THOUGHT LEADER FORUM

Staffing Shortages Lead to Behavioral Health Care Challenges

Mental health providers throughout Washington are facing worker shortages that have put a strain on much needed services. The shortages have reached crisis levels in parts of King County where the high cost of living has exacerbated the problem. Some providers in Seattle estimate turnover rates as high as 30 percent. The Business Journal recently convened leaders in the mental health field to discuss these challenges. Panelists included **Sound President and CEO Patrick Evans, Compass Health President and CEO Tom Sebastian, Washington Rep. Tina Orwall,** and **Leo Flor, the director of King County's department of community and human services. Ryan Lambert, Puget Sound Business Journal editor-in-chief,** moderated the discussion.

Lambert: To get started, how can we help readers understand the crisis our community faces around recruitment and retention of skilled behavioral health workers?

Sebastian: Since the Affordable Care Act was passed, hundreds of thousands of community members that formerly had no access to coverage for mental health and substance use disorder treatments, now not only have health coverage through Medicaid, but have a behavioral health benefit, meaning for both mental health and addiction treatment. This means the workforce needs to meet that demand.

This is good news - the expansion of access to care. On the challenging side, the pipeline from the academic community is not robust enough, in terms of providing us new graduates. We all offer a ton of internships, it's also probably our most effective recruitment tool. But once they can get licensed individually, we often lose them to either private practice or entities that compensate at a higher level than we are able to. The trend toward holistic care means health care providers are expanding access for behavioral health care, which is really exciting. But it also puts more pressure on the marketplace and community behavioral health agencies, which are almost always nonprofits.

Lambert: Leo, I see you nodding your head. What are you seeing in terms of the workforce and the constraints there?

Flor: Wherever we have what looks like underperformance of a behavioral health program that we fund, it correlates very strongly to workforce turnover or vacancies. So we have this system that we universally acknowledge is essential, that it is fundamental to our ability to make all other types of interventions in social services work. The thing that's keeping it from performing is not that we haven't figured out what works, it's not technology, it's not a lack of system, it is a lack of people who are supported to make careers in this field.

Lambert: Tina, could you talk about the specific ways the current workforce in behavioral health impacts some of the outcomes for clients.

Orwall: Absolutely. One, mental health impacts all of us. Personally, our families, our neighbors. We have a crisis going on in our country on suicide; Washington has an especially high rate of teen suicide, and of course, veterans. Everything is about relationships, and when you have turnover in a field, people who really count on someone have to redevelop that relationship over and over again. It really impacts quality of care; it's especially difficult in rural communities where they have the most trouble attracting and retaining.

I also hear from clinicians that they don't always feel they have the skill set, and if you don't have the skill set to work with someone who is suicidal, that's going to be overwhelming. So a number of issues are going on. I know a talented young man who just graduated from the University of Washington in psychology; he's going to work for Facebook. So not only are we competing within our behavioral health community, we're competing with other industries now.

Lambert: Tom, I see you shaking your head; you've encountered these issues; can you speak to them?

Sebastian: Absolutely. The turnover impact is a significant challenge, in terms of providing a high quality of care. And Rep. Orwall has it right, it's important to equip providers with the skill sets for working with individuals with complex and multiple needs, including mental health, substance use disorders, and medical needs, that are all happening at the same time and require a very high and complex level of care. The academic world needs to step up here.

Lambert: So who is working on those next steps? What steps are being taken to ensure these issues are being addressed?

Sebastian: It's a constant interaction, with the UW, of course, and up north, we have a great dialogue going with Western Washington University. They're working to figure out how to create specialized tracks, certifications for individuals to work specifically in the community behavioral health system. But it really is on us as the provider community, and our advocates, to lobby the academic community to catch up in that regard.

Orwall: We should look at statewide solutions; our universities offer great skill sets. We're the home of DBT, Dialectical Behavioral Therapy, at the UW, for example. We need to figure out how to have these tracks; whether we tie them to loan forgiveness or add them to the core universities, we have to find creative ways to build in the skill sets and then take those to scale.

Lambert: Patrick, what are the realistic achievable solutions to address this workforce issue?

Evans: The educational piece is certainly part of that. Here in King County, not only the UW but also Seattle University seem to be open to that and we have good relationships there. We have great internship programs; Sound typically has about 80 interns at any one time. We could have behind-the-scenes conversations about defining the changing needs. And more broadly, for our staff it also comes down to pay. When you go into this field, you know you're not going to become wealthy, but many of our staff leave because of salary. It is a challenge that we have to figure out. It's very expensive to live here and it's not just Seattle; it's a statewide issue.

