

# Washington's Health Workforce Sentinel Network

## Findings Brief:

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

Washington's Health Workforce Sentinel Network links the state's healthcare industry with partners in education and training, policymakers, and other workforce planners to identify and respond to emerging demand changes in the health workforce. Every six months, employers ("Sentinels") from across the state and from a wide range of healthcare sectors share their top workforce challenges. This report highlights findings reported by Sentinels providing behavioral health services in the spring and fall of 2022, including in-depth reporting on educational preparation of entrants to Washington's behavioral health workforce. More in-depth findings from 2022 and prior years may be viewed at [www.wa.sentinelnetwork.org/findings](http://www.wa.sentinelnetwork.org/findings).

### Employer Perspectives: Workforce Staffing

Since its inception, the Sentinel Network has tracked the occupations that are reported to be experiencing exceptionally long vacancies. The table below shows the occupations that employers at behavioral health facilities have indicated were the hardest to hire. As the figure shows, many of the same occupations have been reported as experiencing exceptionally long vacancies since at least spring 2019, indicating that these occupations have been in high demand for many years at facilities providing behavioral health services.

**Figure 1. Behavioral Health Facilities\***  
**Occupations with exceptionally long vacancies: 2019-2022**

Rank	Spring 2019	Fall 2019	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 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)**	Substance use disorder professional	Substance use disorder professional	Substance use disorder professional	SUDP			
								Registered nurse
								Peer counselor
3	Social worker	Peer counselor	Social worker	Social worker (Mental Health/SUDP)	Psychiatrist	Social worker (Mental Health/SUDP)	Social worker (Mental Health/SUDP)	Social worker (Mental Health/SUDP)
				Social worker				
4	Marriage & family therapist	Marriage & family therapist	Peer counselor	Registered nurse	Peer counselor	Peer counselor	Marriage & family therapist	Marriage & family therapist

← Most cited

\*Includes behavioral/mental health, substance use disorder clinics, residential treatment facilities, designated crisis responder services, mobile crisis outreach teams, and other residential and out-of-facility behavioral health services.

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

Note: Findings prior to spring 2019 not shown due to space constraints – see the Sentinel Network dashboards at [wa.sentinelnetwork.org](http://wa.sentinelnetwork.org)

## Behavioral Health Facilities (2022)

### Reasons for vacancies reported by Behavioral Health facilities

The reasons cited for these exceptionally long vacancies were often low salary, high cost of living in the area around their facility, wage competition, lack of qualified applicants and other recruitment issues, and a general workforce shortage of behavioral and mental health professionals.

*“[There are] no applicants for open positions. Those that do apply want [...] high rates of pay [...]. Most individuals either want full-time with benefits - or only want to work special schedules that are not in alignment with our needs.” – Substance Use Disorder Residential Treatment Facility, Fall 2022*

*“Current [insurance reimbursement] rates do not support competitive compensation [...], which has resulted in dramatic decrease in the number and qualification of potential candidates.” – Behavioral/Mental Health Clinic, Fall 2022*

### Reasons for Retention and Turnover Problems Reported by Behavioral Health Facilities

Respondents highlighted a variety of reasons for worker retention and turnover problems, including employees leaving for higher pay, more flexibility in their work schedule and/or location, and improved work-life balance. Others noted that the COVID-19 pandemic has left their clients with higher needs and reduced staff to care for these patients, leading to burnout and turnover among incumbent employees. Some facilities reported that their employees were choosing not only to leave their organization, but also to exit the industry.

*“Increased stress caused 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.” – Behavioral/Mental Health Clinic, Spring 2022*

*“Competitive salaries being offered at other agencies in the community. High caseloads, burnout of working with client population.” – Behavioral/Mental Health Clinic, Spring 2022*

*“Staff leaving for positions that pay them an exceptional rate of pay or they can work from home. Also, leaving to take positions that are higher in pay, full-time, or have benefits. As mentioned, our reimbursement rate for our services from funders prevents us from offering exceptional pay, full-time, with benefits for all positions. And, due to the nature of our business (open 24/7), we do not have much flexibility in schedules and cannot work from home.” – Substance Use Disorder Residential Treatment Facility, Fall 2022*

### Responses to Staffing Problems Reported by Behavioral Health Facilities

To cover worker absences and vacancies, many respondents asked current employees to expand their roles, but fear potential burnout among their current workforce, while others have had to implement patient waitlists or reduce the number of appointments for each patient to help manage their current employee’s workloads. Others reported that their current staff worked overtime, took less time off, reduced the number of clients seen or hours spent per client, resulting in staff experiencing increased stress.

*“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.” – Behavioral/Mental Health Clinic, Spring 2022*

*“With staffing shortages, [we] have had longer wait times, high census, [and] multiple people filling multiple roles [leading to] burnout.” – Designated Crisis Responder Services, Fall 2022*

### Employer Perspectives: Possible Policy Solutions

When asked about what employee benefits are, or would be, the most helpful in improving retention of their facility's current workforce, respondents indicated that childcare, enhanced medical coverage and family leave, behavioral health services, increased pay and wages, and flexible schedules would be among the most helpful. Respondents indicated that many employees like telehealth as it offers greater flexibility, but it is not always possible depending on the patient population.

