
Strengthening the Behavioral Health Workforce

The behavioral health workforce encompasses a wide range of disciplines providing prevention, treatment, and recovery services for mental health conditions and substance use disorders. The shortage in the behavioral health workforce is a national issue limiting access to treatment across the country amidst an opiate epidemic and during a time of unprecedented suicide rates, issues exacerbated by the global pandemic. The shortage in behavioral health workforce results in decreased access to care and longer wait times for people in need of services and high burnout rates among providers. Ohio must take expeditious action to strengthen the behavioral health workforce through financial investment in the development and implementation of strategies to incentivize careers in community behavioral healthcare.

Ohio’s Projected Behavioral Health Workforce Shortages

The Health Resources and Services Administration (HRSA) [released information in September 2018](#) detailing the behavioral health workforce projections in each state by 2030 using 2016 data as the baseline. In 2016, Ohio’s behavioral health workforce was insufficient to meet demands for treatment in every discipline and the disparity is expected to increase for most professionals by 2030.

Ohio Behavioral Health Workforce – 2016 & 2030 Projected Shortages		
Workforce Discipline	2016 Shortage	2030 Projected Shortage
Psychiatrist	-790	-960
Physician Assistant	-30	-20
Certified Nurse Practitioner	-140	10
Psychologists	-1,250	-1,410
Addiction Counselor	-1,760	-1,790
Marriage & Family Therapists	-690	-200
Mental Health Counselors	-1,810	-2,020
Social Worker	-2,970	6,250

By 2030, the total supply of psychiatrists is projected to decline as retirements exceed new entrants into the field. Growth in the supply of psychiatric nurse practitioners and psychiatric physician assistants may help blunt the shortfall of psychiatrists. However, in 2030, the supply of these three types of providers will not be sufficient to provide the current level of care. Further, the results here illustrate that Ohio is producing many social workers trained at the master’s level, but there is insufficient information to indicate the number of these social workers that will become licensed clinical social workers or choose to work in behavioral health.

Barriers to Recruiting & Retaining Staff

One of the primary barriers to recruiting and retaining qualified staff is the ability to offer competitive salaries. Salaries in behavioral health care positions are well below those for similar positions with similar education and licensure requirements in other health care sectors and the business sector. Further

compounding the challenge, is the growing number of businesses offering a \$15 minimum wage for entry level positions which is often significantly more than the wage for entry level positions in behavioral health organizations.

Another barrier to recruiting and retaining staff is the student loan debt compared to average salaries. The average student loan debt to obtain a Master of Social Work is approximately \$73,000. The average starting salary for a social worker with a master's degree in Ohio is approximately \$41,000. The average student loan debt to obtain a medical degree is approximately \$197,000. The average starting salary for a psychiatrist in Ohio is approximately \$212,000. The high student loan debt, low salary, and demanding work create a difficult environment for recruiting new staff into community-behavioral health organizations.

Community behavioral health organizations have historically been the training ground for people entering the behavioral health workforce, including those who recently graduated as a counselor, social worker, or therapist. While the community setting is ideal for training new professionals, it is also a workforce barrier for behavioral health organizations due to the financial cost and time investment of training, supervising, and then replacing staff in two years or less. Once new professionals have obtained independent licensure, they often leave for better paying positions in other sectors of health care or pursue private practice as these positions typically do not require community-based work and require less documentation.

Recommendations

Although the Ohio Department of Mental Health and Addiction Services (OhioMHAS) has funding for workforce initiatives in their budget, this historically has been limited, one-time funding for behavioral health organizations. Maintaining a successful employee recruitment and retention program without ongoing funds is a significant barrier. Considering the data on the current and projected workforce limitations, access to care will only be more difficult for people in need of treatment if there is not a plan for expanding the behavioral health workforce in Ohio. In order to establish effective strategies for recruitment and retention we recommend the following:

- **BUDGET ASK: Immediate increased investment of \$5 million annually in OhioMHAS Line 336504 Community Innovation to support Workforce Development Initiative to be directly distributed to OhioMHAS certified behavioral health organizations to develop and sustain workforce recruitment and retention initiatives and offer supervision support.**
- Provide direct funding to community-based behavioral health organizations to create tuition reimbursement and/or student loan repayment programs for staff currently working in the organization with a requirement to dedicate a minimum number of years to the organization.
- Establish funding for community-based behavioral health organizations to offer incumbent worker training programs, scholarships, internships, field placements, and residency positions in behavioral health organizations.
- Promote behavioral health careers as part of healthcare career pathways.
- Elevate the value of careers in addiction and mental health services.