Washington's Health Workforce SENTINEL NETWORK

Findings Brief:

Behavioral/Mental Health Agencies, Clinics, and Related Facilities

Spring 2026

This brief highlights workforce needs reported by Washington's **behavioral and mental health facilities** to the Health Workforce Sentinel Network in **April/May 2026.** These facilities have contributed workforce insights since 2016, across 18 reporting periods. More findings are available at wa.sentinelnetwork.org/findings.

Behavioral Health Facilities*

Top occupations with exceptionally long vacancies

Rank	Spring 2022	Fall 2022	Spring 2023	Fall 2023	Spring 2024	Spring 2025	Spring 2026
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	SUDP / Registered nurse / Peer counselor	Substance use disorder professional	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)	Registered nurse	Social worker (Mental health/SUDP)	Counselor – Bachelor's prepared	Social worker (Mental health/SUDP)	Social worker (Mental health/SUDP)
4	Marriage & family therapist	Marriage & family therapist	Marriage & family therapist	Marriage & family therapist	Marriage & family therapist / Office personnel	Counselor – Bachelor's prepared	Registered nurse

← Most cited

**Facilities include behavioral health agencies (WA DOH certified), behavioral/mental health clinics, freestanding evaluation & treatment facility, residential treatment facilities, and other outpatient behavioral health organizations. Findings prior to Spring 2022 are not shown due to space constraints.*

Reasons for Exceptionally Long Vacancies

Many behavioral health facilities reported difficulties with vacancies due to a variety of factors, including limited rural labor pools, licensure and credentialing delays, compensation pressures, and underdeveloped training pipelines. Examples include:

- *[Mental health counselor] Lack of qualified Master's level Mental Health Counselors who want to live in a rural area. We have begun recruiting students in master's programs to be Mental Health Case Managers who can work for us while in school and become an MHC and get supervision hours with us after graduation."*
- *[Substance use disorder professional] Difficult to find people with this credential in our rural area, trying to grow them internally with education and advancement opportunities.*
- *[Social worker (Mental health/SUDP)] Most Master's level, licensed clinicians accept positions at hospitals, large healthcare providers or in the private sector for higher pay.*
- *[Multiple occupations] Many providers are working as independent providers in the virtual setting only. County policies and pay scales make recruitment & retention efforts difficult.*
- *[Substance use disorder professional] No one with the qualified credential in our rural area applying for the position. No recruiting solution to this issue yet other than trying to grow them internally by supporting further education.*

Reasons for Retention/Turnover Problems

Many respondents reported that retention and turnover challenges were driven by complications due to rural locations, lack of experience candidates and role expectation mismatch, wage competition, administrative burden and licensing delays, and clinicians leaving for higher-paying or less demanding roles. Examples include:

- *[Mental health counselor] This is not just a workforce shortage but it's a role sustainability problem due to the work they provide in inpatient psychiatric units setting. It's an ongoing issue.*
- *[Multiple occupations] Challenging clientele and high caseloads. Pay scales don't always keep pace with competition.*
- *[Office staff/Front desk staff/Scheduler] County policies and pay scales make recruitment & retention efforts difficult. Fiscal insecurity from federal and state funding sources make it difficult to fill open positions."*
- *[Registered nurse] "Most RNs accept positions at hospitals, large healthcare providers or in the private sector for higher pay.*

Organizational Experiences Employing 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.

What types of tasks are peers responsible for in your organization?

Respondents noted a range of duties performed by peer counselors in their organizations. Examples include:

- *"Peer work, some field work, attending appointments and providing transport, groups, coordinating medical telehealth appointments."*
- *"We use peer counselors in two areas: an adult day program where they provide programming, daily task assistance, social interactions, mealtime, and other help with daily living; on our WISe team where they assist families in meeting the goals set through the WISe program."*
- *"They walk alongside the person we serve in their recovery journey."*

Within the past year, has your organization experienced challenges with employees receiving the new certified peer support specialist or trainee specialist credential from the Department of Health?

About half of respondents indicated experiencing challenges in the past year. Examples include:

- *"DOH is behind in credentialing. I have two employees that applied for the new Certified peer support specials credential in January 2026 and still pending after 4 months…"*
- *"Long waits to receive training and significant DOH delays in processing applications."*
- *"We offer two CPSS classes each year [on the eastside] and other CPSS training entities also come in the area at least twice a year and it is not enough. It is too expensive for the agency to send new peers to the Westside for a training."*

Have you had any challenges providing an approved supervisor for certified peer support specialist trainees? (This is supervision for the purposes of meeting the 1000 supervised hour requirement for trainees to qualify for the CPSS credential, not general supervision).

