

Children and Youth Behavioral Health Work Group - Workforce & Rates (W&R)

August 2, 2023

Glossary of Terms

AAC: Agency Affiliated Councilor

ABA: Applied Behavioral Analysis

CCBHC: Certified Behavioral Health Clinic

CMS: Centers for Medicare & Medicaid Services

DOH: Department of Health

HCA: Health Care Authority

MHP: Mental Health Professional – professional qualified to assess and diagnose. Holds DOH credential or is a certified and licensed AAC.

WISe: Wraparound and Intensive Services for youth (20 or younger) with complex behavioral health needs

Meeting Topics

- Feedback for the Workforce Board and Sentinel Network who are looking to the subgroup and the public to improve utilization of the bi-annual employer survey tool to inform health policy.
 - See page 5 for Washington’s Health Workforce Sentinel Network findings brief
- Discussing priorities of the subgroup which have yet to be reviewed.

Ideas surfaced in the meeting:

Ideas Surfaced	Description
Administrative Burden	Audits can be excessive; need parity with physical health; especially hard with WISE and PACT; goal is to move to outcomes from process audits. In progress: Survey development; CCBHC teaching clinic; WISe.
Implementation of 1580	Monitoring development of team with representatives and hiring agencies; multi-systems care coordination workforce.
Non-traditional Behavioral Health Strategies	Use of Medicaid; reimbursement billing codes; ABA applications; systems design improvements.
Career and Agency Supports for Students	Refers to the provision of resources and support to help students develop their career goals and make informed decisions about their future. This could include career counseling, job shadowing opportunities, and financial assistance for college or training programs.

Discussion Summary

1. Health Workforce Sentinel Network <https://wa.sentinelnetwork.org>

- Initiative of the Health Work Council conducted collaboratively by Washington’s Workforce Board and University of Washington’s Center for Health Workforce Studies with ongoing support from the Office of the Governor and State Legislature since 2016.
- The Network conducts a biannual survey of employers, focusing on qualitative responses. They are looking to improve the utilization of this survey to enhance informed policy making.
 - Some special questions were added last session to help inform the implementation of HB 1724 ¹ and licensure supervision requirements.
 - All feedback on the tool is posted on the website to encourage public participation.
 - The Network provides point-in-time and longitudinal tracking of employer and workforce ratings, finding briefs ([PowerPoint Presentation \(sentinelnetwork.org\)](#)), education, and relevant training.
 - Core questions central to each survey: vacancies, turnover, new occupations, orientation, onboarding procedures, training priorities and service population (urban, rural, mix), with 4-5 supplemental questions addressing topics of current interest and questions of specific interest to behavioral health employers.
- Sentinel Network is interested in collaborating with other health organizations to conduct qualitative data collection and surveys to help combat survey fatigue among employers and collect the "why" behind the numerical data.
- **Challenge:** As a survey of employers, the Network can only tell us from their perspective where workers are going, but it can complement other sources of workforce research that might be or become available.
- **Behavioral Health Findings**
 - Nearly half (43%) of employers prefer one license type or educational background when hiring new employees. They cite clinical characteristics or client/patient characteristics as reasons for their preference or say that they are limited in the roles they can hire for due to supervision requirements.
 - Employers who answered “no” to this question may have many open positions to fill. They may also believe that quality is more important than degrees, and that hiring and retaining clinicians from multiple educational, or license types can be beneficial to diversity in therapeutic approaches.
 - Staff are unable to provide supervision for associate licensed or trainee staff due to lack of time, resources, and compensation.
 - **Suggestion for Sentinel and survey analysis:** Disaggregate responses by region – it was suggested that some clinics hire based on the programs in that area and what they are versus non-clinical programs.
 - The Health Workforce Council made a recommendation regarding childcare access based on the [2022 findings](#) and will continue to follow that item as it appears to continuously impact the health workforce even with the current female labor market participation higher than pre-pandemic levels.

¹ Washington State Legislature [House Bill 1724 2023-24](#)

- Data is yet to be disaggregated by licensure type. This strategy is currently part of the Washington State Behavioral Health Workforce Development Initiative.
- Suggested solutions of the findings by survey participants
 - Allow for general clinical supervision despite licensure type in mental health.
 - Make supervision hour requirements consistent across disciplines (including who can provide the supervision).
 - Clinical supervision should be equally accessible across licenses, and clinical supervisors should be able to be cross trained in content areas to supervise different credentials.
 - Address differences in the mandated size of supervision groups across licensures.
 - There are a number of financial challenges that can make it difficult for clinicians to find qualified supervisors. These challenges can be addressed by providing benefits for supervisors and incentives for potential supervisors such as travel costs and reduced caseloads.
 - Reduce administrative burden, especially as it relates to billing and systems integrations across the practice.
 - We need to unlock funding to explore the implications of workforce transition, future workforce trends, and access to education and training in the healthcare field. This includes understanding where people are getting their degrees and education, where they are going after graduation, and why they may change direction in their careers.

