

HOUSE BILL REPORT

2SHB 1724

As Amended by the Senate

Title: An act relating to increasing the trained behavioral health workforce.

Brief Description: Increasing the trained behavioral health workforce.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Bateman, Macri, Taylor, Berry, Tharinger, Slatter, Callan, Leavitt, Reed and Shavers).

Brief History:

Committee Activity:

Postsecondary Education & Workforce: 2/10/23, 2/15/23 [DPS];
Appropriations: 2/21/23, 2/23/23 [DP2S(w/o sub PEW)].

Floor Activity:

Passed House: 3/4/23, 95-0.
Senate Amended.
Passed Senate: 4/12/23, 48-0.

Brief Summary of Second Substitute Bill

- Requires the Department of Health to examine licensing requirements for certain behavioral health professions which must be implemented by certain disciplining authorities.
- Creates a program to facilitate placement of behavioral health associates with clinical supervision.
- Creates a stipend program for out-of-pocket costs incurred by behavioral health associates completing supervised experience requirements.
- Removes practice setting limitations for probationary licenses.
- Makes changes to licensing requirements for certain behavioral health professions.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

HOUSE COMMITTEE ON POSTSECONDARY EDUCATION & WORKFORCE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 14 members: Representatives Slatter, Chair; Entenman, Vice Chair; Reed, Vice Chair; Ybarra, Ranking Minority Member; Waters, Assistant Ranking Minority Member; Hansen, Jacobsen, Klicker, Leavitt, McEntire, Paul, Pollet, Schmidt and Timmons.

Minority Report: Do not pass. Signed by 1 member: Representative Chandler.

Staff: Jim Morishima (786-7191).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Postsecondary Education & Workforce. Signed by 30 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Stokesbary, Ranking Minority Member; Chambers, Assistant Ranking Minority Member; Corry, Assistant Ranking Minority Member; Berg, Chandler, Chopp, Connors, Couture, Davis, Dye, Fitzgibbon, Harris, Lekanoff, Pollet, Riccelli, Rude, Ryu, Sandlin, Schmick, Senn, Simmons, Slatter, Springer, Steele, Stonier and Tharinger.

Staff: Lily Smith (786-7175).

Background:

Several types of health providers are licensed to perform behavioral health services, including psychologists, substance use disorder professionals, advanced social workers, independent clinical social workers, mental health counselors, and marriage and family therapists.

Psychologists.

A psychologist is authorized to observe, evaluate, interpret, and modify human behavior by the application of psychological principles, methods, and procedures for the purposes of preventing or eliminating symptomatic or maladaptive behavior and promoting mental and behavioral health.

To be a licensed psychologist, a person must hold a doctoral degree in psychology, have at least two years of supervised experience, pass an examination, and be of good moral character.

Substance Use Disorder Professionals.

A substance use disorder professional is authorized to employ the core competencies of substance use disorder counseling to assist or attempt to assist individuals with substance use disorder in their recovery.

To be a certified substance use disorder professional, a person must complete an educational program, an apprenticeship program, or alternative training. The person must also pass an examination and complete an experience requirement that establishes fewer hours of experience for applicants with higher levels of education.

Advanced Social Workers.

An advanced social worker is authorized to apply social work theory and methods, including emotional and biopsychosocial assessment, psychotherapy under the supervision of another mental health professional, case management, consultation, advocacy, counseling, and community organization.

To be an advanced social worker, a person must graduate from a master's or doctorate level social work educational program accredited by the Council on Social Work Education, pass an examination, and complete at least 3,200 hours of supervised experience. The supervised experience hours must include at least 90 hours of direct supervision by a independent clinical social worker, an advanced social worker, or an equally qualified mental health professional. At least 50 of the 90 hours must be supervised by a licensed advanced social worker or independent clinical social worker.

Independent Clinical Social Workers.