The majority of respondents answered "no" to this question. Examples of responses include:

- *"Peers have been a part of our organization for over a decade. Providing supervision for these positions has been a part of our treatment model for a long time."*
- *"[We are] a peer operated agency with many clinical staff with dual credentials such as LICSW and CPSS."*

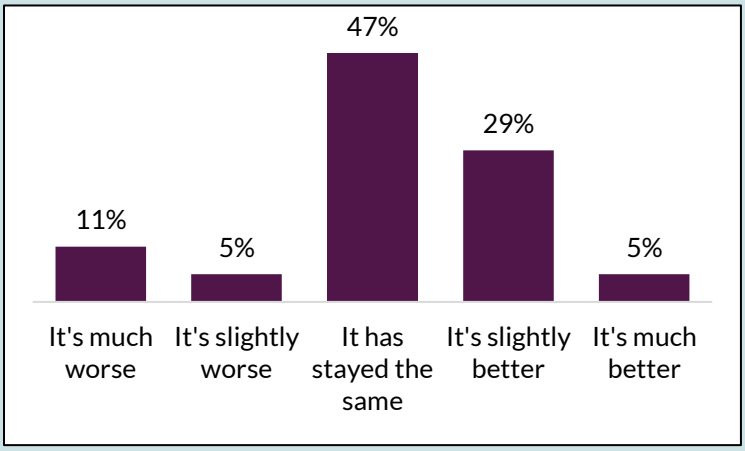
What types of trainings or technical assistance would support you in maintaining or growing your organization's peer program? (e.g. Medicaid documentation requirements for peer services, ethics and boundaries in peer support, supervising peer support specialists, peer scope of practice, recruiting and hiring and retention)

- *"Ongoing community trainings and on-site availability for free trainings, more availability of peer certification classes."*
- *" None - our Peers are provided hundreds of hours of training - and many are very frustrated by the constant interruption from providing services. We employ a large number of Peer Counselors who simply want to spend time supporting those we serve. I cannot imagine one more hour of training for Peers."*

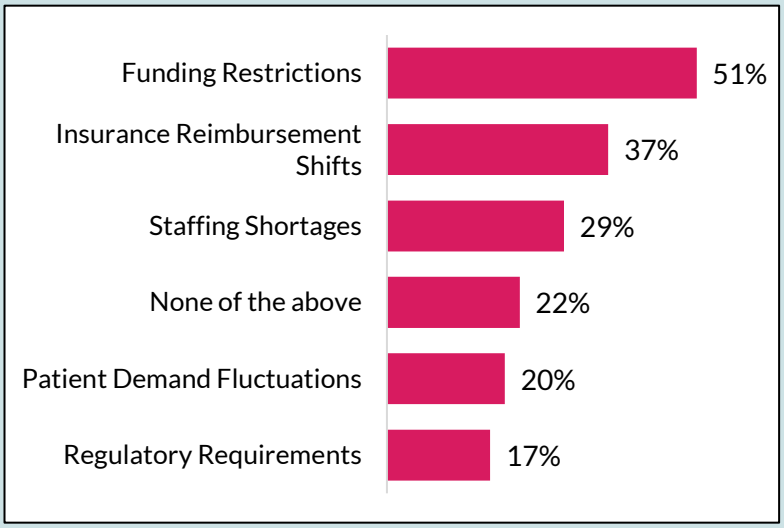
Overarching Workforce Issues: Themes and Examples

In the past year, how has your organization's ability to staff your facility/facilities changed?
About half of respondents (47%) indicated that their ability to staff has stayed the same, and slightly more than a quarter indicated that it's slightly better. Examples of responses include:

- *[It's stayed the same] At times it can be hard to hire therapists, mostly due to the lack of wage growth in this field, given insurance reimbursement rate stagnation.*
- *[It's stayed the same] Master's level clinicians are by far the hardest positions to recruit and retain. Most leave to enter the private sector or work at larger hospital systems who offer higher pay.*
- *[It's slightly better] We've been able to retain most staff, and several associate providers became fully licensed, which leads to a pay increase at our agency.*



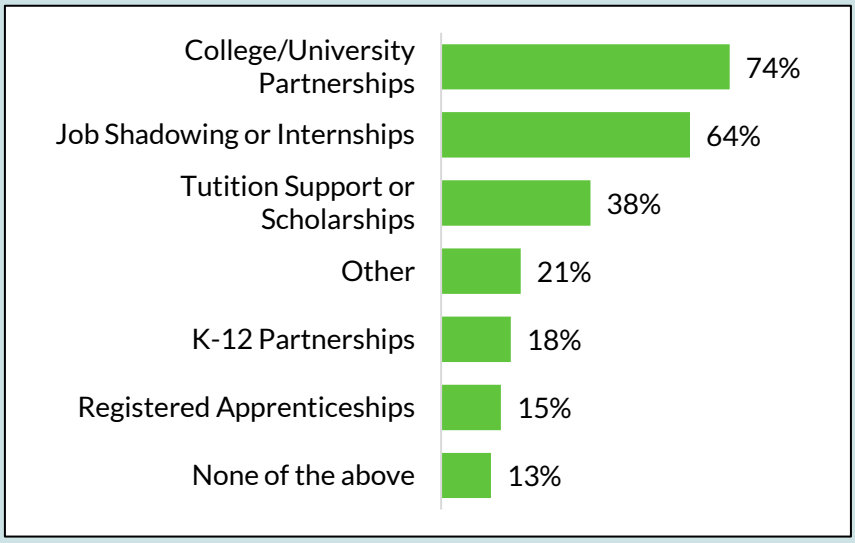
Has your organization recently taken steps or made plans to take steps to navigate uncertainty or prepare for potential changes in any of the following areas? (check all that apply) Responses included:



