

## Washington's Health Workforce Sentinel Network Findings Brief: Behavioral/Mental Health, Substance Use Disorder (SUD) Clinics and Related 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 April/May 2024, as well as trends over time. Between 2016 and 2024, over the course of 16 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. More findings from 2024 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                           | Spring 2024                         |
| 1   | Mental health counselor             | 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 | 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)  | Counselor – Bachelor's prepared     |
|   | Social worker                       |                                     |                                     |                                    |                                     |                                     |                                     |
| 4   | Peer counselor                      | Peer counselor                      | Marriage & family therapist         | Marriage & family therapist        | Marriage & family therapist         | Marriage & family therapist         | Marriage & family therapist         |
|   |                                     |                                     |                                     |                                    |                                     |                                     | Office personnel                    |

← 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 have the same rank number.

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

Respondents cited recruitment and retention problems not related to salary/wage/benefits, salary/wage/benefits issues, and not enough qualified applicants as reasons for exceptionally long vacancies and retention/turnover issues.

- [Mental health counselor] We have had a supervisory position for our local crises team that has been problematic due to the level of skill required.
- [Counselor – bachelors prepared] It's been difficult to find candidates. We have a lot of openings and have increased compensation and hiring bonuses with little success. In addition, we added an additional recruiter.
- [Social worker] The number of those experiencing substance abuse disorders in Washington State has increased exponentially in the past few years, and we do not have enough social supports for Social Workers pursuing work in this field, there is also not equitable pay, and fair hours. Turnover rates can be lessened if more appropriate hours, compensation, and supervision was provided.
- [Substance use disorder professional] Difficulty finding SUDP/T with experience that can take a caseload immediately. Fewer applicants. Fewer schools, many online programs closed. In person programs [at several local community colleges] promote internships and placements in [our area]. No relationship with programs outside their area.
- [Office personnel] Due to decreased staffing/revenue, we have not been able to hire additional support staff.

## Behavioral Health Facilities\* (Spring 2024)

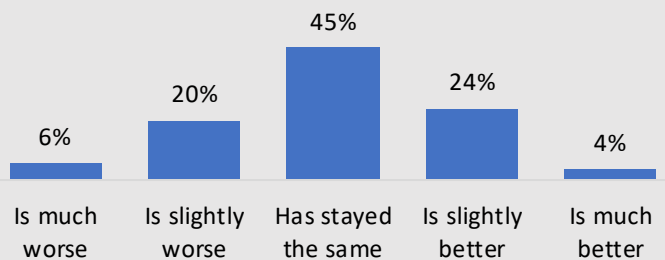
Highlights of current workforce needs reported to the state’s Health Workforce Sentinel Network by Washington’s behavioral health facilities during April/May 2024 (continued).

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

- *[Mental health counselor] We have significantly revamped our interviewing, onboarding and training processes to try to ensure good fit for our agency and to try to avoid continued turnover.*
- *[Counselor – bachelors prepared] More training expected for crisis and intensive in-home outpatient. Some is around de-escalation; some is burdensome administrative requirements imposed by the Health Care Authority.*
- *[Peer counselor] We have created a mentoring and shadowing element with the onboarding.*
- *[Multiple occupations] Clinical Supervisor has been monitoring needed training for all clinicians, not just trainees.*

### Overarching Workforce Issues: Themes and Examples

#### In the past six months, how has your organization's ability to staff your facility/facilities changed?



#### Comment examples

- *[Is slightly worse] Continue to struggle to fill vacancies. Many clinicians leave due to better pay at other organizations.*
- *[Has stayed the same] Still difficult to recruit to this area.*
- *[Has stayed the same] We work with schools and students completing their master's degrees which require the completion of an internship. We are able to offer jobs to interns that do their internship with [our organization] upon completion of their master's degree.*
- *[Is slightly better] We have received a few applicants, whereas a year or more prior, we were getting none.*

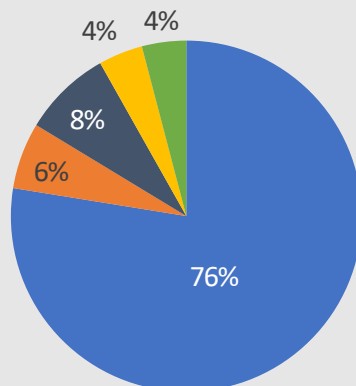
#### Describe any new retention strategies your organization has implemented in the past year and their impact on staff retention.

##### Respondents described implementing strategies ranging from increasing wages and improving benefits to flexible scheduling and engagement surveys.

