



Agency Recommendation Summary

Policy efforts related to the healthcare and behavioral health workforce have significantly expanded, even as funding has decreased due to the expiration of a budget proviso. The remaining funds appropriated to the Workforce Board for staffing the Health Workforce Council, supporting related behavioral health workforce projects, and maintaining Washington’s Health Workforce Sentinel Network are insufficient to continue the data collection, analysis, and policy work required by the Council’s statute (RCW 28C.18.120 and ESSB 5950). To address this gap, the Workforce Board requests ongoing funding for an additional 1.65 FTE (for a total of 2.5 FTE dedicated to Council work) and an increase to the funds for the Sentinel Network to support healthcare and behavioral health workforce research and policy development in the state.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2026	2027	2025-27	2028	2029	2027-29
Staffing						
FTEs	1.7	1.7	1.7	1.7	1.7	1.7
Operating Expenditures						
Fund 001 - 1	\$345	\$327	\$672	\$327	\$327	\$654
Total Expenditures	\$345	\$327	\$672	\$327	\$327	\$654

Decision Package Description

Since 2020, policymakers have greatly increased their attention on healthcare and behavioral health workforce policy. Healthcare and behavioral health employers struggle to provide vital services when not enough trained workers are able or willing to accept roles. Workers are challenged by the high cost of education, limited access to affordable childcare and housing, and working on the frontline of both the COVID-19 pandemic and worsening homelessness and substance use crisis.

Responding to these challenges has caused the state staff time required to coordinate and support policy research and development for this important workforce sector to increase. The current appropriation to the Workforce Board to staff the Health Workforce Council (Council), related behavioral health workforce projects, and Washington’s Health Workforce Sentinel Network is not sufficient to maintain the comprehensive data collection, analysis, and policy work for the healthcare and behavioral health workforces outlined in the Council’s statute. (RCW. 28C.18.120 and ESSB 5950)

The Workforce Board requests \$345,000 in FY26 and \$327,000 ongoing beginning in FY27. These funds will support:

- 1.65 FTE to support healthcare and behavioral health workforce research and policy development for the state, and
- \$15,000 to support increased annual costs to operate Washington’s Health Workforce Sentinel Network.

This will allow for 2.5 FTE total when combined with the ongoing Council appropriation of \$240,000 annually. The current appropriation supports 0.85 FTE. This funding will return the healthcare and behavioral health workforce portfolio to a staffing level similar to the 2019-21 and 2021-23 biennia.

Health Workforce Council and Workforce Board Support Overview

The [Council](#) comprises a broad mix of healthcare stakeholders including professional/occupational groups, employers, organized labor, industry associations, healthcare facilities, education providers, and government agencies and regulators. This cross-sector advisory group recommends policy, identifies funding priorities, and helps bring a unified voice to statewide healthcare workforce needs. The Council focuses on a wide range of topics, including behavioral health, oral health, primary care, and inpatient services. The Council was also the incubator of the Long-Term Care Workforce Initiative, currently staffed by the Workforce Board, in partnership with the Washington Board of Nursing.

The Workforce Board, by statute (RCW 28C.18.120), convenes the Council and provides research, policy, and administrative support to advance its work. The Workforce Board has a long history of supporting health workforce development in Washington, first convening stakeholders almost 25 years ago using resources that existed at the time. The Workforce Board’s traditional state and federal fund sources were significantly reduced during the Great Recession and have not been restored. The Workforce Board was able to identify federal dollars to help support minimal staffing for the Council for four years beyond the loss of ongoing funds.

The Council has benefitted from an ongoing state appropriation that began in 2019. At the time of the initial request, these funds were sufficient for a dedicated staff member, meeting and travel costs for in-person Council meetings, and administrative support. The appropriation also supported a contract with the University of Washington Center for Health Workforce Studies (CHWS) to support the [Health Workforce](#)

[Sentinel Network](#), which gathers data from healthcare employers, educators, and other stakeholders to identify workforce trends. The Sentinel Network is a tool to understand employers’ workforce needs – such as challenges related to recruitment, retention, and employees’ skills – and to make that information available to educators and policymakers.

The Sentinel Network supports efficient and effective health workforce preparation and deployment by:

- Identifying the worker skills needed and local conditions that may make hiring difficult,
- Providing information about the “how and why” behind workforce demand signals, and
- Engaging the full network of stakeholders needed to identify and solve workforce problems.

