The Health Workforce Sentinel Network

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 support the initiative is provided by the Washington Legislature.





Washington's Health Workforce Sentinel Network



Tool to allow employers to share their health workforce needs











Objectives







Signals describe the how and why behind health workforce needs



Inform solutions for employers, educators and policymakers





Washington's Health Workforce Sentinel Network

The Questionnaire Casts a Wide Net

Facility Types

Over 30 facility types across many healthcare settings (hospitals, long -term care, behavioral health, primary care, home health, ambulatory care, oral health and more)

Occupations

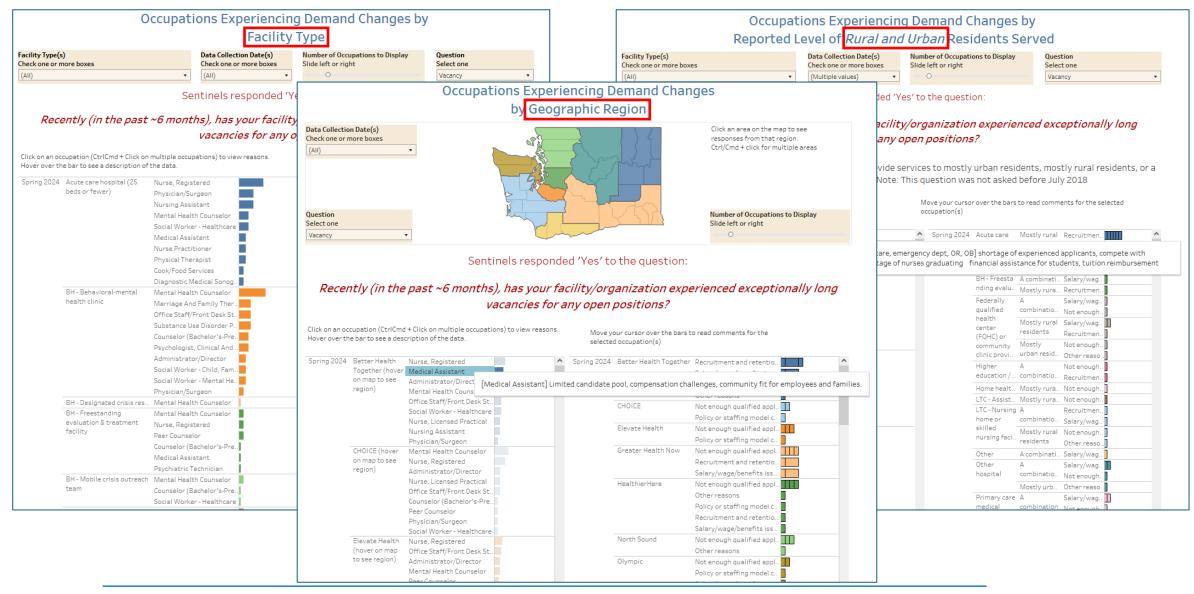
Over 80 occupations representing the complete spectrum of educational preparation

Geography

All areas of the state, with an attempt to capture responses from organizations primarily serving rural patients/clients



All Findings are Available on the Website www.wa.sentinelnetwork.org



WASHINGTON HEALTH WORKFORCE SENTINEL NETWORK

Findings briefs summarize responses for selected facility types





Spring 2024

Washington's Health Workforce Sentinel Network Findings Brief: Behavioral/Mental Health, Substance Use Disorder (SUD) Clinics and Related Facilities

This Findings Brief highlights current workforce needs reported to the state's Health Workforce Sentinel Network by Washington's behavioral/mental health clinics and other behavioral health facilities during April/May 2024, as well as trends overtime. Between 2016 and 2024, over the course of 16 reporting periods, behavioral health facilities and other health care facilities in Washington provided key, on-the-ground information to the Washington State Health Workforce Sentinel Network. More findings from 2024 and earlier, as well as for other health care facilities, may be viewed at https://www.wa.sentinelnetwork.org/findings

Top occupations cited as having exceptionally long vacancies by date of reporting								
Rank	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023	Fall 2023	Spring 2024	
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	Substance use disorder professional	SUDP Registered nurse Peer counselor	Substance use disorder professional	Substance use disorder professional	Substance use disorder professional	^
3	Psychiatrist Social worker	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	Most cited
4	Peer counselor	Peer counselor	Marriage & family therapist	Marriage & family therapist	Marriage & family therapist		Marriage & family therapist Office personnel	

*Includes 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 behavior all health's ervices. Occupations cited by the same number of responsess hare the same rank number.

Reasons for exceptionally long vacancies and retention/turnover problems

Respondents cited recruitment and retention problems not related to salary/wage/benefits, salary/wage/benefits issues, and not enough qualified applicants as reasons for exceptionally long vacancies and retention/turnover issues.

