

Washington's Health Workforce Sentinel Network

Examples of Findings from Behavioral/Mental Health and Substance Use Disorder Clinics

Representatives from behavioral/mental health and substance use disorder clinics provided information to the Washington State Health Workforce Sentinel Network six times between Summer 2016 and Spring 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.

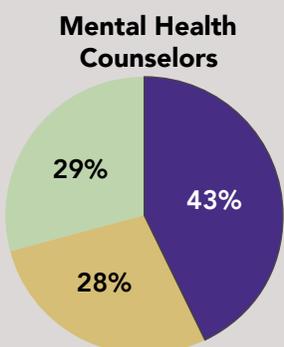
Behavioral health clinics* - Occupations with exceptionally long vacancies: 2016-2019

Top occupations cited as having exceptionally long vacancies by date of reporting					
Summer 2016	Winter 2016	Spring 2017	Fall 2017	Summer 2018	Spring 2019
Mental health counselor	Chemical dep. prof.	Chemical dep. prof.** Mental health counselor**	Chemical dep. prof.	Mental health counselor	Mental health counselor
Chemical dep. prof.	Mental health counselor	Social worker	Mental health counselor	Chemical dep. prof.** Peer Counselor**	Chemical dep. prof.
Social worker	Psychiatrist** Social worker**	Nurse practitioner	Nurse practitioner** Social worker**	Nurse practitioner	Social worker
Nurse practitioner	Nurse practitioner	Registered nurse	Peer Counselor	Psychiatrist** Social worker**	Marriage & family therapist
Registered nurse** Psychiatrist**	Marriage/Fam Couns.	Marriage/Fam Couns.** Lic. Practical Nurse**	Psychiatrist	Mult. occ.s cited at same frequency	Peer Counselor** Psychiatrist**
# facilities reporting	29	16	33	12	25

most cited ↑

*Behavioral-mental health clinics/outpatient mental health and substance use disorder clinics
** tied in rank (# of times occupation was cited by Sentinels) in reporting period

Reasons for exceptionally long vacancies for most frequently cited occupations (Spring 2019)



Mental Health Counselors

- 43% Not enough qualified applicants
- 28% Recruitment and retention problems not related to salary/wage/benefits
- 29% Salary/wage/benefits issues

Mental health counselors - Examples of reasons for exceptionally long vacancies

Not enough qualified applicants

- There are not enough qualified staff in the state.
- There are not enough licensed MHC's in the area and among interns who could potentially see clients, there is no reimbursement. We turn away requests for services daily.
- Less candidate volume, decreasing over the past year

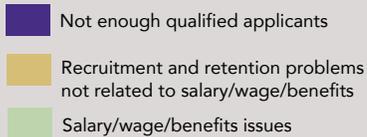
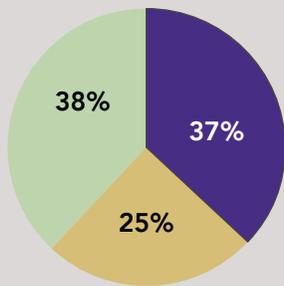
Salary/wage/benefits issues

- Individuals with Associate Licenses who still need to complete clinical hours cannot be hired because we cannot bill health insurance and have no other source of funds to pay them.
- BHOs / MCOs / Medicaid have not increased mental health rates for almost 3 years.

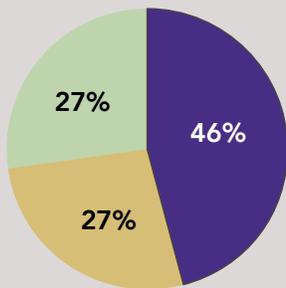
Recruitment and retention problems (not related to salary/wage/benefits)

- Most applicants do not meet the minimum qualifications.
- ...long delays in health plan credentialing and paneling have prevented providers we have hired from being able to see clients.
- We are referred a large number of people whose insurance is Medicare, but only licensed social workers can treat them.
- Difficulty finding affordable housing and childcare in the area.

Chemical Dependency Professional/ Substance Use Disorder Counselor



Social Worker – Mental Health and Substance Abuse



Chemical dependency professional/Substance use disorder counselor - Examples of reasons for exceptionally long vacancies

Not enough qualified applicants:

- There are not enough qualified staff in the state. Many older CDPs are retiring.
- Not enough local CDPs, and market wages are not sufficient to attract out of area candidates.

Salary/wage/benefits issues

- BHOs / MCOs / Medicaid have not increased SUD rates for almost 3 years.
- We have increased salaries and benefits but still do not get many qualified applicants

Recruitment and retention problems (not related to salary/wage/benefits)

- Rural areas have this challenge
- Many are CDPT (trainees) seeking hours to become qualified. This requires additional supervision hours and tasks on our part to manage them.

Social worker (Mental Health and Substance Abuse) - Example of reasons for exceptionally long vacancies

Not enough qualified applicants:

- Our county is very rural and difficult area to recruit staff to locate here. Wages are competitive and benefits are excellent. We have had positions open for over a year.
- Lack of applicants

Salary/wage/benefits issues

- There are not enough licensed LICSW's in the area and among interns who could see clients, there is no reimbursement. Among LICSW's who are becoming credentialed with insurance, very few are agreeing to see patients with Medicare. Our agency is committed to seeing people with this insurance, but we cannot get qualified therapists. We turn away requests for services daily.

Recruitment and retention problems (not related to salary/wage/benefits)

- Competition among all providers for qualified clinical social workers willing to work in public mental health and go to client's homes

Orientation and training changes for chemical dependency professional/Substance use disorder counselor (Spring 2019)

Examples of changes to orientation/onboarding for new employees

All employees: We have implemented a new more comprehensive New Hire Orientation for all employees. This is a 3 day orientation and CPI training that all employees go through. We have seen a significant increase in our retention rates as a result.

Multiple occupations: New rules and regulations and contract requirements. Significantly increased orientation to EMR.

Examples of changes in training needs for incumbent workers

Multiple occupations: New rules and regulations and contract requirements. Significantly increased training in EMR and clinical documentation

Mental health counselors: We have searching for ways to create externally funded programs for which we can hire interns, or associate-level therapists who need clinical hours toward licensure and to provide supervision so that they develop the skills needed to become good therapists. Prefer dually credentialed MHP/CDP.

Chemical dependency professional/SUD counselor: More exhaustive and detailed training to bring interns up to speed in ever-changing field

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.wasentinelnetwork.org.

Contact: healthworkforce@wasentinelnetwork.org