Lambert: How does this region compare to others in the country, in terms of workforce? Are we better, worse, the same?

Evans: I've been here for three years and I came from Ohio, and we had similar issues there. Tom and I both belong to a trade association called the Mental Health Corp. of America; it's providers like ours that get together, and what we hear is every CEO is having these problems.

Orwall: I work with social work interns every year with the UW; they usually come with $50,000 or $60,000 in student debt. More people are going into private practice, where they think they can make a higher salary.

Flor: There's another aspect beyond funding. We have yet to recognize and prioritize and honor the people who do this work, even as we affirm how important it is. So there's both a prestige deficit and a funding deficit, yet at the same time we say, this is one of the most important systems, it's foundational to our success in everything we do. But when we look at it as an industry, the funding sources remain constraining

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Lambert: Are there models around the country that you are looking at that can be emulated here, or replicated in this region? Or is this region too unique?

Sebastian: There are pockets of success where alignment has begun, because we now recognize that behavioral health conditions are health conditions, just like any other health condition. Whether you call it parity or alignment, until we're able to compensate community behavioral health workers at the same level as their health care colleagues, we're going to have challenges.

Evans: There's stuff we can do statewide, but the nature of the work that we do and the way those funds come in, tied to federal, state and local tax dollars, adds to the burden. We are health care in our approaches; if somebody needs to be seen, they should be able to walk in and get in to see somebody. But that's not always the case. Unless it's an emergency crisis -- that's one thing as a system we do really, really well; in King County in particular.

Orwall: There are system solutions for some of these issues. We have the Washington State Health Professional Loan Repayment Program, in which three-quarters of the money is going to health care providers, and a quarter to behavioral health. But we need to link those things; provide loan forgiveness, but tie it to keeping people in public mental health for a certain number of years, right?

Lambert: To piggyback on that, what are some of the sticking points in the conversation around these reimbursement models?

Orwall: There's always that stress of how much does the state shape, versus local control. There are so many solutions that our people are trying to look at. We need to narrow it down and all come together to advocate for the same plan.

Flor: It's a system that is first and foremost shaped by finance, rather than by care. It's very payer-centric. The concept of integrated care is that we ought to provide care and treatment the way that people experience illness. We have yet to fully apply that same principle of centering on people to the way that we design our system.

Lambert: What are they doing to bridge that gap?

Flor: While I don't believe business has all the answers for social services, you can look at a lot of really successful business enterprises that have differentiated themselves because they have been ruthlessly centered on what works for people. We have many of those businesses in our local community here. We have yet to do that to ourselves, and so we have systems of integration that are very much about driving costs down, and the theory is that multiple insurers competing will drive costs down. We were talking about this at Microsoft, and they were like, "Yeah, we figured that out in the '90s, it's called user-centered design."

Lambert: Tom, from a provider standpoint, what strategies are being employed now to work around some of these budget limitations?

Sebastian: At Compass Health, 81 cents of every dollar we spend goes to wages, salaries and compensation, benefits, for the workforce. So we're driving every dollar that we can into compensation, because that's where the rubber hits the road. Then we just have to marry that with creating an engaging corporate culture. Because most times, people's No. 1 reason for being at our organizations is not the paycheck, it's the meaning in the work that they do. It seems really easy, like, "Oh you're a nonprofit, that should be easy." But it's not always straightforward. We are purposefully reinforcing our vision and connecting the meaning of our work to the experience of every workforce member, every day, whether they're an accountant or a clinician.

Lambert: Patrick, do the strategies that are being employed over at Sound work around some of these budget limitations, or how do you make it work for your staff?

Evans: Our goal in terms of compensation is to be competitive with other providers in our community that do similar work. We are at the top of that pay scale, but I can't compete with the county, the schools, with private practices, or with hospital systems. So how do we engage our team members? Beyond innovation, our community-oriented mission is compelling. We offer training to our teams; we plan and host a team member appreciation day where our team members get to relax. We also have created an event, SoundCON, which is an all-day conference just for our team members to learn and engage with one another. Our focus on our team members, coupled with our mission, I believe, enables us to work around some of the budget limitations.

Lambert: Leo, what role should the business community play in addressing the community's challenges, regarding behavioral health?