At the time of the 2019 appropriation, a separate proviso covered the cost of a staff member who supported the Council’s behavioral health work. The Council was charged with leading the development of comprehensive policy reports on the state’s behavioral health workforce. This work began in 2016 with Governor’s discretionary	Historic Funding for the Council and related behavioral health activities	
	Biennial Budget 2019-21 (ESHB 1109)	<ul style="list-style-type: none"> • \$240,000 for FY20 and \$240,00 for FY21 for Health Workforce Council (ongoing) • \$420,000 for the biennium from the Health Professions Account to the Workforce Board to create a behavioral health workforce group (one time)
	Biennial Budget 2021-23 (ESSB 5091)	<ul style="list-style-type: none"> • \$240,000 for FY22 and \$240,00 for FY23 for Health Workforce Council (ongoing) • \$150,000 for FY22 and \$150,000 for FY23 to the Workforce Board’s Behavioral Health Workforce Advisory Committee (one time)
	Biennial Budget 2023-25 (ESSB 5187)	<ul style="list-style-type: none"> • \$240,000 for FY24 and \$240,00 for FY25 for Health Workforce Council (ongoing) • \$88,000 for the biennium to support implementation of HB 1724 (one time)

federal Workforce Innovation and Opportunity Act dollars, Healthier Washington funds, and appropriations as detailed in the table. Despite the funding ceasing June 30, 2023, following [completion of a report on progress to date](#), intensive behavioral health work remains ongoing for Council staff. ([2016-2022 reports available here.](#))

In the past five years, increased costs in staffing, travel, and other activities have eroded the amount of funding available to support the Council’s work. The current appropriation now only supports 0.85 FTE of staff time for the Council, \$1,000 for conference and meeting costs, and a \$100,000 contract with CHWS for the Sentinel Network.

The Workforce Board received a proviso of \$88,000 to help implement HB 1724, related to the behavioral health workforce, in the current biennium. This funding has been used to support staff time to identify barriers to entering and remaining in the behavioral health workforce, which is a helpful supplement as the Council appropriation does not support a full FTE.

This stable biennium funding for staff and the behavioral health provisos allowed the Council to:

- Increase the number of its meetings each year, allowing for more active discussion and collaboration,
- Increase outreach and partnership between Council members and Workforce Board staff between meetings,
- Engage in advocacy to advance Council recommendations,
- Improve the usability and display of crucial health workforce data,
- Increase engagement and collaboration between the Health Workforce Council and Sentinel Network,
- Increase participation and support offered to other state and local health workforce efforts, and
- Engage in strategic planning to narrow the group’s focus to areas where high impact work is most needed and not duplicative of other efforts.

Additional funds necessary to maintain track record of success

The Council inhabits a unique role that enables cross silo collaboration and insight into what work is vital. As the influence and span of the Council (particularly within behavioral health workforce policy) has grown, the current appropriation no longer allows the Board to maintain the level of staff time needed to keep vital efforts underway in Washington. Workforce Board/Council staff are considered subject matter experts, routinely contacted by policymakers, partisan and non-partisan staff, government agencies, healthcare organizations, and national health workforce thought leaders with questions and requests for information or assistance on health workforce issues.

For these reasons, the Workforce Board requests an increase from the current 0.85 FTE to 2.5 FTE to support healthcare and behavioral health workforce policy development for the state. This maintenance request will return the healthcare and behavioral health workforce portfolios to the staffing levels of the 2021-2023 biennium. This funding will support:

- Health Workforce Policy Director: 1.0 FTE WMS2
- Health Workforce Policy Associate: 1.0 FTE MA5
- Administrative support: 0.5 FTE AA5

The request also includes a small \$15,000 annual increase to the contract with UW CHWS that supports the work of the Sentinel Network.

The Council and Workforce Board have three key projects underway. The volume and pace of the work possible will be greatly impacted by the staffing available for the work. These focus areas are:

1. Increase collection, ensure reasonable access, and resource ongoing analysis of health workforce data;
2. Generate rural-specific health workforce strategies that account for unique needs in those communities and support the adoption of those strategies; and
3. Serve as a co-lead for the Workforce and Rates Subcommittee of the Children and Youth Behavioral Health Workgroup (CYBHWG) to increase the sufficiency of the behavioral health workforce as part of supporting larger behavioral health workforce efforts.

