

# State Mental Health Agency Workforce Shortages, 2022

NRI's 2022 State Profiles

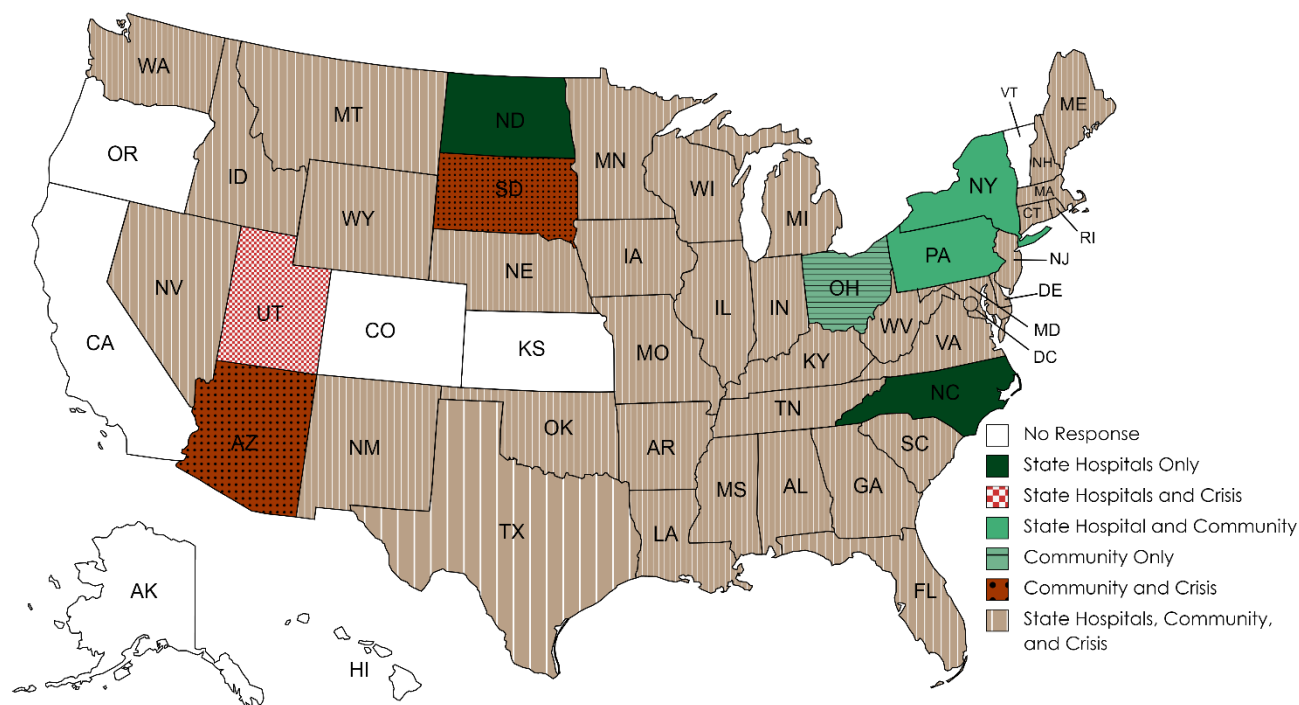
December 2022

Maintaining the behavioral health workforce is critical for providing high quality behavioral health services to the more than 8 million clients serviced by SMHAs. The need for a qualified and equitable workforce has been highlighted by the ongoing COVID-19 pandemic, which has significantly impacted workforce shortages across provider settings.

## Behavioral Health Workforce Shortages

Behavioral health workforce shortages in SMHAs can impede upon mental health service delivery. All (100%) SMHAs reported experiencing behavioral health workforce shortages to some capacity. In 36 (82%) states, the SMHA reported behavioral health workforce shortages in state hospitals, community, and across the crisis system of care (see Figure 1).

Figure 1. States Experiencing Behavioral Health Workforce Shortages, by System Setting, 2022



## Behavioral Health Positions Experiencing Shortages

The positions with the highest number of states reporting shortages were nurses (43 states), psychiatrists (41 states), and social workers (41 states) (see Figure 2). The positions with the lowest number of states reporting shortages were psychologists (Masters level) (30 states), employment/education specialists (31 states), psychologists (Masters level) (39 states), and support staff (35 states).