An independent clinical social worker is authorized to perform the same services as an advanced social worker. In addition, the independent clinical social worker may diagnose and treat emotional and mental disorders based on knowledge of human development, the causation and treatment of psychopathology, and psychotherapeutic treatment practices.

To be an independent clinical social worker, a person must graduate from a master's or doctorate level social work educational program accredited by the Council on Social Work Education, pass an examination, and complete at least 4,000 hours of supervised experience over a period of at least three years. At least 130 of the 4,000 hours must be supervised by a licensed mental health practitioner. At least 70 of the 130 hours must be under the supervision of an independent clinical social worker.

Mental Health Counselors.

A mental health counselor is authorized to apply principles of human development, learning theory, psychotherapy, group dynamics, and etiology of mental illness and dysfunctional behavior to individuals, couples, families, groups, and organizations, for the purpose of treatment of mental disorders and promoting optimal mental health and functionality.

Mental health counseling also includes the assessment, diagnosis, and treatment of mental and emotional disorders, as well as the application of a wellness model of mental health.

To be licensed as a mental health counselor, an applicant must graduate from a master's or doctoral program in mental health counseling or a related discipline, pass an examination, and complete a supervised experience requirement of at least 36 months or 3,000 hours.

Marriage and Family Therapists.

A marriage and family therapist is authorized to diagnose and treat mental and emotional disorders within the context of relationships, including marriage and family systems.

To be licensed as a marriage and family therapist, a person must graduate from a master's or doctoral program in marriage and family therapy or equivalent allied field, pass an examination, and complete a supervised experience requirement consisting of two calendar years of full-time marriage and family therapy totaling at least 3,000 hours.

Provisional Licenses.

The Department of Health grants probationary licenses to applicants from other states who seek a credential in Washington as a psychologist, substance use disorder professional, advanced social worker, independent clinical social worker, mental health counselor, or marriage and family therapist. A person with a probationary license may only practice in a behavioral health agency.

Summary of Second Substitute Bill:

Examination of Licensure Requirements.

The Department of Health (DOH), in consultation with the Workforce Training and Education Coordinating Board and the Examining Board of Psychology (EBP), must examine licensure requirements for psychologists, substance use disorder professionals, advanced social workers, independent clinical social workers, mental health counselors, and marriage and family therapists. The DOH must identify changes to statutes and rules that would remove barriers to entering and remaining in the workforce and streamline and shorten the credentialing process.

The requirements that the DOH must examine include examinations, continuing education, administrative requirements for license application and renewal, English language proficiency, supervised experience, supervisor requirements, and the costs of completing required experience. The DOH must consider the following:

- the availability of peer-reviewed research and other evidence indicating the necessity of specific licensure requirements for ensuring that behavioral health professionals are prepared to practice with reasonable skill and safety;

- changes that would facilitate licensure of qualified out-of-state and international applicants to promote reciprocity, including the adoption of compacts;
- changes that would promote greater consistency across licensure requirements for advanced social workers, independent clinical social workers, mental health counselors, and marriage and family therapists and allow for prior professional experience within relevant fields to be counted towards supervised experience requirements, including the extent to which an applicant may use prior professional experience gained before graduation from a master's or doctoral level educational program to satisfy the applicant's supervised experience requirement;
- technical assistance programs, such as navigators or dedicated customer service lines, to facilitate the completion of licensing applications;
- the creation of an associate-level license for psychologists;
- whether agency affiliated counselors should be allowed to practice in federally qualified health centers; and
- any rules that pose excessive administrative requirements for application or renewal or place a disproportionate burden on applicants from disadvantaged communities.

By November 1, 2023, the DOH must provide to the Legislature a progress report and recommendations to remove licensing barriers and improve credentialing timeframes. By November 1, 2024, the DOH must provide a final report to the Legislature on actions and recommendations to remove licensing barriers and improve credentialing timeframes.

By July 1, 2024, the DOH and the EBP must adopt emergency rules to implement the recommendations. The DOH and EBP must adopt permanent rules by July 1, 2025.

