



# Charting a path forward

Addressing Ohio's health workforce shortages

March 24, 2022



# Vision

Ohio is a model of health, well-being and economic vitality.

# Mission

To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.

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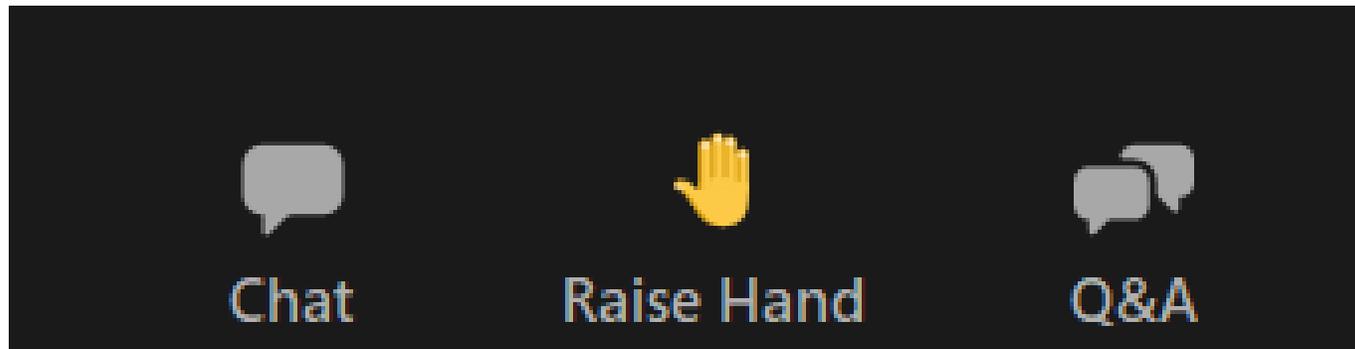


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# Charting a path forward

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on the event page at

<http://bit.ly/HPIOevents>



# **Teresa Lampl**

Chief Executive Officer  
The Ohio Council of Behavioral  
Health and Family Services Providers



# Ohio's Behavioral Health Workforce Crisis

**Teresa Lampl, LISW-S, CEO**

March 24, 2022

# About The Ohio Council

- Ohio's trade association representing mental health and substance use disorder service providers.
- More than 160 members active across the state.
- More information at [www.TheOhioCouncil.org](http://www.TheOhioCouncil.org).

# Ohio Faces a Major BH Workforce Crisis

- Like our counterparts in physical health, Ohio's behavioral health care providers face a severe and worsening staffing crisis.
- The problem comes down to rising, pandemic-driven demand for mental health and addiction treatment and systemic hiring and retention issues that have been made worse by COVID-19.

# Findings: High Demand, Limited Workforce

- Front-line clinical and medical staff have become hard to find, easy to lose, and costly to replace.
- The mismatch between behavioral health care need and demand has begun delay access to care and threatens the continuity of care for patients as well as the long-term sustainability of the system.

*High Demand*

**353%**

The increase in demand among Ohioans for BH services, 2013-2019, according to OhioMHAS.

## *Limited Workforce*

**380 : 1**

The ratio of Ohioans who need behavioral health care to available MH and SUD professionals.

# The “Breaking Point” Survey and Report

- To measure and communicate the true severity of the crisis, The Ohio Council launched a survey of its members in November 2021.
- 68 behavioral health care agencies responded. Nearly all reported higher demand and challenges with recruiting and retaining key clinical and medical staff who provide care.

## *Key Findings: Demand for Services*

**> 70%**

Portion of responding behavioral health agencies that noted rising demand for mental health services among adults and kids in fall 2021.

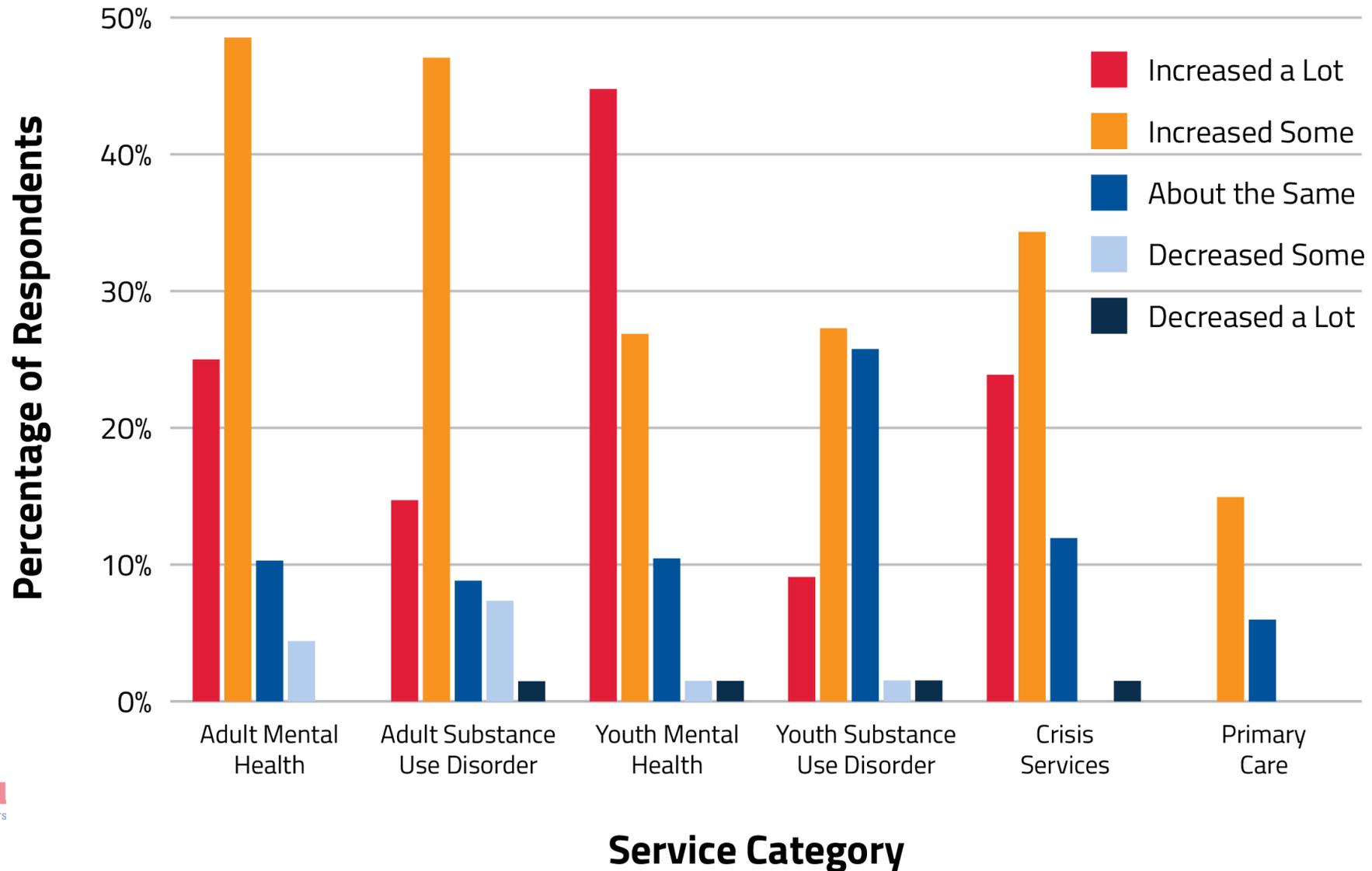
## *Key Findings: Demand for Services*

> 60%

Portion of responding behavioral health agencies that noted rising demand for substance use disorder (SUD) treatment among adults in late 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)



**Why is demand  
so high?**

# Behavioral Health Demand Drivers

- Behavioral Health is viewed as Essential Health
- Pandemic-Related Stress
  - Loved Ones Getting Sick or Dying
  - Social Isolation from Remote Work/School Closures
  - Job Loss/Financial Insecurity
- Resurgent Opioid Overdose Epidemic
  - Ohio's overdose deaths increased 26% last year.