- · [Mental health counselor] We have had a supervisory position for our local crises team that has been problematic due to the
- · [Counselor bachelors prepared] It's been difficult to find candidates. We have a lot of openings and have increased compensation and hiring bonuses with little success. In addition, we added an additional recruiter.
- · [Social worker] The number of those experiencing substance abuse disorders in Washington State has increased exponentially in the past few years, and we do not have enough social supports for Social Workers pursuing work in this field, there is also not equitable pay, and fair hours. Turnover rates can be lessened if more appropriate hours, compensation, and supervision was provided.
- [Substance use disorder professional] Difficulty finding SUDP/T with experience that can take a caseload immediately. Fewer applicants. Fewer schools, many online programs closed. In person programs (at several local community colleges) promote internships and placements in [our area]. No relationship with programs outside their area.

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[Office personnel] Due to decreased staffing/revenue, we have not been able to hire additional support staff.

Behavioral Health Facilities* (Spring 2024)

Highlights of current workforce needs reported to the state's Health Workforce Sentinel Network by Washington's behavioral health facilities during April/May 2024 (continued).

Changes in priorities regarding orientation/onboarding for new employees and training for existing/incumbent workers reported by behavioral health facilities.

- [Mental health counselor] We have significantly revamped our interviewing, onboarding and training processes to try to ensure good fit for our agency and to try to avoid continued turnover.
- [Counselor bachelors prepared] More training expected for crisis and intensive in -home outpatient. Some is around deescalation; some is burdensome administrative requirements imposed by the Health Care Authority.
- [Peer counselor] We have created a mentoring and shadowing element with the onboarding.
- [Multiple occupations] Clinical Supervisor has been monitoring needed training for all clinicians, not just trainees.

Overarching Workforce Issues: Themes and Examples

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

- [Is slightly worse] Continue to struggle to fill vacancies. Many clinicians leave due to better pay at other organizations.
- . [Has stayed the same] Still difficult to recruit to this area.
- . [Has stayed the same] We work with schools and students completing their master's degrees which require the completion of an internship. We are able to offer jobs to interns that do their internship with [our organization) upon completion of their master's degree.
- . [Is slightly better] We have received a few applicants, whereas a year or more prior, we were getting none.

Describe any new retention strategies your organization has implemented in the past year and their impact on

Respondents described implementing strategies ranging from increasing wages and improving benefits to flexible scheduling and engagement surveys.

. Improved wages, improved culture, cash incentive for recruiting new staff. - Behavioral-mental health clinic

Is much

- Rounding! We have a systematic process to connect with our staff and ask 4 key questions. Freestanding evaluation & treatment
- HR has implemented 30/60/90-day check ins with all new hires to help address struggles new employees may be having that they haven't communicated to managers. We are working on getting more training resources available for new hires as we know training is a huge opportunity for us. - Other out-of-facility behavioral health services
- · Leadership changes, engagement survey, retention bonus' and hiring bonus. Designated crisis responder (DCR) services

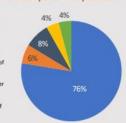
How would you describe your facility's use of contract/travel workers now compared with your use a adopting, forms of artificial intelligence (AI) to help year ago?

Is slightly Has stayed Is slightly



- not now We did use contract/travel workers a year ago but do not
- We've decreased the number of contract/travel workers
- of contract/travel workers We've increased the number of

contract/travel workers



Has your facility adopted, or is it considering improve administrative workflows?

22% of respondents indicated they adopted AI to help improve administrative workflows. Below are examples of those that responded "yes:"

- · This has not come to fruition but has been talked about.
- · We are considering a tool to assist with progress notes.
- · We just signed a contract with a company and our staff and leaders are wildly excited to move into the new world of augmented intelligence. We anticipate this will help significantly with some of the administrative burdens within WISe, though it only applies to encounter documentation. We'll let you know in six months! :-)

*Includes 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.

Spring 2024 www.wa.sentinelnetwork.org

2025 Employer Recruitment

Data collection closes May 30 (Friday)

Washington's Health Workforce Sentinel Network

Our request to behavioral health employers

If you can speak to your organization's workforce needs, or are connected to someone who can, we need your participation in the Sentinel Network!

Influence Policy

Your feedback has the power to inform decisions made by state legislators and healthcare leaders

Support Strategic Planning

Contribute to shaping initiatives such as enhancing workforce development programs or refining behavioral health credentialing and supervision requirements

Share Challenges and Innovations

Highlight areas where support is needed or showcase successful programs that have made a difference in your organization

Specific Questions Related to Peer Counselors

Help us understand more about recruitment and retention of this under-researched part of the workforce

Thank you!

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