Spring, 2023

Washington's Health Workforce Sentinel Network

Findings Brief:

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

Washington's Health Workforce Sentinel Network links the state's healthcare industry with partners in education and training, policymakers, and other workforce planners to identify and respond to emerging demand changes in the health workforce. Every six months, employers ("Sentinels") from across the state and from a wide range of healthcare sectors share their top workforce challenges. This report highlights findings reported by Sentinels providing behavioral health services in the spring of 2023, including questions about licensing and clinical supervision requirements for many behavioral health occupations.
More in-depth findings from 2022 and prior years may be viewed at www.wa.sentinelnetwork.org/findings.

Employer Perspectives: Workforce Staffing

Since its inception, the Sentinel Network has tracked the occupations that are reported to be experiencing exceptionally long vacancies. The table below shows the occupations that employers at behavioral health facilities have indicated were the hardest to hire. As the figure shows, many of the same occupations have been reported as experiencing exceptionally long vacancies since at least spring 2020, indicating that these occupations have been in high demand for many years at facilities providing behavioral health services.

Figure 1. Behavioral Health Facilities*
Occupations with exceptionally long vacancies: 2020-2023

Top occupations cited as having exceptionally long vacancies by date of reporting								
Rank	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023	
1	Mental Health Counselor	Mental Health Counselor	Mental Health Counselor	Mental Health Counselor	Mental Health Counselor	Mental Health Counselor	Mental Health Counselor	← Most cited
2	Chemical dependency professional (SUDP)**	Chemical dependency professional (SUDP)**	Substance use disorder professional	Substance use disorder professional	Substance use disorder professional	SUDP / Registered Nurse / Peer Counselor	Substance use disorder professional	
3	Social Worker	Social Worker (Mental Health/SUDP)	Psychiatrist / Social Worker	Social Worker (Mental Health/SUDP)	Social Worker (Mental Health/SUDP)	Social Worker (Mental Health/SUDP)	Registered Nurse	
4	Peer counselor	Registered Nurse	Peer counselor	Peer counselor	Marriage & family therapist	Marriage & family therapist	Marriage & family therapist	

*Includes behavioral/mental health, substance use disorder clinics, residential treatment facilities, designated crisis responder services, mobile crisis outreach teams, and other residential and out-of-facility behavioral health services.
**Occupation title changed to Substance Use Disorder Professional (SUDP).
Note: Findings prior to spring 2020 not shown due to space constraints – see the Sentinel Network dashboards at wa.sentinelnetwork.org

Reasons for Vacancies Reported by Behavioral Health facilities

The reasons cited for these exceptionally long vacancies were often wage competition, jobs in community health organizations being perceived as less desirable, a preference for remote work and a lack of qualified applicants.

"Finding applicants that have culturally and linguistically diverse backgrounds is a huge barrier. Strict education and experience requirements to qualify as a mental health professional contribute to a smaller applicant pool."

"We are finding that experienced mental health clinicians are preferring to work in a private practice [rather than] in community mental health - due to documentation , pay difference, schedule flexibility, and overall demand/pressure to meet Medicaid/state/county expectations."

"We are located in a rural county with minimal qualified staff to fill vacancies. We then need to rely on larger urban counties and now must compete with multiple agencies. We have offered sign on bonuses, flexible work hours/schedules, and telecommute options without much success."

"Too many people left the [psychologist] Profession and those remaining are content to do Telehealth. They don't need an office to provide services to clients."

Reasons for Retention and Turnover Problems Reported by Behavioral Health Facilities

Respondents highlighted a variety of reasons for worker retention and turnover problems, including employees leaving for higher pay, wanting more flexibility in their work schedule, preferring to work in a location closer to home, and desiring an improved work-life balance. Documentation and administrative requirements were also cited as reasons for turnover.

"MHPs [Mental health professionals] leave for more lucrative positions, or positions with more advancement opportunity, or positions that are closer to affordable housing. Other reasons given for turnover include burnout, health problems, lack of dependent-care resources, and personality difficulties."

