

# 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 May and June 2022. More findings from 2022 and earlier may be viewed at [www.wa.sentinelnetwork.org/findings](http://www.wa.sentinelnetwork.org/findings).

Behavioral health facilities' responses to questions about current overarching and pandemic-related workforce issues 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).

#### Overarching and Pandemic-Related Workforce Issues: Themes and Examples

##### **What strategies has your organization used over the past 6 months to cover worker absences and fill vacancies caused by worker turnover? How successful have these strategies been?**

Many have asked current employees to expand their roles but fear burnout. Some have had to implement patient waitlists or have reduced the number of appointments for each patient.

- *We have used contracted staff and locums as well as offer staff the ability to work from home via telehealth.*
- *Current staff worked overtime, manager/leadership coverage on shifts, cross training in roles, repurposed current vacancies to meet operational need. Some success after repurposing roles.*
- *Managers have been working shifts on the floor, this has caused some burnout for management teams and is not sustainable long term.*
- *Less time off by other staff; some clients not seen as often. Staff have become more stressed due to having less time to see clients due to vacancies.*

##### **What employee benefits are, or would be, the most helpful to improve your facility's ability to retain its workforce? If you have been able to implement or increase access to any of these benefits within the past 6 months what effect have they had on retention?**

- *Childcare, family leave, behavioral health services, flexible schedules including virtual and hybrid.*
- *Flexible schedules, better pay, lower caseloads.*
- *Medical and dental for spouses, partners & children. Many leave to work for the state, where these benefits are provided.*
- *Childcare would be an amazing benefit to offer, but would be too costly for our company to provide to our employees. We would love to increase our wages as well, but are unable due to the reimbursement rate given by Medicaid and Medicare.*

##### **What are your top workforce needs that could be alleviated by new or modified policies, regulations, and/or payment rules?**

Streamlining credentialing/licensing, educational incentive and payment increases were mentioned as priorities for many employers.

- *The licensing process for an out of state employee is exceptionally long. It is long for people within the state at times.*
- *Increased Medicaid rate reimbursements to providers to allow for competitive wages and benefits.*
- *Private insurance reimbursement for group therapy, peer support, and/or case management to reduce pressure on MHP for all behavioral health needs.*
- *Broader ability to hire staff for therapeutic services while still completing work for master's degree. Alternatively, provide financial assistance for staff wanting to work part-time on a degree program.*

##### **How would you describe your facility's use of telehealth/virtual visits now compared with your use a year ago? If your organization provides telehealth/virtual visits, how would you describe the impact on recruiting and retaining your workforce?**

Two-thirds of respondents said they offer telehealth, although rates were much lower for some services, such as mobile crisis outreach. Many employees like telehealth, but it is not always possible depending on the patient population.

- *[Telehealth] improves our ability to keep staff. They like the ability to work [away from] the office some or most days.*
- *Our population is highly acute and does better in person, therefore, we cannot recruit for telehealth.*

## Behavioral Health Facilities (Spring 2022)

Between 2016 and 2022, over the course of 12 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	Summer 2018	Spring 2019	Fall 2019	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022
1	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor
2	Chemical dependency professional (SUDP)**	Chemical dependency professional (SUDP)**	Chemical dependency professional (SUDP)**	Chemical dependency professional (SUDP)**	Chemical dependency professional (SUDP)**	Substance use disorder professional	Substance use disorder professional	Substance use disorder professional
	Peer counselor							
3	Nurse practitioner	Social worker	Peer counselor	Social worker	Social worker (Mental Health/SUDP)	Psychiatrist	Social worker (Mental Health/SUDP)	Social worker (Mental Health/SUDP)
						Social worker		
4	Social worker	Marriage & family therapist	Marriage & family therapist	Peer counselor	Registered nurse	Peer counselor	Peer counselor	Marriage & family therapist
	Psychiatrist							
5	Marriage & family therapist	Peer counselor	Social worker	Multiple occupations cited at same frequency	Marriage & family therapist	Registered nurse	Social worker (Child, Family and School)	Peer counselor
		Psychiatrist			Peer counselor			
		Psychiatrist						

← Most cited

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

\*Findings prior to Summer 2018 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 exceptionally long vacancies reported by Behavioral Health facilities

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

- [Marriage and family therapist] Salary expectations too high, unable to compete with large hospitals.
- [Multiple occupations] Due to being in a rural service area we are not receiving qualified applicants for this role especially at the desired compensation. There is also a labor shortage nationally.
- [Multiple occupations] Master's level therapists are difficult to recruit and once licensed, to retain.
- [Social worker - mental health and substance abuse] Dually credentialed professionals are very difficult to find, more than any other professional except psychiatrists and psychiatric ARNPs.
- [Marriage and family therapist] Cost of housing has increased and there is low inventory in our area. We have recently given out significant market raises to all therapists.
- [Substance abuse and behavioral disorder counselor] Seeing a shortage locally, statewide and nationally -- more in last 3 years than in last 35 years I've been in the BH field.
- [Substance abuse and behavioral disorder counselor] Prevention professionals make low salaries that may not be very enticing. However, field requires a certification but there is not a financial incentive to getting one.