The Council selected the workforce data and rural focus areas via a 2023 strategic prioritization process. The goal is to create well-informed set of policy recommendations on these topics and advocate for implementation over a five-year period.

Initial activities on the rural priority area have included work on a landscape analysis as well as direct outreach to rural employers to learn about their challenges and what efforts in their communities are finding success and could grow. Progress is slow due to limited funds for travel and staff being at capacity due to the overall growth of the healthcare and behavioral health-specific portfolios. Initial success and ongoing needs for health workforce data are spotlighted below.

In 2024, the Council's staff stepped forward to contribute time and expertise on workforce topics to the CYBHWG. This Workgroup is chaired by Rep. Callan. The Workforce and Rates Subcommittee is chaired by Rep. Leavitt. CYBHWG has been an influential incubator for behavioral health workforce policy development in recent years.

The Workforce Board identified this group as a key nexus where staff can contribute significantly toward coordinated policy development. Having staff assume this role supports the Council's charge to assess and address behavioral health workforce challenges. However, there is only one staff person who handles both Council and behavioral health policy work. As behavioral health workforce challenges continue and as more work is dedicated to this vital piece of our state's healthcare system, it has been a challenge for the Council staff to make desired progress on all three project areas. When the HB 1724 proviso expires in June 2025, there will be no separate funding available to support behavioral health workforce policy development and .15 FTE of the Council's current staff time will need to be assigned to other projects.

The Council's role is crucial for coordinating action, avoiding duplication, and fostering statewide cooperation on health workforce policy, with staff actively participating in many groups despite funding limitations. In addition to the CYBHWG, the staff represents the Council or Workforce Board in the following groups:

- HB 1724 Implementation (Addressing barriers for behavioral health workforce) in partnership with the Department of Health and Examining Board of Psychology (Workforce Board received a small proviso that supports this work)
- HB 2236 Implementation (High school healthcare career and technical education development) in partnership with Office of Superintendent of Public Instruction
- Washington Student Achievement Council's Health Corps Planning Committee
- Healthcare Industry Leadership Table
- King County Behavioral Health Workforce Learning Collaborative
- Governor's Interagency Council on Health Disparities
- Gov. Inslee's Poverty Reduction Work Group/Washington Economic Justice Alliance
- Allied Health Center of Excellence Advisory Board and Health Programs Deans and Directors Group
- Washington Oral Health Workforce Tracking Program Advisory Committee
- Office of the Student Loan Advocate/Office of Financial Management Public Service Loan Forgiveness Planning Initiative
- UW Area Health Education Center Program Office Advisory Board
- SW Area Health Education Center Advisory Board
- UW School of Social Work Behavioral Health Workforce Development Initiative Advisory Committee

- Washington HOSA Advisory Committee (Career/Technical Education Student Leadership Organization)

The Workforce Board/Council staff provides expertise to lead efforts supporting the development of the health workforce and plays a key role as a neutral, nonpartisan convener of many different groups with interests that do not always align. The Council is also looked to as a leader even when current resources are insufficient to support new work. As an example, in June 2024, the Advisory Committee on Primary Care of the Health Care Authority's Health Care Cost Transparency Board endorsed Council recommendations that would increase access to primary care services. However, with existing staffing, the Council does not have capacity to specifically target approaches to support the state's primary care workforce.

Now is a key time for the state to maintain its investment in the Council and support the level of work needed to make additional progress on crucial workforce goals. A well-trained and adequate healthcare workforce is essential to serve Washington's eight million residents, many of whom lack access to primary care, let alone specialized medical services. A robust behavioral health workforce is also critically important to many of the state's efforts to support the mental health and substance use needs of the population.

While the current behavioral health proviso is ending, the Council and Workforce Board remain deeply involved in holistically addressing Washington's behavioral health workforce challenges. Areas of work include exploration of staffing needs and impacts on access to care, monitoring and communication around the professions that specifically focus on substance use disorders, and the need to better integrate behavioral health care with primary care and other services.

With an adequate staff allocation that maintains the work needed to support state efforts, the Council can make more rapid progress on the development of recommendations and work plans for its three focus areas. Without additional funds, progress will be slowed for the Council and vital momentum will be lost.