2. Non-reviewed priorities

- Administrative Burden
 - A survey is being developed to gather key data from providers.
 - In part due to administrative burden the public sector is losing a lot of quality practitioners to private practice and schools.
- Monitor implementation of HB 1580².
 - Early stages of conversations with the governor's office / hiring agencies around building out the team to support the monitoring.
 - Goal: Keep up to date on recruitment process, job descriptions and announcements; connecting with Rep. Callan.
 - Consider incorporating multi-system care coordination – need for specific training or reimbursement act to have an appropriate, available, and diversified workforce of direct service providers so referrals don't fall flat.
- Non-traditional Behavioral Health Strategies
 - Finding ways to have insurance plans cover non-clinical work or work that doesn't fall into one of the reimbursable billing codes.
 - There is a push to encourage more providers to accept Medicaid, but there is also concern that this will lead to more billing complexities for community behavioral health agencies.

² Washington State Legislature [House Bill 1580 2023-24](#)

- Dedicated assessment of the systems design of complex behavioral health to support the full continuum of quality care and reduce destabilization for both practitioners and patients.
 - Holistic assessment of workforce needed as a priority of strategic planning process
 - HCA offered subgroup members to attend HCA strategic planning meetings. HCA strategy aims to centralize different levels and service modalities as well as lived experience.
- ABA
 - There is some advocacy for a higher rating for ABA services.³
 - CMS has not yet responded to the submitted petition
 - Consulting with Office of Civil Rights on whether ABA therapy can be expanded to cover conditions other than autism spectrum disorder if deemed medically appropriate. There is a need for additional training if the rule definition is expanded.
 - Goal: Keep informed on rating increase conversation as it moves through the political system.
- Career and agency support for students to help bring in and retain qualified talent.

Next Steps

- Next Meeting: August 16.
- Determine which initiatives require legislative action, are not under Department of Health Rules and can be changed with standard rulemaking; and those initiatives that don't require any rule changing at all.
- Report due to the legislature in November
 - Listening sessions end of August to determine priorities.
- Potential share-out to the subgroup of listening session findings.

³ In 2021, the American Psychological Association (APA) submitted a petition to CMS requesting that ABA services be rated at the same level as other medical specialties, such as physical therapy and occupational therapy. The APA argued that ABA is a scientifically proven and effective treatment for a variety of conditions, including autism spectrum disorder.

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
2	Chemical dependency professional (SUDP)**	Chemical dependency professional (SUDP)**	Substance use disorder professional	Substance use disorder professional	Substance use disorder professional	SUDP	Substance use disorder professional
						Registered Nurse	
						Peer Counselor	
3	Social Worker	Social Worker (Mental Health/SUDP)	Psychiatrist	Social Worker (Mental Health/SUDP)	Social Worker (Mental Health/SUDP)	Social Worker (Mental Health/SUDP)	Registered Nurse
			Social Worker				
4	Peer counselor	Registered Nurse	Peer counselor	Peer counselor	Marriage & family therapist	Marriage & family therapist	Marriage & family therapist

↑ Most cited

*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 to 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.”

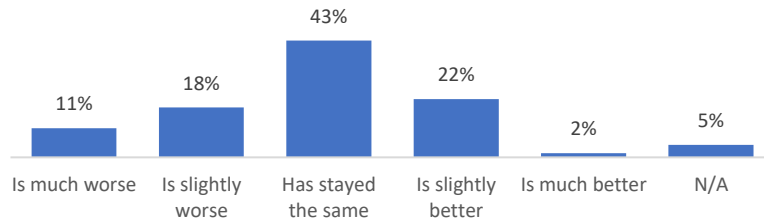
“We changed the position, separated job duties that require higher-level qualifications and assigned those to other staff, in order to create a position that did not require licensed credentials and could be hired quicker.”

“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.”

Behavioral Health Facilities (Spring 2023)

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

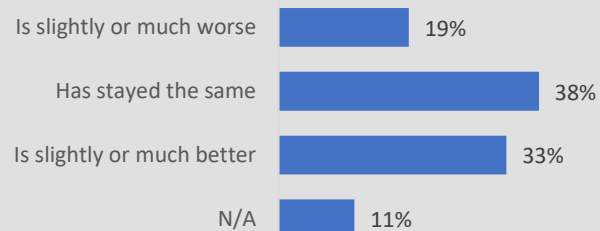
Sentinels were asked: ***In the past year, how has your ability to support clinical training opportunities for students (not newly hired or incumbent employees) changed? What strategies/policies have been - or would be - the most helpful for supporting clinical training experiences?*** The chart below 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.”

In the past year, how has your ability to support clinical training changed?

N = 64 responses



Behavioral Health Facilities (Spring 2023)

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].”

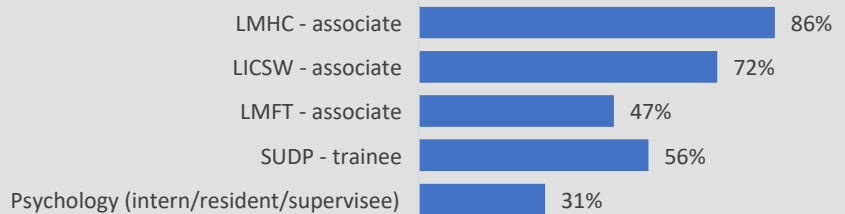
“We usually get excited when we get an applicant with a license type / educational background that is different from our other active staff, because of the beneficial diversity in therapeutic approach.”

“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.

Contact: healthworkforce@wasentinelnetwork.org

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

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