

# County Strategies to Recruit and Retain a Strong Behavioral Health Workforce

January 26, 2023

**Stronger Counties. Stronger America.**



# Behavioral Health Workforce

Jonah C. Cunningham, President & CEO,  
NACBHDD/NARMH

# The National Association of County Behavioral Health and Developmental Disability Directors



- Voice of local authorities
- Dual focus on behavioral health and I/DD
- Affiliate of National Association of Counties

# The National Association for Rural Mental Health



**National Association for  
Rural Mental Health**

- Includes a spectrum of members
- Improving access, availability, and acceptability
- Affiliate of NACBHDD

# Behavioral Health Workforce?

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Licensed Behavioral Health Specialists

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Other Medical Personnel

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Paraprofessionals

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Others?

## General Challenges

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Increased Demand

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Burnout

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Demographic Changes

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Low Reimbursement

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Regulatory Challenges

Proposed  
Solutions

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Increased Funding

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Technology

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Creating Pipelines

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Reimagining Workforce



# Thank You

Nacbhdd.org

Narmh.org

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# SAMHSA: Center for Mental Health Services

Anita Everett, MD, DFAPA

Director, Center for Mental Health Services

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

January 2023

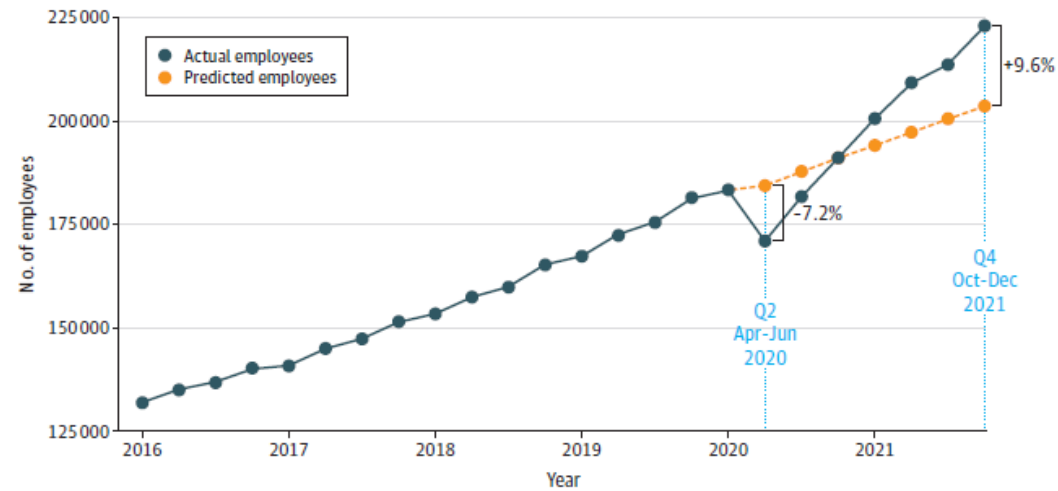


**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

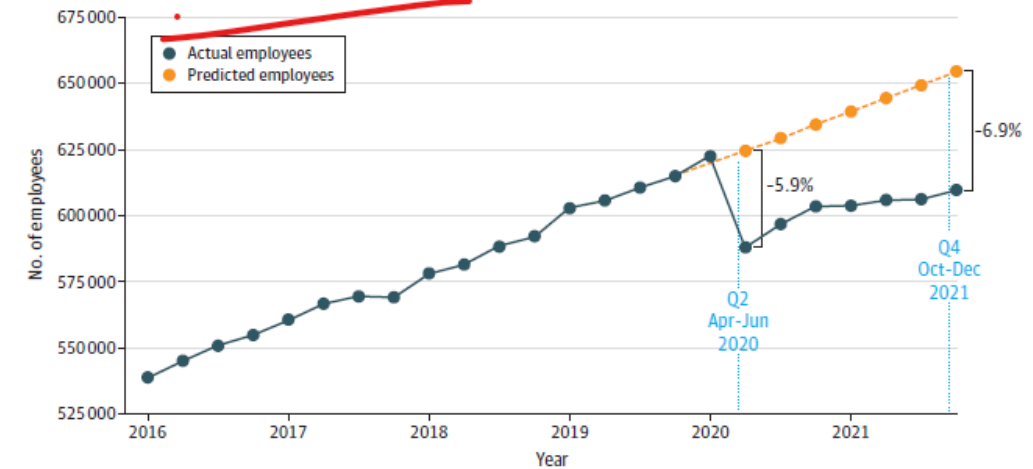
From: **Employment in Office-Based and Intensive Behavioral Health Settings in the US, 2016-2021**