"We train them…, give them solid supervision, and after a year or two they choose to go into private practice or work in a hospital, school, government job where they make much more money. They can do this now as an Associate, without even having full licensure. Community-based (particularly non-profit) needs to be more than just a training ground - it needs to be a career."

Strategies Employed to Address Vacancies and Turnover

Some respondents reported increasing wages to retain current workers and attract new ones. Others have opened additional positions to try to increase hiring but have had trouble finding enough applicants. In some cases, employers have reduced their job qualification requirements in order increase the applicant pool.

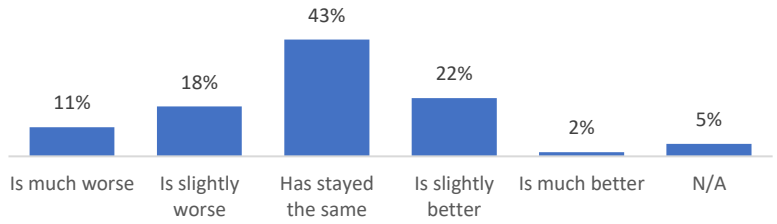
"Our organization has focused on increasing wages to remain competitive within our community and has offered retention bonuses and sign-on bonuses. Our organization has enrolled in the workforce loan forgiveness programs which has helped to encourage staff to remain at our agency."

"We changed the position, separated job duties that require higher-level qualifications and assigned those to other staff, in order to create a position that did not require licensed credentials and could be hired quicker."

"We have been hiring more staff directly out of school with little or no direct care experience outside their internship, which means we have needed to… dedicate additional resources to ongoing supervision."

Data Highlight – Staffing at Behavioral Health Facilities

In the past 6 months, how has your organization's ability to staff your facilities changed?



Out of 65 respondents, only 15 (24%) said that staffing at their facility was slightly or much better than the previous 6 months.

Employer Perspectives: Possible Policy Solutions

When asked of their top workforce needs that could be alleviated by policies, regulations, and payment rules, respondents often highlight credentialing and licensing requirements, educational incentives, and payment increases as priorities. Some respondents indicated that documentation requirements, especially in community or not-for-profit settings, may contribute to feelings of burnout among workers.

"Community behavioral health centers have significantly more reporting than private entities… that put a burden on staff; [we need to find] ways to simplify or reduce reporting requirements or pay agencies to support collection of this data.

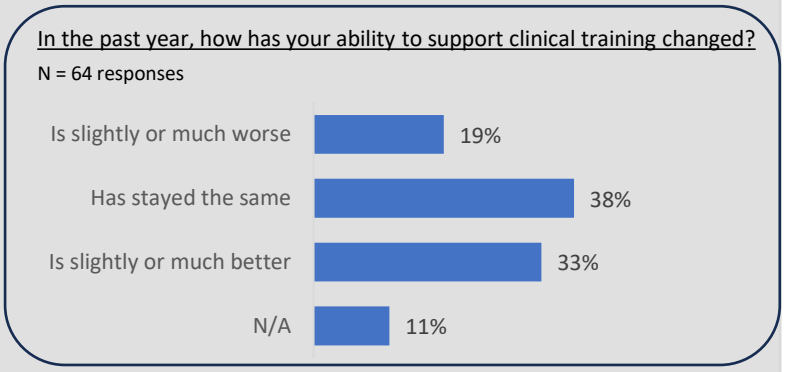
"Revise DOH requirements that master's level clinicians still need community college classes to be a SUDP. The requirements, in general, for a SUDP are immense-especially for someone who is already licensed with a master's degree"

Support of Clinical Training for Students

Sentinels were asked: ***In the past year, how has your ability to support clinical training opportunities for students (not newly hired or incumbent employees) changed? What strategies/policies have been - or would be - the most helpful for supporting clinical training experiences?*** The chart below shows that 19% of respondents said things had gotten worse, 38% said they had stayed the same, 33% said the situation had improved and 11% indicated they had not provided clinical training opportunities in the last year (N = 64 responses). Respondents indicated that increased funding for trainees and supervisors as well as modified requirements from colleges/universities would increase training opportunities.

