

BREAKING POINT: OHIO'S BEHAVIORAL HEALTH WORKFORCE CRISIS — EXECUTIVE SUMMARY

In December 2021, The Ohio Council of Behavioral Health & Family Services Providers released "[Breaking Point: Ohio's Behavioral Health Workforce Crisis](#)," an in-depth report on the employee recruitment and retention challenges faced by mental health and addiction services provider organizations. Based on original research, "Breaking Point" outlines how front-line clinical and medical staff are proving difficult to find, easy to lose, and costly to replace. As the report explains, the consequences could be grave for many Ohioans in need.

THE PROBLEM: UNPRECEDENTED DEMAND, LIMITED WORKFORCE

Driven by stressors related to the COVID-19 pandemic and opioid overdose epidemic, demand for mental health and substance use disorder treatment is at an all-time high in Ohio. Data from the Ohio Department of Mental Health and Addiction Services show a 353% increase in demand for behavioral health treatment between 2013 and 2019. Demand rose sharply in 2020-21 and is anticipated to rise further by 2030.

+353%

*Change in demand for behavioral health services from 2013 to 2019
(According to OhioMHAS)*

Of responding behavioral health care organizations to a survey conducted by The Ohio Council, more than 70% said demand for adult and youth mental health services increased from August to October 2021 (see Fig. 1, next page). More than 60% noted higher demand for adult addiction services, and more than 57% reported higher demand for crisis services.

>70%

Providers reporting higher need for adult & youth mental health services (Aug. to Oct. 2021)

As demand rises, patients wait longer for critical services. More than 60% of survey respondents reported longer wait times for adult and youth mental health services from August to October 2021, and more than 50% reported longer waits for adult substance use disorder (SUD) treatment (see Fig. 2).

>60%

Providers reporting higher need for adult substance use disorder services (Aug. to Oct. 2021)

Reported Changes in Behavioral Health Service Demand (August to October 2021)

(As percentages of responses from 68 Ohio behavioral health agencies, excluding N/A and Unknown responses)

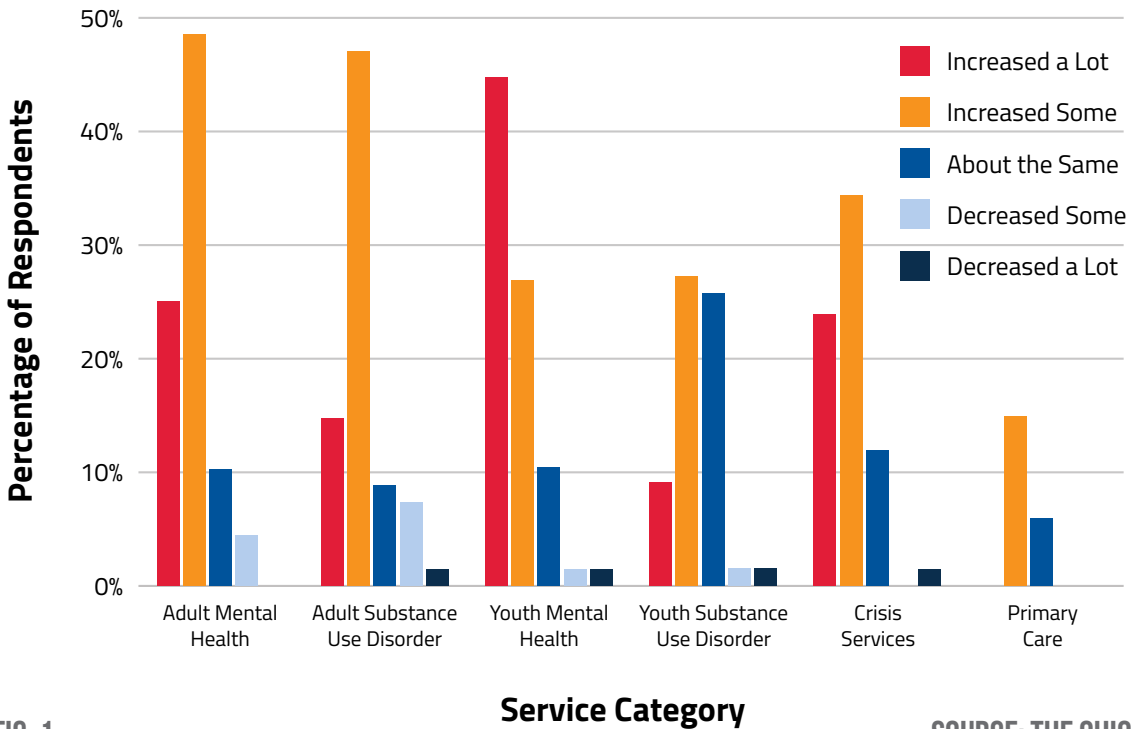


FIG. 1

SOURCE: THE OHIO COUNCIL

Reported Changes to Behavioral Health Wait Times (August to October 2021)