Clinical Supervision Programs.

Subject to appropriated funds, by October 1, 2023, the DOH must develop a program to facilitate placement of associates with clinical supervision services. The program must include a database of license holders with the required qualifications who are willing to serve as approved supervisors and agencies or facilities that offer supervision services through their facilities to associates seeking to satisfy supervised experience requirements.

The DOH must establish, by rule, minimum qualifications for supervisors and facilities and minimum supervision standards. The DOH may not include in the database any person or facility not meeting the minimum qualifications. The DOH must periodically audit the list to remove persons or facilities not meeting the qualifications or standards.

Subject to appropriated funds, by July 1, 2024, the DOH must establish a stipend program to defray out-of-pocket expenses incurred by associates completing supervised experience requirements. Expenses eligible for defrayment include costs incurred in order to obtain supervised experience, such as fees or charges imposed by the individual or entity providing supervision and any other expenses the DOH deems appropriate. The DOH must consider defraying out-of-pocket expenses associated with unpaid internships that are part of an

applicant's educational program. Associates must document their out-of-pocket expenses in a manner specified by the DOH.

Licensing Requirements.

Changes are made to the licensing requirements for advanced social workers, independent clinical social workers, mental health counselors, and marriage and family therapists.

In addition, the following changes are made to licensing requirements for the professions:

- Advanced Social Workers. An applicant's doctoral degree may be from any university accredited by a recognized accrediting organization, instead of only the Council on Social Work Education. The supervised experience hours are reduced from 3,200 hours to 3,000 hours. The requirement that at least 50 hours be supervised by a licensed advanced social worker or licensed independent clinical social worker is eliminated.
- Independent Social Workers. An applicant's doctoral degree may be from any university accredited by a recognized accrediting organization, instead of only the Council on Social Work Education. The supervised experience hours are reduced from 4,000 hours to 3,000 hours over two years instead of three years. The hours of experience that must be directly supervised are reduced from 130 hours to 100 hours.
- Marriage and Family Therapists. The requirement that the 3,000 hours of experience be completed within two calendar years of full-time work is eliminated.

Provisional Licenses.

The requirement that probationary licensees practice in a behavioral health agency is eliminated.

EFFECT OF SENATE AMENDMENT(S):

The Senate amendment:

- allows all disciplining authorities (for both behavioral health professions and nonbehavioral health professions) to waive education, training, experience, and exam requirements for applicants who have been credentialed in another state with substantially equivalent standards for at least two years immediately preceding their application with no interruption in licensure for longer than 90 days;
- allows all disciplining authorities to waive education, training, experience, or exam requirements for applicants who have achieved a national certification for the profession as determined by the disciplining authority in rule;
- restricts eligibility for the waivers only to applicants who: (1) are not subject to denial of a license or issuance of a conditional license; (2) have not been subject to disciplinary action for unprofessional conduct or impairment in any state, federal, or foreign jurisdiction in the two years preceding their application or during the pendency of their application; and (3) are not under investigation or subject to

- charges in any state, federal, or foreign jurisdiction during the pendency of application;
- allows applicants for health professions licensure to schedule their examinations prior to being found to have met the other requirements for licensure;
 - allows the Secretary of Health to enter into contracts with persons or entities to review applications for licensure or temporary practice permits, but requires the disciplining authority to make the final decision as to whether to deny, grant with conditions, or grant a license or temporary practice permit;
 - establishes two new health professions: (1) certified agency affiliated counselors; and (2) licensed agency affiliated counselors;
 - specifies licensing requirements and scopes of practice for the two new professions;
 - modifies the definition of "mental health professional" for purposes of the community behavioral health system and the civil commitment system by: (1) specifying that the professional must be acting within the person's statutory scope of practice; (2) removing the Secretary of Health's authority to include other professions in the definition by rule; (3) codifying mental health counselors, mental health counselor associates, marriage and family therapists, and marriage and family therapist associates as part of the definition; and (4) expanding the definition to include certified or licensed agency affiliated counselors;
 - expands professionals who may be designated crisis responders to include license agency affiliated counselors;
 - removes the ability of the following persons to become designated crisis responders: (1) persons with master's degrees or advanced degrees in counseling or other social sciences who meet certain experiential requirements; and (2) persons who have been granted an exception to the minimum requirements of a mental health professional consistent with rules adopted by the Secretary of Health; and
 - limits the co-occurring disorder specialist enhancement to only licensed agency affiliated counselors.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill contains an emergency clause and takes effect immediately. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony (Postsecondary Education & Workforce):

