

EMPOWERING COUNSELORS: NAVIGATING BURNOUT WHILE ENHANCING EFFICIENCY IN BEHAVIORAL HEALTH CLINICS – A CASE STUDY

Danilo Sirias
Courtney Vanest
Saginaw Valley State University

Family Services was a behavioral health clinic that services families, couples, and individuals to provide mental health support through counseling sessions. The team consisted of licensed counselors to support a variety of challenges ranging from anxiety, depression, addiction, trauma, abuse, grief, and stress management. The clinic was in a city of approximately 84,000 people, part of the tri-city community with about 378,000 people – with clientele from all the abovementioned areas. Over recent years, Family Services transitioned to new leadership interested in improving the efficiency of current processes. Family Services served 1,000 clients annually while offering a sliding fee scale to all their clients. With the increased demand for counseling services, Family Services had not been able to rise due to systemic problems, including long waiting times, high no-show and cancellation rates, low productivity, and counselor burnout. These pose significant fiscal concerns, so Family Services assembled an interdisciplinary research team to investigate improving the clinic's performance.

This case aimed to understand the systems in place within a behavioral health clinic, analyze sources of problems and their outcomes, and design solutions for Family Services.

INTRODUCTION

Alexis, a graduate student interested in furthering her research experience and application within the behavioral health field, joined the Family Services research team. The team comprised interdisciplinary employees, including the CEO, counselor supervisors, the office manager, a business professor, and an external consultant. Family Services was a behavioral health non-profit organization clinic that services families, couples, and individuals to provide mental health support through counseling sessions. The team consisted of licensed counselors to support a variety of challenges ranging from anxiety, depression, addiction, trauma, abuse, grief, and stress management. The clinic was in a city of approximately 84,000 people, part of the tri-city community with about 378,000 people – with clientele

in their local communities. Family Services served 1,000 clients annually while offering a sliding fee scale to all their clients.

Alexis learned that Family Services had many challenges resulting in barriers to delivering quality counseling care. One of Family Services' most significant operational challenges was a waitlist extending 6-8 weeks. While clients had to wait for an appointment, the clinics had high no-show rates. Furthermore, grants and donor funding as a non-profit corporation received to ensure underinsured and uninsured clients could receive services were insufficient to cover all the clinic's costs. Most of their revenue came from insurance billing, which added to the pressure of seeing more clients. Recruiting healthcare professionals was difficult because Family Services could not offer competitive wages. The increased demand for service, the need for revenues, and high no-show rates led to counselor burnout, resulting in high absenteeism and turnover. The leadership team was concerned with providing quality service to their clients, satisfying the clinic's financial needs, and protecting their counselors' well-being.

COUNSELORS' RESPONSIBILITIES

Upon arrival at Family Services, a client had to complete specific prerequisites, including various consent forms, before receiving care. A client would complete any multitude and combination of consent forms ranging from those related to telemedicine, treatment, exchange of electronic information, exchange of information to primary health care practitioners, and exchange of general information – all on different forms requiring similar information.

The consent form had multiple pages, confusing for non-practitioner employees and clients - to the extent that the counselor frequently had to detail it during the scheduled treatment session. Due to the complexity of the payment plans and consent forms, clients experienced delays throughout treatment sessions, with clients receiving lower quality and quantity of care. Also, instead of entering their intake forms (contact information, family and medical history, insurance information, etc.) into the portals, clients often filled them in hard copies to later be typed by the counselors in the Electronic Medical Record (EMR).

The treatment session would officially begin after clients filled in the prerequisite information. Throughout this time, counselors had to simultaneously write progress notes while providing high-quality and intentional care services. Counselors at Family Services wrote the notes manually, which later had to be typed into the electronic medical records system. The administration allowed the counselors to complete the paperwork an hour a day, but more was needed, so the counselors often used their lunch hours and the slots from the no-shows to complete the paperwork.

