Washington's Health Workforce SENTINEL NETWORK

Findings Brief:

Behavioral/Mental Health Agencies, Clinics, and Related Facilities

Spring 2025

This brief highlights workforce needs reported by Washington's **behavioral and mental health facilities** to the Health Workforce Sentinel Network in **May/June 2025.** These facilities have contributed workforce insights since 2016, across 17 reporting periods. More findings are available at wa.sentinelnetwork.org/findings.

Behavioral Health Facilities*

Top occupations with exceptionally long vacancies*

Rank	Fall 2021	Spring 2022	Fall 2022	Spring 2023	Fall 2023	Spring 2024	Spring 2025
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	SUDP / Registered nurse / Peer counselor	Substance use disorder professional	Substance use disorder professional	Substance use disorder professional	Substance use disorder professional
3	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 (Mental health/SUDP)
4	Peer counselor	Marriage & family therapist	Marriage & family therapist	Marriage & family therapist	Marriage & family therapist	Marriage & family therapist / Office personnel	Counselor – Bachelor's prepared

← Most cited

**This round includes behavioral health agencies (WA DOH certified), behavioral/mental health clinics, freestanding evaluation & treatment facility, residential treatment facilities, and other outpatient behavioral health organizations. Previous rounds also included: 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. Findings prior to Fall 2021 are not shown due to space constraints.*

Reasons for Exceptionally Long Vacancies

Respondents cited not enough qualified applicants as one of the main reasons for exceptionally long vacancies across occupations. Others noted the complexity of these roles and the specific needs of their communities that makes it hard to find qualified individuals, while others noted that the demands of the work are often not commensurate with salaries, and that these issues are prominent in rural areas. Examples include:

- *[Multiple occupations] It is difficult to find candidates that have the graduate degree and come from or speak the languages of the populations that we serve. Solution is to recruit candidates who will enroll in a graduate program within the year.*
- *[Substance user disorder professional] There appears to be a shortage of SUDP's and especially for those that want to work with individuals with co-occurring disorders. It is particularly difficult to find individuals that want to work with harm reduction and thought disorders.*
- *[Social worker] Licensed, Master's level clinical staff (LMHC, LICSW, etc.) leave community behavioral health once they become licensed to work in the private or for profit sector. This is particularly challenging for community behavioral health providers who see a more chronic population. Additionally, this results in a minimal number of eligible staff who qualify to be a Supervisor or in another administrative position - which requires licensure.*

Reasons for Retention/Turnover Problems

Respondents highlighted patient acuity and workload as common reasons for retention/turnover problems, citing high levels of burnout among their workforce due to patient needs and workload. Others note that they can't keep up with wage increases. Examples include:

- *[Mental health counselor] We seem to be a middle spot for fresh out of college, get their hours and then leave to find a higher paying job. Dealing with high-risk clients can be stressful and burnout in the younger generation.*
- *[Multiple occupations] Challenging clientele and high caseloads. Pay scales don't always keep pace with competition.*
- *[Social worker] Not in past year but: stress with job (WISe MHP); stress; availability of housing; services for other family members of the employee; drawn away by a better paying job.*
- *[Counselor – Bachelor's prepared] The salaries offered were relatively low due to limitations in available grants and funding, which further impacted our ability to attract and retain qualified candidates.*
- *[Multiple occupations] Yes, retention and turnover have been a problem for several occupations in the past year. These issues have affected our ability to fully staff and provide a comprehensive array of services.*

Questions about Peer Counselors

The following response examples were to questions asked of behavioral/mental health, SUD clinics and related facilities that employ peer counselors. To see more information about all facilities that employ peer counselors, see the "Peer Counselor" findings brief.

Peer counselors perform a range of duties. For example:

- *"Peer support following traumatic or stressful calls or events as well as adjustment challenges in all areas of functioning related to workplace stress."*
- *"Our peers are working with clients with persistent mental illness. They are working out in the community meeting clients and the homeless. They engage with homeless trying to connect them with the resources in our community. They work with people coming out of jail or the hospital connecting them with resources they might need."*

Respondents had mixed answers when asked if they had difficulty hiring or retaining peer counselors in the past year. Examples of those that indicated difficulty included:

- *"There tends to be more turnover with peers. Again, we live in a rural community and other organizations in the community are also hiring peers. Sometimes things like driving records make it hard to hire peers because they must be insurable to drive company vehicles."*
- *"Sometimes the demands of the job are difficult for them. Since they are out in the community they don't have the oversight that they would have working in the office. They are expected to work with people in the community that struggle with substance use. Sometimes they have themselves have a background of substance use and being around this causes a relapse."*

