

# Behavior Health Workforce Shortage



July 2, 2021 – **YAKIMA** -- After serving Washingtonians in need of competency restoration services since 2016, the Yakima Competency Restoration Center will close by August 14, 2021. Staffed and managed by Comprehensive Healthcare under a contract with the Department of Social and Health Services, the 24-bed site was initially scheduled to close December 31, 2021. **“Due to a staffing shortage, we came to an agreement with our partners at Comprehensive to close the facility earlier than anticipated,”**

July 22, 2021 – **SEATTLE** --The **community behavioral health workforce atrophied by 11% in the last year**, according to the Washington Council on Behavioral Health. It takes months to fill vacancies. Some providers must turn clients away simply due to staffing shortages – with vacancy rates varying from provider to provider.

December 2021 – **Statewide from WCBH--The community behavioral health system is experiencing a workforce crisis. The exodus of qualified staff has put behavioral health agencies (BHAs) across the state in such a vulnerable position that they are obligated to close or limit admissions and start waitlists for new patients.** This step is unprecedented for the safety-net system serving people with serious mental illnesses and addiction disorders. With the effects of COVID still lingering, BHAs are forced to limit capacity exactly when we should be expanding to help more people. Instead, individuals, children, and families cannot get the treatment they need.

May 14, 2022 - **COEUR d'ALENE** — Kootenai Health will soon close its inpatient addiction recovery program and outpatient psychiatry practice. Kootenai Health CEO Jon D. Ness cited **"chronic underfunding" as the reason behind this closing.**

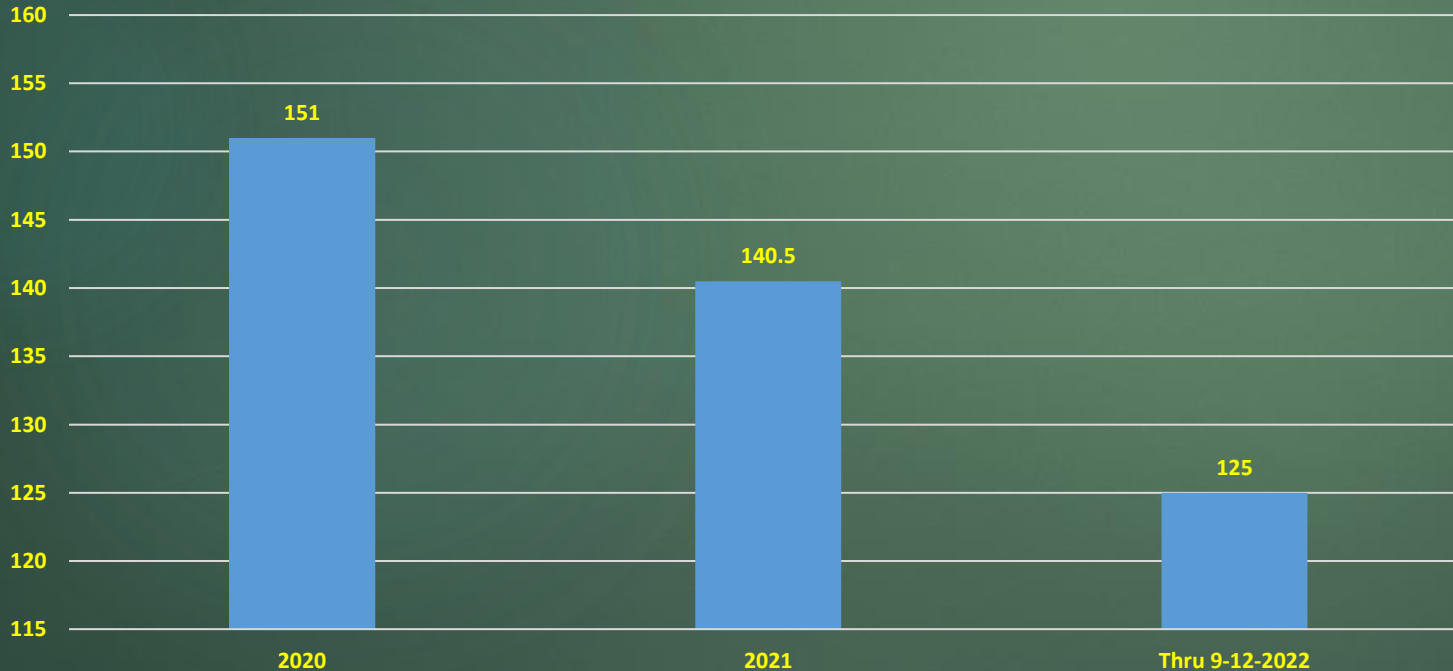
**May 27, 2022 SPOKANE** – Frontier Behavioral Health will temporarily close its 16-bed inpatient stabilization unit **due to low patient census and staffing shortages.** FBH, like other mental health providers throughout the state and nationwide, **is experiencing workforce shortages across all of its program areas**, including its inpatient units. Existing staff at Stabilization will be given the opportunity to transfer to parallel positions at FBH's two Evaluation and Treatment facilities (which provide longer-term involuntary treatment services) or other FBH programs.

