

Washington's Health Workforce Sentinel Network

Findings Brief:

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

Behavioral/mental health, SUD and residential treatment facilities provided information about their workforce needs to the Washington State Health Workforce Sentinel Network, most recently in April/May 2021. This Findings Brief provides their response themes as well as examples of specific comments, with an emphasis on the most recent findings. Responses since 2016 may be viewed at www.wa.sentinelnetwork.org/findings/.

Behavioral health facilities' responses to pandemic-related questions are highlighted below. More pandemic-specific findings from earlier in the pandemic are at www.wa.sentinelnetwork.org/findings/covid-19/.

Effects of the COVID-19 pandemic reported by Behavioral Health facilities: Themes and examples

In the past 6 months, have there been overall staffing changes at your facility due to the COVID-19 pandemic?

THEMES: Responses split evenly between those with extra staffing challenges due to COVID and those without.

- *We lost several clinicians for childcare and health reasons at the start of COVID. We've had lots of absences due to quarantine/isolation. The state's Paid Family Medical Leave Act has caused us a HUGE problem. There is no incentive to return to work as they can take PMLA and then go on unemployment.*
- *Need for more resources in mental health due to COVID-19 impact.*
- *COVID is probably not the biggest factor leading to workforce challenges. Instead, I believe our issue is that of having a limited recruitment pool in our rural area.*

What about the staffing arrangements at your facility made it easier/harder to respond to the pandemic?

- *Telehealth initially made it easier, but our staff is much happier now that we are back in-person, present in the clinics.*
- *This switch [to telehealth] did make us more accessible to clients in a way we hadn't been before.*
- *What made it harder was safety. We had to eliminate or limit staff traveling from one facility to another, helping out at other facilities and that type of limitation to ensure patient and staff safety.*
- *We did close our day center for a number of months. We found it impossible to keep clients 6 ft. apart.*

Describe the workforce impact, if any, of the use of telehealth at your facility over the past 6 months.

THEMES: Telehealth was useful for some patient populations, but many are eager to get back to in-person treatment.

- *In the beginning this was great for many clients and still is, but now during the last six months many clients are tired of telehealth and want face to face appointments.*
- *It has brought therapy to patients that normally would not be able to receive therapy.*
- *With our population (serious and complex issues) it's just not sufficient at all for practical reasons (most clients do not have a computer or internet access - only phone if that) and many have hesitations about technology.*

Did your organization do anything to encourage your staff to receive the COVID-19 vaccine? If so, what strategies were or were not successful?

THEMES: Education and incentives were common. Vaccination rates for staff varied.

- *We provided fairly intense education about the risks and benefits. About 90% of our staff chose to get the vaccine.*
- *We have left the decision up each staff-we will not force the staff to get vaccinated if they do not wish to.*
- *We offered a one day floating holiday to be used at time of choice and \$100. We also had presentations from the health district to address fears. Yet we are only 55% vaccinated at this current time.*
- *It seemed that those who planned to be vaccinated jumped in right away, and those who were initially reluctant, remain reluctant. We may come up with some kind of reinforcement for those vaccinated, but have not yet decided.*

What are your top workforce needs that could be alleviated by policy, regulatory, and/or payment changes?

THEMES: Low wages could be addressed by higher Medicaid reimbursement rates.

- *Medicaid reimbursement rates to support staff needed to adequately provides treatment services.*
- *Licensure reciprocity in WA State.*
- *Shortage of masters-level clinicians. Loan reimbursement, ability to pay higher wages and reduction in supervision requirements are all possible solutions.*

Behavioral Health Facilities (Spring 2021)

Between 2016 and 2021, over the course of 10 reporting periods, behavioral health* 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 behavioral/mental health, SUD and residential treatment facilities, along with those from other health care facilities, are at wa.sentinelnetwork.org.

Behavioral Health Facilities* - Occupations with exceptionally long vacancies: 2016-2021

Top occupations cited as having exceptionally long vacancies by date of reporting								
Rank	Spring 2017	Fall 2017	Summer 2018	Spring 2019	Fall 2019	Spring 2020	Fall 2020	Spring 2021
1	Mental health counselor	Chemical dependency professional	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor
2	Chemical dependency professional	Mental health counselor	Chemical dependency professional Peer counselor	Chemical dependency professional	Chemical dependency professional	Chemical dependency professional	Chemical dependency professional (SUDP)***	Substance use disorder professional***
3	Social worker	Social worker Nurse practitioner	Nurse practitioner	Social worker	Peer counselor	Social worker	Social worker (Mental Health/SUDP)	Psychiatrist Social worker
4	Nurse practitioner	Peer counselor	Social worker Psychiatrist	Marriage & family therapist	Marriage & family therapist	Peer counselor	Registered nurse	Peer counselor
5	Registered nurse	Registered nurse	Marriage & family therapist	Peer counselor Psychiatrist	Social worker	Multiple occupations cited at same frequency	Marriage & family therapist Peer counselor Psychiatrist	Registered nurse

↑ Most cited

*Behavioral/mental health, substance use disorder clinics and residential treatment facilities
 **Summer and Winter 2016 findings not shown due to space constraints
 ***Occupation title changed to Substance Use Disorder Professional (SUDP) in 2019

Reasons for vacancies reported by Behavioral Health facilities

Most vacancy issues were related to salary demands or applicant qualifications.