Organizations implementing peer support programs face both helpful and challenging factors, examples include:

- *"An internal peer dedicated trainer to routinely train and consult with the peers significantly helps the peer programs."*
- *"We are still finding it a challenge to implement the type of support we actually want due to licensing delays through DOH for Medicaid reimbursable services. The process in terms of paperwork/applications for DOH bog everything down and cost us man hours we do not have."*

Respondents that developed training and/or career advancement pathways specifically for your peers described:

- *"We have promoted some peers to supervisory roles or lead positions. We have a tuition assistance program if they want to go back to school."*
- *"Created a Peer II positions which provides more leadership opportunities. They lead our family event planning, co-facilitate our Peer Support Academy which is a first 90-day weekly orientation and learning of wraparound and their vital role in the process."*

Overarching Workforce Issues: Themes and Examples

Currently, what are your organization's top workforce issues?
Most respondents representing behavioral and mental health facilities said: **recruiting new workers/filling vacancies** and **retaining current workers/increasing worker satisfaction**,

- *"Issue: Hard to fill roles, pay frozen and not current, was able to increase pay after union contract finalized, has slightly improved hiring."*
- *"Low pay continues to be a barrier to retention. Over 90% of our MH applicants for positions are interns at this agency and enjoy the work environment, but they can't afford to stay due to the low pay."*

In the past year, has your organization supported "grow-your-own" programs (i.e., apprenticeships, residencies or on-the-job training opportunities) to train workers for specific roles?
Roughly half of respondents supported "grow-your-own" programs.

- *"Therapist have been the focus of our internship program, we have had this program for several years and it has always been successful."*

About half that said they either have not implemented similar options or are currently exploring "grow-your-own" programs.

- *"We are exploring this now but worry about having staff away from their current positions. We are a smaller organization and currently have staff in a free Masters program. Their time away from the job for class and internship hours has been a burden to the organization."*

To what extent have the following affected your ability to recruit and retain your workforce in the past year?
Childcare and housing availability remain top issues for employers, impacting their recruitment and retention efforts.

Childcare availability

- *We have lost staff who simply could not afford to work and pay for childcare. […] Childcare for a new baby can cost as much as $2,500/month. For a Peer Counselor, that can equate to more than half their monthly income.*
- *The cost of childcare often causes therapists to leave our practice for higher paying jobs.*

Housing availability

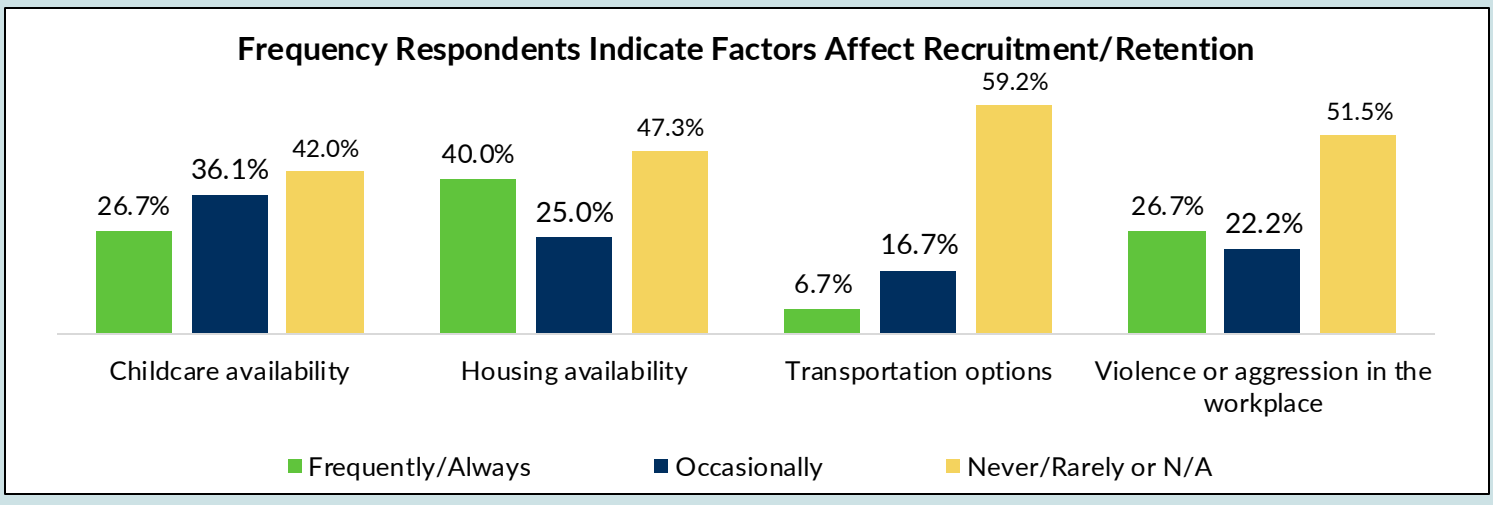
- *"It is expensive to maintain housing near the offices in [neighboring cities]. Staff have left because they couldn't maintain housing close enough to the workplace."*
- *"Our staff cannot afford to live in [our urban county] so they have long commutes [leading] to turnover."*

