

An overwhelming amount of Washington state residents are suffering from behavioral health issues that are not being properly treated for. Washington state is among the lowest ranked in the nation in its accessibility for behavioral health treatment. The difficulty in providing access to mental health care can be tied to the complexity of attaining licensure and the cost of becoming a behavioral health professional. The lack of support in the behavioral health realm is not unique to Washington, just under fifty percent of people have reported that they were not treated for their diagnoses in the U.S. The impacts of maintaining the status quo results in millions of Washington residents suffering from substance abuse disorders, undiagnosed disorders, absence of treatment, and depressive episodes. Along with the invisible and visible manifestations of mental illness, the symptoms are amplified in rural and minority communities. Lack of behavioral health providers in facilities exacerbates disparities in healthcare marginalized communities disadvantaged. Due to the education, licenses, and student debt that behavioral health professionals challenged with, many are entering private practices in bigger cities for more opportunities to complete trainings and to be compensated well.

The Washington State Legislature formed a workgroup consisting of the University of Washington in conjunction with the Work Force Training Board, to collaborate and develop a plan to reduce barriers in the Behavioral Health workforce. The goal of this collaboration was to gather data on what is preventing Behavioral Health professionals from entering the workforce and by understanding what is impeding successful integration, a plan will be developed to remove those barriers. The research determined that Behavioral Health providers were lacking support, available sites to perform their supervised practice which are mainly only possible in larger cities of the state, and a healthy compensation. In response to this finding, HB 1946 was presented to the Washington State Legislature. HB 1946 is a conditional scholarship program that will exist as a subprogram in the Washington Health Corps administered by the Washington Student Achievement Council.

The Behavioral Health Conditional Scholarship will allow recipients to receive a scholarship in exchange for service in rural communities. There will be different qualifying behavioral health professions to ensure that the entire scope of behavioral health is being helped. The difference of mental health care is displayed through mental health care facilities disbursed throughout the state. Areas that are rural are equipped with community-based centers that have an unbalanced provider patient ratio whereas high density communities have the hospital-based centers and private practices with healthy compensation and provider patient ratio. Often, community-based centers are not fully staffed resulting in them reaching max capacity quickly and leaving many untreated and suffering.

An alternative to implementing HB 1946 is to instead focus on expanding geographical reach and scaling program that promote behavioral health supervision. Besides compensation and student debt, many providers are experiencing a scarcity of supervision opportunities to complete their trainings.

Implementing a program to focus on ensuring that supervision sites are available will improve the quantity of certified behavioral health professionals in rural communities. Most of the sites that offer the required supervision sites are in larger cities that prompt providers to change locations and provide their services in the larger city. Implementing a program that will expand geographical reach for supervision programs will reduce the exodus of behavioral health professionals. It will also improve community health and reduce disparities that are persistent in rural and underserved communities.