# Workforce Challenges

## *Key Findings: Workforce Challenges*

**> 98%**

Of responding providers reported difficulty finding new clinical and medical staff.

**> 88%**

Of responding providers reported difficulty keeping existing staff.

## *Key Findings: Workforce Challenges*

**~77%**

Of responding providers reported worsening turnover among clinical/medical staff.

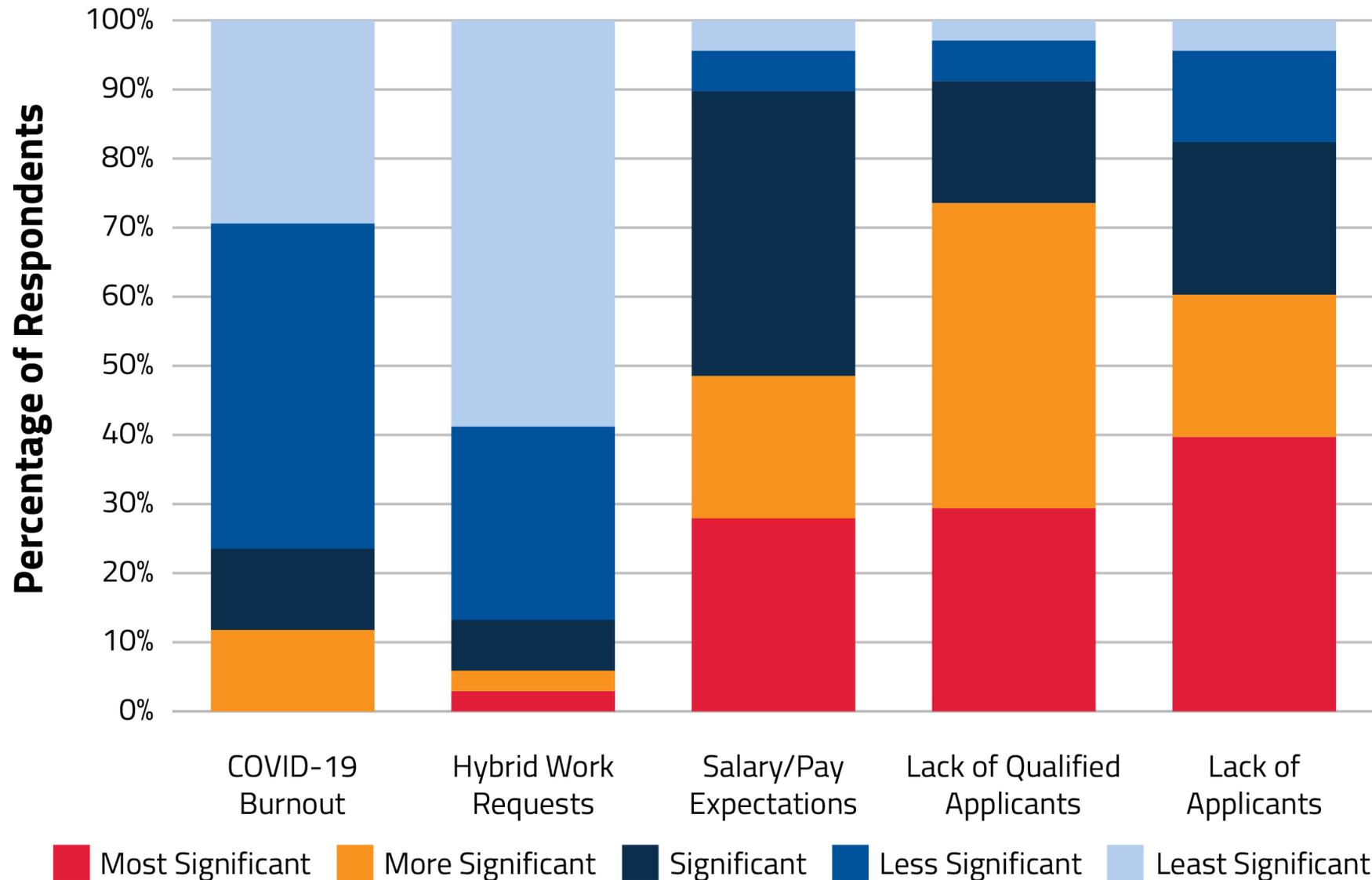
**>91%**

Of respondents reported clinical position vacancies lasting more than 45 days.

# Why are recruitment and retention so difficult?

# Significance of Obstacles to Behavioral Health Staff Recruitment & Retention

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



## *Key Findings: Workforce Shortage Causes*

# 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.

*Key Findings: Workforce Shortage Causes*

# Pandemic Stress

Longer hours, higher caseloads, & tough questions at home related to life balance, childcare, etc.

## *Key Findings: Workforce Shortage Causes*

# **Insufficient Insurance Coverage/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. This limits how easily providers can be reimbursed and contributes to wage stagnation.

## *Key Findings: Workforce Shortage Causes*

# **Excessive Professional Licensing Requirements**

State rules often require a person to have a master's degree to hold BH licensure, and earning potential is limited in the field below that level of education. The industry needs a clear career ladder, less costly points of entry, and career growth paths to increase the workforce and meet demand.

# Solutions

**Relief, Parity, Simplicity, and  
Administrative Reform**

# Fiscal Relief, Infrastructure Development

- Approve Ohio Medicaid's ARPA spending plan.
- Fund salary and cost-of-living incentives.
- Stipends to help practitioners make ends meet.
- Fund programs to educate, recruit, place, train, and retain behavioral health professionals.
- Highlight BH job opportunities.

# Enforce Existing Parity Requirements

- Educate the public about behavioral health insurance parity requirements.
- Increase oversight and enforcement of parity among commercial insurance plans.
- Incentivize insurers to directly reimburse at all licensure levels.

# Remove Administrative Barriers

- Expedite applications for licensed providers in good standing who are moving to Ohio.
- Create resources for providers that train students and new professionals.
- Reduce burdens in documentation and services requirements.

