

# Phase II Behavioral Health Recommendations

## Reimbursement & Incentives

- 1.1) Develop and implement a funding mechanism that recognizes and supports community behavioral health agencies for performing a significant training function required for behavioral health workers to obtain their educational degree and their clinical licensure.
- 1.2) Create a stipend for clinical supervision of students, based on patient encounters lost.
- 1.3) Strengthen and fund loan repayment programs, including the established Washington Health Corps model, that incentivize direct (clinical) behavioral health service provision.
- 1.4) Expand geographical reach of, and scale up, programs that promote behavioral health supervision.

## Supervision Requirements

- 2.1) Remove barriers to effective tele-precepting for supervision in clinical education and pre-licensure settings.
- 2.2) Assess the impact of current supervision requirements on size, distribution, and availability of select occupations in the behavioral health workforce. Provide recommendations on ways to reduce or standardize the number of supervised hours required for licensure, while assuring clinical competency.
- 2.3) Structure funding supports to promote new models of supervision which allow for division of labor and multiple pathways to working as a supervisor.

## Competency-Based Training

- 3.1) Support development of a registered apprenticeship model for behavioral health professions.
- 3.2) Identify viability of adapting certain aspects of Washington's existing education, training, and credentialing evaluation metrics into a competency-based method.
- 3.3) Promote an increase in acquisition of behavioral health competencies among the broader health workforce, with an emphasis on the primary care workforce.

## Licensing Reciprocity

- 4.1) Continue to support Department of Health's work implementing licensing reciprocity.
- 4.2) Reduce paperwork requirements for established professionals.
- 4.3) Develop a crosswalk of licensing portability/reciprocity requirements.
- 4.4) Engage with and incorporate tribal governments' and tribal providers' perspectives regarding licensing reciprocity.

## Background Checks

- 5.1) Conduct an evidence-based review of the Department of Social and Health Services Secretary's Disqualifying List of Crimes and Negative Actions as applied to behavioral health facilities/employers of behavioral health providers.
- 5.2) Anticipate a possible increase in behavioral health workers in emergency services/first responder roles.
- 5.3) Expand community awareness and engagement with Certificate of Restoration of Opportunity (CROP) and its potential benefits.
- 5.4) Convene leadership of state agencies with jurisdiction to reduce barriers to behavioral health employment related to criminal background checks.