(As percentages of responses from 68 Ohio behavioral health agencies, excluding N/A and Unknown responses)

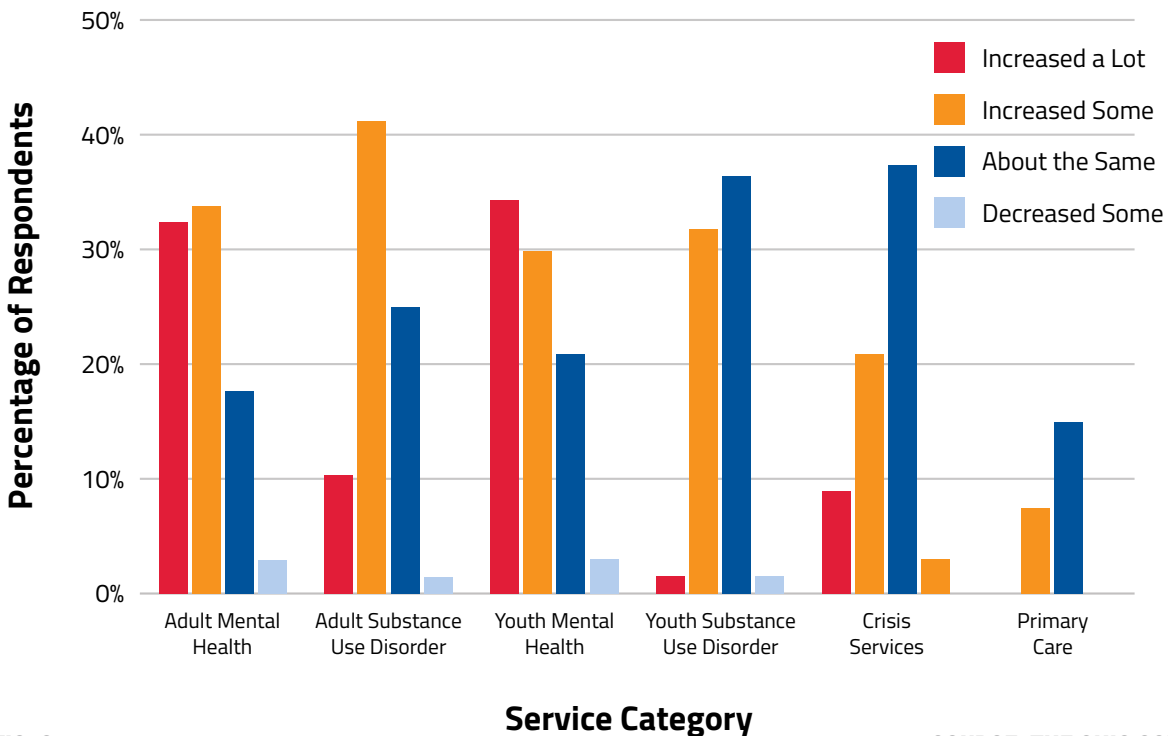


FIG. 2

SOURCE: THE OHIO COUNCIL

>98%

Providers reporting difficulty in staff recruitment

>88%

Providers reporting difficulty in staff retention

~77%

Providers reporting higher staff turnover

At the same time Ohioans' need for treatment is rising, the behavioral health workforce is wearing thin. Ohio Council survey respondents report that front-line clinical and medical staff such as psychiatrists, therapists, and case managers are becoming harder to find in sufficient numbers to meet growing demand. When they *can* be found, front-line staff have become more likely to leave their jobs or to exit the field altogether. Once vacated, positions are staying open for longer, which widens the gap between treatment supply and demand.

More than 98% of survey respondents said recruitment was very or somewhat difficult between August and October 2021. More than 88% reported difficulty keeping staff. Roughly 77% reported higher turnover with many positions open for two to six months, and more than 10% reported clinical/medical vacancies lasting for more than a year. More than 70% said a lack of qualified applicants is an obstacle to recruitment and retention, suggesting that credentialing requirements may be limiting the number of potential recruits.