# New/Updated Reimbursement Models

- Implement the CCBHC model of care.
- Create reimbursement strategies to include alternative payment models that will:
  - *Support wages and benefits commensurate with education, experience, and levels of responsibility.*
  - *Align incentives and risk sharing.*
- Identify targeted reimbursement adjustments.

# Strengthen the Workforce Pipeline

- Develop BH career ladders with:
  - Training Programs
  - Professional Development
  - Continuing Education
  - Opportunities for licensure and certification at all levels of education (i.e. associate's, bachelor's, master's, and doctorate)

**Learn More:**

**[TheOhioCouncil.org/BreakingPoint](https://TheOhioCouncil.org/BreakingPoint)**

THANK YOU!

QUESTIONS???

## Contact Information

Teresa Lampl, CEO

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# Questions



# Michelle P. Durham, MD, MPH, FAPA

Vice Chair of Education,  
Department of Psychiatry  
Boston University School of  
Medicine, Boston Medical Center

# Building a Diverse Behavioral Health Workforce

**Michelle P. Durham, MD, MPH**  
**Vice-Chair of Education**  
**Clinical Associate Professor of**  
**Psychiatry & Pediatrics**  
**Boston University School of Medicine**

**BOSTON**  
**MEDICAL**  
CENTER

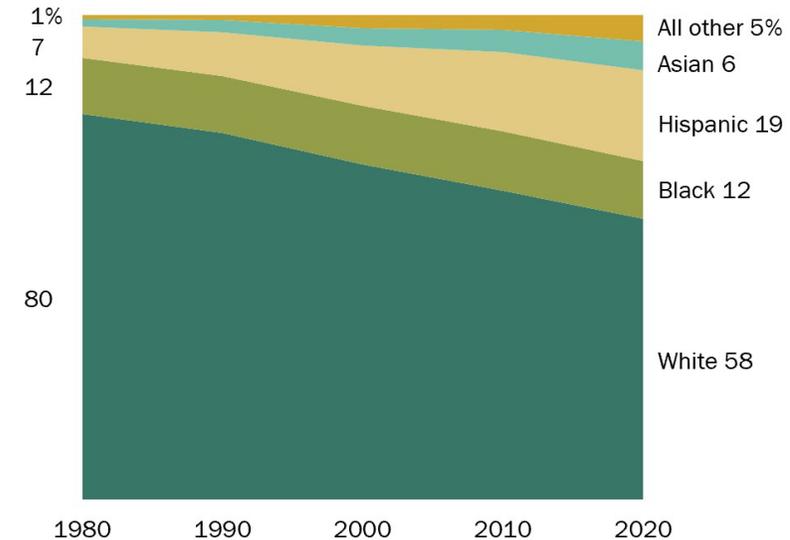
# The Browning of America

In 2019, **46.8 million people in the U.S. identified their race as Black**, either alone or as part of a multiracial or ethnic background. That is up from 36.2 million in 2000

The 2020 census showed the U.S. had a **shrinking non-Hispanic White population that identifies with a single race**, down 3% – or about 5.1 million people – from 2010 to 2020

## Share of the U.S. population that identifies as White has declined for several decades

*% of U.S. population, by race and ethnicity*



Notes: Race groups include non-Hispanics who report only one race for 2000-2020. Prior to 2000, decennial censuses allowed for only one race selection. "All other" includes people who are not Hispanic and are American Indian and Alaska Native, Pacific Islanders, Some Other Race and more than one race.

Source: Pew Research Center tabulations of PL94-171 census data for 2000-2020, Census Bureau tabulations for 1990 and IPUMS 5% census data for 1980.

PEW RESEARCH CENTER

# Diversity of Behavioral Health Workforce

6% of  
psychologists

6% of advanced  
practice  
psychiatric  
nurses

13% of social  
workers

21% of  
psychiatrists

# Why is it hard to retain staff

Low wages

High caseload

Administrative  
burden

Insurance  
burden

Not being able  
to do the work in  
the way you are  
trained

Access to and utilization of mental health services are negatively affected in ethnic-racial minority groups, and these negative impacts are often associated with factors such as socioeconomic and insurance status, stigma, cultural beliefs about mental illness that influence help seeking, and lack of patient-physician cultural and linguistic concordance (Moreno 2020)

Ethnic/racial matching are associated with longer retention in treatment among multiple minority groups. This success is attributed to better rapport and comfort between concordant patient-clinician dyads, resulting in greater patient satisfaction (Cooper 2004)

Research suggests that patient-clinician consultations that are discordant in terms of race, ethnicity, or language are characterized by less participatory decision-making, lower levels of patient satisfaction, and higher rates of miscommunication, even after adjusting for markers of socioeconomic status (Alegria 2013)

# Strategies to Increase Diversity

<b>Involve</b>	involve stakeholders and staff who identify as people of color in the building of diversity and equity initiatives
<b>Use</b>	Use data to understand behavioral health workforce needs.
<b>Build</b>	Build diversity, equity, and inclusion into state workforce planning.
<b>Prioritize</b>	Prioritize behavioral health in recruitment and retention of the health care workforce
<b>Create</b>	Create a more culturally inclusive workplace
<b>Align</b>	Align new and emerging funding opportunities to invest in diverse workforce.

# Recruitment and Retention

public private partnerships to fund additional loan repayment programs and scholarships, inform educational institutions of workforce training needs, cosponsor conferences, and fund pipeline programs;

pipeline programs that include specialty training such as mental health first aid or peer support trainings, and reach from middle school through college;

funding for additional loan repayment beyond traditional National Health Service Corps (NHSC) programs including state-only funding, or partnered funding between states and foundations or states and health systems/facilities; and

Improve work/life balance such as job sharing and flexible work schedules

# Education/Training Programs

- Equitable Care Collaborative
  - Massachusetts League of Community Health Centers (MassLeague) is administering the Equitable Care Collaborative's Behavioral Health Internship Pipeline Program (BHIPP)
  - The goal of this program is to **expand the provider pipeline to attract diverse, qualified, and culturally competent** Social Workers, Mental Health Counselors, and Marriage and Family Therapists in their final year of their graduate program by providing paid field placements in community health centers (CHC).
  - \$15,000 stipend for one year internship

# Education/Training Programs

- Behavioral Health Education Center of Nebraska Ambassador program, found that it was **more effective to target college undergraduates than middle or high school students**
- Michigan has a state-funded program called MI Docs, based at Wayne State University.
  - a **collaborative of four universities to increase residency slots** for primary care, including psychiatry, for placements in underserved areas.
  - includes a loan repayment benefit supported with public and private funds.
  - Other states including Iowa, Utah, Wisconsin, Montana, Washington, and New Jersey also reported recent increase in residency slots for psychiatry or primary care more broadly

*We do not have single payor system but what we do have is a single platform on which reimbursement across almost every provider and every payor is based and that is Medicare. Medicare, generally speaking, has always favored technology and transactional services over soft services which are considered primary care, mental health care, geriatric care. The average salaries earned in pediatrics, primary care, addiction medicine or mental health are half or less than what the surgical specialties earn. **If you want a robust primary care, behavioral health, geriatric service available, then you have to fund it.***

Governor Charlie Baker (MA)  
March 15, 2022



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# Questions



**Ankit Sanghavi, BDS, MPH**  
Executive Director  
Texas Health Institute

# Charting a Path *Forward*

Ankit Sanghavi, BDS, MPH, Executive Director, Texas  
Health Institute

Health Policy Institute of Ohio – Online Forum  
March 24, 2022

# About Texas Health Institute



## OUR COMMITMENT

We are driven by a commitment to **health equity** – ensuring everyone has the opportunities they need, free from barriers, to pursue their best health.