**100%**

of reporting SMHAs are experiencing workforce shortages

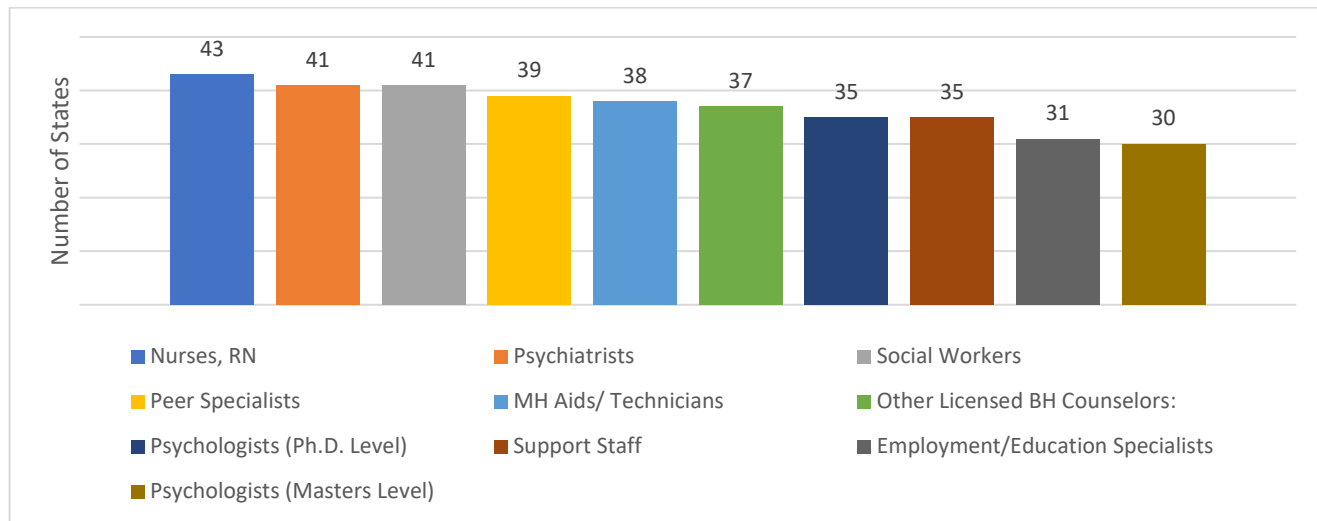
**98%**

of reporting SMHAs have a nursing shortage

**93%**

of reporting SMHAs have shortages in state hospitals and residential treatment centers

Figure 2. Number of States Reporting Workforce Shortages, by Job Position, 2022



States provided additional qualitative insights into where workforce shortages were experienced including nursing positions outside of the Registered Nurses (i.e., advanced practice registered nurses, certified nursing assistants, and licensed practical nurses), medical administrators, recreation therapists, data analysts, physicians (outside of psychiatry), and dietitians.