Flor: One role they can absolutely play is to engage at the narrative and values level. We don't have to look very far to find behavioral health systems for poor people really being vilified. In this area we have a very strong business community that is able to control the narrative by making value statements. A good example right now are homeless shelters that are being supported by private business. We've also had a number of really neat financial partnerships, for example with the Ballmer Foundation on treatment on demand a couple of years back.

Lambert: Tina, how do you, from a policy perspective, strike a balance between capital dollars and other funding models going to behavioral health?

Orwall: Funding's a big piece. The private sector is a very important partner, and I've seen some amazing programs come together, where we've leveraged public and private dollars. We've seen it in our schools and other areas. Last session, we allotted capital dollars around behavioral health at the UW. That was an important investment, because we have trouble keeping psychiatrists in our state, and the more we can train and engage them locally, the greater likelihood they'll stay here.

We also must think about more operating dollars, not through capital budget, but actually longer term stable investments, which usually are private. We have great foundations, they come in as starters, but we are the ones that actually maintain these practices long term. The private sector has been a partner around suicide prevention, for example, and we aim to have it be like CPR, where everyone knows the signs and symptoms. Talking to workplaces about mental health and suicide is not only going to decrease stigma, it's going to save lives.

Lambert: Tom, I see you nodding; how has Compass interacted with the private sector?

Sebastian: We employ 800 people; in our neck of the woods, that's not an insignificant number. We try to join economic alliances and really come forward saying, "We're part of the business community, we're part of what

makes the economic engine run in these geographic communities that we serve." That builds an instant bridge, because now you're just interacting as colleagues. That provides a great opportunity to increase awareness of the work that we're doing. That goes such a long way, because the private sector and the businesses want to help. It's a very friendly community here. We must build those bridges so when we do have a need, usually from a philanthropic perspective, you have that relationship, and we've found the business community absolutely will step forward.

Lambert: Patrick, can you talk about the evolution of that relationship between Sound and the business community?

Evans: It is important for us to truly engage with the business community, to be at the same table. The other piece is that we are a business, and we have to operate like a business. I've learned a great deal through the Downtown Seattle Association. We're very active with GSBA, Rotary; Tom and I are both in Vistage, a group that gets together with CEOs every month. Recently I was on a panel for the DSA, it was business folks talking about homelessness, but the root issue oftentimes is behavioral health issues.

Sound provides a lot of services downtown. A lot of our clients don't come to an office, they're on the streets, and our staff go and find them. But we have a lot of vacancies. That impacts how many people we can see on the street, who's impacting these businesses, and guests to our community, and our neighborhoods. At one point we had 100 vacant positions, and these were not new positions. So my message is, "Help us with this. I get you're frustrated -- but we could do better work."

Lambert: You talked about sending the workforce out to where your clients are, on the streets of Seattle. What comes to mind is substance abuse disorders, particularly the opioid crisis; how is that increasing demands on your workforce and impacting recruitment?

Flor: As noted, a lot of the most important work happens outside of the office. Folks who most need publicly funded behavioral health treatment are not able to bus in to a 30-minute appointment. So when we talk about user-centricity, when we talk about what's evidence based and what's effective, it is models that have interdisciplinary teams of people going out and finding folks where they are. When it works, people get excited about it and that is a tremendously valuable thing.

Orwall: The reality is there's secondary trauma that clinicians face. So not only is it having the right skill set, but how do we support them through what is very challenging work. We're trying at the state level to see what investments we can make around training and support. There's not one solution, just recognizing the toll that this work really can take on individuals that do it often.

I worked in community mental health for 20 years, and you hear tragic stories. When people are homeless, especially women, a lot of trauma happens on the street, there's a lot of sexual assault. It's taken a toll on families; you talk to that heartbroken parent who can't find their son or daughter. You carry some of that pain yourself. We need to take care of people who care for folks with mental health issues.

Lambert: Absolutely. In terms of what legislators look at when they're determining what funds get allocated, are there specific data points that you weigh more heavily?

Orwall: I don't want to add to the data collection burden. We try to write good policy, we try to have good data, but at the end of the day, what moves a piece of legislation are the stories and the voices. One of the challenges we have is often we put so much money into involuntary treatment, and not that it's not important, we want people to get the help they need, but how do we invest in the community services? There needs to be a better dialogue with our counties and local providers on how we have more stable ongoing funding. If you ask the average person about this, if they haven't been impacted by mental health issues, they know someone who has.