It centers everything we do and how we do it.

## VISION

Healthy People,  
Healthy Communities

## MISSION

To advance the health of all

## OUR PRIORITIES



Advancing  
health systems  
transformation



Strengthening  
public health  
infrastructure



Promoting  
health  
communities

# Our Strategies

We are **Texas-focused** and **nationally engaged**.  
We optimize our role as *the* independent public health institute in the state by:



## Leading Through Research and Evaluation

Provide and leverage objective, participatory, and applied research.



## Translating Data and Insights Into Impact

Empower communities and stakeholders with trusted and actionable information and tools.



## Fostering Collaborative Action

Facilitate dialogue, partnerships and actions for shared priorities



## Providing Technical Assistance and Training

Ensure success and sustainability through learning and capacity building.



# THE FUTURE of Public Health:

*A Synthesis Report for the Field*

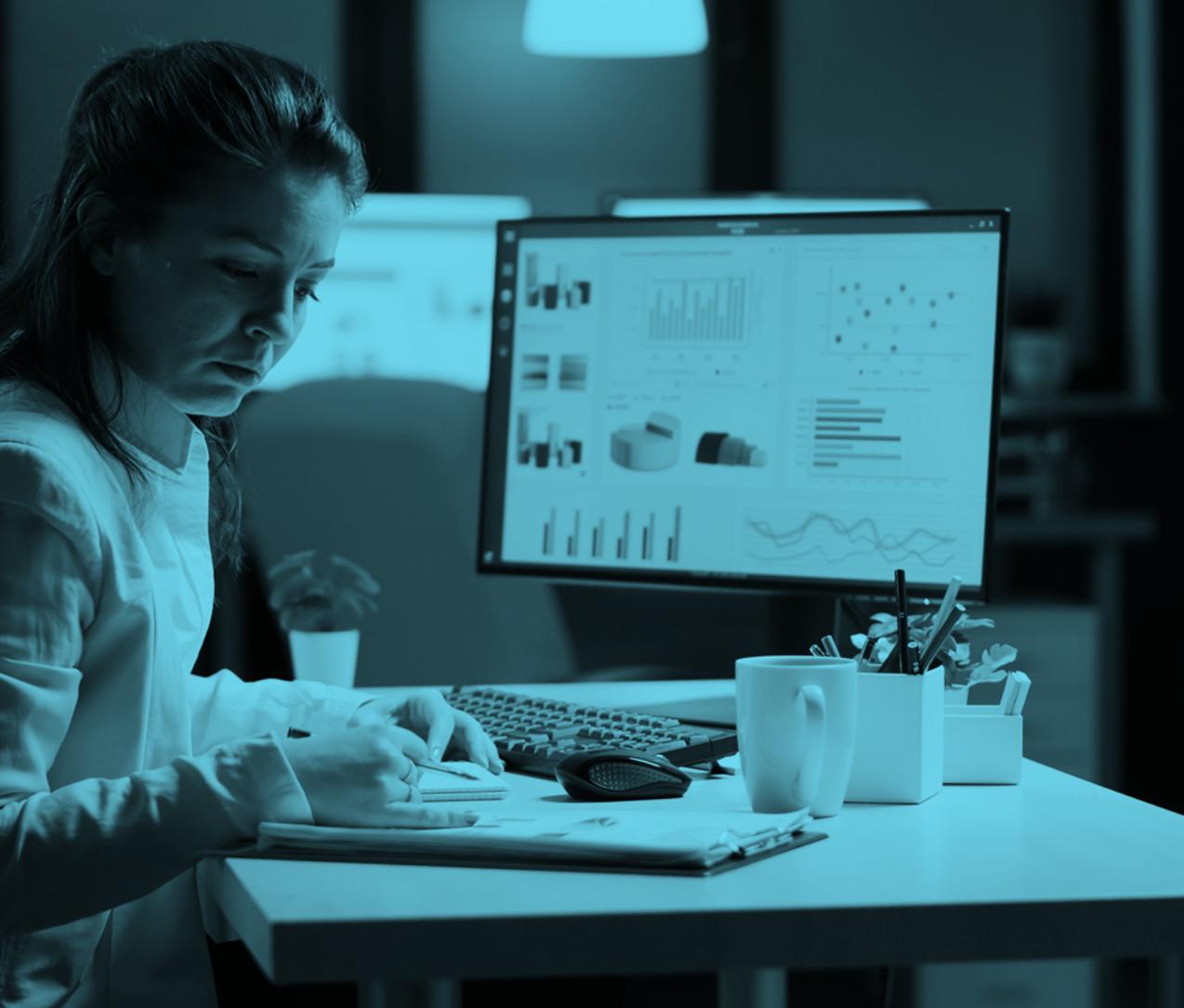
NOVEMBER 2021

# *THE FUTURE of Public Health*

A synthesis of recently published literature with tangible recommendations regarding the core components needed to build a modern and more effective U.S. public health system

# Advancing Action for Stronger Public Workforce





# Setting the Context

- COVID-19 pandemic magnified longstanding gaps in the public health infrastructure including staffing shortages and outdated and inefficient data infrastructure.
- These gaps are largely due to long-term underinvestment in the sector.



# Setting the Context

- Even prior to the pandemic, the local public health workforce had already decreased by approximately 16% between 2008-2019.
- The workforce needs to grow an estimated 17% (by 100,000) to meet current needs.
- Additionally, today's public health workforce lacks the expertise needed to advance efforts that put greater emphasis on improving equity by addressing upstream social, structural, and environmental determinants of health
- While these issues have been well documented and discussed over the past two decades the current public health crisis has highlighted a new concern:
  - *High levels of mental stress documented in public health workers, along with an exodus of a large number of public health leaders from their positions due to direct harassment and threats.*

Where do we  
go from here?



# Advancing Public Health is a Journey at Multiple Levels



- To make the public health workforce larger and more inclusive
- To improve competency and capability of the current and future public health workforce
- To improve talent retention in the workforce
- Put mechanisms in place to ensure that core funding is available to health departments in amounts sufficient to ensure local capacity, including investments in professional development and training.

A well-trained and supported public health workforce is our first line of defense to prevent disease, protect health, and keep people safe.

# Stay in touch with us

**Ankit Sanghavi, BDS, MPH**  
Executive Director

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@TXHealthInst



We believe everyone  
should have an equitable  
opportunity to achieve  
optimal health.



