# The Washington Health Workforce Sentinel Network Fall 2021 Update

Health Workforce Council Meeting October 28, 2021

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### Washington's Health Workforce Sentinel Network

# Purpose

Since 2016, the Health Workforce Sentinel Network has supported efficient and effective health workforce preparation and deployment by:

- Identifying emerging signals of changes in health workforce demand.
- Tracking and identifying trends over time.
- Rapidly disseminating information to education, training and policy partners who can respond to findings.





### Washington's Health Workforce Sentinel Network

# **Guiding Principles**

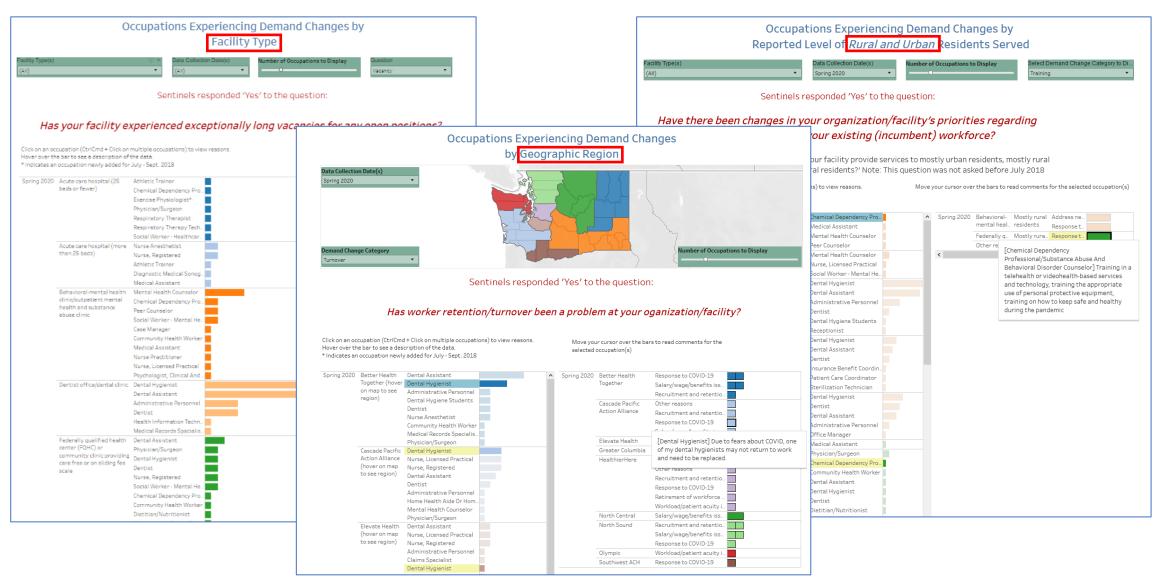
- Minimize response burden
- Focus on <u>changes</u> in workforce demand (i.e., not quantifying demand)
- Provide timely information
- Maximize relevance to health workforce planning
- Bring together healthcare partners to review and respond

View full responses and policy briefings on the Sentinel Network Website

# wa.sentinelnetwork.org

### All Findings are Available on the Dashboards

### http://wa.sentinelnetwork.org/findings



### Policy briefs from prior rounds are available on the website



View at https://wa.sentinelnetwork.org/findings/overview

### Example of a policy brief





Spring 2021

#### **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 <a href="https://www.wa.sentinelnetwork.org/findings/">www.wa.sentinelnetwork.org/findings/</a>.

Behavioral health facilities' responses to pandemic-related questions are highlighted below. More pandemic-specific findings from earlier in the pandemic are at <a href="https://www.wa.sentinelnetwork.org/findings/covid-19/">www.wa.sentinelnetwork.org/findings/covid-19/</a>.