*"Childcare would be an amazing benefit to offer, but would be too costly for our company to provide to our employees." – Behavioral/Mental Health Clinic, Spring 2022*

*"Flexible schedules, better pay, lower caseloads [would help with retention]." – Behavioral/Mental Health Clinic, Spring 2022*

*"Medical and dental coverage for family members of staff would make a substantial difference for staff retention." – Behavioral/Mental Health Clinic, Spring 2022*

#### Data Highlight – External factors that affected staffing

In fall 2022, 15 Behavioral Health Sentinels provided feedback on external factors that impacted staffing at their facilities. Nine (60%) indicated that a lack of childcare, 10 (67%) said housing availability, and 6 (40%) said transportation difficulties (expense or lack of public options) affected staffing decisions. This indicates that, based on a small number of responses from across the state, policies and funding directed toward factors such as these could be beneficial.

When asked of their top workforce needs that could be alleviated by policies, regulations, and payment rules, respondents often highlight credentialing and licensing requirements, educational incentives, and payment increases as priorities for many employers. Some respondents indicated that the licensing process can be too long for new and out-of-state employees. Others highlighted the need for increases to public and private insurance reimbursement rates to allow employers to offer competitive benefits and salaries, as well as expanding benefits to cover other behavioral health needs.

*"Private insurance [should provide] reimbursement for group therapy, peer support, and/or case management to reduce pressure on MHP [mental health professionals] for all behavioral health needs." – Behavioral/Mental Health Clinic, Spring 2022*

*"The licensing process for an out of state employee is exceptionally long. It is long for people within the state at times." – Behavioral/Mental Health Clinic, Spring 2022*

### Supplemental Questions About Education Preparation of Entrants to Washington's Behavioral Health Workforce – Fall 2022

Recent efforts to address behavioral health workforce development in Washington have highlighted areas where applicants' and newly hired employees' qualifications often do not fully meet some employers' needs. During the fall 2022 Sentinel Network data collection period, Sentinels were asked to assess the preparation of their existing and recently hired workforce in a variety of areas. These questions were drawn from other examinations of the knowledge and skills preparation of the behavioral health workforce in the state, including:

Skillman SM, Dunlap B. Washington State's Behavioral Health Workforce: Examination of Education and Training Needs and Priorities for Future Assessment. Center for Health Workforce Studies, University of Washington, Jul 2022. <https://familymedicine.uw.edu/chws/wp-content/uploads/sites/5/2022/11/WA-BH-Education-Training-Assess-FR-2022.pdf>

Feedback from Behavioral Health Sentinels is summarized below, based on 20 responses representing 13 behavioral-mental health clinics, 4 designated crisis responder services, 4 mobile crisis outreach teams, 5 other out-of-facility behavioral health services, 3 residential treatment facilities, 3 substance use disorder residential treatment facilities, 4 community health centers, and 2 "other" hospitals. One respondent could reply for multiple facility types. Respondents represented facilities that provided services in one or more of all nine Accountable Communities of Health in Washington. Because response numbers were relatively small and included "don't know" and "not applicable" answers, these findings merit further investigation.

- 85% of respondents reported licensed behavioral health occupations hired in recent years were, in general, **somewhat prepared or not well prepared** for practice in their type of facility (e.g., prepared for their facility's practice style, client acuity, client load)
- Skills and knowledge areas where the highest percentages of respondents reported applicants and new hires were **well prepared** included:
  - social justice and equity (45%)
  - maintaining healthy boundaries with clients and other providers (42%)
  - adherence to accepted ethical and behavioral standards of the profession (42%)
  - clinical assessment (36%)
  - motivational interviewing (33%)
  - appropriate treatment for behavioral health (33%)
  - creating a therapeutic and helping relationship with the client (33%)
- Skills and knowledge areas where the highest percentages of respondents reported applicants and new hires were **not well prepared** included:
  - interdisciplinary team-based care (55%)
  - working with high utilizers/high need populations (50%)
  - documentation (42%)
  - motivational interviewing (42%)
  - solution-focused brief therapy (40%)
  - substance use (36%)
  - crisis de-escalation (33%)
  - serving diverse clients (33%)
  - research-informed practice (33%)
  - relevant law (33%)

## Behavioral Health Facilities (2022)

### Supplemental Questions About Education Preparation of Entrants to Washington's Behavioral Health Workforce – Fall 2022 (cont.)

Behavioral health facility respondents were also asked about their level of agreement of three statements about behavioral health education that were identified previously as common themes in interviews with select behavioral health workforce key informants across the state:

- **Behavioral health education programs should provide students with early exposure to, and experiences with, different client populations that they may serve in their careers.** Students in behavioral health education programs should be provided with early experiences and program options that enable them to develop the skills and competencies needed for the type of practice (e.g., in safety net facilities, private practice, integrated behavioral health/primary care practice) where they are most likely to find professional satisfaction and success.”
  - 92% agreed (including 54% who strongly agreed)
- **New behavioral health education approaches and occupations are welcome, if financially viable.** Entry into behavioral health work through on-the-job training and apprenticeship, as well as associate and bachelor's degree programs, can help to both fill needed roles in behavioral health settings and provide individuals with experience in behavioral health care without making the long-term and often expensive commitment of committing to a graduate degree program.
  - 84% agreed (including 46% who strongly agreed)
- **Distance education improves access to behavioral health education and increases workforce supply.** Distance education through institutions in Washington and other states is a growing option for behavioral health education and is an important component of health workforce development in the state.
  - 77% agreed (including 46% who strongly agreed)

### 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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