

# Washington's Health Workforce Sentinel Network

## Findings Brief:

### Behavioral/Mental Health, Substance Use Disorder (SUD) Clinics and Residential Treatment Facilities

This Findings Brief highlights current workforce needs reported by behavioral/mental health, substance use disorder (SUD) and residential treatment facilities in Washington State during October and November 2021. More findings from 2021 and earlier may be viewed at [www.wa.sentinelnetwork.org/findings/](http://www.wa.sentinelnetwork.org/findings/).

Behavioral health facilities' current pandemic-related concerns are summarized below. Earlier pandemic-related findings may be viewed at [www.wa.sentinelnetwork.org/findings/covid-19/](http://www.wa.sentinelnetwork.org/findings/covid-19/).

#### Effects of the COVID-19 pandemic reported by Behavioral Health facilities: Themes and examples

##### How have your facility's staffing arrangements/configurations affected your ability to respond to patient demand during the past 6 months?

Staffing challenges have led to lower intakes, longer waits for appointments and clients having to see new providers.

- We've had to temporarily close open access and intakes from time to time.
- Reduced work force means reduced number of clients served.
- Extremely high demand for services due to increased behavioral and mental health concerns in [our community].
- We do not have enough staff. We are asked to complete workforce surveys at least once a month, but nothing changes. The issue is in large part financial. Please fund behavioral health.

##### What are your top workforce needs that could be alleviated by policy, regulatory, and/or payment changes?

- Legislatively mandated Medicaid increases [so we can pay a] wage that reflects the amount of education needed (either formal or lived experience) [and] the difficulty of the work based on the severe challenges faced by most enrollees.
- Burnout is a direct result of the low reimbursement that necessitates employers to overwork their providers to meet costs.
- Reporting burdens required by state [have] made clinicians feel like they are just checking boxes.
- Easier process for out of state therapists to get a WA license.

##### How has the pandemic affected your ability to support educational/training opportunities ?

Most have had to reduce the number of students, but many report they are continuing to train new students/graduates.

- The pandemic has hampered our ability to work with student interns, further impacting our talent pipeline.
- We get lots of requests but can only take a few students a year.
- Direct supervision has been the most affected... We have had to become very creative with a combination of telehealth supervision visits, and in person supervision.

##### To what extent has your organization used recruitment incentives like sign-on bonuses during the pandemic?

##### What recruitment strategies have been most successful?

Many report offering sign-on bonuses, but often report that they aren't as effective as they had hoped.

- We offer signing bonuses of up to \$10,000, but there [sic] have made relatively little impact.
- Significant sign on bonuses. Best strategy is market rate salaries, which we cannot afford.
- Sign on bonuses looked down upon with Medicaid dollars. [We use] appreciation activities to remind staff we care.

##### Have you implemented new retention strategies during the pandemic? Please describe.

Retention bonuses were commonly reported, but other strategies were also implemented.

- More paid holidays, sign on bonuses, retention bonuses, holiday bump, time off for vaccination and side- effects, wellness days that do not count as PTO [paid time off].
- More pay-with no more money: Extra PTO; Hazard pay.
- Increased communication, added incentives, numerous creative activities - mainly outdoors - for staff.

##### Compared with 2 years ago, how would you describe the number of vacancies you're now trying to fill?

Most report a significant increase in the number of vacancies, often due to higher turnover rates.

- 2-3 times as many vacancies due to higher turnover.
- Two years ago we had about 35 vacancies. Currently we are close to 200.

## Behavioral Health Facilities (Fall 2021)

Between 2016 and 2021, over the course of 11 reporting periods, behavioral health and other health care facilities in Washington shared information about their workforce needs to the Washington State Health Workforce Sentinel Network. Below are highlights of trends over time and recent findings. More findings from behavioral/mental health, SUD and residential treatment facilities, along with those from other health care facilities, are at [wa.sentinelnetwork.org](http://wa.sentinelnetwork.org).

Top occupations cited as having exceptionally long vacancies by date of reporting								
Rank	Fall 2017*	Summer 2018	Spring 2019	Fall 2019	Spring 2020	Fall 2020	Spring 2021	Fall 2021
1	Chemical dependency professional	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor
2	Mental health counselor	Chemical dependency professional	Chemical dependency professional	Chemical dependency professional	Chemical dependency professional	Chemical dependency professional (SUDP)**	Substance use disorder professional**	Substance use disorder professional**
		Peer counselor						
3	Social worker	Nurse practitioner	Social worker	Peer counselor	Social worker	Social worker (Mental Health/SUDP)	Psychiatrist	Social worker (Mental Health/SUDP)
	Nurse practitioner						Social worker	
4	Peer counselor	Social worker	Marriage & family therapist	Marriage & family therapist	Peer counselor	Registered nurse	Peer counselor	Peer counselor
		Psychiatrist						
5	Registered nurse	Marriage & family therapist	Peer counselor	Social worker	Multiple occupations cited at same frequency	Marriage & family therapist	Registered nurse	Social worker (Child, Family and School)
			Psychiatrist					
			Peer counselor					
								↑ Most cited

Note: Includes behavioral/mental health, substance use disorder clinics and residential treatment facilities

\*Summer 2016, Winter 2016 and Spring 2017 findings not shown due to space constraints – see the Sentinel Network Dashboards: [wa.sentinelnetwork.org](http://wa.sentinelnetwork.org)

