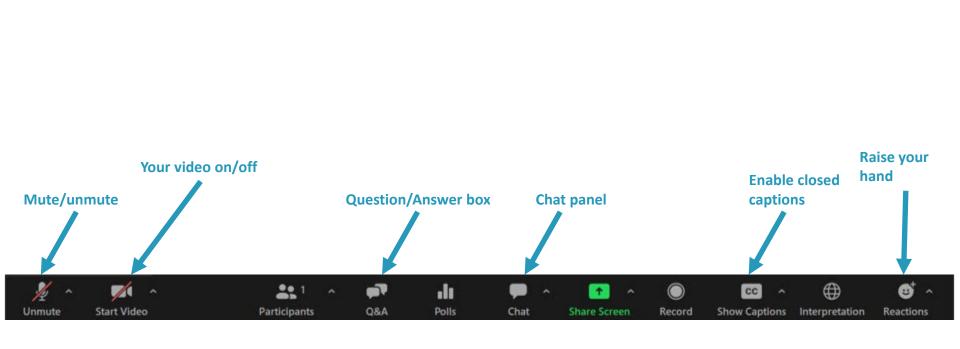




# 1724 FEEDBACK SESSIONS

Increasing the Behavioral Health Workforce

# Zoom Navigation and Accessibility



## INTERPRETATION / INTERPRETACIÓN

Click on the globe shaped icon on the bottom right of your screen. It says "Interpretation" under the icon. Click on the language you would prefer to hear the webinar in. You can choose whether to mute the original audio. This is a feature you would use if you choose to listen to the webinar in a language other than English. It will mute the English speaker so that you only hear the translator speaking in the language of your choice.

Haga clic en el icono con forma de globo en la parte inferior y a la derecha de su pantalla. Dice "interpretation" debajo del icono. Haga clic en el idioma en el que prefiere escuchar el seminario. Puede elegir si silenciar el audio original. Esta es una función que usaría si elige escuchar el seminario en un idioma que no sea inglés. Silenciará al hablante de inglés para que solo escuche al traductor hablar en el idioma de su elección.























### Please Keep In Mind

- Be mindful and respectful of all attendees and staff.
- Please raise your hand to speak.
  - When you begin, please state your name and the name of the group you represent (if applicable)
- If you would prefer to provide written comments, please enter them in the chat or email <u>1724publiccomment@doh.wa.gov</u>
- We are considering all the recommendations presented, but we may modify the recommendations based on what we hear today and in our survey.
- For the purposes of this discussion, "behavioral health provider" includes:
  - Advanced Social Workers and Independent Clinical Social Workers
  - Marriage and Family Therapists
  - Mental Health Counselors
  - Substance Use Disorder Professionals and
  - **Psychologists**

# Background

# WHY IS DOH HOLDING THESE FEEDBACK SESSIONS?

## Why is DOH holding feedback sessions?

- Washington State is experiencing a critical shortage of behavioral health providers which is limiting access to needed services, causing staffing and other issues for facilities and employers, and negatively impacting overall public health.
- Behavioral health is a central priority for the department
  - Transformational Plan: A Vision for Health in Washington State (2022-24)
    - Health and Wellness: All Washingtonians have the opportunity to attain their full potential of physical, mental, and social health and well-being.
    - 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.

# Why is DOH holding feedback sessions?

2SHB 1724 passed during the 2023 session. Section 5 of the bill directs the department to review licensing requirements and make recommendations that would:

- Remove barriers to entering or remaining in the workforce
- Streamline and shorten the credentialing process, and
- Improve equity in behavioral health licensing.

In June, the department held listening sessions to hear from licensees, employers, communities, associations, and any other interested parties about the hurdles or barriers they face related to licensing.

Department staff analyzed the comments, performed research, and developed draft recommendations we believe will help address the barriers.

# **Listening Session Themes**

#### Application expiration timelines

Time limits on associate licenses

**Primary source verification** 

National exams

Continuity of care concerns

Adopting compacts

DOH staffing

lack of DOH transparency

Lost documents

testing delays - approval to test (psych only)

**Delays in OOS applications** 

Supervision requirements - cost

Supervision - regulating supervisors

**Endorsement and reciprocity** 

Inconsistencies from DOH

**EBOP** overregulation

Online portal - document limits CEU requirements - lack of clarity

Website challenges

**Supervision requirements - general** 

CEU requirements - cost

Costs - general

telehealth exam barriers - general

earlier/more TA options

**CEU requirements - general** 

**Poor communication** 

Opposed to lowering standards

Time burden - approval of licensure

Time burden - general

Criminal or background barriers

**Confusion about regulations** 

**Efficieny and redundancy concerns** 

**Testing accomodations** 

**Cost - licensing fees** 

**Lack of DOH support** 

Demographic concerns

Licensure process - general

SAW struggles

Administrative burden

exam barriers - cost

testing delays

Years of experience substituting for other requirements

Plain Talk

Practicum time should count towards licensed hours

Longer licensing periods

**EBOP** operational concerns

**Educating employers about licensure process** 

DOH allowing noncompliance

accreditation requirements for schools

Problems gaining supervised hours

### What will today's input be used for?

#### Your feedback will help us:

- determine which draft recommendations have the greatest potential to reduce barriers and increase the behavioral health work force
- Determine which draft recommendations the department should move forward with or recommend to the legislature for action, and
- identify areas where solutions are still needed.