#### 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.

#### $\label{eq:decomposition} \textbf{Describe the workforce impact, if any, of the use of telehealth at your facility over the past 6 months.}$

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 hesitancies 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 was entinelnetwork.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	L
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	← Most cited
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	Social worker	Peer counselor	Social worker	Social worker (Mental Health/SUDP)	Psychiatrist	
		Nurse practitioner						Social worker	
4	Nurse practitioner	Peer counselor	Social worker	Marriage & family therapist	Marriage & family therapist	Peer counselor	Registered nurse	Peer counselor	
			Psychiatrist						
5	Registered nurse	Registered nurse	Marriage & family therapist	Peer counselor	Social worker	Multiple occupations cited at same frequency	Marriage & family therapist		
				Psychiatrist			Peer counselor Psychiatrist	Registered nurse	

<sup>\*</sup>Behavioral/mental health, substance use disorder clinics and residential treatment facilities

#### 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.

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<sup>\*\*</sup>Summer and Winter 2016 findings not shown due to space constraints

<sup>\*\*\*</sup>Occupation title changed to Substance Use Disorder Professional (SUDP) in 2019

# Key themes from April/May 2021

- Many workforce challenges pre-dated COVID-19, but the pandemic exacerbated the difficulties
- Wage competition and burnout were reported in many settings, and made it difficult to cover staffing needs
- Patient volumes were returning to normal in some settings, but serving a backlog of appointments was a challenge in others
- Employers were still responding to needs related to COVID-19, but felt that the situation was more stable (new normal)

### Current efforts - Fall 2021

October 1 – Employers began sharing their experiences

November 7 – Last chance to participate until Spring 2022

Early December – Findings available at wa.sentinelnetwork.org



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# Sentinel Network workforce demand questions

Recently (in the past 6 months):

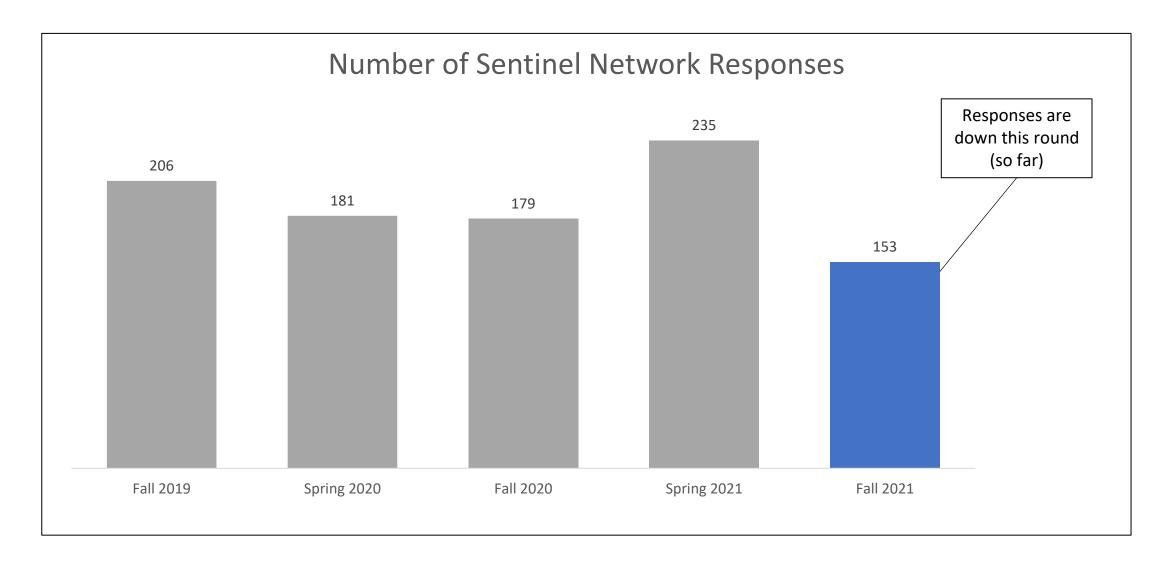
- Occupations experiencing exceptionally long <u>vacancies</u>
- Occupations with exceptional <u>turnover</u>
- Occupations with increased or decreased <u>demand</u>
- New occupations that they did not previously employ
- New roles for existing employees
- Changes in orientation/onboarding procedures for new employees
- Changes in <u>training priorities</u> for existing employees
- Does your facility serve <u>urban, rural or a mix</u> of urban and rural clients?
- How has your facility responded to the <u>COVID-19</u> crisis?