Transportation options

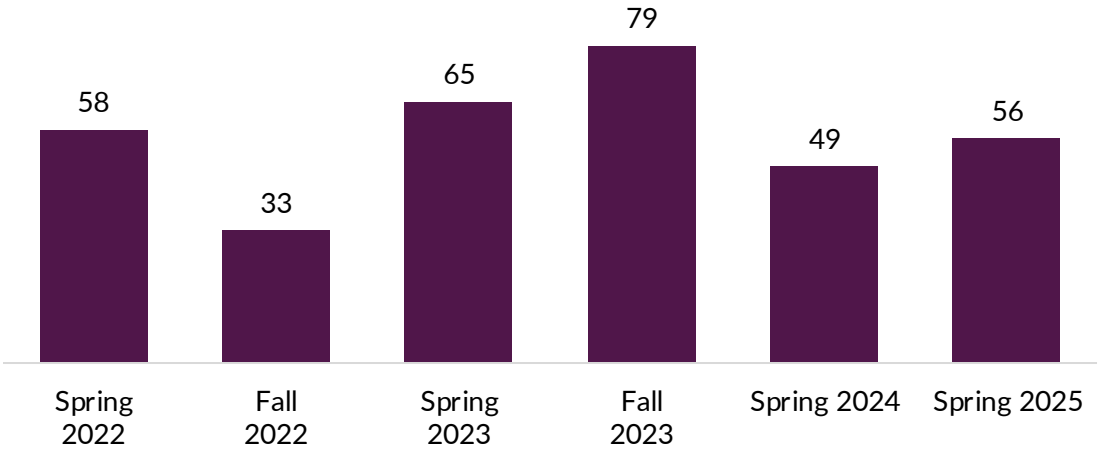
- *"Public transportation is a challenge in [our part of the county]. This has been a barrier for potential interns who attend schools in [the city] and want to work in an agency serving a diverse community but can't make the 1+ hour bus trip and walk to our office."*

Violence or aggression in the workplace

- *"Violence or aggression is extremely rare at the organization, but some people have fear about the work before even trying it. More education is needed about working with individuals with serious mental health issues."*

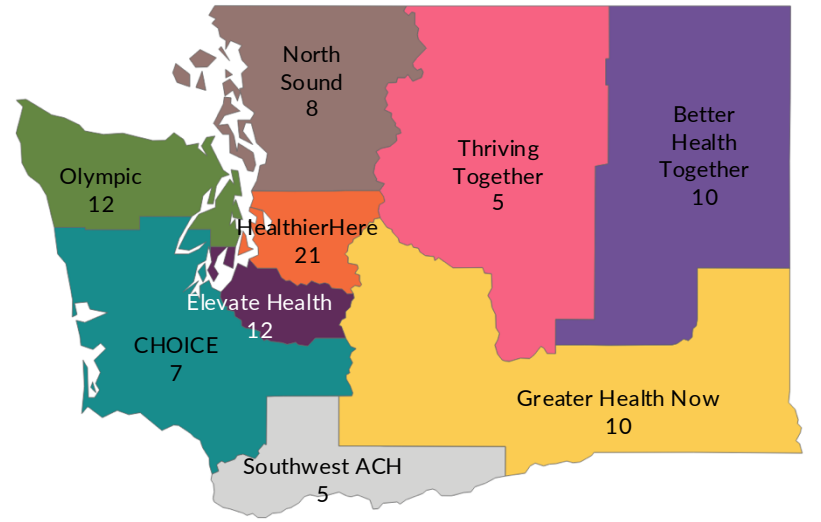


Number of Responses from Behavioral/Mental Health Facilities in WA by Data Collection Date*



*Findings prior to Spring 2022 not shown due to space constraints.

Number of Responding Behavioral/Mental Health Facilities by Accountable Community of Health (ACH), Spring 2025



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

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, with a focus is 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 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:
https://wa.sentinelnetwork.org/.
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WA Workforce Board: Renee Fullerton, Donald Smith