# COVID and NEWACS Workforce Shortage



Time Frame	Average Employee Count	# of Separations	Turnover Rate
2020	151	47	31.13%
2021	140.5	62	44.13%
2021 w/out Vac Mandate (13)	140.5	49	34.87%
Thru 9-12-2022	125	23	18.40%

Average NEWACS Workforce Size

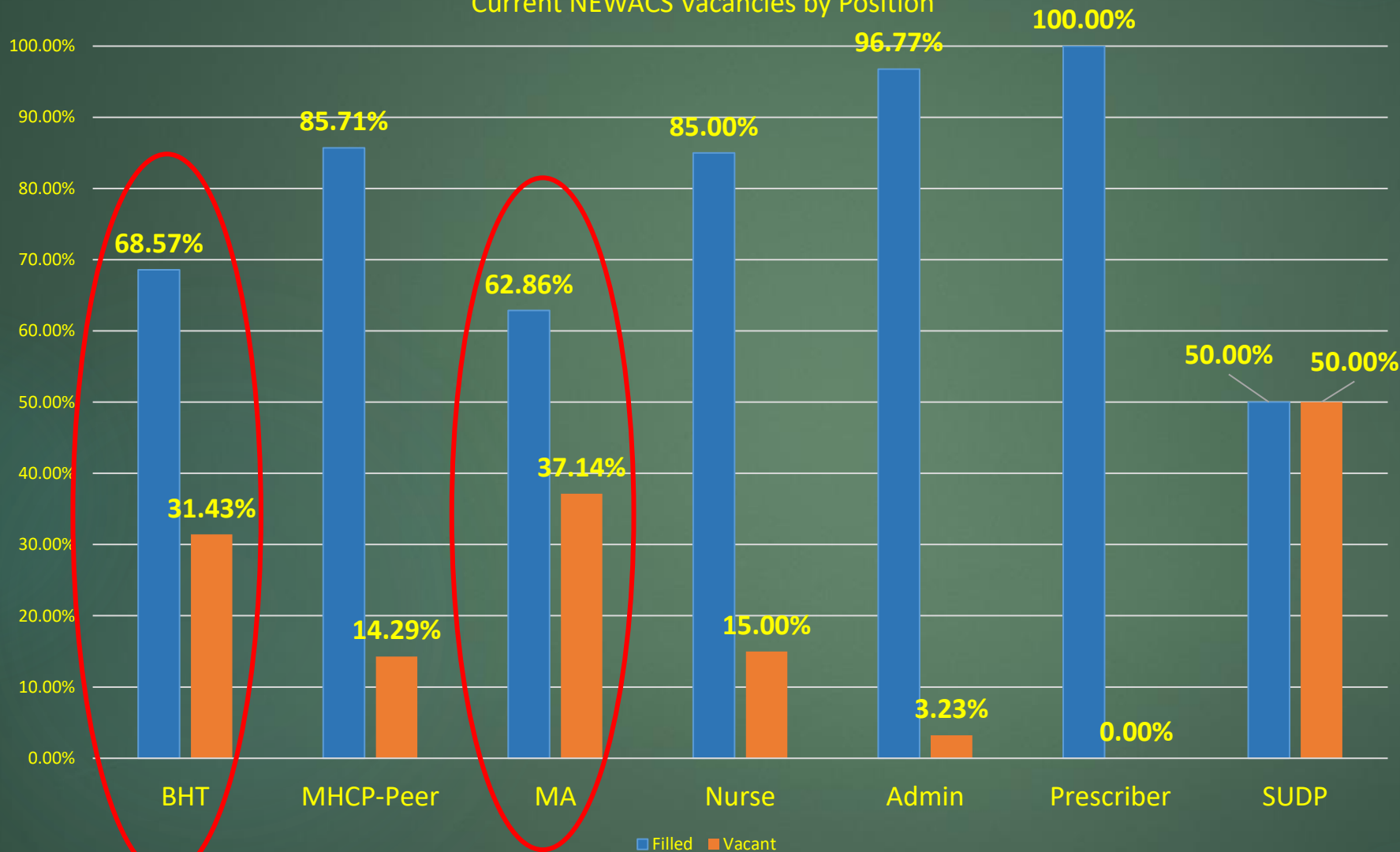


Filled = 129  
 Vacant = 34  
 Total = 163

**Vacancy Rate = 20.8%**

Status	#	%
Vaccinated	106.00	79.70%
Religious Accommodation	27.00	20.30%
Medical Accommodation	0.00	0.00%
<b>Total</b>	<b>133.00</b>	

