



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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January 19, 2024

The Honorable Annette Cleveland, Chair
Senate Health and Long-Term Care
Committee
Post Office Box 40466
Olympia, Washington 98504-0466

The Honorable Vandana Slatter, Chair
House Postsecondary Education and
Workforce Committee
Post Office Box 40600
Olympia, Washington 98504-0600

Dear Senator Cleveland and Representative Slatter:

I am pleased to provide this update on implementation of [Second Substitute House Bill 1724 – Section 5](#), codified as [RCW 43.70.903](#), which directs the Department of Health (department) to review licensure requirements for specified behavioral health professions and make recommendations for changes to statutes and rules that would:

- remove barriers to entering or remaining in the workforce,
- streamline and shorten the credentialing process, and
- improve equity in behavioral health credentialing.

The law specifies the following professions for the review:

- Psychology
- Substance Use Disorder Professionals
- Social Workers
- Marriage and Family Therapists
- Mental Health Counselors

Interested Party Engagement in Recommendations Development Process

The department held four community listening sessions in June 2023 to learn about the barriers to becoming licensed or maintaining a license and determine which barriers needed action most urgently. There were over 400 license holders, employers, community organizations, and others who attended the listening sessions or provided written comments. Department staff analyzed the comments, identified themes, and researched potential solutions. Staff reviewed laws in other states and jurisdictions, reviewed scientific studies and aggregate literature reviews, consulted with regulators in other jurisdictions, and performed equity reviews to arrive at the recommendations in this report. The department discussed the potential solutions with the Workforce Training and Education Coordinating Board (Workforce Board) and the Examining Board of Psychology (EBOP) to determine the best path forward for addressing each barrier.

Once the department, in consultation with the Workforce Board and EBOP, had drafted recommendations, we shared them with interested parties. We then held two feedback sessions in late August to gather feedback on the proposed recommendations, determine if the proposed recommendations were responsive to issues raised and would likely improve the behavioral health work force crisis, and determine if any recommendations should be adjusted. We also invited written feedback and shared a survey to gather data on each recommendation. We had nearly 400 responses to our requests for feedback either virtually at our feedback sessions, in writing, or via the survey we conducted. In general, the responses were supportive of the recommendations and respondents said they believed the recommendations would improve behavioral health licensing in Washington. A couple of the recommendations, particularly the recommendation to eliminate continuing education requirements, generated significant concern. In response, the department, in consultation with the Workforce Board and EBOP, modified those recommendations to address the concerns.

Recommendations for Statute Change

The department, in consultation with the Workforce Board and EBOP, offers the following recommendations for changes to statute to reduce barriers to getting or maintaining a behavioral health credential in Washington:

- Establish an associate-level credential for psychology.
- Remove limitations on the number of renewals authorized for associate and trainee level credentials for marriage and family therapists, mental health counselors, social workers, and substance use disorder professionals.
- Remove limitations on marriage and family therapist associate supervision requiring the supervisor to have more than 5 years' experience.
- Allow applicants for an associate license to practice with established patients under direct supervision while their application is pending for marriage and family therapists, mental health counselors, and social workers.
- Adopt the Social Work Interstate Licensing Compact.
- Modify requirements for psychology licensure without exam to create different standards for different lengths of practice, accounting for years of experience in out-of-state licensure.
- Remove restrictions on substance use disorder professional trainees that limit them to working in a behavioral health agency licensed to provide substance use disorder services.
- Allow agency affiliated counselors to practice in Federally Qualified Health Centers.
- Remove continuing education requirements in statute, except for health equity and

suicide prevention, and allow continuing education requirements to be maintained in WAC for marriage and family therapists, mental health counselors, and social workers.

Recommendations for Rule Change

The department, in consultation with the Workforce Board and EBOP, identified the following changes to rules to reduce barriers to getting or maintaining a behavioral health credential in Washington:

- Reduce continuing education requirements and remove in-person attendance requirements for all behavioral health professions except psychology. The statutory change recommended above is necessary before rules can be amended for marriage and family therapists, social workers, and mental health counselors.
- Amend rules for marriage and family therapists to align the definition of “equally qualified licensed mental health practitioner” with other similarly qualified professionals.
- Allow professional experience to substitute for practicum requirements for marriage and family therapists and mental health counselors.
- Lower requirements for licensure by endorsement to one year of licensure in a substantially equivalent state for marriage and family therapists, mental health counselors, social workers, and substance use disorder professionals.
- Remove the requirement that supervisors be on-site, allowing for remote supervision for substance use disorder professionals.
- Modify coursework review requirements for substance use disorder professional applicants so a detailed review is only required if the applicant did not complete a substance use disorder counseling program with a degree.
- Eliminate the seven-year cap on supervised experience hours earned for substance use disorder professionals.
- Reduce the years of practice requirement to become an approved supervisor for substance use disorder professionals to one year.
- Increase the number of courses that can be completed outside the doctoral program for psychologists.
- Reduce the number of residency hours required for psychologists.
- Create an easier pathway to licensure for applicants coming from non-American Psychological Association accredited academic programs. (The EBOP supports accomplishing this by adding the Psychological Clinical Science Accreditation System accredited programs to the list of approved accredited programs that undergo simplified licensure review.)

Credentialing Process Improvement

In addition to making the 2SHB 1724 recommendations, the department has embarked on several internal process improvement efforts to streamline the credentialing process and improve customer satisfaction. To address lengthy credentialing delays in the psychology profession, the department launched a pilot project in March 2023 to develop credentialing process improvements. This project combined program and credentialing staff into a single team under single leadership. Together, the team identified causes of delays, created and tested new approaches, and developed a robust performance metric reporting system. The average days between application submission and psychology license issuance dropped from 543 in the three month period just before the pilot to 87 in the period after it started. The department is embarking on a major reorganization of credentialing that will extend the organizational structure and data-driven approach used for the psychology pilot across all professions.

Last spring, the department also hired an outside contractor to perform an independent review of credentialing processes and make recommendations for changes to improve credentialing timelines. The contractor, First Rule Group, produced a report for the department with recommendations for improvements and efficiencies. The department is reviewing the report and working with the Governor's Results Washington team to plan next steps. Results Washington is providing oversight, consultation, and technical assistance with the department's credentialing process improvement efforts.

Some improvements to credentialing processes will require changes to the information technology systems used to perform the work. The department is implementing a project to replace several outdated systems with the new Healthcare Enforcement and Licensing System (HELMS) which will provide more robust licensing capabilities, better visibility for applicants and licensees, and an easier application submission process.

Next steps

Department staff are starting emergency rulemaking to implement the recommendations for rule changes, and simultaneously initiating the permanent rulemaking process. Emergency rules will be in place on or before July 1, 2024, and permanent rulemaking will be completed on or before July 1, 2025. The department will also begin working on the next round of recommendations for 2024. We plan to host additional listening sessions in spring 2024, develop and release the next set of draft recommendations and host feedback sessions on the new recommendations in summer 2024, and make our final report to the legislature in November 2024. For questions about this report, please contact Christie Spice, Policy Director for Health Systems Quality Assurance, at christie.spice@doh.wa.gov or 360-480-2109.

Sincerely,



Lacy M. Fehrenbach, MPH, CPH
Chief of Prevention, Safety and Health

cc: The Honorable Annette Cleveland, Senate Health and Long-Term Care Committee
The Honorable Vandana Slatter, House Post Secondary Education and
Workforce Committee
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