With a focus on qualitative input about which, how, and reasons why

# Sentinel Network COVID questions - Fall 2021

- 1. How have your facility's staffing arrangements/configurations affected your ability to respond to patient demand during the past 6 months?
- 2. What are your top workforce needs that could be alleviated by new or modified policies, regulations, and/or payment rules?
- 3. How has the pandemic affected your ability to support educational/training opportunities (e.g. by providing externships/clinical training opportunities for students, or post-graduate fellowships/residencies/supervised practice)? Have you found strategies to help support these activities during the pandemic?
- 4. To what extent has your organization used recruitment incentives like sign-on bonuses during the pandemic? What recruitment strategies have been most successful?
- 5. Have you implemented new retention strategies during the pandemic? Please describe.
- 6. Compared with 2 years ago (before the pandemic), how would you describe the number of vacancies you're now trying to fill? (If possible, please provide rough estimates, such as "about half as many" or "about the same number" or "twice as many"). If you've recently had changes in staff vacancies at your facility, were they due mostly to increases or decreases in service demand, changes in staff turnover, or a combination of these factors?

# Recent responses



# Implications of current response counts

Policy Briefing Documents						
<b>Published in Previous Rounds</b>	Planned for Fall 2021					
Assisted Living Facilities	<b>Assisted Living Facilities</b>					
Behavioral Health Clinics	<b>Behavioral Health Clinics</b>					
Dental Offices/Clinics	<b>Dental Offices/Clinics</b>					
Nursing Homes/SNFs	Nursing Homes/SNFs					
Small Hospitals	X Small Hospitals					
Large Hospitals	X Large Hospitals					
FQHCs and Community Clinics	X FQHCs and Community Clinics					
Pharmacies	X Pharmacies					
Primary Care Clinics	X Primary Care Clinics					

# Recruitment strategies

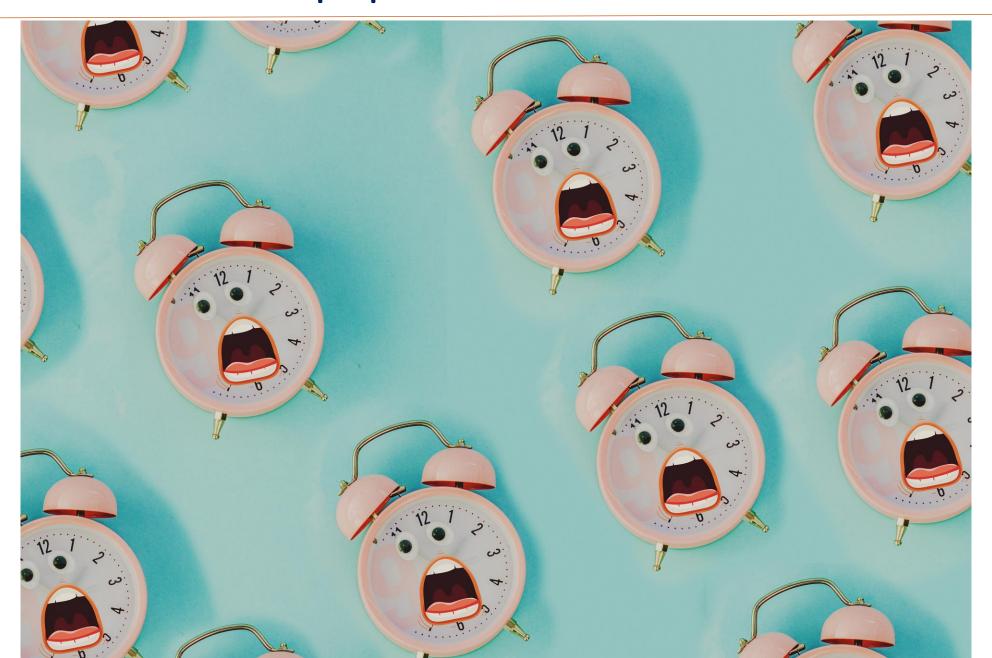


### "Trusted leaders" distribute announcements

- Email
- Twitter
- Newsletters
- Regular meetings

Direct emails to past participants

# There is still time! Help spread the word before November 7th



### Washington's Health Workforce Sentinel Network

www.wa.sentinelnetwork.org

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