Current NEWACS Vacancies by Position



Filled = 129  
 Vacant = 34  
 Total = 163

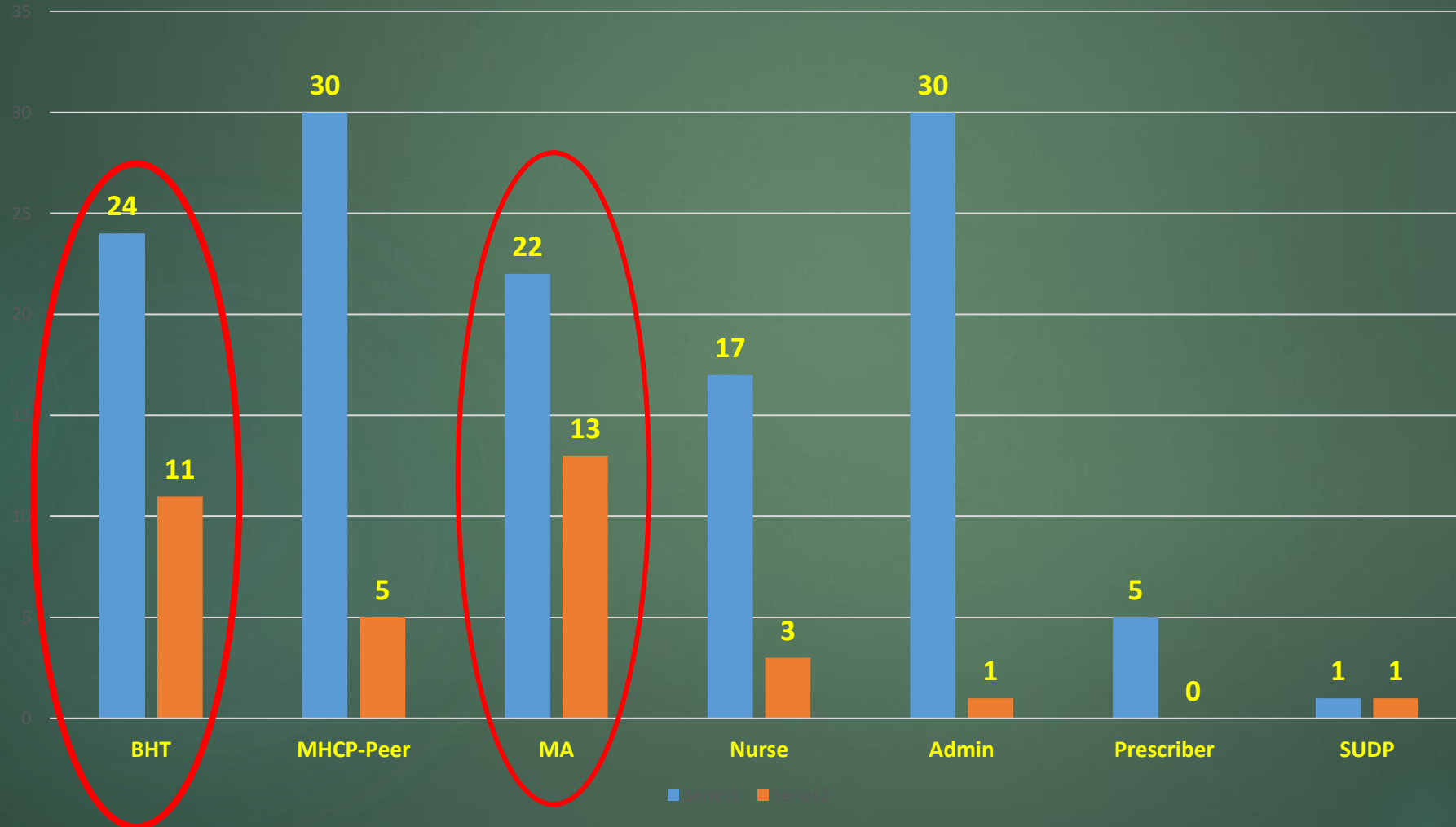
**Stevens County MA  
 Positions**

Filled = 10  
 Vacant = 9 (47%)  
 Total = 19

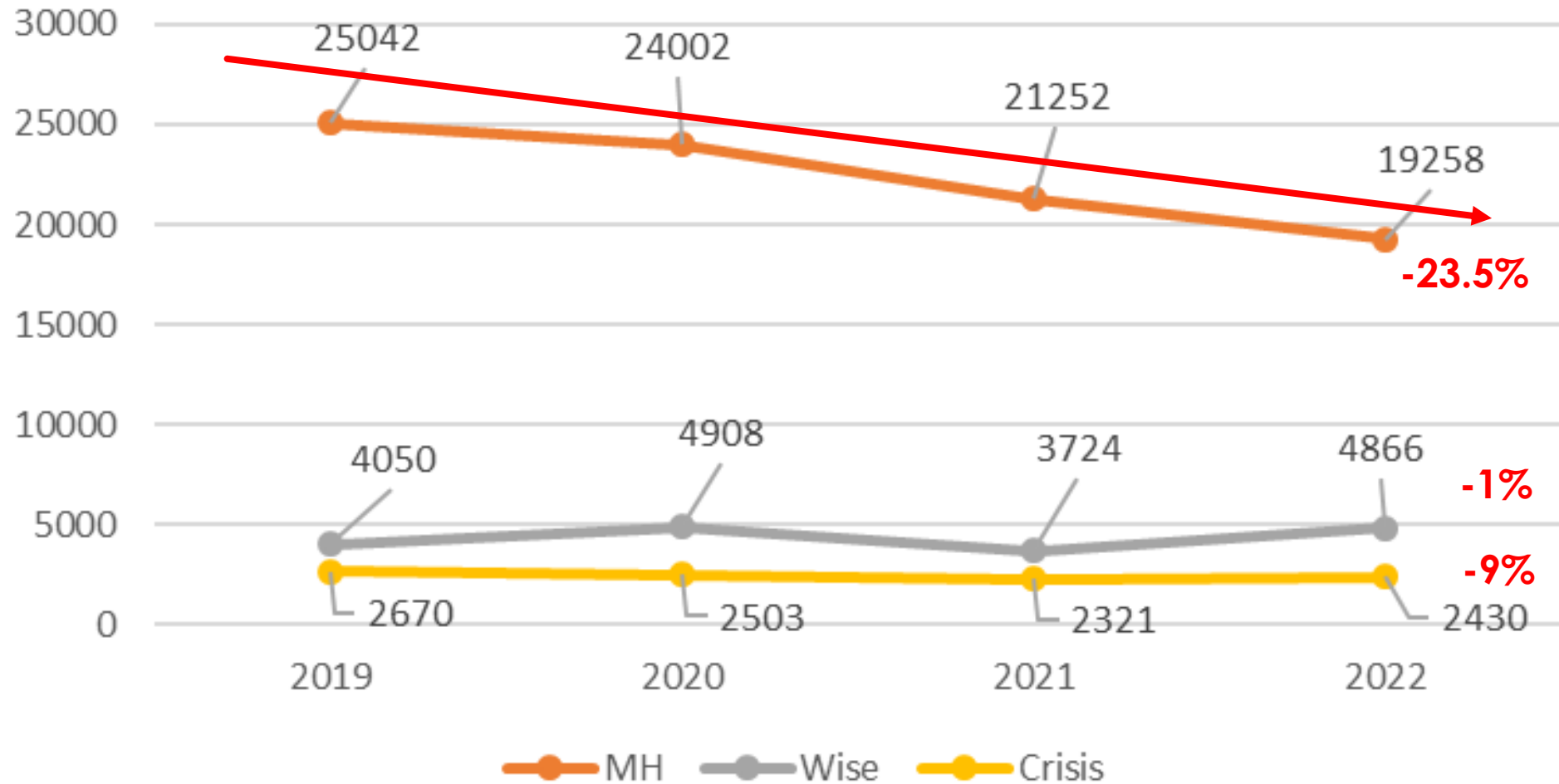
Filled = 129  
Vacant = 34  
Total = 163