Significance of Obstacles to Behavioral Health Staff Recruitment & Retention

(As percentages of responses from 68 Ohio behavioral health agencies covering August to October 2021)

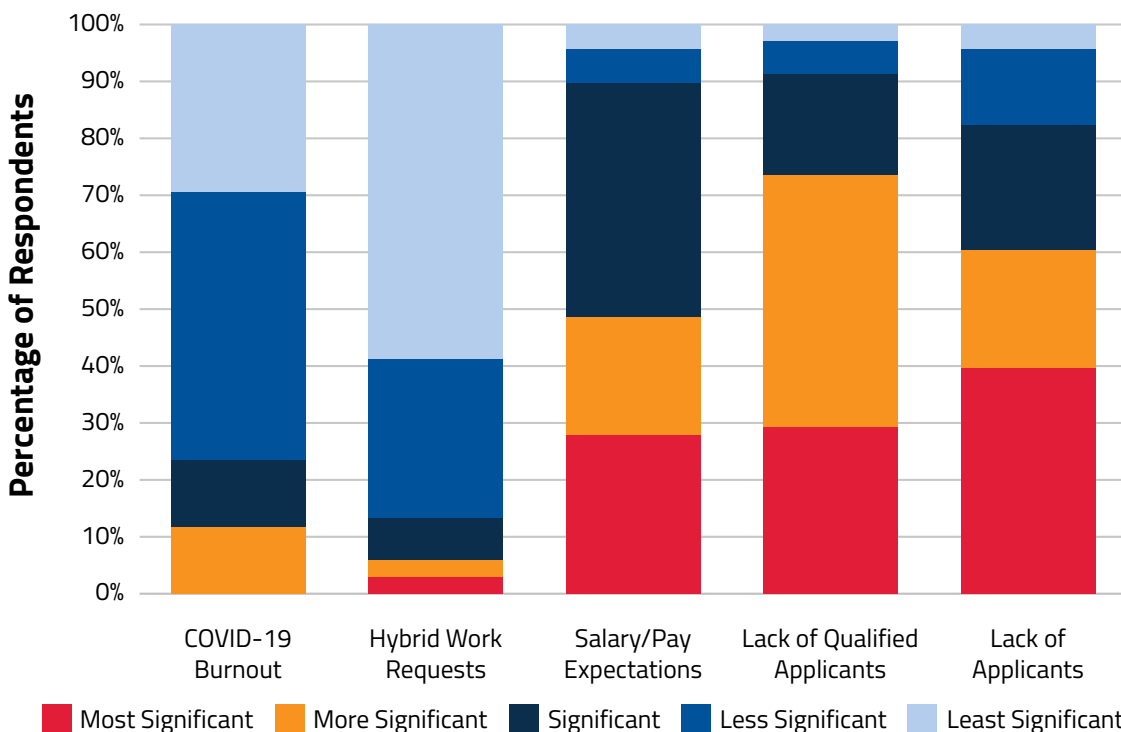


FIG. 3

SOURCE: THE OHIO COUNCIL

THE CAUSES: ATTRITION, STRESS, INSURANCE ISSUES, AND CREDENTIALING

Behavioral health workforce shortages have come about and worsened for several reasons. **Natural attrition** was an everyday reality in the field prior to the pandemic. Behavioral health care is often stressful with long, irregular hours and on-call requirements. In addition, community-based practice often requires practitioners to navigate emotionally taxing and high-risk situations. **Pandemic stress** has worsened these factors in recent years. As practitioners face longer hours and tough questions at home related to COVID-19, existing attrition issues have worsened. This has also been exacerbated by a **lack of professional value**. Many report feeling unrecognized as the critical health care workers they are. This feeds job stress, limits the workforce, and lengthens wait times for patients as a result.

Turnover is also due in part to an uncompetitive pricing market resulting from **insufficient insurance coverage and reimbursement**. While many private insurance companies cover behavioral health, many do not cover a full range of services for acute and chronic care or do not recognize all available licensed professionals. If an insurer *does* cover these essential services, it is likely at an inadequate rate. Ohio Medicaid, meanwhile, is limited to reimbursing for services at a rate that often falls below the actual cost of care. The gaps left by inadequate private-sector payments and coverage of services and providers have contributed to wage stagnation.

These trends are colliding at a time when many large, private employers are rolling out significant incentives to attract new workers. Most companies are not limited by the same reimbursement issues as behavioral health providers, which means providers often *cannot* adequately compete for workers despite creative retention efforts (see Fig. 4).

Lastly, recruits are being kept out of the system by **excessive professional licensing and education requirements**. State rules often require a person to have a master's degree to hold behavioral health licensure, and earning potential is limited in the field below that level of education. As a result, the industry lacks a clear career ladder. More numerous and less costly points of entry and career growth paths are necessary to increase the workforce and meet demand.

