

# 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 to the state's Health Workforce Sentinel Network by Washington's behavioral/mental health clinics and other behavioral health facilities during October/November 2023. Between 2016 and 2023, over the course of 15 reporting periods, behavioral health facilities and other health care facilities in Washington provided key, on-the-ground information to the Washington State Health Workforce Sentinel Network. Below are highlights of trends over time and recent findings. More findings from 2023 and earlier, as well as for other health care facilities, may be viewed at <https://www.wa.sentinelnetwork.org/findings>

Top occupations cited as having exceptionally long vacancies by date of reporting						
Rank	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023	Fall 2023
1	Mental Health Counselor	Mental Health Counselor	Mental Health Counselor	Mental Health Counselor	Mental Health Counselor	Mental Health Counselor
2	Substance use disorder professional	Substance use disorder professional	Substance use disorder professional	SUDP	Substance use disorder professional	Substance use disorder professional
				Registered Nurse		
				Peer Counselor		
3	Psychiatrist	Social Worker (Mental Health/SUDP)	Social Worker (Mental Health/SUDP)	Social Worker (Mental Health/SUDP)	Registered Nurse	Social Worker (Mental Health/SUDP)
	Social Worker					
4	Peer counselor	Peer counselor	Marriage & family therapist	Marriage & family therapist	Marriage & family therapist	Marriage & family therapist

↑ Most cited

\*Includes behavioral/mental health clinics, substance use disorder clinics, residential treatment facilities, freestanding evaluation and treatment facilities, designated crisis responder services, mobile crisis outreach teams, and other residential and outpatient behavioral health services. Occupations cited by the same number of responses share the same rank number.

### Reasons for exceptionally long vacancies and retention/turnover problems

**Wage competition and scheduling preferences, including a preference for telehealth work were frequently referenced as a barriers to retention and recruitment. Slow licensing/credentialing processes were also cited as a barrier.**

- [Social worker] Low pay, intense clients, staff shortages, personal safety risk, stressful emotional job.
- [Registered nurse] Difficult to compete with the pay of local hospitals. Work can be difficult, given the acuity of the psychiatric conditions involved.
- [Psychologist] They can work better from home and have more control over their schedules. They can also charge more for assessments and sessions as they do not have to accept insurance.
- [Multiple occupations] Leaving to start their own private practice. They have more control over their schedules and can make it self-pay.
- [Psychologist] Experiencing astronomically long wait times to get through the licensing process in Washington state.
- MHP or Master's level clinicians are moving to private practice groups instead of Community Mental Health [due to] poor pay, credentialing challenges related to coursework.

## Behavioral Health Facilities\* (Fall 2023)

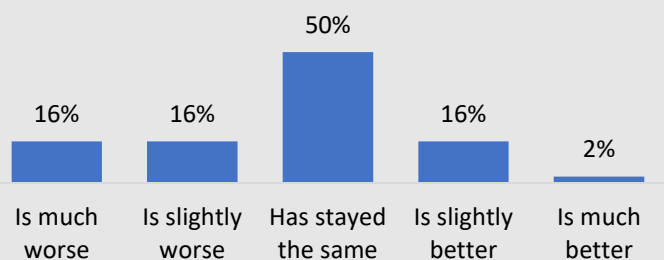
Highlights of current workforce needs reported to the state’s Health Workforce Sentinel Network by Washington’s behavioral health facilities during October/November 2023 (continued).

### Changes in priorities regarding orientation/onboarding for new employees and training for existing/incumbent workers reported by behavioral health facilities.