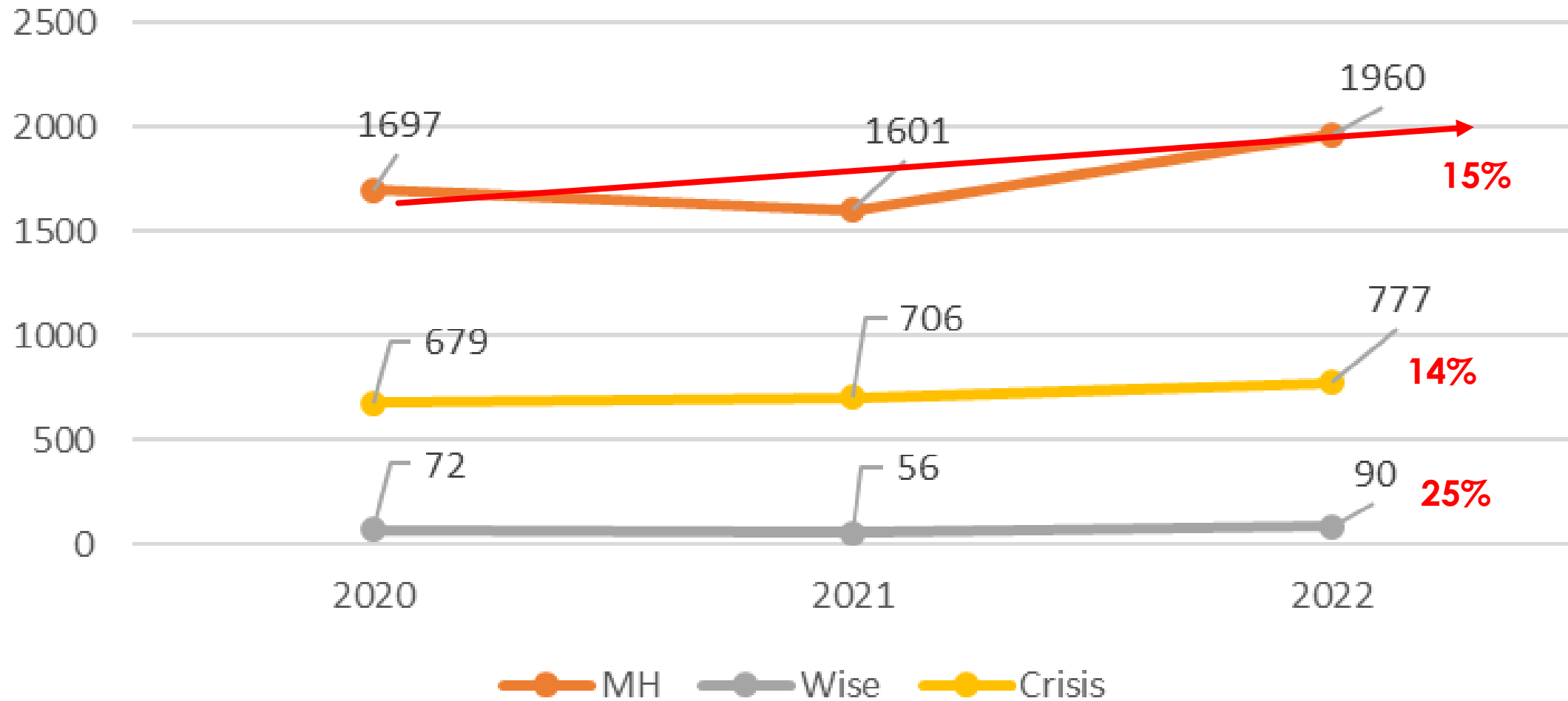
Jobs Filled by Position



## Mental Health Services 2019 - 202

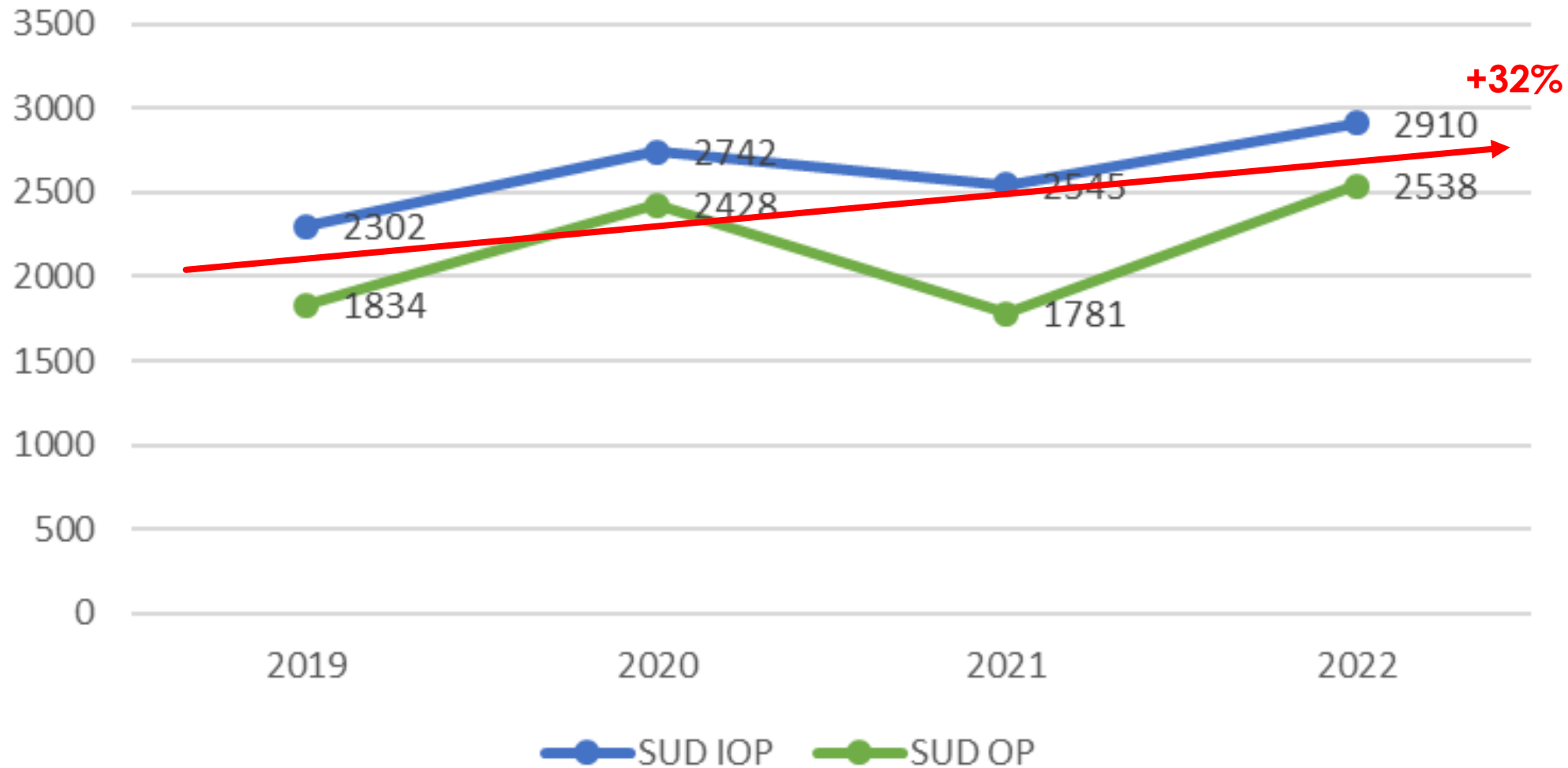


