Workforce Supply and Demand within Ohio's Behavioral Health System

Project Summary and Next Steps

October 21, 2021

The Needs Assessment Study

ASSESSING THE BEHAVIORAL HEALTH LANDSCAPE IN OHIO

Approach to an Ohio Specific Analysis	Analyzing Workforce Supply and Demand	Dashboard	Looking Ahead
Analyzing the behavioral health landscape	Comparing historical and projected behavioral health workforce supply and demand	Hands on exploration of Ohio's current and future behavioral health workforce supply and demand	Impact of the analysis and keeping data fresh and relevant
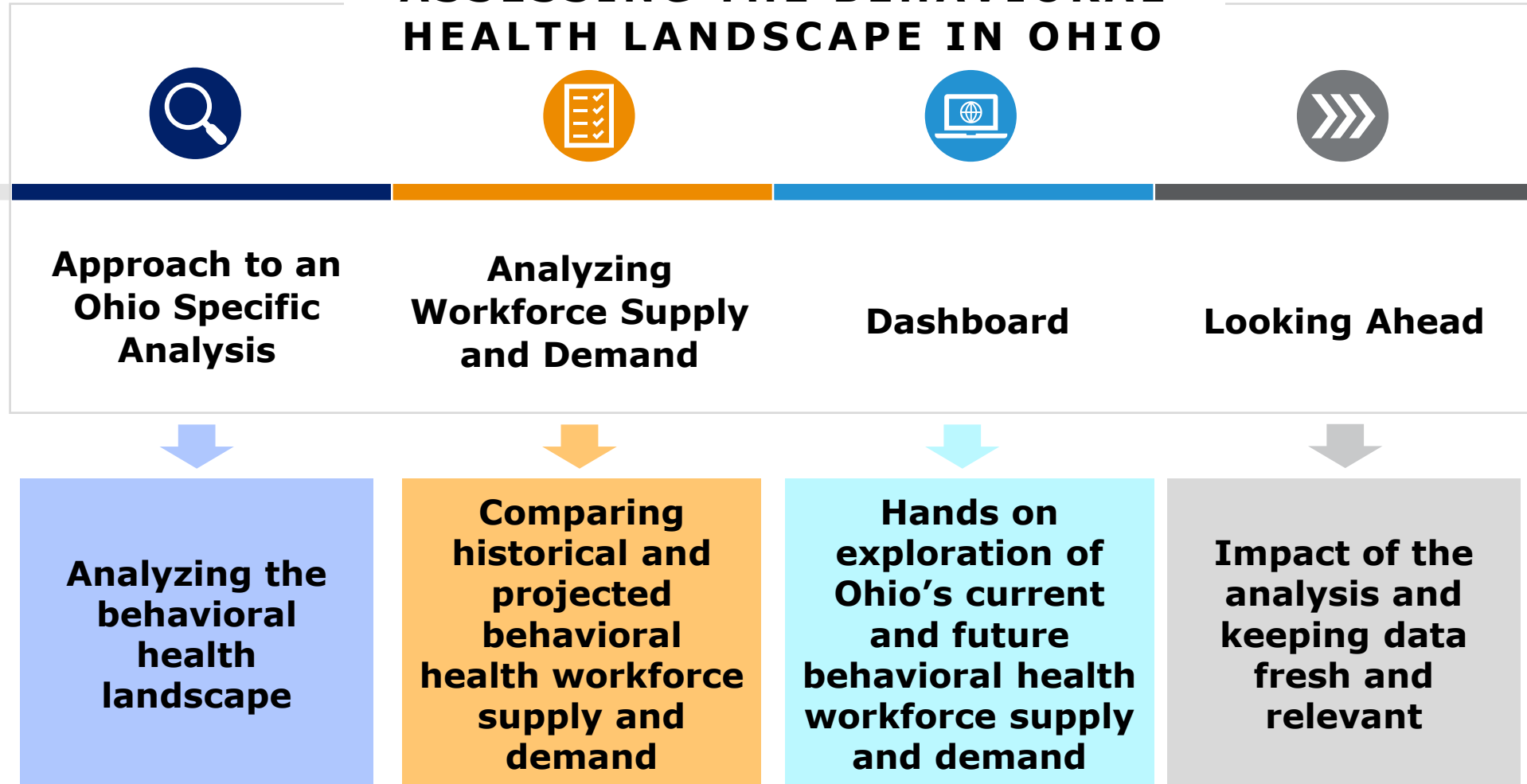
Assessing the Behavioral Health Landscape

This project targets a goal of assessing the current and projected behavioral health landscape in Ohio across multiple factors including geography, practitioner types, and patient demographics. Identifying where variance in workforce supply and demand exist.