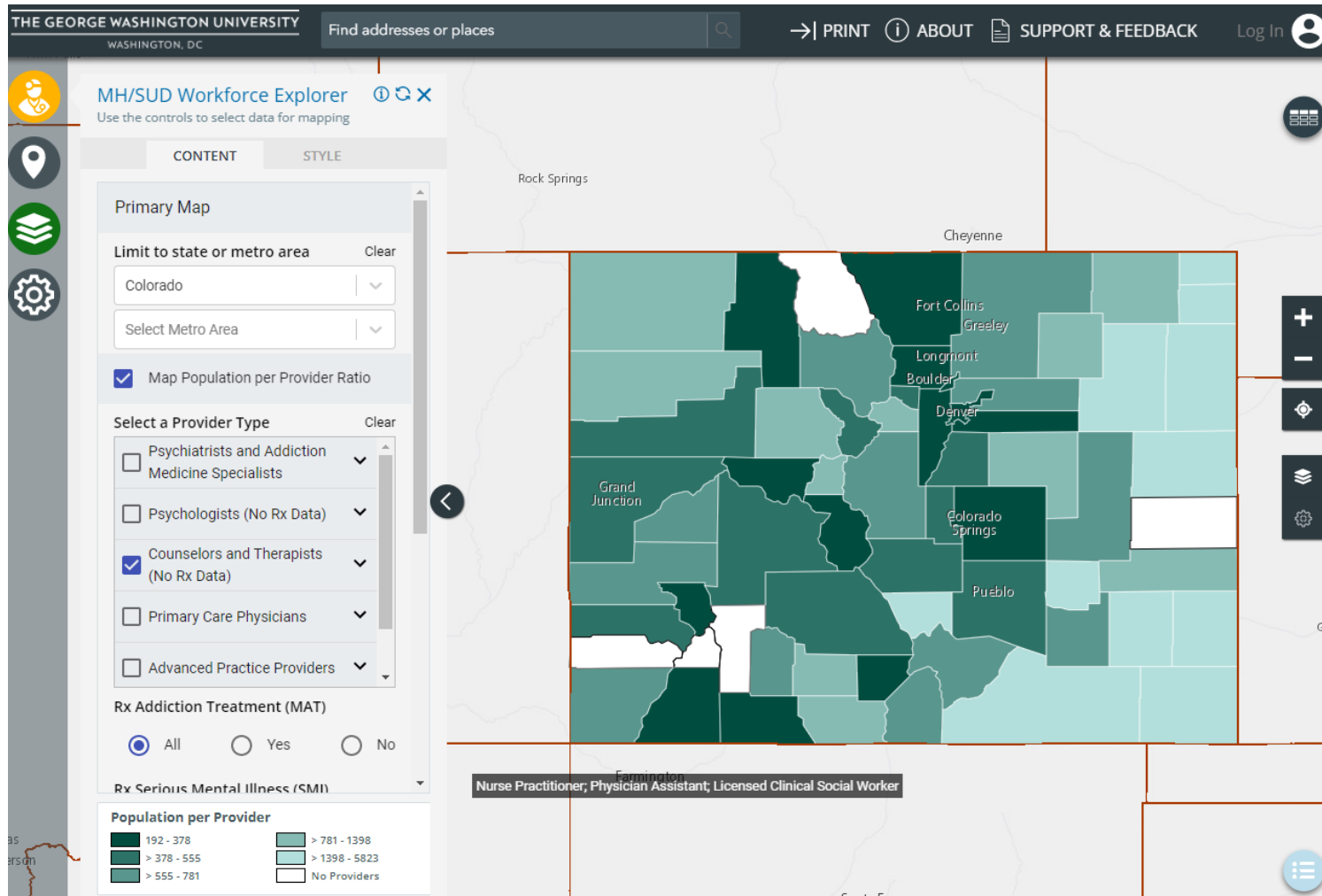
JAMA. 2022;328(16):1642-1643. doi:10.1001/jama.2022.17613

**Figure 1. Actual vs Predicted Trends in Employment Levels Among Office-Based Behavioral Health Establishments, 2016-2021**