Shares of Responding BH Organizations Offering Recruitment/Retention Incentives

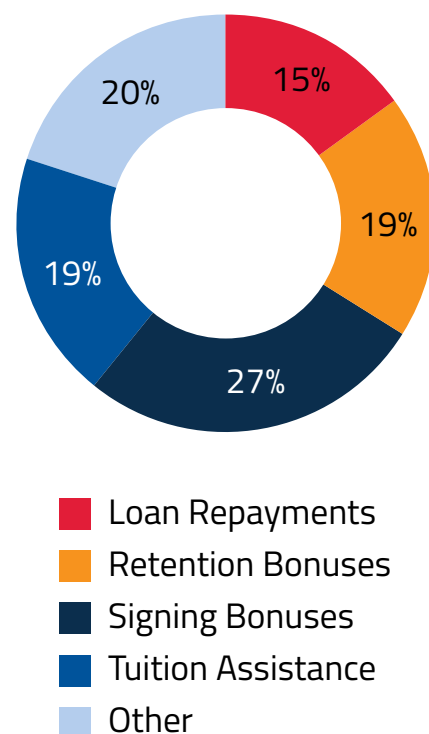


FIG. 4

SOURCE: THE OHIO COUNCIL

THE SOLUTIONS: RELIEF, PARITY, SIMPLICITY, AND ADMINISTRATIVE REFORM

As more Ohioans require and seek behavioral health care, the workforce **must be available to handle the rising demand and provide services to those in need.** If the crisis remains unaddressed, Ohioans who need mental health and addiction services may go without them and, in some instances, need to escalate to crisis services to access care. The Ohio Council recommends the following to address the workforce shortage. **Read the full, detailed recommendations at www.TheOhioCouncil.org/BreakingPoint.**

SHORT-TERM: TARGETED RELIEF & INFRASTRUCTURE DEVELOPMENT

- **Approve the remaining components of the plan from the Ohio Department of Medicaid for the use of American Rescue Plan Act funds** for Home and Community Based Services Spending for immediate and short-term workforce recruitment and retention.
- **Provide funding opportunities for salary and cost-of-living incentives** in high-demand jobs and high-need areas (e.g., rural areas).
- **Develop and expand state and local-level non-wage incentives for people entering and working in behavioral health organizations.** Incentives might include tuition reimbursement, student loan forgiveness, training stipends, health insurance subsidies, housing stipends, child care subsidies, transportation stipends, and tax credits.
- **Provide financial resources and/or technical assistance for workforce development and succession planning** to behavioral health providers.
- **Create a technical assistance center for student loan/tuition assistance programs.**
- **Develop public awareness campaigns** to elevate behavioral health career opportunities.

SHORT-TERM: ENFORCE EXISTING PARITY REQUIREMENTS

- **Increase parity enforcement and education** among insurance plans, employers, individuals, and families.
- **Incentivize commercial insurance plans to provide direct reimbursement** for all levels of licensure and certification among behavioral health professionals.

SHORT-TERM: REMOVE ADMINISTRATIVE BARRIERS

- **Reduce administrative barriers and expedite applications for licensed providers** in good standing applying for Ohio licensure from out of state.
- **Compensate community-based behavioral health organizations that provide training for residents, students, and newly licensed behavioral health trainees** in their field education and first two years of clinical practice to achieve advanced licensure.
- **Reduce burdens in documentation and service requirements related to treatment planning** and align with standard medical care.

MID-TERM: DEVELOP NEW REIMBURSEMENT & LICENSURE MODELS

- **Develop policies to implement and fund the Certified Community Behavioral Health Clinic (CCBHC) model** supported by the U.S. Substance Abuse and Mental Health Services Administration. This would offer a prospective payment model and allow organizations to provide enhanced services and higher salaries.
- **Restructure and create community behavioral health reimbursement strategies to include alternative payment models** that will support wages and benefits commensurate with education, experience, and levels of responsibility.
- **Develop new reimbursement models that align incentives and risk sharing** so providers can develop creative interventions and efficient practices.
- Pending the availability of new, dedicated funding sources for home- and community-based services, **identify targeted reimbursement adjustments that will augment access and reduce gaps in community-based behavioral health care.**
- **Modernize state licensure requirements across all behavioral health professional disciplines** to include certification and licensure options at all educational levels.

LONG-TERM: STRENGTHEN THE WORKFORCE PIPELINE

- **Identify opportunities to create innovative financing models for the recruitment of new workers**, such as career impact bonds (CIBs).
- **Require education programs and accrediting bodies to prioritize establishing coursework that is reflective of current behavioral health best practices.**
- **Develop career ladders, including training programs, professional development, continuing education, and opportunities for licensure and certification** at all levels of education across all professional disciplines.

Read and Share the Full “Breaking Point” Report:
www.TheOhioCouncil.org/BreakingPoint

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