## 2019 - 2022 MH Clients Served

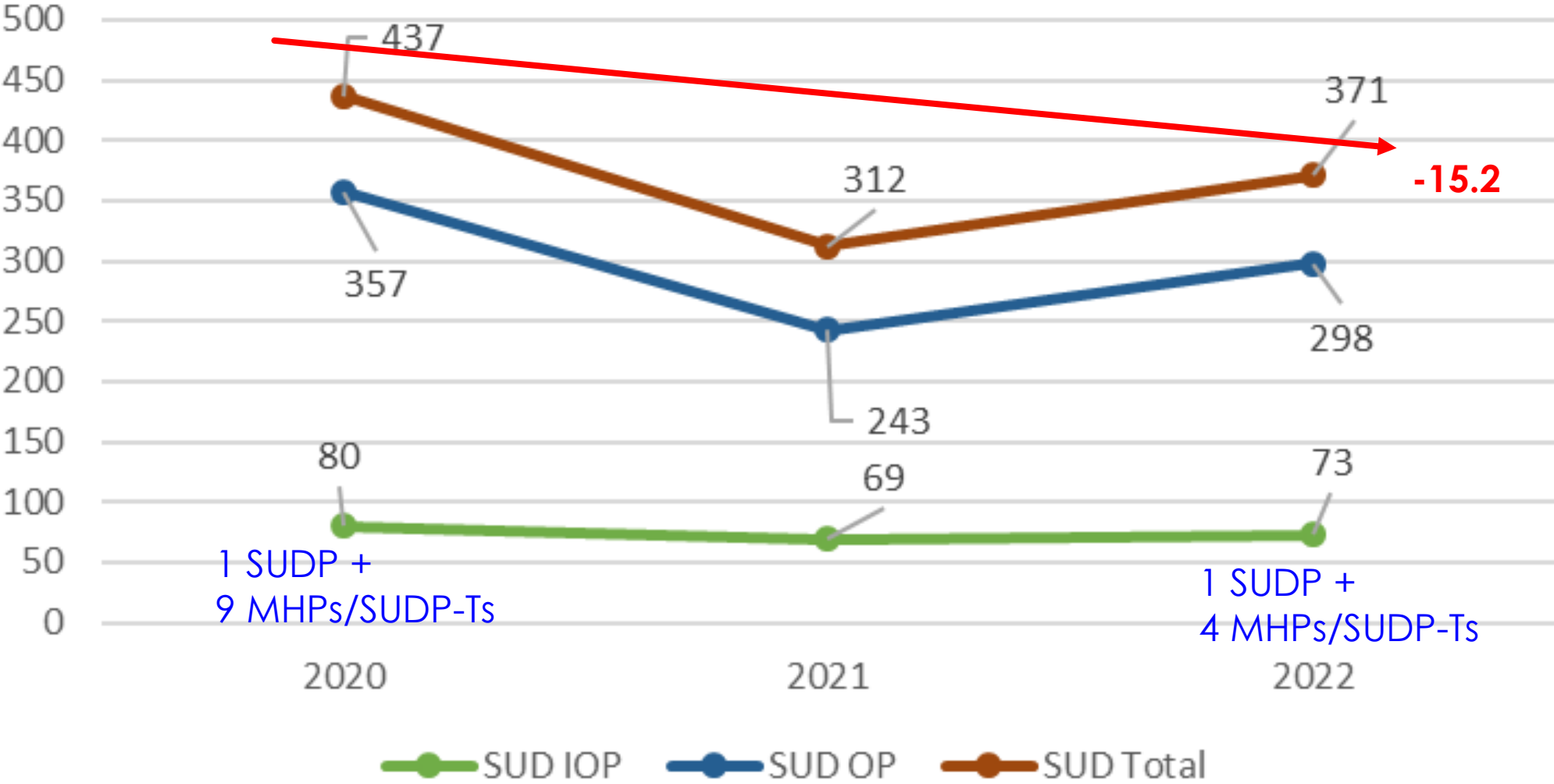


# SUD Services 2019 - 2022

2019 - 2022 SUD Services

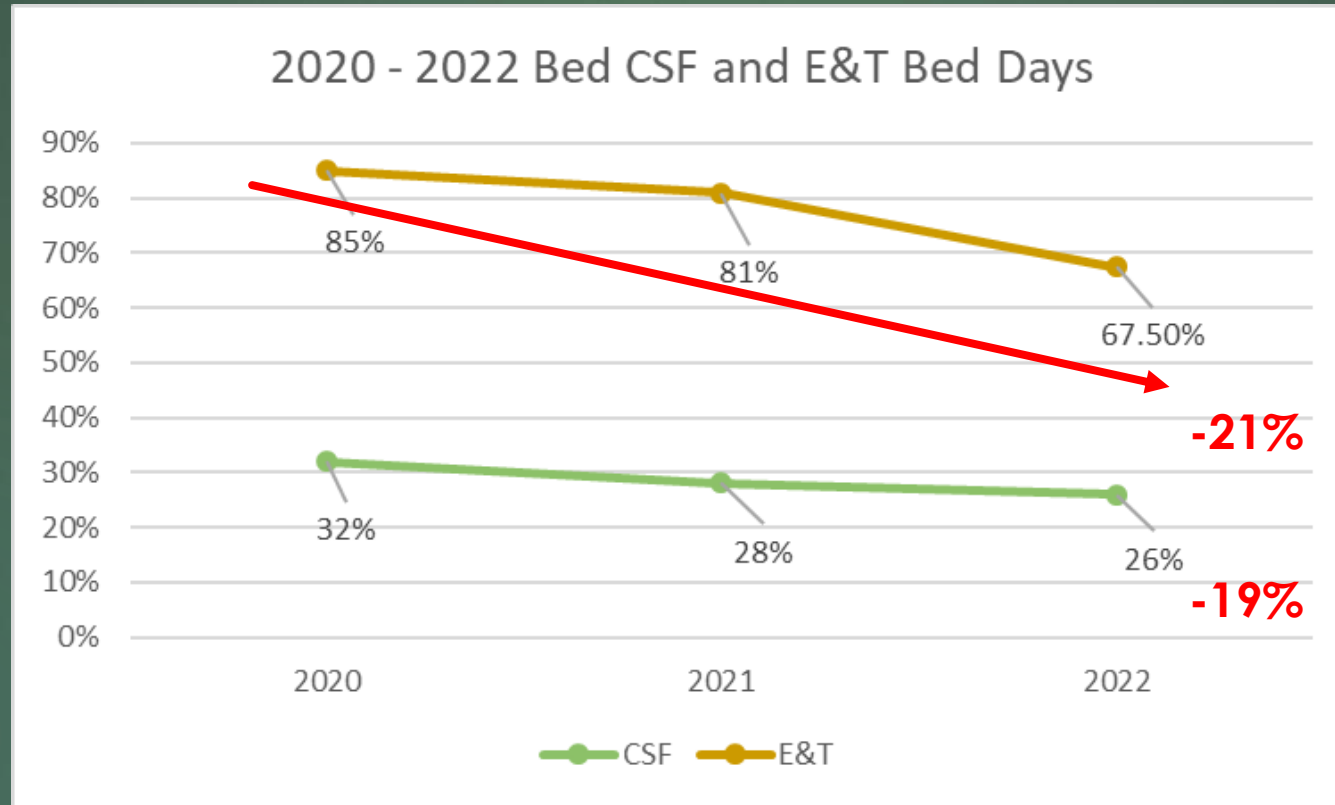