Spotlight on health workforce data and the Sentinel Network

Health workforce research, both quantitative and qualitative, is a cornerstone of the Council's work. The Council is responsible for the Health Workforce Sentinel Network, a unique employer-focused data collection tool that puts health workforce demand data at the fingertips of anyone who wants to better understand industry workforce needs.

The [Sentinel Network](#), which launched in 2016, regularly gathers frontline qualitative data from Washington's healthcare employers about hiring challenges and emerging workforce needs. Employer "sentinels" in the Network regularly report on changes in workforce demand at their organizations. These data are subsequently aggregated and presented in forms that reveal emerging workforce trends across the state. The Sentinel Network is administered by the Workforce Board, in partnership with the UW CHWS.

Information from the Sentinel Network is used for both local and state workforce planning including projecting recruitment needs, informing policy, identifying professions that should expand training capacity, and writing grants. For example, in April 2023, the Sentinel Network created a behavioral health-specific module to gather input from employers to inform DOH's work on House Bill 1724 to evaluate the requirements of five high demand behavioral health professions. These data helped support the rapid development of recommendations by DOH to meet a November 2023 legislative deadline.

The state contract for the Sentinel Network has not increased since the 2019 appropriation that stabilized the project following several years of variable funding sources. In the intervening years, the cost for UW staff has increased, reducing the FTE available to work on the project and the ability to create additional data-collection modules or issue briefs. Simultaneously, Council staff fostered a closer partnership with the UW CHWS. The implementation of weekly meetings between the two organizations has enabled deeper partnership in the development of rotating questions and more robust sharing of data findings.

Since its creation, the Sentinel Network's user base and outreach needs have grown to involve more employers, data customers, and stakeholders like Accountable Communities of Health, educational institutions, and policymakers. Council staff stepped up to fill some of this need, but with staff at capacity, the Sentinel Network's tools cannot evolve as they should to support the changing data needs of the state. The Council is requesting, via the Workforce Board, a maintenance increase (an additional \$30,000 biennially) to the \$100,000/year currently allocated from the Council's proviso to continue program operations and to increase the reach and impact of the Sentinel Network as a vital and uniquely employer-focused data source.

While the Sentinel Network is a rich source of qualitative demand data, other types of information are also necessary to form a complete picture. The Workforce Board supports the quantitative data needs of the Council via contributions from the existing research team to the annual report that includes information about health profession program completions and demand data from the US Department of Labor. The health workforce researcher for the Board's Long-Term Care Workforce Initiative also provides support to health workforce projects as the long-term care workforce is a subset of the larger health workforce. This allows the Council, while independent of the Workforce Board, to leverage

existing staffing in the agency to supplement the qualitative data provided by the Sentinel Network.

Recent Council success securing more health data leads to need for additional work

The Council's recommendation to collect additional information from Washington's licensed healthcare providers, including disaggregated race/ethnicity data as part of efforts to increase health equity, led to the passage of HB 1503 in 2023. Beginning in January 2025, all licensed healthcare providers will need to provide a basic set of demographic and practice information to the Department of Health. This will greatly expand understanding of Washington's current supply of workers and is an important addition to the Council's work to understand employer demand through the Sentinel Network.

More work is needed to determine a research agenda for these data and to identify resources for ongoing analysis. Funding of the maintenance request would allow Council staff to make additional progress on the important next steps.

Supporting materials

This request also has provided supporting materials. They are:

- Letter of support from Health Workforce Council leadership
- Letter of support from UW Center for Health Workforce Studies
- 2024 Council membership list
- Sentinel Network summary of findings for Fall 2023 and Spring 2024

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

The Health Workforce Council work is currently funded via an ongoing annual appropriation of \$240,000. The Workforce Board requests \$345,000 in FY26 and \$327,000 ongoing beginning in FY27 to maintain the work of the Council.

Detailed Assumptions and Calculations:

Ongoing funding: This request assumes that the annual \$240,000 appropriation for the Council continues, and maintenance request funds are additive to the base appropriation.

Staff assumptions: See Workforce Assumptions below.

Contracts: University of Washington Center for Health Workforce Studies, an additional \$15,000/year to support an increase to the interagency agreement for the administration of Washington's Health Workforce Sentinel Network. This is currently funded at \$100,000/year as part of the ongoing appropriation.