Detailed analysis of the behavioral health landscape will help address the following:

Create a detailed picture of the behavioral health demand across the state of Ohio

Determine workforce supply by specific practitioner types across Ohio

Identify where the variance in supply and demand exist

Project the future trends of behavioral health supply and demand

Identify strategies to reduce the gaps in supply and demand for behavioral health

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
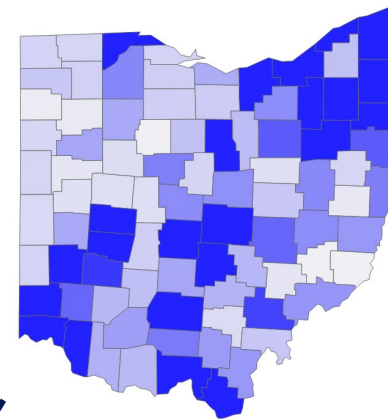
IMPACT

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

5

Key Questions to assess the current and future landscape of behavioral health in Ohio

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

Who are the groups of people receiving behavioral health care and how is that demand changing?

What is the current state of workforce supply and historical trend as of CY2013?
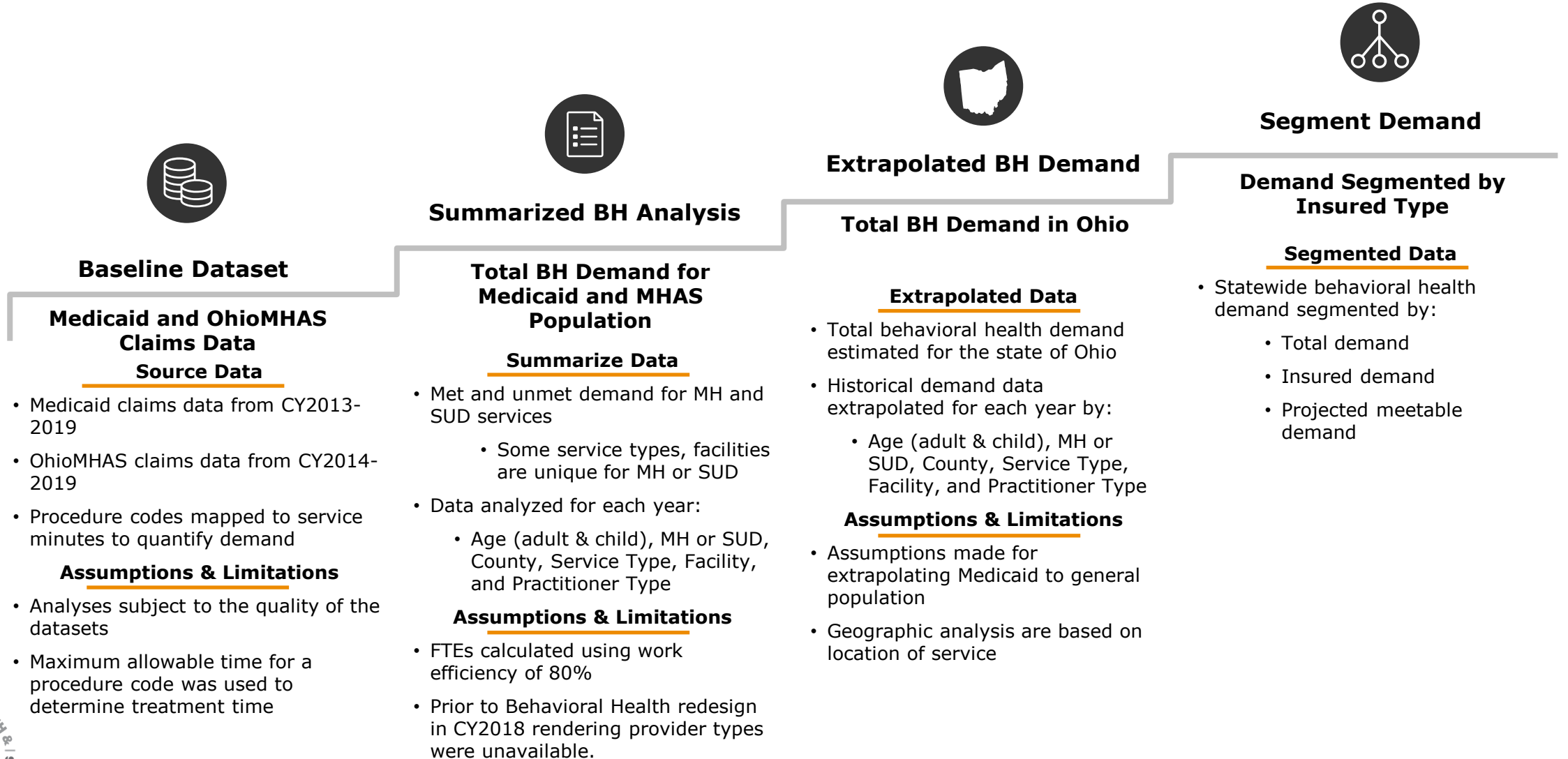
What are the trends in behavioral health related degrees and the demographics of the behavioral health workforce?