**Figure 2. Actual vs Predicted Trends in Employment Levels Among Intensive Outpatient, Hospital, and Residential-Based Behavioral Health Establishments, 2016-2021**





# GW-SAMHSA MH/SUD Workforce Dashboard

[maps.healthlandscape.org/GW/](https://maps.healthlandscape.org/GW/)

- SAMSHA Minority Fellowship program
  - 200 per year
- SAMHSA priority and policy
  - Task shifting and Peers (development of national standards)
  - CCBHC
  - Crisis services continuum

# Behavioral Health Workforce in King County, WA



**King County**

**Leo Flor (he/him)**

Director, King County Department of  
Community and Human Services



**Our workforce shortage is  
not like the Aurora Borealis.**

**Leadership = Seeking Responsibility**

**As demand (quantity, intensity) & diversity grow,  
too few join the profession & too many leave.**

*This is complicated, but it isn't mysterious:*

### **Health & Human Services Funding Norms**

- Historically Undervalued
- Partial Cost Contracting
- Inflation
- Long-Term Pressures vs. Pilot Program Solutions

### **Behavioral Health-Specific Issues**

- Wage Parity
- Longevity (Career vs. Job)
- Representativeness
- System Adequacy (Hard work getting harder)

# The Survey Says...

- **18.5%** | Nonprofit employees delivering critical services earn wages at levels that make it difficult to sustain a career doing community-based work
- **Job vacancies have doubled** at community behavioral health agencies since 2019
- Providers cited **professionals' ability to earn more** in medical systems or private practice, and the **high cost in the region** as the top reasons for leaving this care.

# How We Are Responding

- **Surveys** to understand *from the workforce perspective*
- Hiring & retention **bonuses** (more on these later)
- **Rates!** | reimburse actual costs
- **Apprenticeships**
- **Peers** | *for their skills*
- **Care for the Caregivers**

# What Are We Learning?

- **How do our contracts contribute to our problem?**
  - Contracting as leadership
  - Is workforce *service* or *overhead*?
  - “The speed of trust”: Is trust-building part of productivity?
  - Who bears the complexity and risk?
- **Wages are hard to affect** for partial funders (bonuses vs rates)
- **We can build buildings faster than workforce** | Treat work force like capital planning?
- **Counties can't externalize costs or responsibility**

# What are we trying next?

- **Increase Wages** via reduced **Organizational Costs** (e.g., Insurance, Benefits, Worker Costs)
- **Influence Rate Setting Methodologies** (reimburse the right services at the right levels)
- **MORE Apprenticeships**
- **Workforce in capital planning and budgeting** | Empty facilities don't help people recover

# King County's *proposed* Crisis Care Centers Levy

[Crisis Care Centers Levy - King County](#)

1.

Create  
five new  
regional  
crisis care  
centers:



Distributed geographically across the county, the centers will provide walk-in access and the potential for short-term stays to help people stabilize, depending on needs, with one center specifically serving youth.

*Currently*

One 46-bed crisis center for 2.3 million people in our county



2.

Preserve and  
restore the  
dramatic loss  
of residential  
treatment  
beds:



In 2018, 355 beds providing community-based residential care for people with mental health residential needs existed in King County. Today, only 244 of these beds are available.

*Currently*

Loss of 1 in 3 of our  
residential treatment  
beds in recent years



As of July 2022, people waited an average of 44 days for a mental health residential bed.



3.

Grow the  
behavioral  
health  
workforce  
pipeline:



The proposal will create career pathways through apprenticeship programming and access to higher education, credentialing, training, and wrap-around supports. It will also invest in equitable wages for the workforce at crisis care centers.

*Currently*

Historic labor shortages

A 2021 King County survey of member organizations of the King County Integrated Care Network found that job vacancies at community behavioral health agencies

were at least double what they were in 2019.



# Proposed Levy with Workers at the Center

**A robust, representative, and well-supported workforce is critical to providing quality, equitable behavioral health care. We seek to:**

- Promote career pathways to access higher education, credentialing, training, and wraparound supports
- Increase wages and retain more representative people in community-based behavioral care
- Invest in apprenticeship programs
- Reduce costs for workers

**In Human Services—and Behavioral Health specifically—persistent underinvestment in human capital is the greatest risk to our credibility and mission.**

**Counties have the right blend of local understanding and regional scale to seek responsibility, build new coalitions, and create change.**

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