# Questions



**Brian Posey**  
Senior Legislative Representative  
AARP

# Direct Care Workforce: Factors that Impact Recruitment and Retention



March 24, 2022  
Brian Posey – AARP Government Affairs

# Context Setting

## Direct Care Workers:

...someone who assists older adults and individuals with disabilities with daily tasks in a variety of institutional and home and community-based settings

Employment settings include Nursing Homes, Assisted Living, Group Homes, other HCBS environments (private homes, adult day programs, etc)

Services include help with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (iADL)

Direct Care Workforce is diverse— 90% female & predominantly women of color

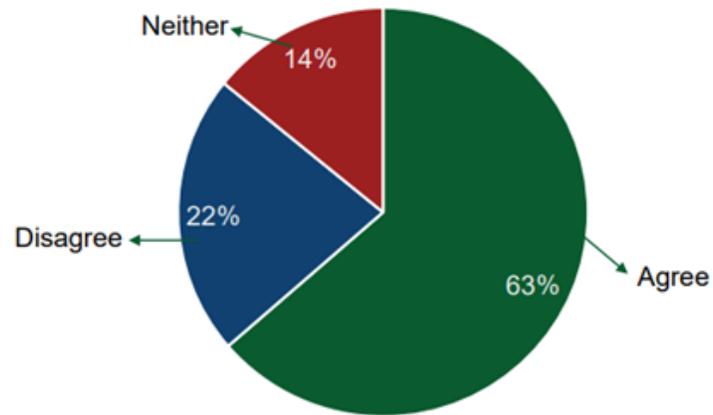
Industry is growing – An estimated 1.3 million more jobs needed by 2029

# 2021 HOME AND COMMUNITY PREFERENCES SURVEY: A NATIONAL SURVEY OF ADULTS AGES 18-PLUS

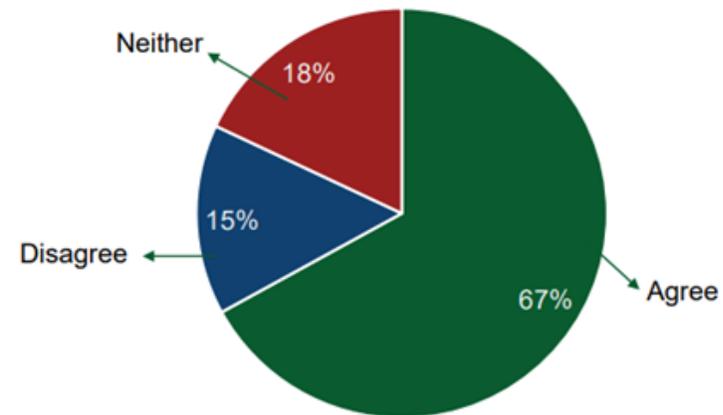
## Most adults want to stay put as they age.

Two-thirds of adults want to stay in their current community as long as possible, and nearly as many would prefer to keep living in their current home.

I'd really like to stay in my current residence for as long as possible.



I'd really like to remain in my community for as long as possible.



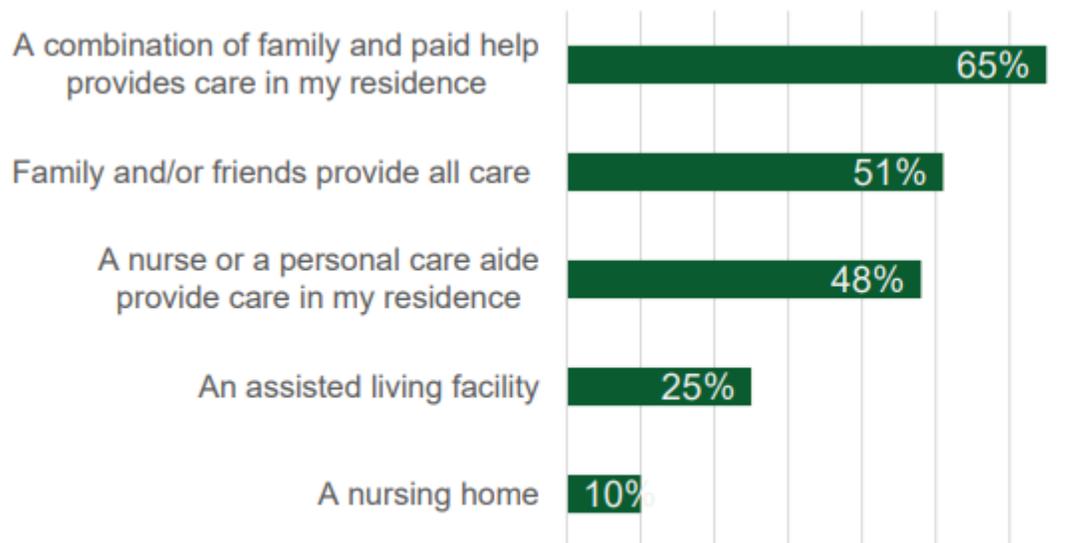
Q3. How strongly do you agree or disagree with the statement: "What I'd really like to do is remain in my community for as long as possible." Base: Total Respondents

Q4. How strongly do you agree or disagree with the statement: "What I'd really like to do is stay in my current residence for as long as possible." Base: Total Respondents

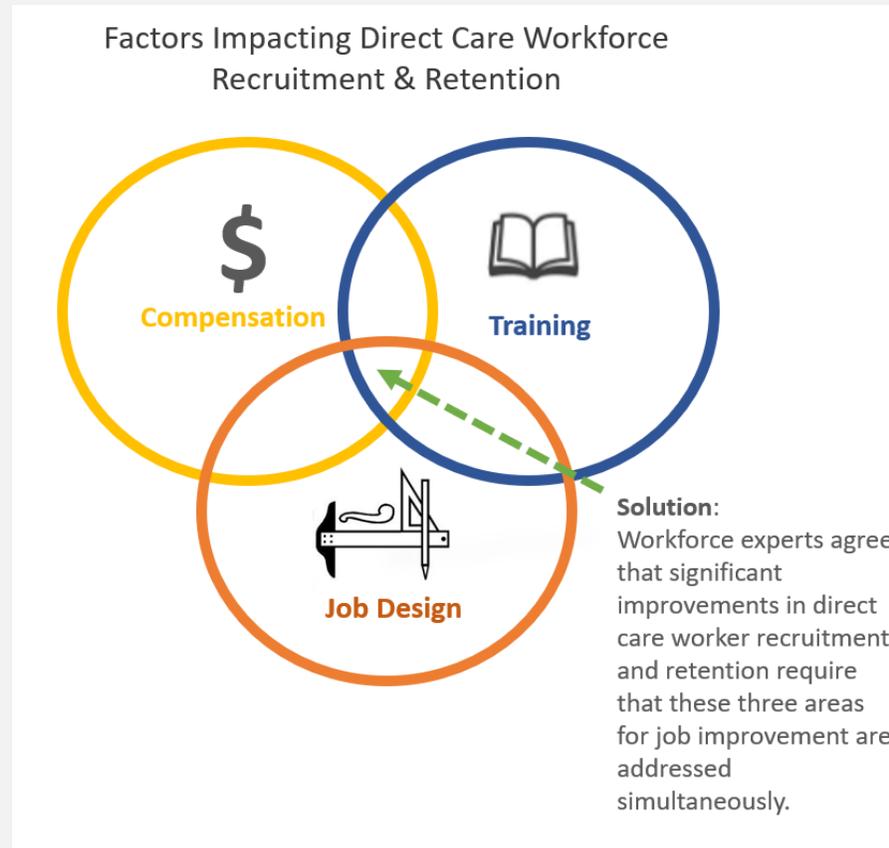
# Most would prefer assistance at home from both paid professionals and family or friends.