# 2020-2022 NEWACS SUD Clients Served





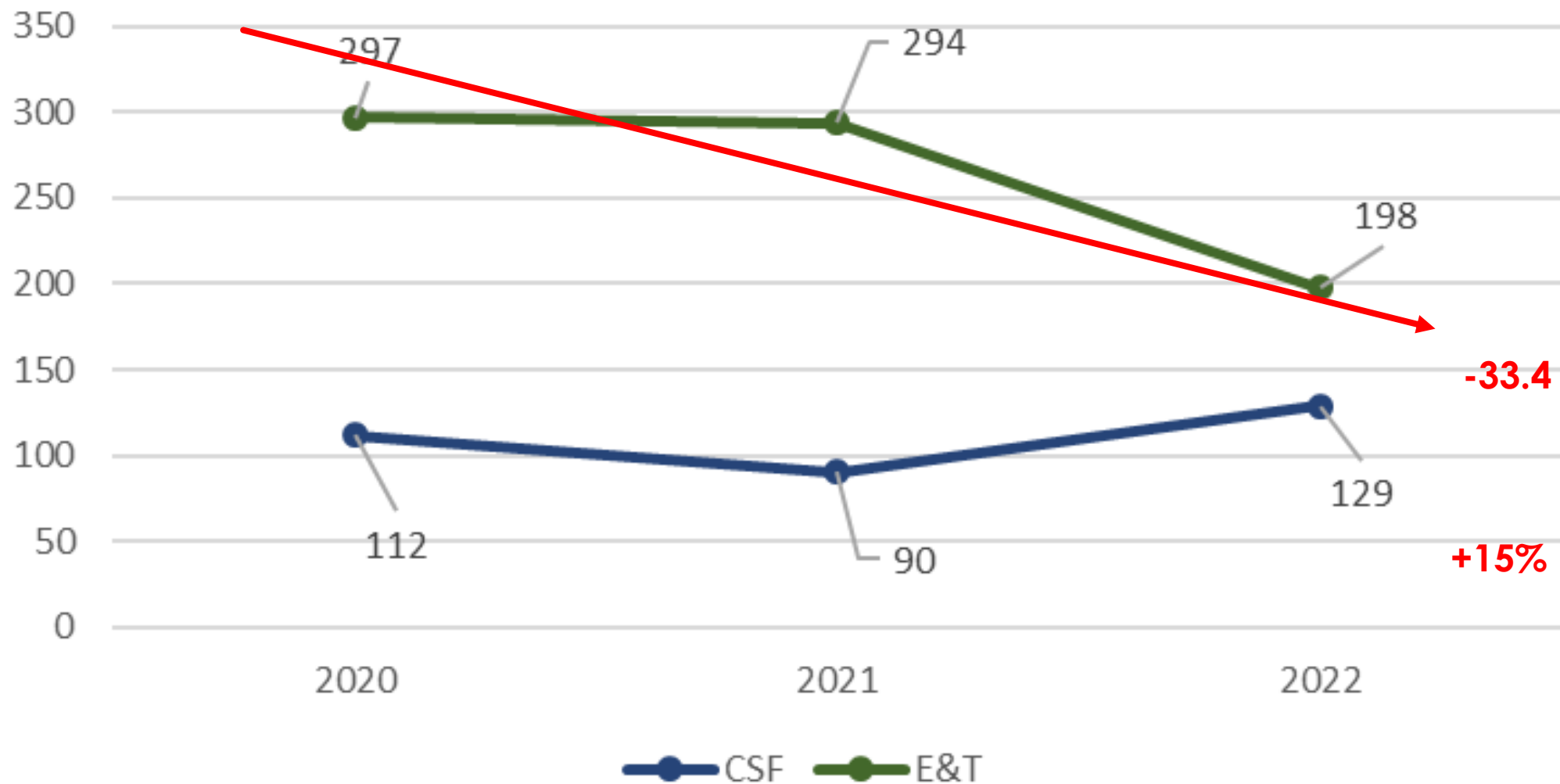
# CSF and E&T Service Hours 2019 - 2022



