

Washington's Health Workforce Sentinel Network

Examples of Findings from

Behavioral Health/Mental Health and Substance Use Disorder Clinics

Representatives from behavioral health/mental health and substance use disorder clinics provided information to the Washington State Health Workforce Sentinel Network seven times between Summer 2016 and Fall 2019. This summary highlights some of the information they provided, with an emphasis on the most recently submitted data. Additional findings from behavioral health clinics can be found on the Sentinel Network dashboard (wa.sentinelnetwork.org) as well as for other types of health care facilities.

Behavioral Health Clinics* - Occupations with exceptionally long vacancies: 2016-2019

Top occupations cited as having exceptionally long vacancies by date of reporting						
Summer 2016	Winter 2016	Spring 2017	Fall 2017	Summer 2018	Spring 2019	Fall 2019
Mental health counselor	Chemical dependency professional	Mental health counselor	Chemical dependency professional	Mental health counselor	Mental health counselor	Mental health counselor
Chemical dependency professional	Mental health counselor	Chemical dependency professional	Mental health counselor	Chemical dependency professional Peer counselor	Chemical dependency professional	Chemical dependency professional
Social worker	Social worker	Social worker	Social worker Nurse practitioner	Nurse practitioner	Social worker	Peer counselor
Nurse practitioner	Nurse practitioner Psychiatrist	Nurse practitioner	Peer counselor	Social worker Psychiatrist	Marriage & family therapist	Marriage & family therapist
Registered nurse	Marriage & family therapist	Registered nurse	Registered nurse	Marriage & family therapist	Peer counselor	Psychiatrist

← Most cited

*Behavioral health/mental health and substance use disorder clinics

Reasons for vacancies reported by behavioral health clinics (Fall, 2019 examples)

- (Mental Health counselors, chemical dependency professionals) Chronic under funding of the behavioral health safety net, historically low wages, and high case load demands: these conditions result in high burnout and turnover rates within provider organizations.
- (Chemical dependency professionals) We have had trouble with this role for "outreach" work because their training does not always prepare them for this type. Wages can also be an issue. Struggle with finding a bilingual (ENG/SPA) clinician in particular.
- (Peer counselors) Peer Counseling in SUD field is brand new. The state reports they have a wait list of 600 applicants to take the peer counselor training. Extreme competition for this level of provider and wages we can offer cannot compete with clinics that depend solely on commercial rates. The Medicaid reimbursement rate for this provider level is too low. We have Youth CPC positions open in every county, all the time.

Behavioral Health/Mental Health and Substance Use Disorder Clinics

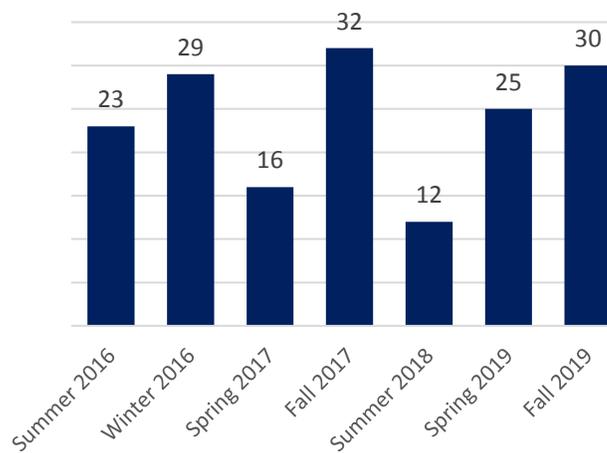
Reasons for vacancies reported by behavioral health clinics (Fall, 2019 examples - continued)

- (Marriage/Family Counselors) When Clinicians leave, it is generally because they have gained a bit of experience as well as a great deal of training and supervision, and they are offered a position with no evening or weekend work, no on-call expectation and the work is located in a facility from 9 to 5, Monday-Friday.
- Most MA level applicants are brand new graduates. We are happy to start with new graduates ... however, this takes intensive supervision, and a great deal of training time before they are able to work in the field somewhat independently. Supervision for licensure, if they are interested in working toward that, takes two to three years. In addition, they must work for two to three years full time with children and youth in order to complete the number of direct service hours needed, and this must be under the supervision of a Mental Health Professional (MHP).
- (Social workers) Our nonprofit status affect our compensation package. And our rural area - with limited affordable housing and jobs makes it difficult to recruit.

Reasons for worker retention/turnover problems reported by behavioral health clinics (Fall, 2019 examples)

- (Multiple occupations) Clinicians are running for private practice due to burdensome credentialing and paperwork regulations, low pay, and heavy trauma work. We typically lose good employees to other organizations due to our lower comparable salaries. We also hire many candidates who come in to gain valuable experience and then leave after a year or two with us.

Number of Sentinel Network Responses from Behavioral Health Clinics in WA by Data Collection Date



Number of Behavioral Health Clinic Responses by Accountable Community of Health (ACH) (Fall, 2019)



About the Washington Health Workforce Sentinel Network

The Sentinel Network links the healthcare sector with policymakers, workforce planners and educators to identify and respond to changing demand for healthcare workers, with a focus is on identifying newly emerging skills and roles required by employers. The Sentinel Network is an initiative of Washington's Health Workforce Council, conducted collaboratively by Washington's Workforce Board and the University of Washington's Center for Health Workforce Studies. Funding to initiate the Sentinel Network came from the Healthier Washington initiative, with ongoing support from Governor Inslee's office and the Washington State Legislature.

Why become a Sentinel? As a Sentinel, you can:

- Communicate your workforce needs and ensure that the state is prepared to respond to the transforming healthcare environment.
- Have access to current and actionable information about emerging healthcare workforce needs.
- Compare your organization's experience and emerging workforce demand trends with similar employer groups.

To view an interactive summary of findings and to provide information from your organization: www.wa.sentinelnetwork.org.

Contact: healthworkforce@wasentinelnetwork.org