In the case of illness or disability, the optimal arrangement for two-thirds of Americans would be a mixture of family and professionals to help them remain in their home. About half would be willing consider just family or friends, and another half would be happiest with a nurse or personal care aide to provide care in their home. Few would prefer an assistant living or nursing home.

Of these arrangements, how much each is preferred:



# Factors in Worker Recruitment and Retention:



# Worker Recruitment and Retention: Compensation--Wages and Benefits

The median direct care worker wage of \$12.80/hour in 2020 places more than 45% of the direct care workforce below 200% of the federal poverty level

49% of the direct care workforce relying on some form of public assistance

Approximately 17% of nursing home aides and 15% of home care workers lacked health insurance in 2019



# Worker Recruitment and Retention: Training and Credentialing

Training and innovation can help improve direct care staff satisfaction and retention across all long-term care settings



# Worker Recruitment and Retention: Job Redesign

- improving supervisory skills
- reducing staff workload
- providing more opportunities for well-paid and full-time employment
- redefining workers' roles
- expand opportunities for input to management
- expressions of appreciation for workers



# Congressional Action: \$1.5 Trillion Omnibus Bill Passage



# American Rescue Plan Act

A chance to test, learn, and apply



**Thank you!**

**AARP**<sup>®</sup>  
Real Possibilities

# Questions



**Lori Criss**  
Director  
OhioMHAS



**Ursel McElroy**  
Director  
ODA



**Dr. Bruce  
Vanderhoff**  
Director  
ODH



Mike DeWine, Governor  
Lori Criss, Director, OhioMHAS

# Health Policy Institute of Ohio

## *Charting a path forward: Addressing Ohio's health care workforce shortages*

Thursday, March 24, 2022

**Lori Criss, Director**

# Governor DeWine

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“The future Ohio that I envision has the best, most robust behavioral health workforce in the country – a workforce that is hailed as heroic and valued as a vital part of our healthcare system.”

*From the State of the State Address,  
March 23, 2022*



# State of the State: Mental Health

*Making Help Visible, Accessible, and Effective*

1

Growing our behavioral health workforce;

2

Increasing research and innovation; and

3

Building a community capacity for care that offers better crisis response services and treatment, increased prevention efforts, and more residential and outpatient services.



**STATE** *of the* **STATE**

**MIKE DEWINE**  
GOVERNOR OF OHIO

# Supporting Healthy People in All of Ohio's Communities

## Supporting Healthy People in the Community Expanding Ohio's Continuum of Care



### GROW COMMUNITY CAPACITY



Independent Housing



Permanent Supportive Housing/Adult Care Facility/Recovery Housing



Short-term Residential for Hospital Diversion or Step-Down

Prevention • Housing • Employment • Day Services • Outpatient Treatment  
Short-term residential treatment and step down centers to reduce hospital stays

### SUSTAIN



Public and Private Psychiatric Hospitals for Civil and Forensic Patients

Acute inpatient clinical care

988/Crisis Line • Mobile Crisis Teams



Crisis Stabilization Centers • Post-crisis Wraparound

## WORKFORCE RECRUITMENT AND RETENTION

Ohioans will benefit from expanded community-based outpatient treatment and supports; added housing options; more residential treatment options; and increased capacity for crisis response. Investments in these areas allow for care, treatment, and recovery to occur at home and in the community, instead of in institutions.



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# **Workforce Supply and Demand within Ohio's Behavioral Health System**

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# Creating an Ohio Specific Analysis

Much of the previous work analyzing behavioral health demand and workforce supply was conducted at national and state levels with high-level survey and demographic data. For this analysis multiple state agencies provided detailed, granular data to create a focused workforce analysis.

## OUR PARTNERS

- eLicense Ohio
- Innovate Ohio Platform
- Ohio Board of Nursing
- Ohio Board of Pharmacy
- Ohio Chemical Dependency Professionals Board
- Ohio Counselor, Social Worker, Marriage and Family Therapist Board
- Ohio Department of Higher Education
- Ohio Department of Medicaid
- Ohio Department of Mental Health and Addiction Services
- State Board of Psychology
- State Medical Board of Ohio

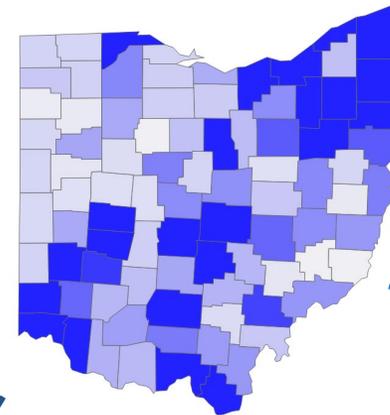
## WHAT WE DID DIFFERENTLY

Used **Ohio specific claims** data from Medicaid and OhioMHAS to **drive demand analysis**

**Segmented demand** across counties, practitioners, ages, facilities, and service types

**State specific** licensing, education and demographic data enabled **detailed practitioner supply** analysis

**Forecast demand and supply** for behavioral health services **across the state** for each county and practitioner



## IMPACT

Determine **behavioral health demand** at the **county** and **ADAMH Board** level