Workforce Assumptions:

Workforce Board Staff

Health Workforce Policy Director (WMS2), 1.0 FTE, the lead staff member at the Workforce Board for the healthcare and behavioral health sectors. This role is responsible for providing general direction for staff supporting the Council, overseeing completion of project/program deliverables, such as the annual Council report to state policymakers, as well providing statewide leadership for the Youth Behavioral Health Workgroup Workforce and Rates subcommittee. The position also serves as the subject matter expert to the Legislature and represents the Workforce Board and Council on healthcare workforce-related efforts in Washington and nationally. Due to the expiration of the behavioral health proviso from 2021-2023, additional more concentrated behavioral health work associated with this position is not currently funded. The budget request also includes \$9,000 for startup costs for this role and \$4,000 for annual work-associated travel.

Health Workforce Policy Associate (MA5), 1.0 FTE (0.15 to be covered by new funds, 0.85 funded under current appropriation), under the direction of the Health Workforce Policy Director, is responsible for maintaining progress on ongoing Council work, including all meeting-associated activities, development of workplans, communication, drafting of the annual report to policymakers, and administration of the Health Workforce Sentinel Network in conjunction with the UW Center for Health Workforce Studies. The work with the Sentinel Network will include enhanced outreach to participating healthcare and behavioral health employers and supporting increased distribution and sharing across various channels of Sentinel Network findings. This role is currently filled under the ongoing appropriation. The budget request includes \$3,000 for annual Council-associated travel. The current appropriation covers \$1000 for travel.

Administrative Assistant (AA5), 0.5 FTE, is a role providing ongoing logistical support to the staff and Council members. This includes arranging and managing virtual meetings for the Council and subgroup efforts, notetaking, logistics for in-person meetings, and general administrative support tasks. The number of Council meetings has increased since 2022 with corresponding increased administrative support needs. Inflationary cost increases have impacted the amount of time available to support Council activities as other funding sources have been tapped with associated other work duties. There is currently no funding available for administrative support under the current appropriation. The request includes \$9,000 for startup costs for this role and \$2,000 for annual Council-associated travel.

Historical Funding:

FY2026

- FTE = .85 FTE
- Total Funds = \$240,000
- Near General Fund = \$240,000
- Other Funds = \$0

FY2027

- FTE = .85 FTE
- Total Funds = \$240,000
- Near General Fund = \$240,000
- Other Funds = \$0

Strategic and Performance Outcomes

Strategic Framework:

Strategic Framework

Goal 4: Healthy and Safe Communities

The Council's overarching goal is to ensure Washington residents have access to a broad range of qualified healthcare providers throughout the state. In particular, the Council addresses Goal 4: Healthy and safe communities. The Council is actively working on this goal via its work with the healthcare workforce training system and could do more to achieve this goal with sufficient staffing that allows for more research, policy work, and advocacy.

Key parts of Goal 4 relate to the behavioral health of Washington's children, youth, and young adults, particularly suicide prevention and drug overdoses in these groups. The Children and Youth Behavioral Health Workgroup is a key policy venue to advance progress on this goal, and Council staff have stepped forward to provide substantial support to that group. This request will further strengthen the Workforce Board's ability to impact this focus area.

Goal 1: World Class Education

The Council, through stakeholder feedback, research, and reports, and real-time data provided by the Health Workforce Sentinel Network, works to expand access to healthcare education programs and increase the number of education opportunities that align with the state's health workforce needs. This work aligns with Goal 1: World Class Education.

An important metric for Goal 1 is to increase the number of STEM or high demand bachelor's degrees awarded. Many healthcare professions are high demand and fall within this metric. In the mid-2000s, for example, the Council led an initiative to dramatically ramp up access to nursing courses and programs in response to a critical nursing shortage. The Council used American Recovery and Reinvestment Act (ARRA) funds to do this. The Council is well-positioned to weigh in on and lead similar strategies to increase the number of healthcare providers graduating from Washington's postsecondary education programs. Ground-floor data from employers responding through the Health Workforce Sentinel Network can help ensure these education options align with healthcare needs by region.

