



Washington's Health Workforce Sentinel Network

Examples of Findings from

Behavioral/Mental Health, Substance Use Disorder Clinics and Residential Treatment Facilities

From October 5 to November 8, 2020, representatives from behavioral/mental health, substance use disorder clinics and residential treatment facilities answered five questions about how the COVID-19 pandemic affected their organization. Response are highlighted below. See their full responses at www.wa.sentinelnetwork.org/findings/covid-19 along with summaries from Spring 2020. On the following pages are summaries of responses to other Sentinel Network questions.

Effects of the COVID-19 pandemic reported by behavioral/mental health facilities: Themes and examples

Have there been overall staffing changes at your facility due to the COVID-19 pandemic?

THEMES: Residential facilities have had staff absences due to COVID-19. Non-residential facilities had an initial decrease in services, but have used telehealth to meet increasing patient/client need in recent months

- Several [residential] staff have serious health conditions that require them to stay at home. Inability to recruit new staff means staffing levels are difficult to maintain....we have had to use agency staffing more to meet needs.
- [Residential] staff changes have also been affected by childcare problems, which has led several staff to leave.
- [Non-residential] counselors have had much lower caseloads during the pandemic, that are only beginning to increase over the last month or so... Many of us practitioners are still providing only telehealth services.

Were any of your staff disproportionately affected by COVID-19?

THEMES: Those with children at home, COVID risk factors and residential staff were most affected

- Staff who are single parents are the most affected. These individuals now have to be parent, teacher, and a mental health professional... It is causing burnout, and stress to the mental health professionals.
- Those staff who have a serious health condition or are 65 and older.
- Our residential staff have been predominantly affected.

What about the staffing arrangements at your facility made it easier or harder to respond to the pandemic?

THEMES: Staff willing to adjust and telehealth were helpful; additional costs and staff shortages made it harder

- Ability to do telehealth has helped.
- Free, HIPAA compliant Zoom licenses from HCA were a life saver.
- Increased expenses which would normally not be needed were PPE supplies and rapidly deploying telehealth services
- Harder to cover when staff are out.
- Our incredible staff and their willingness to adjust [made things easier].

As a result of the COVID-19 pandemic, what are your top workforce needs that could be alleviated by new or modified policy, regulatory, and/or payment rules?

THEMES: Continue reimbursing for telehealth, streamline the license approval process, increased pay for community behavioral health providers

- We need parity for telehealth reimbursement vs in-person appointments. State of Washington should move up the previous date of January 1st 2021 so the rates don't go up then down then up again.
- If the state and the MCOs could come to a regulatory or payment solution based on a universal pay scale based on licensures, associates, and years of service, community behavioral health agencies [would not be engaging] in bidding wars for staff.

Describe the workforce impact, if any, of the use of telehealth at your facility in response to the pandemic.

THEMES: Overall, telehealth seen as beneficial, but equitable access and technological barriers are challenges

- Telehealth has allowed us to continue to serve clients in this pandemic.
- It has been a lifesaver, literally. Much more able to see patients at any time. There is now no excuse for no shows.
- Telehealth is not a platform that works for everyone, especially in rural areas such as ours due to limited or inaccessible internet/technological access.
- Telehealth made it possible for our counselors to continue to work without childcare or when we are sick. However, telehealth has been a burden/obstacle for many of our patients who do not have devices they can use to participate.
- Technology support was very challenging... "Zoom fatigue" is real.

Behavioral Health Facilities

Representatives from behavioral/mental health, substance use disorder clinics, and residential treatment facilities provided information to the Washington State Health Workforce Sentinel Network nine times between Summer 2016 and Fall 2020. This summary highlights some of the information they provided, with an emphasis on the most recently submitted data. Additional findings from behavioral/mental health, substance use disorder clinics and residential treatment facilities can be found on the Sentinel Network dashboard (wa.sentinelnetwork.org) as well as for other types of health care facilities.