## Physician Extenders within SMHAs

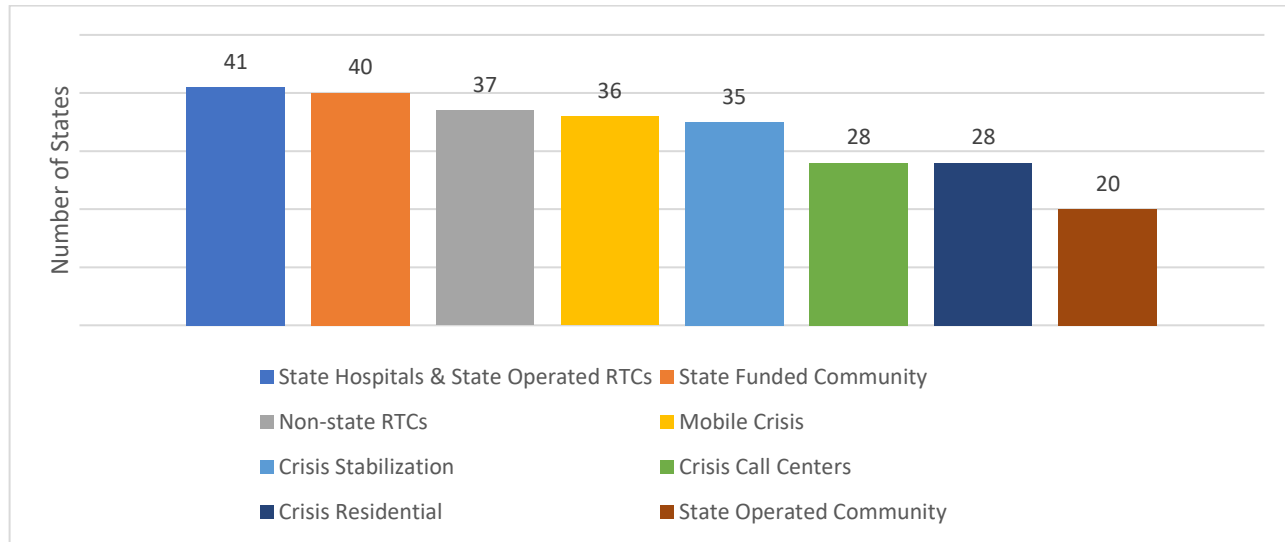
Physician extenders refers to clinicians (e.g., nurse practitioners, physician assistants, etc.) that use their vast knowledge and physician provide clinical services in a variety of settings. Because extenders can diagnose and treat mental health conditions as well as prescribe medications, enhancing the use of extenders in SMHAs may mitigate some of the effects of job shortages among psychiatrists.

In 36 (82%) states, the SMHA promotes the use of physician extenders to provide psychiatric services. The most common types of extenders used by SMHAs included Certified Registered Nurse Practitioner (CRNPs), Advanced Practice Nurse Practitioners (APNPs), Psychiatric Nurse Practitioner (PNPs), Physician Assistants (PAs), and other physicians outside of psychiatry. In Iowa, physician extenders are identified in the Iowa Code as mental health professionals and there is appropriation for training of physician assistants and nurse practitioners.

## Behavioral Health Settings Experiencing Shortages

Behavioral health professionals exist in a variety of settings across the continuum of care, and workforce shortages vary across different service settings. Thirty-nine SMHAs are experiencing workforce shortages in state hospitals and state operated RTCs (see Figure 3). In 38 states, SMHAs reported workforce shortages among state funded community behavioral health providers. Thirty-five SMHAs reported experiencing workforce shortages in non-state RTCs. Together, most SMHAs report behavioral health workforce shortages in state hospitals and state operated RTC, non-state RTCs, and state funded community behavioral health (i.e., those that are not state operated).

Figure 3. Number of States Reporting Workforce Shortages, by System Setting, 2022



## Initiatives to Improve Shortages

SMHAs have developed a variety of initiatives to address the behavioral health workforce shortages across service settings. Initiatives include:

- Increasing funding for the workforce (27 SMHAs or 61%)
- Offering recruitment bonuses or other financial incentives to attract behavioral health workers (23 SMHAs or 52%).
- Supporting licensing/certification of behavioral health workers including providing training that supports licensure, using MHBG funding targeted at workforce development, and licensure supervision (21 SMHAs or 48%).
- Providing training with mental health providers or within a mental health program across a wide array of programs including psychiatry, crisis services, peer support, mental health first aid, trauma informed care, and evidence-based practices (20 SMHAs or 45%).
- Increasing salaries to address workforce shortages (20 SMHAs or 45%).
- Partnering with university-based services to recruit and train the future behavioral health workforce including outreach with high school students, offering internships, and funding colleges to support students working to become a Certified Peer Recovery Specialist (16 SMHAs or 36%).

## Additional Funding to Attract and Retain the Workforce

Funding is a critical component of attracting, developing, and retaining the behavioral health workforce. Thirty (68%) states dedicated new funds to developing the behavioral health workforce, including 23 (52%) states that used American Rescue Plan Act of 2021 (ARPA) (see Figure 4). Other types of funds used to develop the behavioral health workforce include state cannabis tax revenue, Substance Abuse Block Grant (SABG), Mental Health Block Grant (MHBG), and state general revenue. Most states reported broadly using funds across a variety of job positions and services settings. In 26 (59%) states, the state legislature approved new funds dedicated to improving the behavioral health workforce.