Lambert: So I'll throw this out there, and I'd like everyone to weigh in. What is the message you think would best resonate with legislators about the current challenges and level of urgency that's facing our communities right now?

Sebastian: How do we work together over the long term to systemically change the way community behavioral health operates and is funded. That includes all the things we've talked about here — loan forgiveness, better alignment with the rest of the health care system, which often serves the same group of people.

Evans: We are near, if not at, a crisis situation. The four bigger providers in King County recently showed a large number of vacant positions. We have to fill these. That impacts who can get in and how fast, the quality of services, and our staff. That impacts the secondary trauma that Tina was talking about. I'm all for capital dollars but the reality is, if we could do a better job at the community level, we could prevent more people from needing to be hospitalized.

The other piece is, I don't care if you go to jail, prison, the hospital for a day or a month, you're coming back to the community. And for community-based providers like us, where do these folks come back to? When they step down from, say, Western State, they're not going to just go home and everything's fine. Services have to be provided, and it's going to be a provider like Sound or Compass or Navos or Valley Cities. If we have vacancies, it becomes a challenge.

Flor: First, integration of physical and behavioral health is absolutely the right place for our system to go. Second, behavioral health conditions are not going away. We have every indication that there are more and more trauma and behavioral health issues in our community, in our world, than ever before. This is our opportunity to get this system right, because community based care is cheaper and more effective than jail, homelessness, or any other crisis response system. This is what prevention can look like.

THOUGHT LEADERS

PATRICK C. EVANS
President & Chief Executive Officer
Sound

Patrick C. Evans is President & Chief Executive Officer of Sound. Evans brings more than 30 years' experience to his role, emphasizing a dedication to serving the community's most vulnerable populations through integrating compassionate care, innovative best practices, and sound business principles to deliver quality and effective whole health outcomes for clients. Evans has impacted the industry and community at the highest levels. He is a member of the Board of Directors at the Washington Council for Behavioral Health, also serving on the organization's Legislative and Substance Use Disorder committees; is a member of the Board of Directors at ArtsFund; serves on the Board of Directors for ArtsWest and is on the Corporate Advisory Board for the Greater Seattle Business Association (GSBA). Nationally, he has been actively involved for years with the National Council for Behavioral Health, the Mental Health Corporation of America and the American College of Healthcare Executives.