## Behavioral Health Facilities (Spring 2022)

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

Facilities frequently reported that employees left looking for higher pay, flexible schedules and lower workload, often due to burnout.

- *[Multiple occupations] Once a clinician is licensed, it is extremely difficult to keep them. They can move to private practice, take only cash and make significantly more per hour than [our organization] gets in reimbursement from insurance companies. Generally, we can keep clinicians until they get licensed.*
- *[Social Worker - Child, Family And School] Increased stress causes by the pandemic, higher needs of clients and staff shortages have led to burnout and turnover. We are seeing employees not only leave our organization but leave the industry.*
- *[Multiple occupations] Due to employees returning to a formal educational program, or to pursue a career elsewhere with a higher compensation package.*
- *[Multiple occupations] Workload is always an issue... But the much larger issue is salary and benefits.*
- *[Psychiatric technician] There are other positions that don't require much education/experience that are paying more. We temporarily closed a facility due to lack of staff to meet client needs.*
- *[Psychiatrist, child] Few applicants for our area and seeking hybrid of Telehealth, more \$ and a lot flexibility.*

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

Onboarding and training content was reported to shift away from a focus on COVID safety protocols compared with the previous two years.

- *[Multiple occupations] Trainings have been done on client centered care, best practices with documentation, and building a positive work culture with an eye on equity, diversity, and inclusion.*
- *[All direct-service occupations and clinical leadership] Intensive Crisis Intervention training was added to our already lengthy training curriculum.*
- *[Case manager] Increased basic training on case management and documentation skills. Burnout training provided due to high volume of caseload and changes to model of care.*
- *[Multiple occupations] We find that graduates are prepared to work with a population with fewer unmet basic needs and fewer social determinant needs, with far less acuity and complexities... [therefore] we are turbo-charging our onboarding. We provide substantial clinical trainings, field trainings, field supervision, etc.*
- *[Masters level MH staff] Emphasis on skills necessary to provide telehealth.*

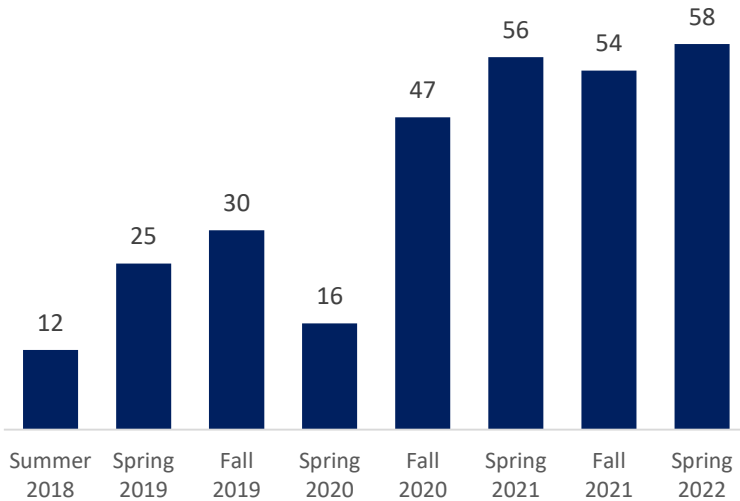
### New roles for existing employees and new occupations hired by Behavioral Health facilities\*

- *[Patient support specialist (formerly Receptionist)] More tasks-centralized scheduling, more interactions with clients, providing provider support to clinical staff.*
- *[Behavioral health specialist] This position has been reduced to focus on outpatient case management with youth and families.*
- *[Behavioral health technician] Is now a Case Manager.*
- *[Various credentialed employees] Have taken been redeployed or taken on extra work... due to staffing shortages that challenge our ability to meet contractual requirements and community need.*

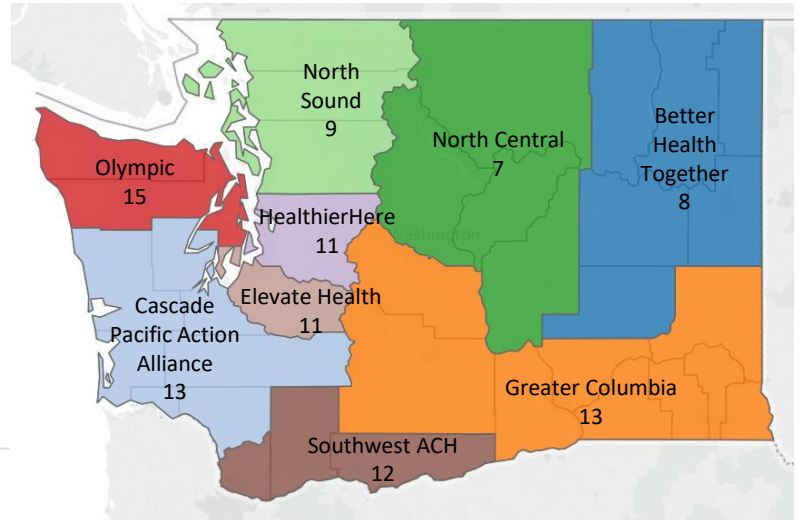
\*Behavioral/mental health, substance use disorder clinics and residential treatment facilities

## Behavioral Health Facilities (Spring 2022)

**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  
 \*\*Responses prior to Summer 2018 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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