#### We will use the feedback you share with us to:

- prioritize which solutions most urgently need action
- inform recommendations we make to the legislature in November, and
- Direct our work and research moving into the 2024 final round of recommendations

## Credentialing Process Improvement

Multiple activities underway, beyond 1724, to improve credentialing timelines:

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

# Internal Process Improvement - All behavioral health professions

- 1. Developing explanatory graphics for licensing processes.
- 2. Scheduling regular virtual meetings for applicants to get technical assistance from their program manager and credentialing staff.
- 3. Establish a uniform continuity of care policy (Note: for psychology, this may require a legislative change.)
- 4. Establish a process for automatic re-reviews on pending applications and follow up with the applicant.

(Note: Psychology has already implemented this as part of Project Pathway)

### Internal Process Improvement – Specified Professions

#### Master's level counselors

(includes social workers, marriage and family therapists, and mental health counselors)

- 1. Establishing a review process for indirect supervisor approval
- 2. Requesting more relevant resources be added to HEAL-WA

#### **Substance Use Disorder Professionals**

1. Improve documentation clarifying which professions have the ability to provide SUD services within their current scope.

#### **Substance Use Disorder Professionals and Agency Affiliated Counselors**

1. Establishing a pilot program to trial process changes for application review.

### Feedback - Process

- Over the next few slides, we will:
  - Give a brief overview of the recommendations and rationale, then open the floor for about 15 minutes of verbal feedback.
  - Repeat this process for each slide.
- At the end, we will open the floor for general comments, or anything you wish to share.
- Written comments can be submitted in the chat at any time.
  - Note: Please reference which draft recommendation you are responding to.
- After the webinar concludes, you will receive an email with a link to a survey to gather responses to each item.

### Draft Recommendations for RCW change

#### Master's Level Counselors

- 1. Create a pathway for students completing their practicum to continue providing services to established patients.
- 2. Adopt the social work compact as an alternate pathway to legal practice in Washington.
- 3. Remove restrictive language that requires a portion of supervision to be under a marriage and family therapist that has 5 years' experience, allowing more licensees to supervise.
- 4. Remove continuing education requirements in statute

## Draft Recommendations for RCW change

#### Master's level Counselors and Substance Use Disorder Professionals

1. Remove limitations on the number of renewals for associate and trainee credentials.

#### Substance Use Disorder Professionals (SUDP)

1. Remove restrictions on SUDP trainees limiting them to working only in a behavioral health agency licensed to provide SUD services.

### **Psychology**

1. Establish an associate level credential for psychology.

### **Agency Affiliated Counselors (AAC)**

1. Allow AACs to practice in Federally Qualified Health Centers.

### Draft Recommendations for WAC change

#### All behavioral health professions

1. Remove continuing education requirements, except those required by statute. (For master's level counselors, a statute change is needed first.)

#### Master's level counselors

- 1. Allow professional experience to substitute for practicum requirements. (Except social workers)
- 2. Lower years of licensure requirement for licensure by endorsement from 5 years to 1 year.
- 3. After the statute is changed, amend rules for marriage and family therapists to align the definition of "equally qualified licensed mental health practitioner" more closely with other master's level counselor professions.

# Draft Recommendations for WAC change

### **Substance Use Disorder Professionals**

- 1. Remove requirements that supervisors be on-site, allowing for remote supervision
- 2. Lower years of licensure requirement for licensure by endorsement from 5 years to 1 year.
- 3. Modify coursework review requirement so that a review is only required if the applicant did not complete a SUD counseling program with a degree.
- 4. Eliminate the 7-year cap on supervised experience earned.
- 5. Reduce the years of practice requirement to become an approved supervisor to 1 year.

### Draft Recommendations for WAC change

### **Psychology**

- 1. Establish an easier pathway to access licensure through non-American Psychology Association accredited educational programs.
- 2. Reduce the number of residency hours required.
- 3. Allow "online-only" schools that meet qualifications established by the board to qualify for licensure
- 4. Increase the number of courses that can be completed outside the doctoral program.
- 5. Modify licensure by reciprocity and endorsement to establish different standards for different lengths of practice.

### Ongoing Work

- Workgroup still discussing/considering:
  - Options to incentivize retention of supervisors
  - Creating service level agreements for licensure process
  - Creating a calculator to help determine required supervision hours and ratios
  - Options to emphasize that supervision hours can be earned for free at most BHAs
  - Options for utilizing community behavioral health to build out more training sites
  - Allowing training directors to sign off on supervision hours
  - Assign application to a single reviewer throughout the process
  - Continued research and discussions of requirements in other states
  - Changes that reduce barriers for international applicants
  - Additional recommendations that emerge from our 2024 work

### Ongoing Work – Knowledge/Skills Exams

- Significant and critical issue
  - Racial, age, ELP, disability, and other disparities
  - Lack of language availability through testing entities
  - Unfair or unequal application of accommodations through testing entities
- Laws governing the department and most authorities require "an exam". Other RCW defines "exam" in a way that requires it be a skills or knowledge-based exam.
- Significant concerns with eliminating exam requirements without a sufficient alternative to ensure patient safety
- Unknown impacts that need to be considered

# Outside DOH Authority

- 1. Increase provider pay or insurance reimbursement
- 2. Requiring internships be paid
- 3. Posting fingerprinting cards online
- 4. Allowing for licensing fees to be refunded

# Open Public Comment

### Next Steps



#### Review feedback

- Review today's feedback and results of survey
- Adjust recommend ations as needed



#### **Presentation**

- Drafting through September
- Review and approval through October
- Deliver presentation November 1, 2023.



#### **2024 cycle**

- Early 2024: listening sessions
- **Summer 2024:** recommendations and feedback sessions
- November 1, 2024: final presentation to legislature

### Behavioral Health Legislative **Implementation** Website

- Provides information on all behavioral health legislative implementation, including 2SHB 1724
- June listening session recordings and slides
- Recordings of these sessions will be posted here



Behavioral Health Legislative Implementation | Washington State Department of Health

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