- *[Multiple occupations] Created an on-boarding team. They meet with the heads of each department to have an understanding of what we do here and to make sure they have the full picture.*
- *[Marriage & family therapist, mental health counselor] We have streamlined the [onboarding] process to accommodate the state licensing delays.*
- *[Multiple occupations] We established a Strategic Retention Planning Committee to develop an on-boarding and retention program. Statistically, we know that on-boarding is the primary link to employees continuing their employment.*

### Overarching Workforce Issues: Themes and Examples

#### In the past 6 months, how has your organization’s ability to staff your facility(ies) changed?



#### Comment examples

- *Has stayed the same: Counselors/therapists/SUDPs/Social Workers, etc. are much harder to fill compared to non-credentialed positions or non-clinical positions.*
- *Is slightly better: We hire more bachelor's level clinicians and case managers than ever before and we hire new graduates.*
- *Has stayed the same: Our organization is located in a rural community with limited access to housing, economic stability and is a considerable driving distance from the closest urban location where many individuals choose to live.*

#### How has your facility's staffing affected your ability to respond to patient/client demand during the past year?

	% (#)	Comment examples
Delay in care for current patients/clients	35%	<ul style="list-style-type: none"> <li>• <i>Clients waiting to be seen go out 3-4 months. Clients experiencing a high turnover with their providers.</i></li> <li>• <i>Harder to serve increased amount of clients. More upper leadership is having to take on caseloads when it really isn't part of their responsibilities</i></li> </ul>
Inability to take new patients/clients	13%	<ul style="list-style-type: none"> <li>• <i>We have a waitlist as we do not have enough clinicians</i></li> </ul>
Reduction in the number of patients/clients you are able to care for	22%	<ul style="list-style-type: none"> <li>• <i>We have to put a hiring freeze for periods this year due to budget instability and therefore are serving less participants.</i></li> <li>• <i>We have to move current clients to different clinicians and put them back on the waitlist when a clinician leaves. This prevents us from scheduling new clients.</i></li> </ul>
No effect, operations continue as usual	22%	<ul style="list-style-type: none"> <li>• <i>Our current staff continues to take on more and more responsibility and clients to assist in every way possible while we attempt to fill vacancies.</i></li> </ul>
Other	8%	<ul style="list-style-type: none"> <li>• <i>The effect has been with our staff taking on more and more clients.</i></li> <li>• <i>You cannot shorten the service you give the client. You do end up shortening the educational part we use to provide... Something has to give.</i></li> </ul>

#### Is your organization assisting workers who are pursuing education or training with the goal of advancing to a higher paying healthcare career? If yes, in what ways is your organization supporting these activities?

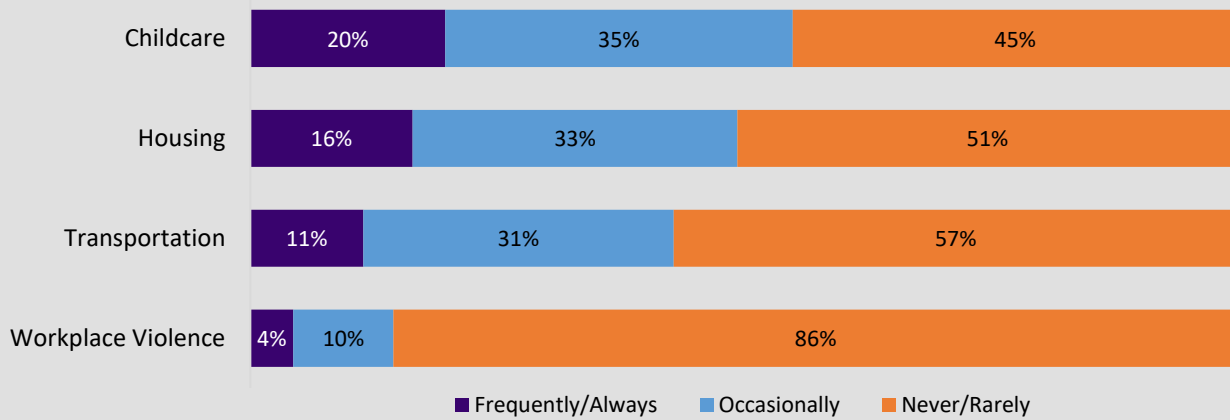
- *We are a practicum site for social work students and we offer onsite supervision to assist with our staff who are pursuing higher education.*
- *In-house SUDPT training program.*
- *We are set up with federal loan repayment programs.*
- *Supporting internships, flexible work schedule to attend classes, scholarship program for financial assistance toward higher education.*

\*Includes behavioral/mental health clinics, substance use disorder clinics, residential treatment facilities, freestanding evaluation and treatment facilities, designated crisis responder services, mobile crisis outreach teams, and other residential and outpatient behavioral health services.