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

### Reasons for vacancies reported by Behavioral Health facilities

#### Low salary was often cited, but other factors were also described.

- [Multiple occupations] COVID-19 has led to an increase in demand for our services, the mental health needs of the community is increasing. The workforce remains the same, and the pay is not enough to attract new talent..
- [Multiple occupations] Staff wanted to work from home, but clinic needed staff at the facility. Some staff could make enough on unemployment and chose to leave their position or not apply. Staff were leaving to work for private agencies or to see out new-hire bonuses.
- [Psychiatric aide] Increased need, no candidates, Walmart pays better than we can.
- [Chemical dependency professional/substance abuse and behavioral disorder counselor] Finding qualified applicants has been difficult, but honestly finding any applicants has been difficult.
- [Marriage and family therapist] We have exceptionally long vacancies for every masters level position because there are not enough applicants and too few individuals wanting to come into a field with low pay, a challenging population and substantial administrative burdens.
- [Mental health counselor] Staff have left for telehealth (or more flexible) positions or due to vaccine mandate.

## Behavioral Health Facilities (Fall 2021)

### Demand for healthcare workforce reported by Behavioral Health facilities\*

Higher need within the community was commonly reported to have led to program expansion and competition for a limited number of workers. Turnover is also commonly reported as a factor.

- *[Mental health counselor] We have had record numbers of requests for services. Caseloads are escalating due to insufficient staffing and increased demand, which puts retention at risk.*
- *[Multiple occupations] Each of [our organization's service areas is] experiencing unprecedented need. The acuity of the youth referred has never been as high as it is now.*
- *[Multiple occupations] We don't have enough staff to address the increase and those we have are getting burned out.*

### Reasons for worker retention/turnover problems reported by Behavioral Health facilities\*

Facilities frequently reported that employees left looking for higher pay or because they were feeling burned out.

- *[Multiple occupations] Because of shortage in workforce, staff choose better salaries and benefits going to bigger health systems - Kaiser, MultiCare, VA etc.*
- *[Multiple occupations] Agencies competing for the same staff (poaching).*
- *[Mental health counselor] Many people do not want to return to the office to see clients face to face. Staff also want to work from home all the time, and will not consider working part time from home and part time from an office.*
- *[Social worker - mental health and substance abuse] Our clinicians have attributed their leaving mostly to pay, but some have left the field (at least temporarily) due to burn out..*
- *[RNs, LPNs] Staff seeking higher wages, patient acuity increased from pandemic, general turnover.*
- *[Mental health counselor] Our agency has seen increased demand for SUD & MH services. Due to this, staff have experienced some burnout.*

### Changes in Behavioral Health facilities' priorities regarding orientation/onboarding for new employees and training for existing/incumbent workers

Onboarding and training sessions were reported to focus primarily on COVID protocols, but less so than previously

- *Covid, infection control trainings, sanitizing surfaces patients touch in between visits.*
- *Increased telehealth training requirements related to COVID-19*
- *Have increased training on trauma informed care, increased cultural competency training and other required training to assist staff in being successful in their position.*

Most trainings were delivered remotely, but some organizations reported transitioning to more in-person programs.

- *Onboarding moved to online/in-person hybrid to accommodate COVID-19 response with reduced on-site staff.*
- *New and additional information on COVID mitigation & our vaccine requirements for employees. Bringing back limited in-person training for fully vaccinated employees.*

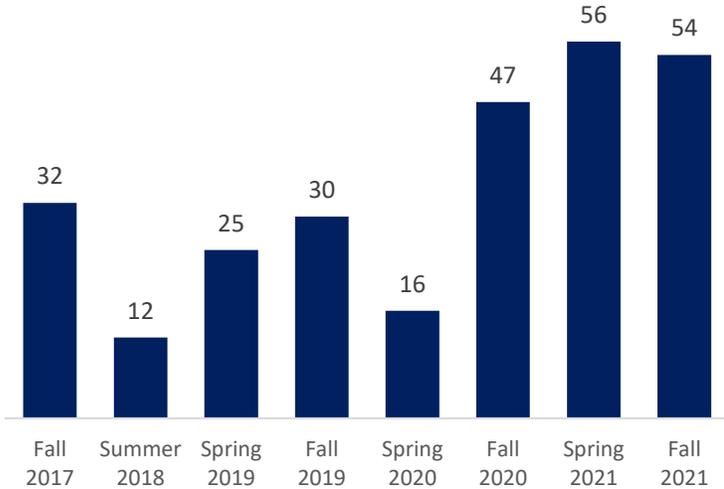
### New roles for existing employees and new occupations hired by Behavioral Health facilities\*

- *[Chemical dependency professional/substance abuse and behavioral disorder counselor] We have moved 70+ employees into working remotely either fully or partially.*
- *[Social worker - Child, Family And School] Filled in as floor staff in RTF facilities to solve staffing issues.*
- *[RN - Psychiatric] Significant increase in the amount of primary care duties vs. psychiatric/mental health specific duties.*
- *New roles hired: Care coordinators/case managers, recruiter, clinical coordinator.*

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

## Behavioral Health Facilities (Fall 2021)

**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 2021)**



\*Behavioral/mental health, substance use disorder clinics and residential treatment facilities  
 \*\*2016 and Spring 2017 responses not shown due to space constraints

### About the Washington Health Workforce Sentinel Network

The Health Workforce 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](http://www.wa.sentinelnetwork.org).

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