Behavioral Health Facilities* - Occupations with exceptionally long vacancies: 2016-2020

Top occupations cited as having exceptionally long vacancies by date of reporting								
Rank	Summer 2016**	Spring 2017	Fall 2017	Summer 2018	Spring 2019	Fall 2019	Spring 2020	Fall 2020
1	Mental health counselors	Mental health counselor	Chemical dependency professional	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor
2	Chemical dependency professional	Chemical dependency professional	Mental health counselor	Chemical dependency professional Peer counselor	Chemical dependency professional	Chemical dependency professional	Chemical dependency professional	Chemical dependency professional (SUDP)***
3	Social worker	Social worker	Social worker Nurse practitioner	Nurse practitioner	Social worker	Peer counselor	Social worker	Social worker (Mental Health/SUDP)
4	Nurse practitioner	Nurse practitioner	Peer counselor	Social worker Psychiatrist	Marriage & family therapist	Marriage & family therapist	Peer counselor	Registered nurse
5	Psychiatrist	Registered nurse	Registered nurse	Marriage & family therapist	Peer counselor Psychiatrist	Social worker	Multiple occupations cited at same frequency	Marriage & family therapist Peer counselor Psychiatrist

↑ Most cited

Reasons for vacancies reported by behavioral health facilities* (Fall 2020)

Some vacancy issues were related to the COVID-19 pandemic

- [Multiple occupations] Due to COVID-19 less people are willing to leave their current employer.
- [SUDP***] Due to COVID-19 some staff had to stay home due to their own health concerns or the concerns of others.

But most vacancy issues were related to salary demands or applicant qualifications rather than COVID-19

- [Mental health counselor] We haven't been able to reclassify the pay range to recruit quality Counselors.
- [Nurse practitioner] Our pay scale isn't compatible of what other nurse practitioners make in a private practice.
- [Speech-Language therapist] There is a high need in our area for this credential and it is hard to offer benefits like that of larger organizations.
- So few LPNs [Licensed practical nurses] are available these days. Any sort of incentive to get LPNs into the workforce and still be able to stay in school for their RN would be helpful.

*Behavioral/mental health, substance use disorder clinics and residential treatment facilities

**Winter 2016 findings not shown due to space constraints

***Occupation title changed to Substance Use Disorder Professional (SUDP) in 2019

Behavioral Health Facilities (Fall 2020)

Demand for healthcare workforce reported by behavioral health facilities* (Fall 2020)

Most Sentinels interpreted this question as relating to community demand for mental health services

- *The pandemic has caused more suicidal ideation, stress, anxiety, isolation, depression with individuals with mental illness. The demand is outpacing the capacity of the organization.*
- *The requests for services are high and we are scheduling new clients months out for their first appointment.*
- *COVID-19 , the unrest and the other triggers has caused an increase in substance use.*

Reasons for worker retention/turnover problems reported by behavioral health facilities*

Some turnover issues related to the COVID-19 pandemic

- *[Many occupations] COVID-19 appears to be a concern for staff retention. Individuals hired and then have become concerned about COVID threats and possible exposure.*
- *[SUDP**] Due to many individuals going from a two income to one income family has led many individuals to change jobs seeking higher pay. Childcare problems have also led many individuals to quit work... The choice comes down to which partner makes the most money, which is more often not the SUDP.*

But other issues were present before the pandemic

- *[SUDP**] Fee for service rates do allow to pay going rates.*
- *[Mental health counselor] Our Therapists move on to other agencies that pay better wages.*
- *[Psychiatric/Behavioral/Mental health technician] This is a hard position physically and emotionally the wage is not always the highest.*
- *[Mental Health Counselor] Not wanting to do crisis on-call coverage; not enough crisis workers or enough funding.*

Changes in behavioral health facilities' priorities regarding orientation/onboarding for new employees and training for existing/incumbent workers

The content of onboarding and training sessions focus primarily on COVID-19 protocols