## Behavioral Health Facilities\* (Fall 2023)

### Overarching Workforce Issues: Themes and Examples (continued)

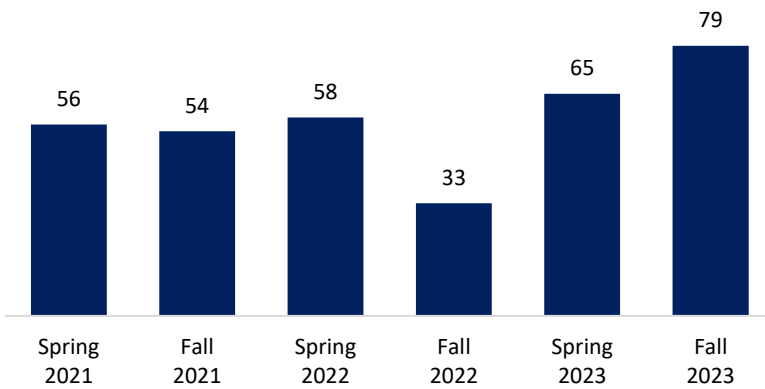
To what extent have childcare, housing, transportation, and/or workplace violence affected your ability to recruit and retain staff in the past year? What strategies has your organization used to address these challenges?



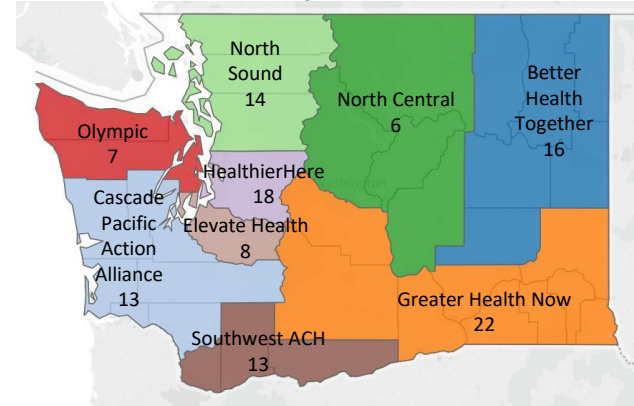
#### Comment examples

- *Attempting to pay as competitive a wage as we possibly can.*
- *Availability of housing in some of our more rural counties has made it difficult for staff willing to relocate as there isn't decent, affordable housing available.*
- *Implementation of telehealth services and allowing new mothers to bring their infants to work for the first 6 months.*

**Number of Sentinel Network Responses from behavioral health facilities in WA by Data Collection Date**



**Number of behavioral health facilities by Accountable Community of Health (ACH) (Fall 2023)**



Note: Each facility may serve clients/patients in more than one county, which is why map totals may exceed total unique responses.

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#### 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. The Sentinel Network is an initiative of Washington's Health Workforce Council, conducted collaboratively by Washington's Workforce Board and the University of Washington 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 organization's workforce needs to inform policy and planning responses.
- 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).

Contact: [healthworkforce@wasentinelnetwork.org](mailto:healthworkforce@wasentinelnetwork.org)

Sentinel Network Team:

UW Center for Health Workforce Studies Benjamin Stubbs, Grace Guenther, Nhu Nguyen, Beverly Marshall, Susan Skillman  
 WA Workforce Board: Renee Fullerton, Donald Smith