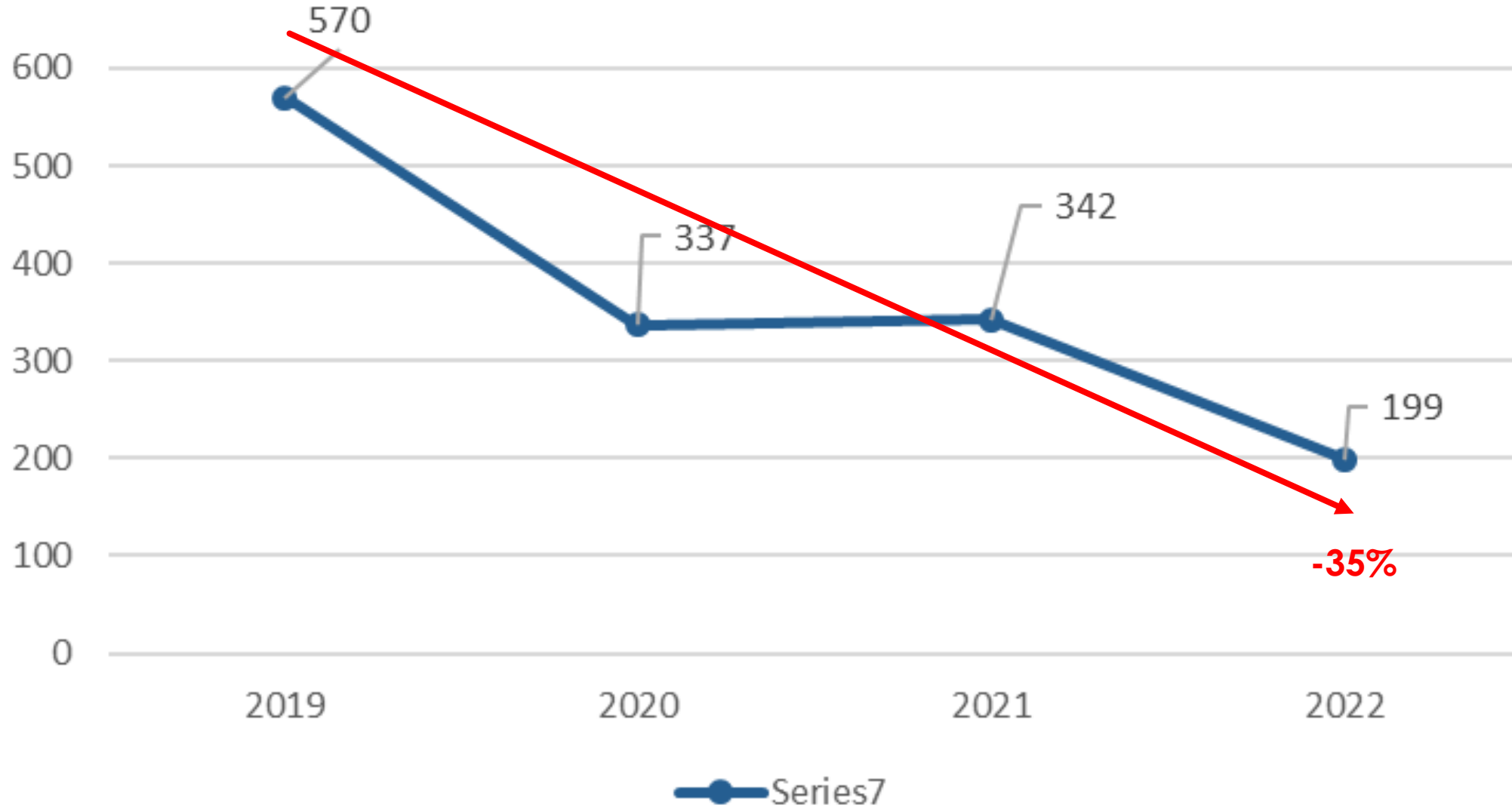
E&T = 16 beds x 365/days per year = 5,840 bed days/year.

CSF = 7 beds x 365/days per year = 2,555 bed days/year.