- [Multiple occupations] Integrated care has created competition for these positions with agencies that can afford to pay at higher rates because of the difference in reimbursement for services.
- [Multiple occupations] Frequently, as soon as clinicians/therapists meet licensure requirements, they leave for a position in a hospital, clinic or private practice where wages are higher and documentation requirements are lower.
- Ongoing turn-over with our Psychiatric aides (we use Certified Nursing Assistants whenever we can) and very limited application pool. McDonalds has a starting salary higher (\$15/hr.) than we can pay.
- Many SUDP/Ts salary/wage expectations are above what the agency can pay due to low Medicaid rates.
- [Chemical dependency professionals/Substance abuse and behavioral disorder counselors] Finding that applicants are not proficient in writing treatment plans.
- Finding an SUDP with a Masters degree is like finding a unicorn. Please make this an easier process.

Behavioral Health Facilities (Spring 2021)

Demand for healthcare workforce reported by Behavioral Health facilities* (Fall 2020)

Most Sentinels interpreted this question as relating to community demand for mental health services

- *Due to all the new stress, anxiety, and depression many new individuals are looking for services. Many past clients also looking to start services again.*
- *[Mental health counselors] It seemed that once COVID hit the one year mark, more children, youth and parents expressed a greater challenge with anxiety, frustration, depression, etc.*

Reasons for worker retention/turnover problems reported by Behavioral Health facilities*

Some turnover issues related to the COVID-19 pandemic

- *[Multiple occupations] Many people do not want to return to the office to see clients face to face.*
- *[Registered nurses] Very high acuity on units due to people waiting longer to come in and arriving sicker when they do come in due to COVID.*

But other issues were present before the pandemic

- *[Mental health counselors, Social workers] Our clinicians have attributed their leaving mostly to pay, but some have left the field (at least temporarily) due to burnout.*
- *[Registered nurses] We are competing with primary care & local hospital. Also, I believe RNs want to practice in primary care and hospitals where all of their skills are put to use.*
- *[Psychiatric aides] Employees in this position have found work elsewhere that provide higher wages. We also believe that employees have left due to the stress related to the position.*

Changes in Behavioral Health facilities' priorities regarding orientation/onboarding for new employees and training for existing/incumbent workers

The content of onboarding and training sessions focus primarily on COVID-19 protocols

- *New training around providing tele-health services.*
- *New payment model, emphasis on understanding service delivery adherence/documentation, telehealth training.*
- *Had to train all staff in COVID PPE and precautions.*

Changes to the way information is delivered has been necessary

- *All orientation is either virtual or in small classes. All training includes COVID PPE training.*
- *Most training is done remotely, except the ones that involve hands on learning. These classes are significantly smaller and have long wait lists.*

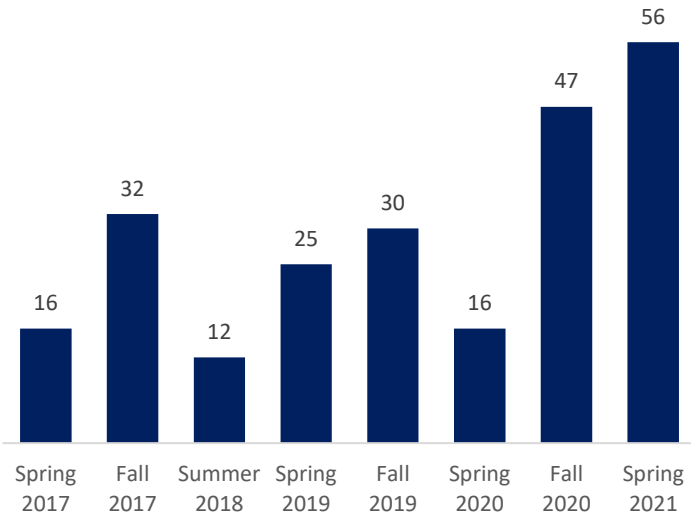
New roles for existing employees and new occupations hired by Behavioral Health facilities*

- *[Mental health counselors] We are having to shift our MA staff away from most case carrying just to make sure we can cover assessments and acute cases. We don't want to do that, but it's a reality.*
- *[Nurse practitioners, Psychiatrists] We are asking psychiatric providers to do more outreach and community-based care with our other clinical teams- which some are willing to do and enjoying it, others not willing.*
- *[Multiple occupations] Using more Tele-behavioral Health due to COVID.*
- *New roles hired: Care coordinators/case managers, screeners, medical assistants, data analyst.*

*Behavioral/mental health, substance use disorder clinics and residential treatment facilities

Behavioral Health Facilities (Spring 2021)

Number of Sentinel Network Responses from Behavioral Health Facilities* in WA by Data Collection Date**



Number of Behavioral Health Facility* Responses by Accountable Community of Health (ACH) (Spring 2021)



*Behavioral/mental health, substance use disorder clinics and residential treatment facilities
 **Summer and Winter 2016 responses not shown due to space constraints

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 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.

Contact: healthworkforce@wasentinelnetwork.org

Program Director: Susan Skillman, Senior Deputy Director, UW Center for Health Workforce Studies skillman@uw.edu

Operations Director: Benjamin Stubbs, Research Scientist, UW Center for Health Workforce Studies bstubbs@uw.edu