**64%**

of reporting SMHAS are increasing funding for the workforce

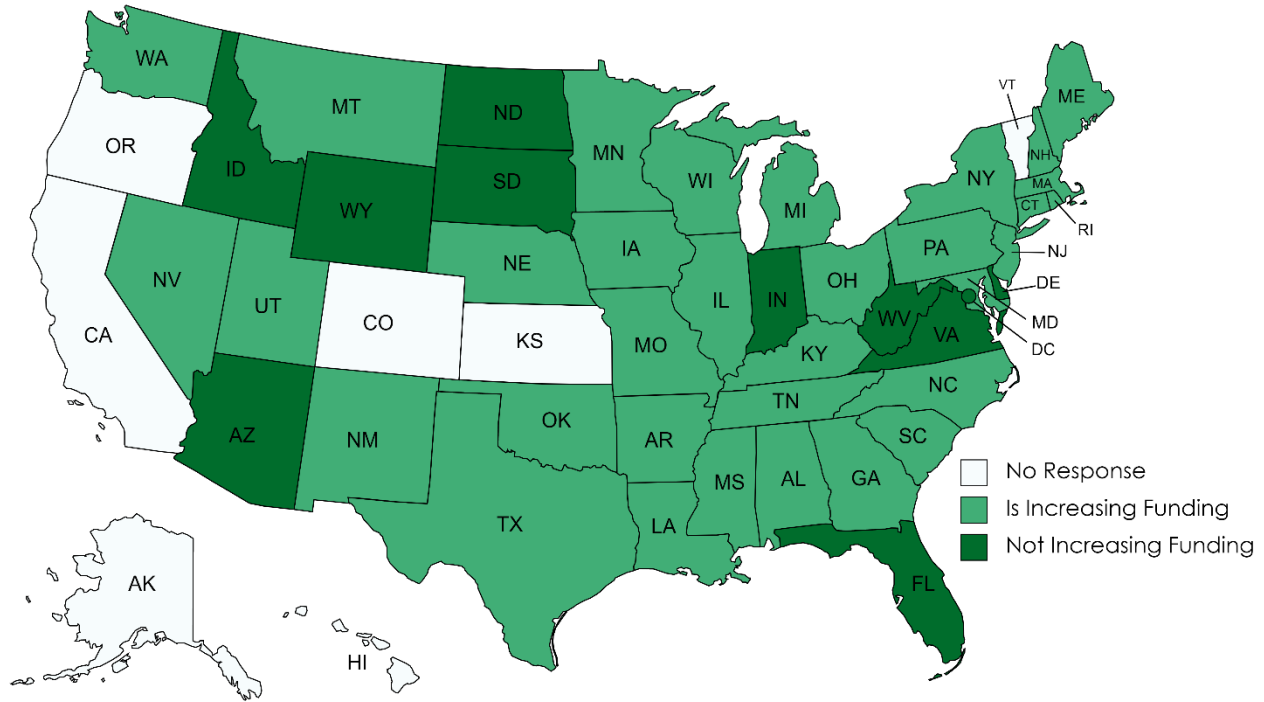
**45%**

of reporting SMHAS are increasing Medicaid reimbursement rates

**22**

states have legislatures that have approved new funds for the workforce

Figure 4. SMHAs Increasing Funding for the Behavioral Health Workforce, FY 2022



In 22 (50%) states, SMHAs are increasing Medicaid reimbursement rates to enhance the behavioral health workforce, and six states (Maine, Maryland, New Hampshire, Rhode Island, South Dakota, and Washington) are conducting rate studies to develop recommendations for potential changes to provider payment rates. In 16 (38%) states, SMHAs are internally increasing salaries and compensation for employees. In 15 (34%) states, SMHAs are issuing loan forgiveness as an organizational incentive. In 13 states (31%), SMHAs are changing licensing and/or certification standards.

Please contact NRI at [profiles@nri-inc.org](mailto:profiles@nri-inc.org) with any questions or comments about this and other State Profiles reports.