- *Increased attention to COVID-19 awareness and maintaining a clean, infection-free environment.*
- *Smaller new employee training groups, more emphasis on PPE and donning and doffing of masks.*
- *Focus is on telehealth training due to all work being conducted via telehealth during the pandemic restriction.*
- *[Mental health counselor] Because of the pandemic we can't send our therapists to trainings for continuous CEU's towards their licensures .*

Changes to the way information is delivered has been necessary

- *We have moved to a completely virtual orientation and training platform.*
- *We reduced the sizes of trainings to meet state requirements. We also conduct most trainings via zoom.*

New roles for existing employees and new occupations hired by behavioral/mental health facilities*

The response to the COVID-19 pandemic required many workers to take on new roles

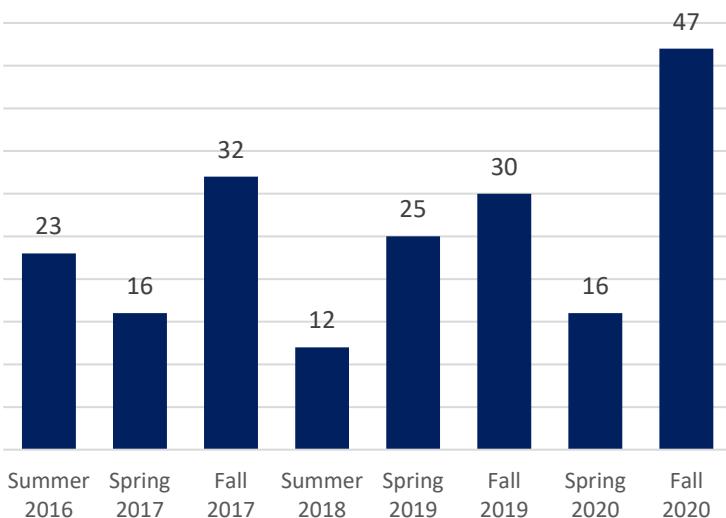
- *[Teacher - Early Learning] Teachers had to be trained to be health screeners.*
- *[Multiple occupations] Smaller groups, more telehealth*
- *[Community health worker] We lent staff to contract tracing effort.*
- *Our organization hired two full-time health screeners.*

*Behavioral/mental health, substance use disorder clinics and residential treatment facilities

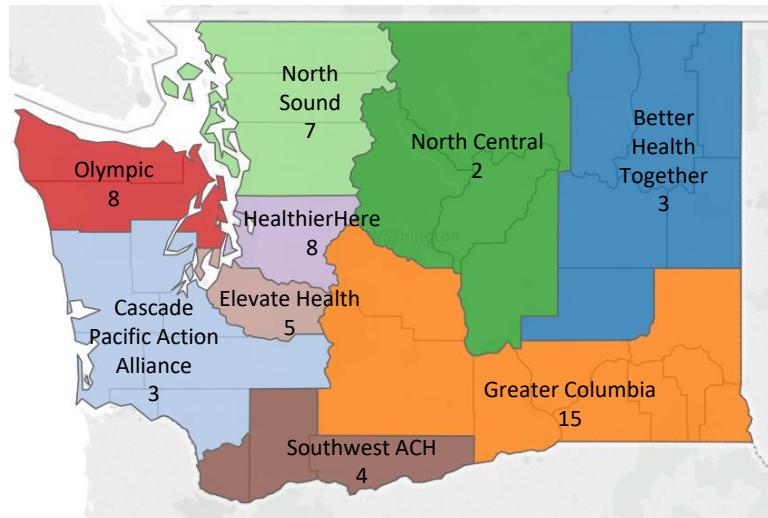
** SUDP = Substance Use Disorder Professional

Behavioral Health Facilities (Fall 2020)

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



Number of Behavioral Health Facility* Responses by Accountable Community of Health (ACH) (Fall 2020)



*Behavioral/mental health, substance use disorder clinics and residential treatment facilities

**Winter 2016 findings not shown due to space constraints

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 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.

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