**Detailed** demand breakdown to identify **specific behavioral health needs**

**Direct comparison** of practitioner **demand and workforce supply** across each county

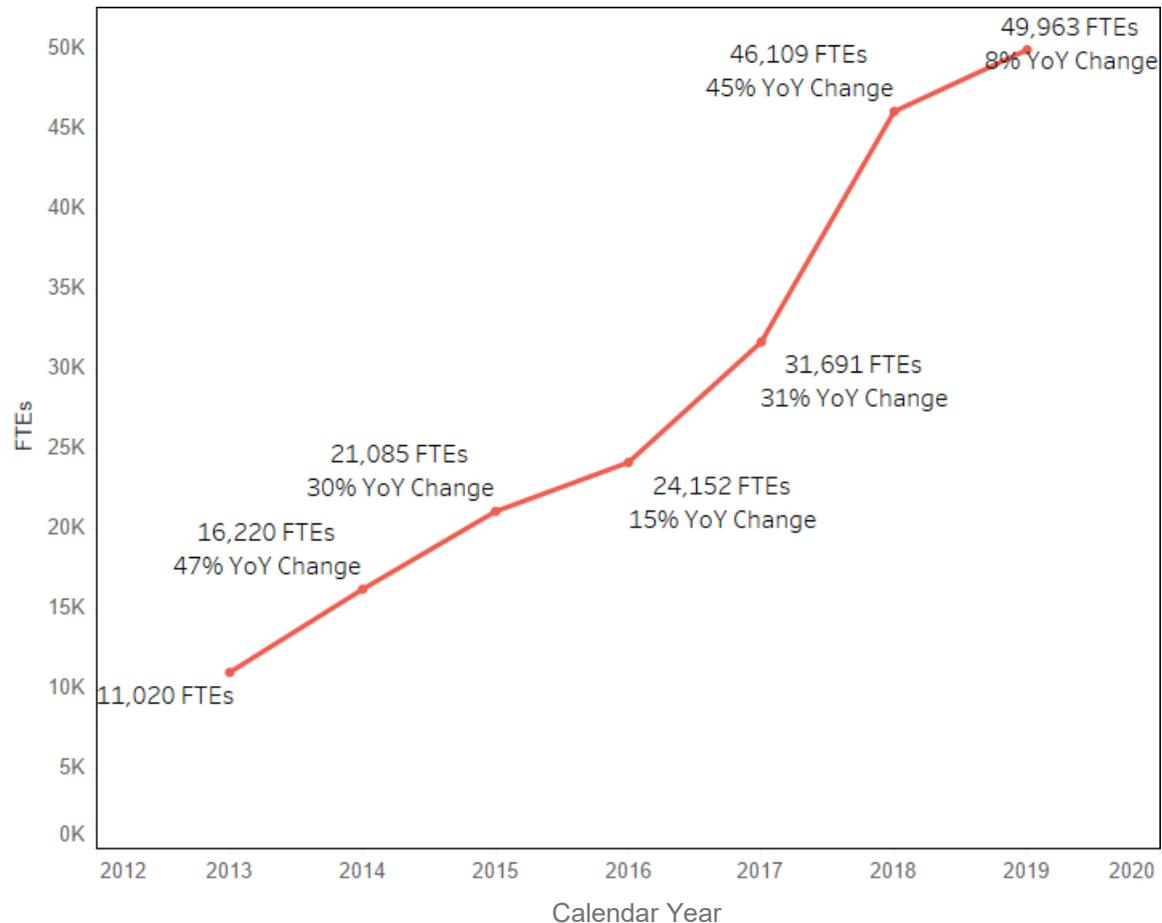
Identify key areas where **variance is growing or shrinking**

**FOCUS ON OHIO**

# Analyzing Historical Behavioral Health Demand Across Ohio

What is the current state and historical trend of behavioral health demand across the state of Ohio as of CY2013?

## HISTORICAL DEMAND

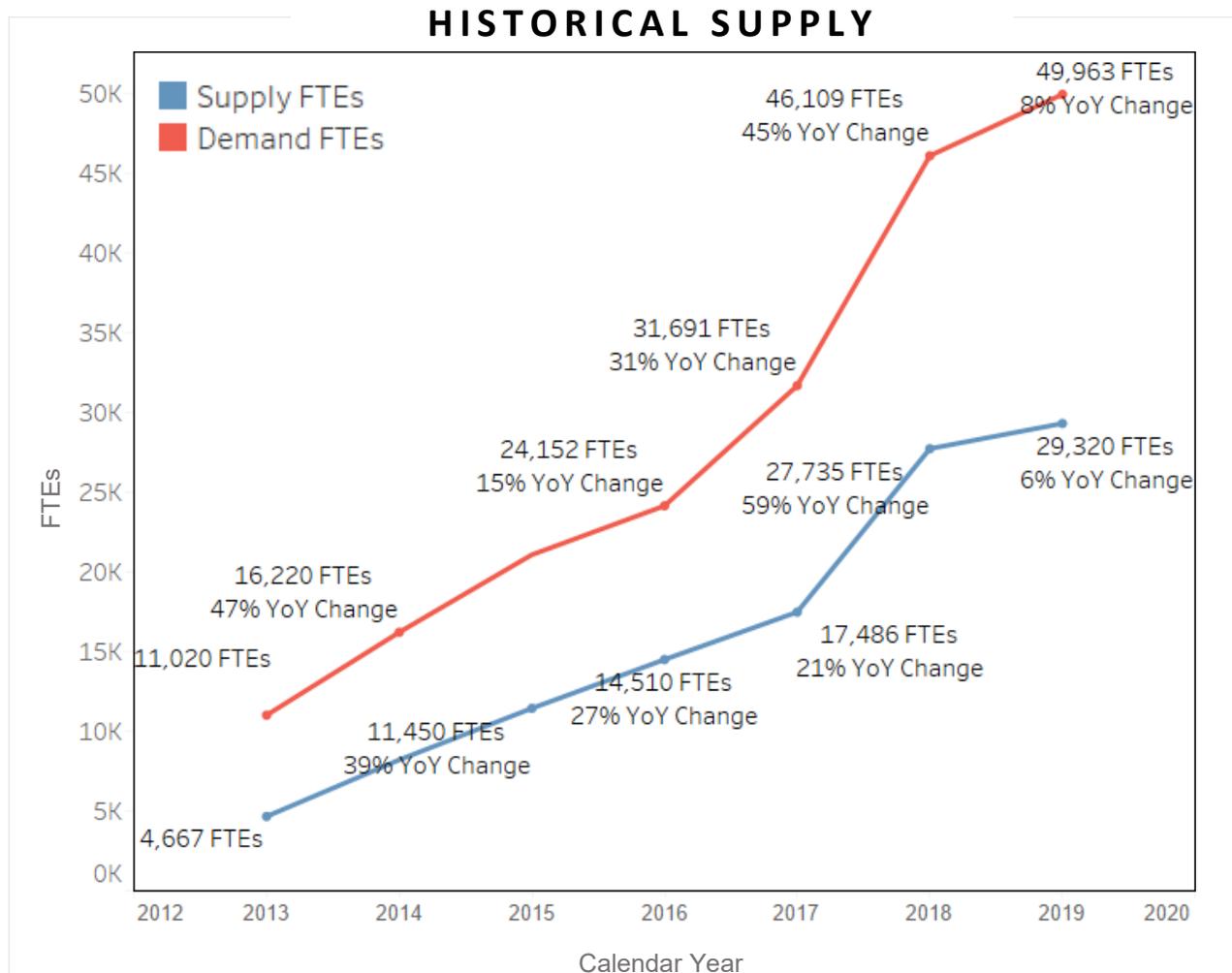


## KEY OBSERVATIONS

- Demand for behavioral health services increased 353% from CY2013-2019, with an average 29% increase per year.
- Mental Health services account for 52% of the total behavioral health demand in Ohio.
- Demand for substance use disorder services increased sharply in CY2018, correlating to a decrease in opioid overdose deaths and the introduction of new SUD services
- Demand correlates well with population, however there are regions, such as the southeastern Ohio counties, that show above normal demand.
- Demand for behavioral health services provided by nurse practitioners and physicians has increased since the behavioral health redesign.
- Community behavioral health centers are the most common facility type for services.
- In adults, two-thirds of the demand is for SUD Services.

# Analyzing Historical Workforce Supply Across Ohio

What is the current state and historical trend of behavioral health workforce as of CY2013?

