.

Rule Change Recommendations: Master's Level Providers

Recommendation	Applies to
Broaden eligibility to supervise Marriage and Family Therapist Associates. (dependent on statutory change first)	Marriage and Family Therapist Associates
Allow professional experience to substitute for practicum requirements.	Marriage and Family Therapists and Mental Health Counselors
Reduce the number of years of licensure in a substantially-equivalent state required for licensure in Washington without an exam.	Marriage and Family Therapists, Mental Health Counselor, and Social Worker professions

Psychology Rule Change Recommendations

Recommendation	Does the Examining Board of Psychology Support the Recommendation?
Increase the number of courses that can be completed outside the doctoral program.	Yes
Reduce number of residency hours required.	Yes
Create an easier pathway to licensure for applicants from academic programs accredited by organizations other than the American Psychology Association.	Yes. The board supports accomplishing this by adding the Psychological Clinical Science Accreditation System to the list of approved accredited programs that undergo simplified review and consolidate and reduce the content areas of study.

Credentialing Process Improvement

Multiple activities underway, beyond 2SHB 1724 implementation, to improve credentialing timelines:

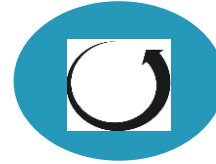
- Psychology credentialing pilot project
- Independent, 3rd party review of credentialing practices across all professions
- Results Washington consultation and oversight
- Licensing system changes: Healthcare Enforcement and Licensing Management System (HELMS) project

Next Steps



Rulemaking

- Implement emergency rules for WAC actions by July 1, 2024
- Complete permanent rules by July 1, 2025



2024 Recommendations Development

- Early 2024: public listening sessions
- Summer 2024: publish recommendations and feedback sessions



Final Presentation

- Summer/Fall 2024: review comments and adjust recommendations as needed
- November 1, 2024: final presentation to legislature

Contacts

Christie Spice

Policy Director

Health Systems Quality Assurance | Department of Health

Christie.Spice@doh.wa.gov

You can also reach out to:

1724publiccomment@doh.wa.gov



@WADeptHealth



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