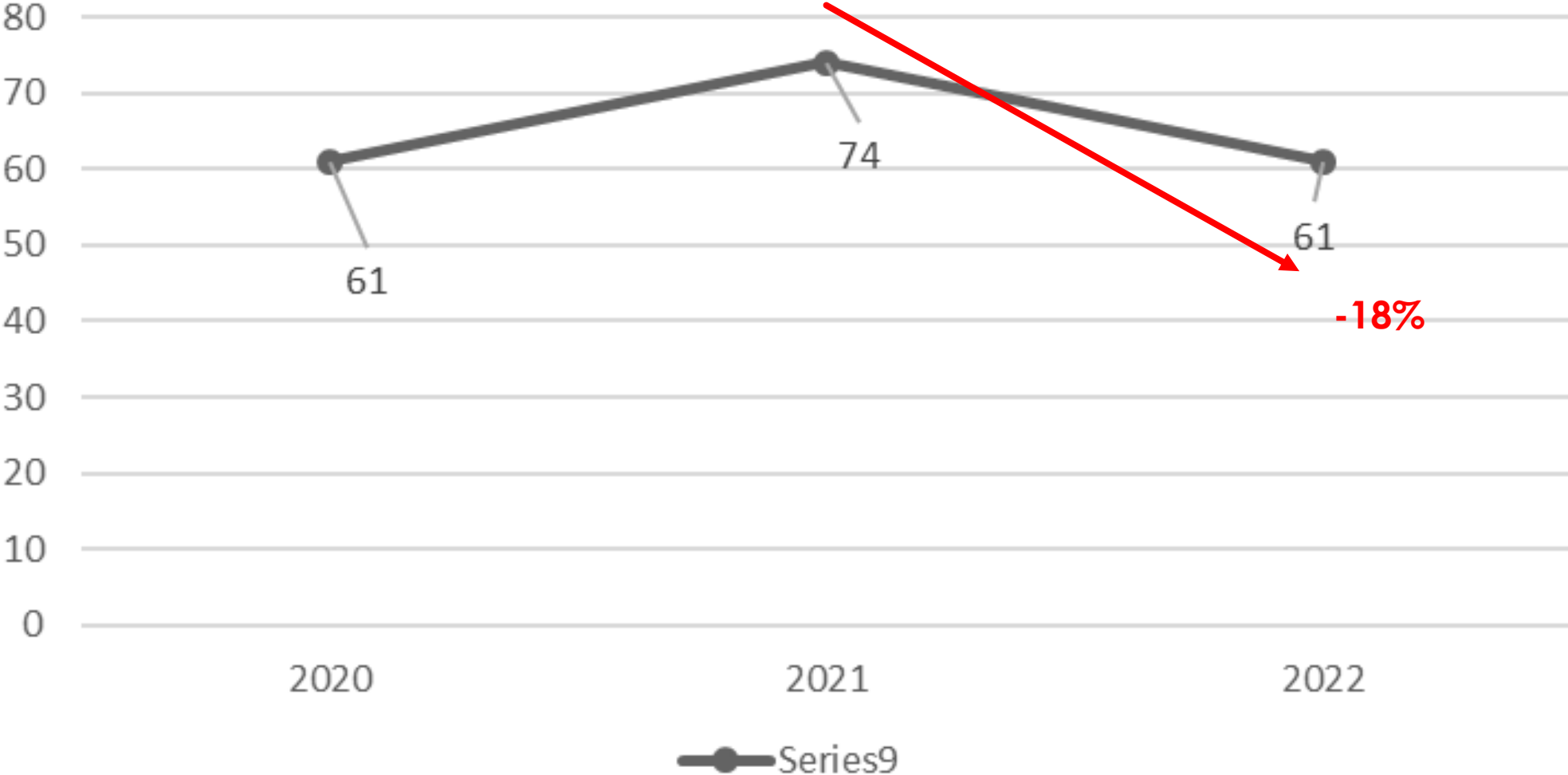
## 2020-2022 CSF and E&T Clients Served



# NEWACS Jail Services 2019 - 2022



# 2020 - 2022 Jail Clients Served



# Responding to the Workforce Shortage

- ▶ Retention Stipends for those who met Governor's Mandate.
- ▶ Sign-on/Retention stipends for key positions (night shift nurses).
- ▶ 2% Rate Increase given by the state last year.
- ▶ 7% Given by the State January 1, 2023, with July 1 2022 fill-in.
- ▶ Recruitment Agency (Prescribers/MHP @ \$18k/position)
- ▶ Reclassifying positions based on applications (2 MA = 1 ARNP; CM vs MHP, Med Asst in lieu of RNs, etc.);
- ▶ Eliminating "CNAs" and switching to "BHTs" at same (CNA) pay McDonald's pays as much...
- ▶ Moving clinicians to shortage areas (Ferry/Lincoln Staff).
- ▶ Tele-health pros/cons.
- ▶ ARNPs now providing psychotherapy and not just prescribing; CMs providing "Individual Services."
- ▶ Rental Apartment for new staff.
- ▶ Waiting list for new assessments started June 2022.

# Policy Wish List

- ▶ Stop the “If you build it, they will come” mentality. (Stop implementing new Programs without investing in new workforce members—e.g. Crisis re-design; funding new facilities like in Chewelah and Spokane; Recovery Navigator Program, Youth Crisis Responders, etc.)
- ▶ Nothing is cheap any more (BA moving to CA @ Step-7 MA salary [\$70K before 9% increases]).
- ▶ Nothing is available any more (housing and child care).
- ▶ Stop comprehensive assessment requirements and need for MHPs to do these. (How long was your last doctor’s appointment?)
- ▶ Allow all Master’s level clinicians to provide SUD services.
- ▶ The problem of State Paid Medical Leave
- ▶ State COVID Policy, “The road to hell is paved with good intentions.”