Alignment with Workforce Board Strategic Plan

The Workforce Board has identified three guiding principles for all the agency's work as part of the recent development of the state's strategic workforce plan, Talent and Prosperity for All (TAP) 2024-28. The planning for each resulting strategic priority was led and informed by these

principles that align with the goals of this maintenance request. The state's four-year TAP Plan aims to ensure every Washington community is thriving, inclusive, and economically resilient. The principles are:

1. Close economic disparities for marginalized populations.

Too many Washingtonians do not, and have not, shared in the state's prosperity. Those being left behind today are similar to the populations that have been economically marginalized throughout our state's history. With healthcare professions, this results in a workforce where many rural people and BIPOC communities are constrained to entry-level roles. The healthcare workforce does not reflect the patients it is serving, resulting in poorer quality of care outcomes for Washingtonians. The Council is strongly supportive of traditional and creative pathways into all levels of the healthcare workforce to improve both economic and health equity for members of these historically excluded communities.

2. Deliver comprehensive support for individuals with barriers to employment.

People are isolated from the workforce for many different reasons, from needing education and training to wraparound support services, such as childcare, elder care, affordable housing, and transportation. Many people would make excellent healthcare professionals, but they cannot determine how to enter a low or no-cost healthcare pathway or how to access supportive services available in postsecondary education. The Council has focused on how childcare access, housing, and transport are impacting both our healthcare workers and students in its recent reports. While the Council itself cannot resolve these issues, members feel strongly that drawing attention to how these community resources can help support more comprehensive, innovative workforce development approaches.

3. Provide systemwide performance metrics and accountability.

Disaggregated, reliable data is critical for understanding how the workforce system is operating as a whole, rather than how any single healthcare program is performing in a silo. Health workforce data has been a strategic priority area for the Council since 2023, but progress has been slowed by insufficient staff capacity. This request will help the Council make additional progress on its goal of understanding the strides Washington has made towards having a health workforce that reflects the demographics of the population.

TAP Plan Strategic Priorities

The TAP Plan aims to ensure every Washington community is thriving, inclusive, and economically resilient. While the guiding principles set the overall direction of the work, five strategic priorities will guide the efforts of the workforce system over the next four years. Though the work of the Council aligns with all TAP strategic priorities, this request primarily aligns with portions of the plan focused on industry, youth, and job quality.

The Council and Sentinel Network propose strategies to build and expand career pathways for critical industries, such as healthcare. By engaging directly with industry — in this case healthcare employers via the Sentinel Network — the Council is better able to advocate for training programs that solve regional health workforce challenges, as well as identify larger economic issues, such as lack of access to childcare and housing, that impact hiring. The Council's broad membership, which includes healthcare providers, educators, and other industry professionals, helps ensure this work is targeted and relevant.

Additionally, these engagement and research efforts also have cascading impacts that support TAP's priorities of youth and job quality. The Council frequently focuses on Washington's youth as the future of our healthcare industry and proposes ways to promote youth interest in healthcare career, especially in rural areas of the state. Council work's alignment with this TAP priority is also demonstrated by Council staff's role as a co-lead for the Workforce and Rates Subcommittee of the Health Care Authority's Children and Youth Behavioral Health Workgroup.

Ultimately, the combined work of the Council and Sentinel network promotes improved job quality across the healthcare workforce. Workforce shortages and challenges in education, training, and licensure impact job quality in the healthcare industry. To both increase participation in the healthcare workforce and increase the job quality, Washington needs innovative and high-impact policy and program solutions. With its ability to identify workforce challenges and opportunities, break down industry siloes, and provide a unified voice for healthcare sectors, the Council is in a unique position to develop sustainable, systemic policy recommendations for key investments that will improve job quality across the statewide healthcare workforce.

Performance Outcomes:

The Council and Workforce Board are working on three key projects, and the primary outcome of funding this request will be to accelerate progress and increase the volume of work completed as well as being available to respond to emergent and critical issues as they arise. Specific outcomes by project include:

1. Enhance collection, ensure reasonable access, and support ongoing analysis of health workforce data:

Qualitative data performance outcomes: The Sentinel Network, an employer-demand data collection tool, will extend its outreach to healthcare and behavioral health employers, broadening distribution and sharing of findings across various channels. Strengthening outreach efforts will improve the quality of data submitted as relationships between the Sentinel Network and employers deepen. Additionally, increased staff resources for disseminating results will lead to more data-driven policymaking and a better understanding of employer needs.