"Unless there is reimbursement for trainees, there is no way to employ/pay them for their clinical work during training or to compensate supervisors' time. This results in limited available training sites/programs in WA"

"We have found some success by creating group supervision opportunities facilitated by individuals with various degree types and licensure status, however, this is not always acceptable to every school."



Licensing and Clinical Supervision for Incumbent Workers and New Hires

We asked: ***"When hiring for a masters-level clinical opening, does your organization prefer candidates with one license type/educational background (social work, counseling or marriage and family therapy) over another?"*** Of the 42 responses we received, 18 (43%) said Yes, 24 (57%) said No. Among those who said they preferred one license type/educational background over another, some stated a preference based on the characteristics of their clinic or treatment program:

"Many of [our clients] are refugees and immigrants who recently came to the US and do not speak English fluently, we prefer hiring bilingual counselors."

"[We want] experience in family medicine and serving an underserved patient population, [and prefer] licensed LMHCAs."

Others said they were limited in the roles they can hire by supervision requirements:

"[We prefer] LMHCA or LMHCs because we have LMHC approved supervisors on staff, but not approved SW supervisors."

Among those who said they didn't have a preference, many said their top priority is filling open positions. Others said hiring and retaining clinicians from a variety of backgrounds can be beneficial.

"We do not have enough master's level applicants to be choosy and, the DOH has moved towards the internship quality being the rule for an MHP, not the type of master's [degree]."

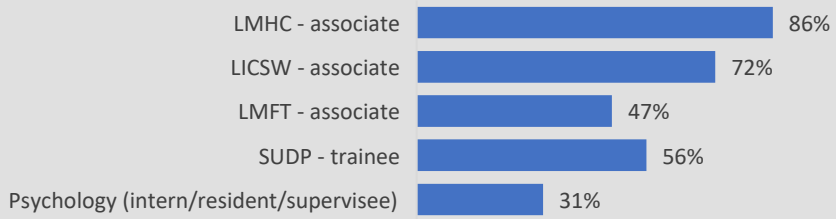
"We usually get excited when we get an applicant with a license type / educational background that is different from our other active staff, because of the beneficial diversity in therapeutic approach."

"Before they are eligible to apply for full licensure, individuals working in some behavioral health occupations must complete thousands of patient care hours while supervised by fully licensed behavioral health clinicians that meet additional legal qualifications."

Does your organization provide this type of supervision for associate-licensed or trainee staff members?

Response	N	Percent
Yes	36	86%
No	6	14%

If yes, for what professions is your organization currently providing clinical supervision toward licensure? (Select all that apply) From 36 Yes responses



Most respondents said their organization provides supervision for associate-licensed or trainee staff members. Among those who don't provide supervision, some said they lack qualified supervisors and others said they hire only experienced staff. Among those who do provide supervision, challenges included having only one or two staff members who could do supervision, supervisors who also have a busy clinical schedules, requirements that trainees be supervised by someone with the same credential type, and lack of reimbursement for supervised trainees, which limits the number of clients a trainee can see.

"We do not get paid for providing supervision, which de-incentivizes providing adequate quality supervision."

"We only have one qualified person to provide the supervision right now."

"Our Clinical Supervisor holds an LMHC license and so is not able to provide full hours to those seeking MSW licensure."

Behavioral Health Facilities (Spring 2023)

Please describe any changes to laws, rules or policy that you would recommend to make it easier for your organization to provide qualified clinical supervision for staff seeking full licensure.

"Allow for general clinical supervision despite licensure type in mental health."

"Make supervision hour requirements consistent across disciplines (including who can provide the supervision)."

"Having qualified clinical supervision be equally applicable across licenses would be helpful, or being able to cross train a clinical supervisor in content areas that would allow them to be qualified to supervise a different credential."

"Billing for trainee services is key, as the extra income would offset the costs of supervision."

"The area most challenging is the differences in the allowed size of the group for supervision of more than one clinician. One license allows just two - another I believe allows six."

"Additional funding for the supervisor to cover costs of the additional time and professional liability staff is taking on. Financial assistance or incentives to those that are able to provide supervision hours."

About the Washington Health Workforce Sentinel Network

The Health Workforce 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.

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