- *All financial decisions are considered carefully, and a very fiscally conservative approach is being taken at present with staffing in certain programs we expect to be most effected.*
- *Reducing our budget for the coming fiscal year and considering a change in our provider compensation model.*
- *We are exploring diversifying revenue streams as insurance reimbursement rates continue to be low and not increase with time and cost of living.*
- *We have participated in change teams and will be examining our workforce needs as we expand services at [one location].*

Which of the following workforce outreach, pipeline development, or early-career development strategies does your organization support? (check all that apply) Responses included:

- *Almost exclusively our mental health teams for people pursuing Master's degrees or who are currently in a Master's program who need their practicum.*
- *Internships, partnered with local college to make a behavioral health degree, education benefit, tuition assistance program.*
- *We currently provide tuition reimbursement and have partnered with several colleges to expand educational opportunities for staff through tuition assistance.*



Behavioral/Mental Health Agencies, Clinics, and Related Facilities: Spring 2026

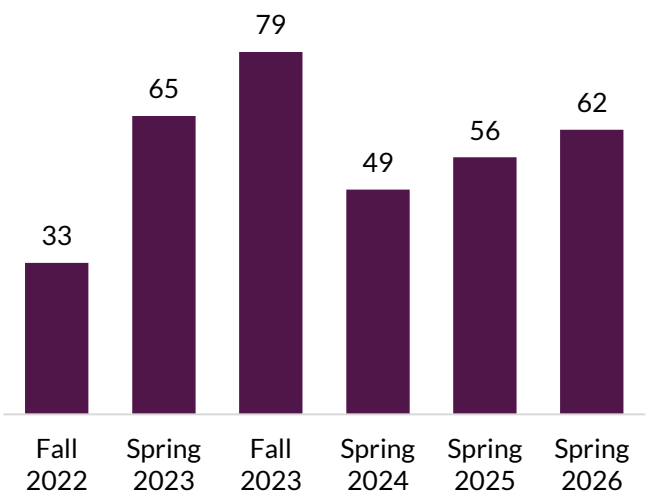
Overarching Workforce Issues: Themes and Examples

Has your organization adopted, or is it considering adopting, any new or existing technology?

A majority of respondents representing behavioral health facilities reported adopting or considering new technologies, including AI tools. Use of AI included: clinical documentation, scribing, transcription, billing, scheduling, administrative tasks, and EHR workflows. Respondents were generally positive, though some remain cautious.

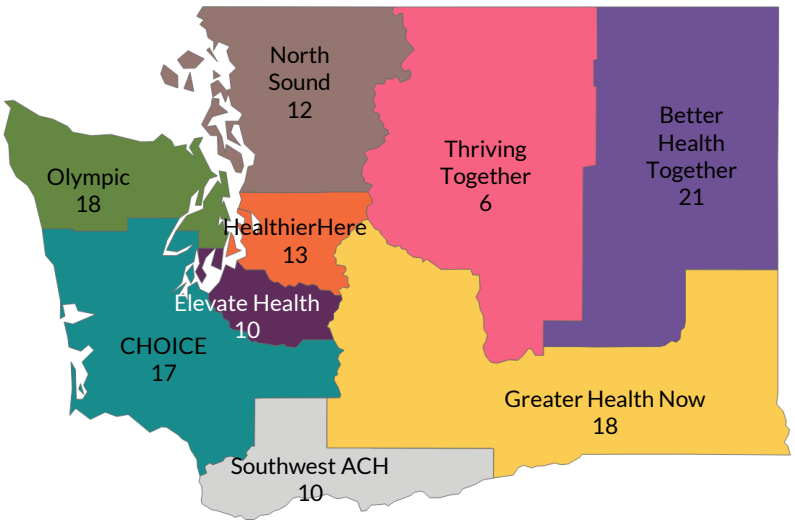
- *AI note taking assistant. It has been positive for both staff and patients.*
- *Considering AI documentation, considering creative scheduling platforms using technology.*
- *I contract with a company that provides administrative support, including billing commercial insurances on my behalf. This company has launched an AI program that audits charts to ensure the notes are in compliance with insurer demands. I don't like it because I don't think it is appropriate to use AI in real-time for health care and related administrative purposes. I don't think AI is ready for this sensitive work with vulnerable people's deeply personal medical records (psychiatry).*

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 2026



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:
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WA Workforce Board: Renee Fullerton, Donald Smith