On top of regular payment and consent, intake forms, and progress notes, counselors also had a variety of administrative tasks to complete regularly. For example, insurance companies required quarterly treatment plans for reimbursement. Additional duties assigned to counselors included writing discharge summaries, closing letters, and entering PHQ scores in the EMR. In addition, counselors needed to take occasional training sessions for licensure maintenance and requests made on behalf of Family Services

The leadership team reported that counselors' productivity levels were approximately 50% direct contact with the clients, with the other 50% devoted to administrative tasks. Research showed that practitioners spend a range of their time on administrative tasks. Still, behavioral health clinics, like Family Services, have the highest non-direct time trends (Woolhandler & Himmelstein, 2014).

COUNSELOR MOTIVATION & BURNOUT

Counselors pursued their careers due to the deep desire to make a difference in the lives of their clients, with financial gain as a secondary focus on helping others. These are people who focus on the well-being of others as their primary motivation. Counselors at Family Services noted that immediate job satisfaction came from receiving client feedback. While sufficient incentives and salaries were necessary, counselors from Family Services verbalized the need to make a difference in the families receiving care. Unfortunately, there was no pre-existing system for providing direct feedback on care to the counselors, despite counselors desiring to obtain proof of how their hard work had made a difference in the lives of others. To optimize resilience, qualitative and quantitative feedback from clients was beneficial in supporting counselor self-esteem, value at the place of employment, and validation.

Burnout was a cause of concern for the research team. Counselor burnout had an impact in terms of overall productivity and could negatively impact client health outcomes. Burnout caused higher counselor turnover, and absenteeism resulting in increased financial and time investments toward recruiting and training new employees. At the core of burnout were increased workload (too much work with few resources), minimal control over client outcomes, and the feeling of completing too many administrative tasks. The above factors directly contributed to emotional exhaustion, with a positive correlation between work demands and stress-related health outcomes. Counselors also felt that all the activities they are responsible for distracted them from giving the best possible treatment to their clients which impacted the amount of time needed to get them better. As a result, new clients are delayed being seen.

It was vital to consider how causes of burnout through administrative tasks can be redistributed and minimized to decrease emotional stress – thus enhancing client outcomes (McCormack et al., 2018).

NO-SHOWS AND CANCELATION RATES

Cancelations were a significant problem, consisting of an estimated 30% of daily cancelations or no-shows for illness, inclement weather, financial concerns, and general apathy. When clients did not show or cancel with less than 24-hour notice, filling the time slot with another client was rare. The clinic had no reminder system or penalty for people not showing up or canceling with late notice. No-shows and cancelations not only had negative financial implications due to not receiving financial income from revenue received through the provision of services but also extenuated the wait time for new clients to see the counselor due to the inability to fill canceled slots. Research showed that no-shows among health clinics adversely affect client outcomes and practitioner productivity (Molfenter, 2013).

PRODUCTIVITY MEASURES

Research demonstrated that productivity is pivotal in ensuring efficiency in delivering high-quality care to varying populations. That said, clinics measured productivity by the number of clients a provider sees within a given day (Martin et al., 2021). As aforementioned, there were already concerns with clients not attending scheduled counseling appointments. When a client did not show up for an appointment, this directly affected a counselor's productivity levels, leading to counselors being "misjudged" in their performance. Productivity was a primary measure of a counselor's performance. Several counselors had concerns with this, asking questions such as:

- Was there a reason that it gets counted against therapists when a client cancels if they (the therapists) are not the ones who canceled the appointment?
- Was there a way to alleviate the pressure placed on counselors' shoulders concerning productivity and the financial responsibility brought up consistently to counselors?

MOVING FORWARD

The research team understood that addressing Family Services issues required modifying operational processes and various administrative procedures to see results. One clear core conflict emerged from the discussion: Family Services needed more from their counselors to provide high-quality, client-centered care and to increase revenues. At the same time, Family Services needed to proceed with caution to protect their counselors to avoid burnout and turnover. Alexa started pondering: Can they achieve everything?