- *Improved wages, improved culture, cash incentive for recruiting new staff.* – Behavioral-mental health clinic
- *Rounding! We have a systematic process to connect with our staff and ask 4 key questions.* – Freestanding evaluation & treatment facility
- *HR has implemented 30/60/90-day check ins with all new hires to help address struggles new employees may be having that they haven't communicated to managers. We are working on getting more training resources available for new hires as we know training is a huge opportunity for us.* – Other out-of-facility behavioral health services
- *Leadership changes, engagement survey, retention bonus' and hiring bonus.* – Designated crisis responder (DCR) services

#### How would you describe your facility's use of contract/travel workers now compared with your use a year ago?

- We did not use contract/travel workers a year ago and still do not now
- We did use contract/travel workers a year ago but do not now
- We've decreased the number of contract/travel workers
- We use about the same number of contract/travel workers
- We've increased the number of contract/travel workers



#### Has your facility adopted, or is it considering adopting, forms of artificial intelligence (AI) to help improve administrative workflows?

##### 22% of respondents indicated they adopted AI to help improve administrative workflows. Below are examples of those that responded “yes:”

- *This has not come to fruition but has been talked about.*
- *We are considering a tool to assist with progress notes.*
- *We just signed a contract with a company and our staff and leaders are wildly excited to move into the new world of augmented intelligence. We anticipate this will help significantly with some of the administrative burdens within WISE, though it only applies to encounter documentation. We'll let you know in six months! :-)*

\*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\* (Spring 2024)

## Credentialing and Substance Use Disorder Training Needs: Themes and Examples

**Has your organization had employees who are associate-level social worker, marriage and family therapists, or mental health counselors not pass their licensure exam the first time they take it? If this has occurred, what is the impact on the worker and the organization?**

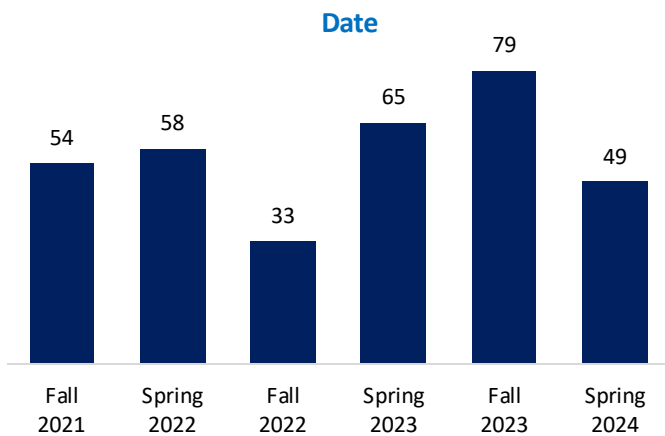
19% of respondents indicated they had an associate-level employee who did not pass their licensure exam when taken for the first time, of these 56% were social workers, 11% were marriage and family therapists, and 78% were mental health counselors.

- Individual remained at the organization in a different capacity.
- No real negative affect. we do not require full licensure. most of our clientele are funded by Medicaid. fully licensed clinicians historically go to private practice.
- We support them in restructuring their study skills and habits and encourage them to continue their path to test again. They stay in the same position as an associate though this journey.

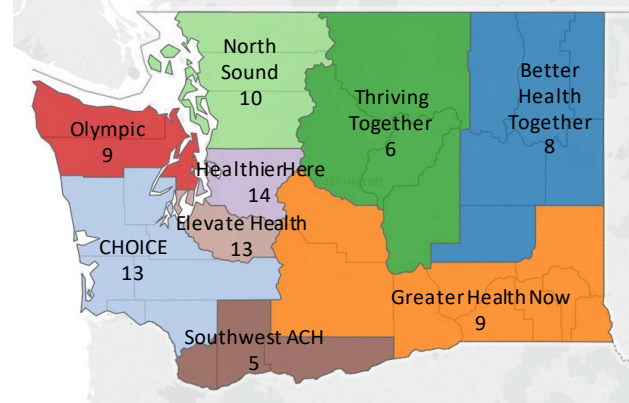
**If your organization provides services to people with substance use challenges, what type of training or technical assistance (e.g. coaching of staff, community of practice, or other intensive training) would best improve your staff's ability to deliver useful treatment and recovery practices to these individuals?**

- We'll take all the help we can get. This is a high need, and little available turnkey procedures and policies to assure high quality and safety of our staff.
- Trauma informed care, cultural and linguistic sensitivity.
- Our staff receive a lot of training on addiction medicine, and we have a pretty robust program. Methamphetamine abuse continues to be a challenging condition to help patients reduce harm or gain sobriety with (usually they are stable and clean from opioids but struggling with meth still). Some trainings specific to meth abuse or dependency.

**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) (Spring 2024)**



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)

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