LEO FLOR
Director of Department of Community and Human Services, King County

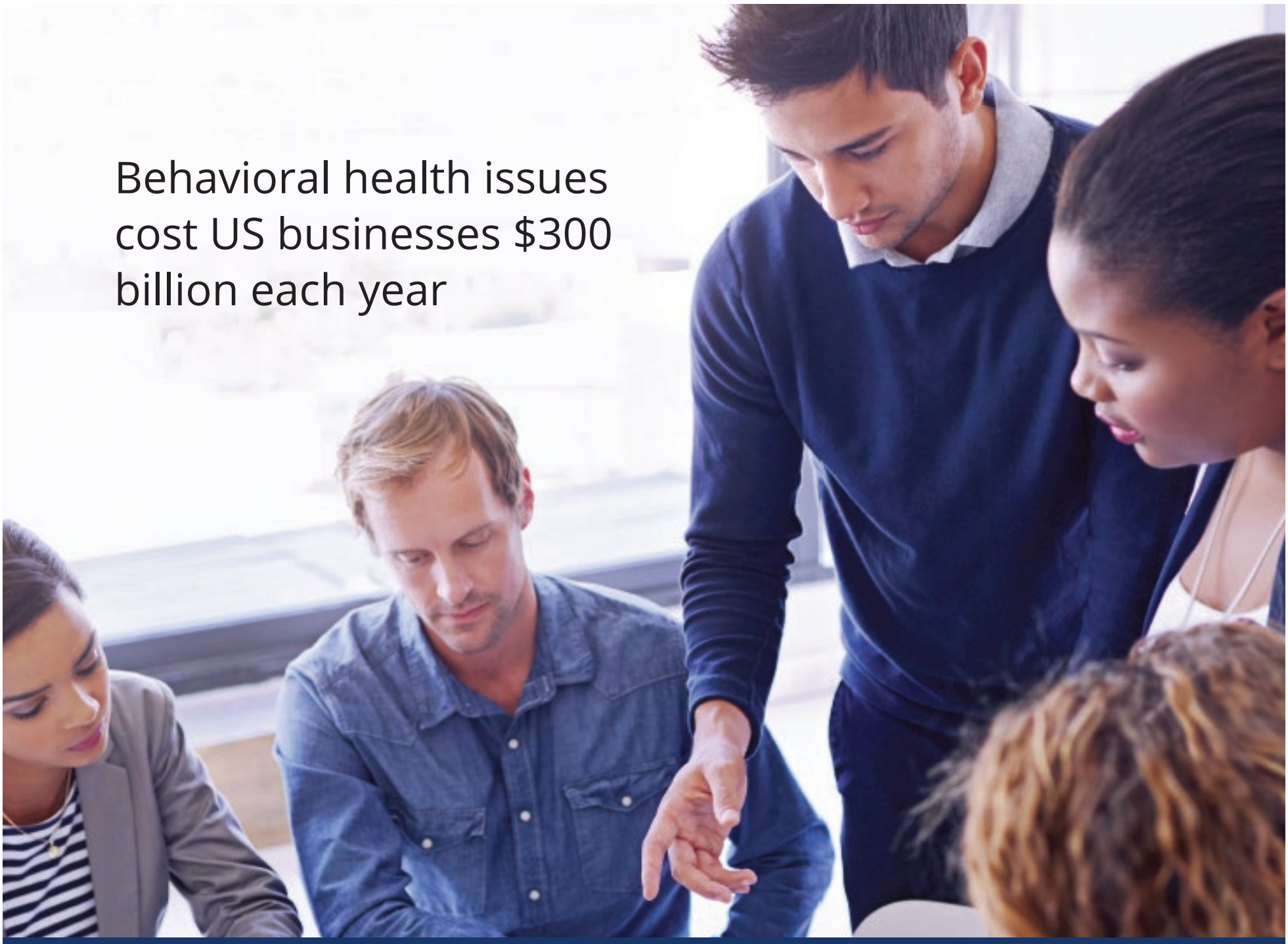
Leo Flor was appointed by Executive Dow Constantine to serve as director of the Department of Community and Human Services in 2018. He manages 400 staff members and a biennial budget of over $1.5 billion. The department includes behavioral health, developmental disabilities, healthy child and youth development, older adults, veterans, housing, homelessness and community development. Before becoming director, Leo led the redesign and successful renewal of the voter-approved Veterans, Seniors and Human Services Levy. Prior to joining King County, Leo assisted veterans as an Equal Justice Works Fellow and civil legal aid attorney at Northwest Justice Project. A veteran, Leo served eight years as a U.S. Army Infantry Officer, including active duty deployments to Iraq and Afghanistan. He holds a Juris Doctor and a Master's Degree from the University of Washington, and a Bachelor's Degree from the United States Military Academy at West Point. Leo resides in West Seattle with his family.

REP. TINA L. ORWALL, M.S.W.
Washington State Representative, 33rd District

Tina has represented the 33rd legislative district since 2009. Supporting suicide prevention, sexual assault victims/ rape kit reform, reducing truancy, the Foreclosure Fairness Act, student loan debt protections, anti-trafficking, compensation for those wrongly convicted, and adoptee rights are among her legislative accomplishments. Tina has worked with all levels of government to help embrace best practices to better serve the community. Her 20 years of experience working in the public mental health system, as well as her expertise in strategic planning in workforce development and affordable housing have established her as a valued legislator and community leader. She earned both a BS in Psychology and a MSW in Administration from the University of Washington.

TOM SEBASTIAN, MS, MPA
President and CEO
Compass Health

Tom Sebastian is the CEO of Compass Health, Northwest Washington's behavioral health care leader. Throughout his 32-year career, Tom has held many clinical and leadership roles at the organization, growing its transformational impact through community partnerships, outreach and advocacy. At Compass Health, Tom oversees 800-plus dedicated and highly skilled team members who provided more than 21,000 instances of care to clients throughout Snohomish, Skagit, Island, San Juan and Whatcom counties in 2018 alone. With Tom at the helm, Compass Health is poised to continue its innovative, evidence-based approach to care, integrating services for mental health, substance use and medical care to support whole person health. Tom's advocacy also extends into Washington's larger behavioral health community, where he is a member of the Board of Directors for the Washington Council for Behavioral Health, a board member for MHCA and sits on the National Executive Advisory Board for Genoa Healthcare.



Behavioral health issues cost US businesses $300 billion each year

But 80 percent of people living with them improve with appropriate diagnosis and treatment.

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