(In support) This bill will help address the behavioral health workforce crisis. The Department of Health (DOH) is working on this, but has not made sufficient strides. In the meantime, people are continuing to struggle to access behavioral health services. Part of the solution is getting qualified people into the workforce as quickly as possible.

This bill will directly address workforce barriers, expand practice settings for probationary

licenses, reduce supervised hour requirements for social workers, allow pre graduation hours to count toward postgraduate experience requirements, require the creation of recommendations that must be adopted in rule, require the DOH to act as a clearinghouse to connect associates with supervision, and provides a stipend program to offset costs. This is an emergency. We must act now.

(Opposed) None.

(Other) Workforce shortages create access problems for people. The reasons for the shortages are multiple and complex. Behavioral health professions are unique in that there is no centrally planned system for postgraduate experience. Applicants must coordinate their own supervision, which is unfunded. Licensing should not cause unnecessary barriers. People need to get credentialed quickly. The timelines for the rulemaking are problematic.

Allowing pre graduation experience to count toward postgraduation requirements is problematic. It may prevent Washington from aligning with national standards and prevent membership in interstate compacts. Inadequate training and incompetent practice can endanger the public. Curriculum loopholes in behavioral health credentials should be closed. States are aligning their credit hour requirements and Washington should be in compliance.

The clearinghouse and stipend provisions will be helpful. Sometimes supervisors do not meet minimum requirements. The clearinghouse will help with verifying qualifications and increase public safety. The stipend should be expanded to include student interns.

Federally qualified health centers (FQHCs) should be able to employ agency-affiliated counselors, who are workforce multipliers. Not being able to do this causes FQHCs to hire applicants below their scope of practice. Families dealing with trauma will run if they are not engaged every day. Federally qualified health centers are operating at half speed and agency affiliated counselors will help fill this gap.

Staff Summary of Public Testimony (Appropriations):

(In support) These policies will set the state up for a future interstate compact that could allow social workers to work across state borders. In the past few years, there have been occasions where therapist positions were posted and unfilled for over nine months. The funding, training, and supervisory opportunities exist for these professions, but there is a lack of actual providers and a great need for the services they provide. The supervision registry and financial support structure in the bill are important to help grow this workforce in our communities.

(Opposed) None.

(Other) The bill overall is key to addressing severe workforce shortages. Work is needed to review licensing requirements and remove barriers, and this work is best done by the Department of Health with consultation from the Workforce Training and Education Coordinating Board.

Persons Testifying (Postsecondary Education & Workforce): (In support) Representative Jessica Bateman, prime sponsor; and Rhonda Hauff, Yakima Neighborhood Health Services.

(Other) Dominique Avery, Washington Mental Health Counselors Association; Jeremy Arp and Bob Cooper, National Association of Social Workers Washington Chapter; Lacy Fehrenbach and Christie Spice, Washington State Department of Health; and Renee Fullerton, Workforce Training and Education Coordinating Board.

Persons Testifying (Appropriations): (In support) Bob Cooper, National Association of Social Workers Washington Chapter; and Gretchen Sullivan, Rogers Behavioral Health.

(Other) Christie Spice, Washington State Department of Health.

Persons Signed In To Testify But Not Testifying (Postsecondary Education & Workforce): None.

Persons Signed In To Testify But Not Testifying (Appropriations): None.