Quantitative data performance outcomes: Starting in January 2025, all licensed healthcare providers must submit demographic and practice information to the Department of Health, greatly expanding insight into Washington's workforce. Expanded staff capacity will enable the Council to establish a research agenda and identify resources for ongoing analysis of key professions, particularly in behavioral health disciplines.

2. Develop rural-specific health workforce strategies that address the unique needs of these communities and support the adoption of these strategies:

Rural workforce performance outcomes: Funding this request will increase staff capacity to identify rural-specific strategies based on the experiences of rural employers, as captured in the landscape analysis. Progress has been slow due to limited travel funds and staff being stretched thin by the growing healthcare and behavioral health portfolios.

3. Serve as a co-lead for the Workforce and Rates Subcommittee of the Children and Youth Behavioral Health Workgroup (CYBHWG) to support broader behavioral health workforce efforts:

Behavioral health workforce performance outcomes: Leading the Workforce and Rates Subcommittee demands substantial staff time, especially during peak periods. While the Workforce Board expects to cover this time with existing appropriations, there is a need for additional staff to coordinate with other subgroups submitting workforce and rate requests that must align with the Workforce and Rates Subcommittee. Funding this request will provide the capacity for increased coordination, which is crucial for the success of these efforts.

Equity Impacts

Community Outreach and Engagement:

Over the past two years, Council staff has actively sought partnerships with groups sharing the goal of increasing diversity within the healthcare and behavioral health workforce, with a particular emphasis on Yakima County and the Latinx community. Initial efforts included engaging with community-based organizations in Yakima in collaboration with the Governor's Interagency Council on Health Disparities and participating in a Latinx Health Workforce Summit. These activities established important connections with organizations such as the UW Center for Latino Health, Allied Health Center of Excellence, Central Washington Area Health Education Center, and WSU Native American Health Sciences.

In 2024, the Council intensified its focus on rural Latinx health workforce development by hosting an all-day, in-person meeting at Pacific Northwest University of Health Sciences in Yakima. The meeting featured a strengths-based agenda, with presentations from local educational programs on successful strategies for recruiting and retaining rural Latinx and Native American students in health sciences. Additionally, a panel of Latinx and Native American behavioral health providers discussed their educational journeys and transitions into the workforce, providing valuable insights into the importance of student support services, mentorship, and workplace cultures that support continued education for diverse employees. In recognition of the work of the panelist the Workforce Board was able to provide honorariums to the participating panelists who were not being paid by their employers to participate. The Workforce Board recognizes the key contribution that diverse community members make to policy development and worked creatively with the budget to support these costs even when funds are specifically earmarked.

Disproportional Impact Considerations:

A potential downside of this proposal is that even with the proposed FTE increase, limited staffing may still restrict efforts to engage thoroughly with communities in Washington that have traditionally been excluded from health profession educational pathways, though this will certainly improve the ability to do this work from what is possible today. The Council will seek to address this by leaning into partners' efforts around workforce diversification in recognition that many organizations, agencies, and communities must be involved to make progress in this area. The Council's work to create transparency around the racial/ethnic makeup of Washington's workforce will also support the goals of all communities who are under-represented in the health workforce by calling attention to groups that would benefit from additional pathway support.

Target Communities and Populations:

The Council is dedicated to matching Washington's health workforce with the demographics of the population it serves, particularly in roles needing higher education that have historically excluded many from disadvantaged and marginalized communities. Research shows that healthcare providers who share backgrounds with their patients can improve both individual and overall health outcomes.

In 2003, the Legislature passed ESHB 1852, directing the Workforce Board to convene stakeholders to address healthcare workforce shortages. The plan developed by this group (which ultimately became the Health Workforce Council) aimed to create a framework for ensuring a sufficient supply of trained personnel in the healthcare industry, including emphasis on increasing workforce diversity to better reflect Washington's demographics, and improving healthcare access in rural and underserved areas.

This commitment to represent all communities in the workforce has been reflected in numerous Council recommendations over the years. Most recently, in 2022, the Council noted that despite the launch of various programs over the past two decades, a crucial gap has remained: a comprehensive understanding of the health workforce's demographic makeup and geographic distribution. Consequently, the Council recommended that Washington begin collecting demographic and practice location data from all healthcare workers licensed by DOH. HB 1503, which mandates this data collection for all licensed professions, was introduced by Rep. Riccelli during the 2023 session, passed by the Legislature, and signed into law by Governor Inslee on May 9, 2023.