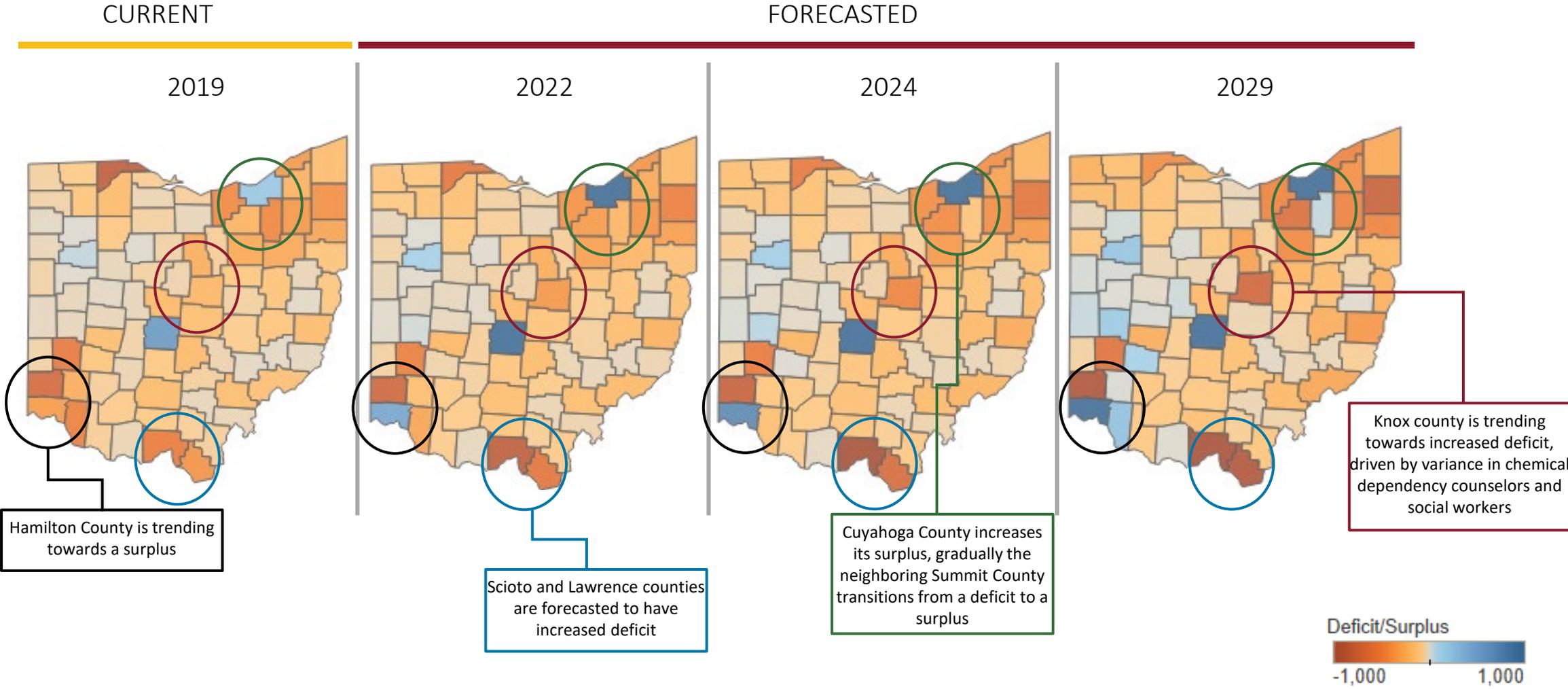


### KEY OBSERVATIONS

- The behavioral health workforce increased significantly from CY2013-2019 with a 174% increase over this time period, averaging 36% growth per year
- The supply of Chemical Dependency Counselors is increasing most rapidly at a yearly average of 61%
- As of CY2019 Social workers make up the largest portion of licensed professionals at 31%, just 7% of the population is made up of physicians
- Behavioral health workforce is generally concentrated in densely populated counties, with less populated counties displaying lower numbers of practitioners per 10,000 residents
- Nursing degrees are increasing most rapidly year over year at an average of 54%, whereas physician related degrees increased 12%
- Nearly half of the behavioral health workforce, 44%, is between 25 and 34 years of age

# Forecasting Demand and Supply by County and Practitioner

How do the current and projected demand and supply of the behavioral health landscape compare?



**American Rescue Plan Act –  
Home and Community Based Services Update**

# Workforce Support – Sustain and Expand

- The pandemic has exacerbated providers, especially in the HCBS setting, to adequately maintain their workforce capacity.
- In response, Ohio's proposal seeks to address this through the creation of multi-agency workforce recruitment initiatives that will identify and implement data-driven strategies:
  - Total Funding: \$230M
  - State Share: \$221M
  - 39% of total HCBS allocation
- This requires collaboration across state agencies, universities, community colleges, career technical schools, and workforce boards.

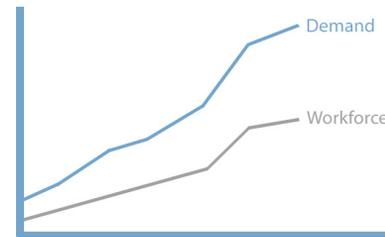


**Nearly 2.4 million Ohioans live in a community that does not have enough behavioral health professionals.**

**21% of Ohioans** live with a mental health condition or substance use disorder.



Demand for behavioral health services **increased 353%** from 2013-2019 while the workforce only increased 174%.



The need continues to grow. The average delay between symptom onset and treatment is **11 years**.



**Healthy Ohioans = Renewed Communities = Thriving Economy**

**A strong behavioral healthcare workforce supports the health and well-being of Ohioans and our state.**

## Ohio's Wellness Workforce Priorities

**The health and success of Ohio's families and communities depends on an effective strategy to recruit and retain behavioral health professionals.**

### ➔ Increasing Career Awareness

Educate Ohioans on the people, professions, and pathways leading to a successful career in the behavioral health field.

### 🎓 Supporting Recruitment

Offer Ohioans interested in behavioral health careers scholarships, stipends, and paid internships tied to post-education service in the behavioral healthcare field, especially in underserved, high-need areas.

### 💰 Incentivizing Retention

Support Ohio's educators in their abilities to develop and increase capacity for advanced degrees, credentials, and distance learning opportunities. Support employers in their abilities to offer retention bonuses and continuing educational and training opportunities.

### ✔ Supporting Contemporary Practice

Expand support of the workforce with best practice development and training.

# Building a Diverse Workforce

This strategic work includes

**improving cultural and linguistic competency across the workforce**  
and  
**improving the diversity of the workforce.**



# More Information



<http://mha.ohio.gov/>

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# Questions

# Poll Question



# Ways to influence policy

- Write letters, emails or make phone calls
- Provide district specific data
- Provide analysis of a bill
- Provide testimony at a legislative hearing
- Provide a one-page fact sheet
- Organize community partners to visit key policymakers
- Invite policymakers to visits your organization or speak at a meeting you host



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**Thank you**