Council staff is currently collaborating with DOH to implement this requirement, effective January 1, 2025. Additional staff time is needed to develop a health workforce research agenda and formulate a policy recommendation on how to fund DOH, or another entity, to create a publicly available data dashboard and ongoing reports on health workforce topics of concern. Funding this request will support more staff time to ensure that the new data source is utilized to inform data-driven health workforce policies, advancing Washington's goal of fostering a more diverse workforce that better serves all residents.

The benefits of racial/ethnic transparency become clear when examining the information already available in Washington. Two regulatory authorities currently collect and publicly provide such information: the Washington State Board of Nursing (WABON) and the Washington Medical Commission (WMC). As an example, researchers, educators, and policymakers can use WABON's data dashboards and WMC's demographic reports to assess the percentage of licensed providers who are Hispanic/Latinx and compare this with Washington's Census data. This analysis reveals under-representation of the Hispanic/Latinx community in the nursing workforce, highlighting areas needing additional support. Washington requires similar analyses for behavioral health professions, as behavioral health workforce groups have stressed the importance of diversifying this sector, particularly for higher education-intensive roles.

Community Inputs and Incorporation:

The Yakima meeting marked an important step in learning more about the needs of marginalized communities, as the Council seeks to develop partnerships focused on health workforce development for historically excluded groups. The Council recognizes its potential to amplify community voices and serve as a convener, when necessary, but it acknowledges that effective solutions must be led by communities themselves. Securing funding for this initiative is crucial to maintaining the progress achieved thus far, especially since Council staff is stretched across multiple health workforce projects. The Yakima meeting was well-received, and Council staff is actively exploring further partnership opportunities to expand this focus. Additionally, discussions are underway to organize a similar event centered on Tribal health workforce needs and pathways for Native American students.

Other Collateral Connections

HEAL Act Agencies Supplemental Questions

Not applicable.

Puget Sound Recovery:

Not applicable.

State Workforce Impacts:

Not applicable.

Intergovernmental:

Currently, the Council does not include representatives from other governmental entities. However, the Council's priority area of rural workforce strategies will necessitate reaching out to tribal healthcare facilities to better understand their unique healthcare workforce needs, as many of our state and federally recognized tribes are in rural areas. Neither support nor opposition from tribal governments is anticipated regarding this request.

The Council's state agency membership comprises representatives from the Department of Health, the Office of the Superintendent of Public Instruction, the State Board for Community and Technical Colleges, the Washington Student Achievement Council, the Health Care Authority, and the Department of Veterans Affairs. The chair represents the University of Washington School of Medicine, while the vice chair represents Peninsula College. The impact on state agencies includes time spent preparing for and attending Council meetings, as well as meeting individually with Council staff for input on various Council work areas.

Members have consistently supported requests for staff support to the Council and have been briefed about this request. No opposition is anticipated from participating agencies regarding this request. Additionally, a support letter from the University of Washington Center for Health Workforce Studies is included with this request as an attachment due to its leadership role on the Council and the need for additional funds to sustain the Health Workforce Sentinel Network.

Stakeholder Impacts:

The Council comprises a diverse group of healthcare stakeholders from key organizations across the sector. It includes representatives from Accountable Communities of Health regions, labor organizations, educational institutions, healthcare facilities, and provider groups. The members have consistently supported requests for staff support to the Council. Many are active users of Sentinel Network data products and participate in the Advisory Committee. We do not expect any opposition to this request.

State Facilities Impacts:

Not applicable.

Changes from Current Law:

Not applicable.

Legal or Administrative Mandates:

Not applicable.

Governor's Salmon Strategy:

Not applicable.

Reference Documents

[Council Support Letters Sentinel Network Findings.pdf](#)

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2026	2027	2025-27	2028	2029	2027-29
Obj. A	\$168	\$168	\$336	\$168	\$168	\$336
Obj. B	\$58	\$58	\$116	\$58	\$58	\$116
Obj. C	\$15	\$15	\$30	\$15	\$15	\$30
Obj. E	\$60	\$60	\$120	\$60	\$60	\$120
Obj. G	\$9	\$9	\$18	\$9	\$9	\$18
Obj. J	\$18	\$0	\$18	\$0	\$0	\$0
Obj. T	\$17	\$17	\$34	\$17	\$17	\$34

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