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

# Analyzing Historical Behavioral Health Demand Across Ohio

Determining demand for behavioral health services based on Medicaid and OhioMHAS claims data.

Segment Demand

Demand Segmented by Insured Type

Extrapolated BH Demand

Total BH Demand in Ohio

Summarized BH Analysis

Total BH Demand for Medicaid and MHAS Population

Baseline Dataset

Medicaid and OhioMHAS Claims Data

Segmented Data

- Statewide behavioral health demand segmented by:
  - Total demand
  - Insured demand
  - Projected meetable demand

Extrapolated Data

- Total behavioral health demand estimated for the state of Ohio
- Historical demand data extrapolated for each year by:
  - Age (adult & child), MH or SUD, County, Service Type, Facility, and Practitioner Type

Assumptions & Limitations

- Assumptions made for extrapolating Medicaid to general population
- Geographic analysis are based on location of service

Summarize Data

- Met and unmet demand for MH and SUD services
  - Some service types, facilities are unique for MH or SUD
- Data analyzed for each year:
  - Age (adult & child), MH or SUD, County, Service Type, Facility, and Practitioner Type

Assumptions & Limitations

- FTEs calculated using work efficiency of 80%
- Prior to Behavioral Health redesign in CY2018 rendering provider types were unavailable.

Source Data

- Medicaid claims data from CY2013-2019
- OhioMHAS claims data from CY2014-2019
- Procedure codes mapped to service minutes to quantify demand

Assumptions & Limitations

- Analyses subject to the quality of the datasets
- Maximum allowable time for a procedure code was used to determine treatment time

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?
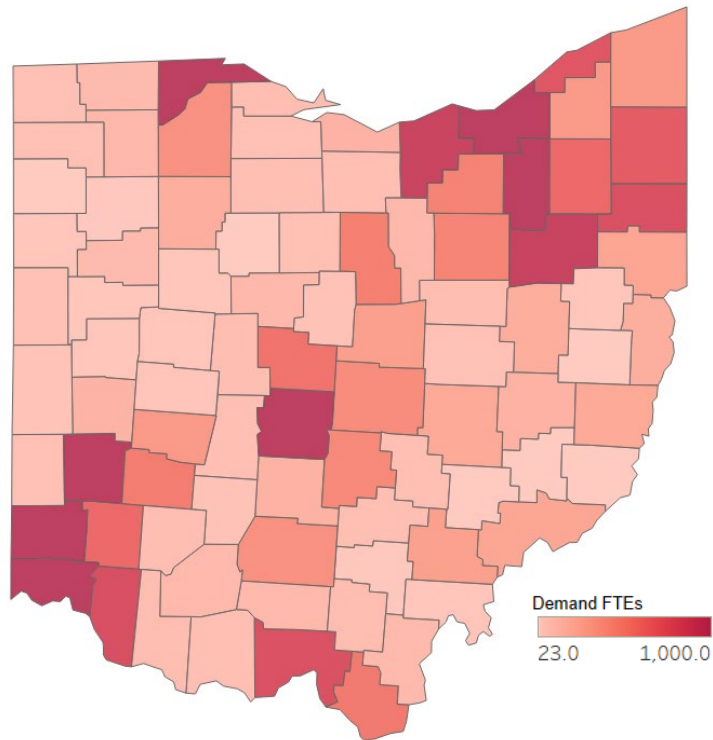
HISTORICAL DEMAND
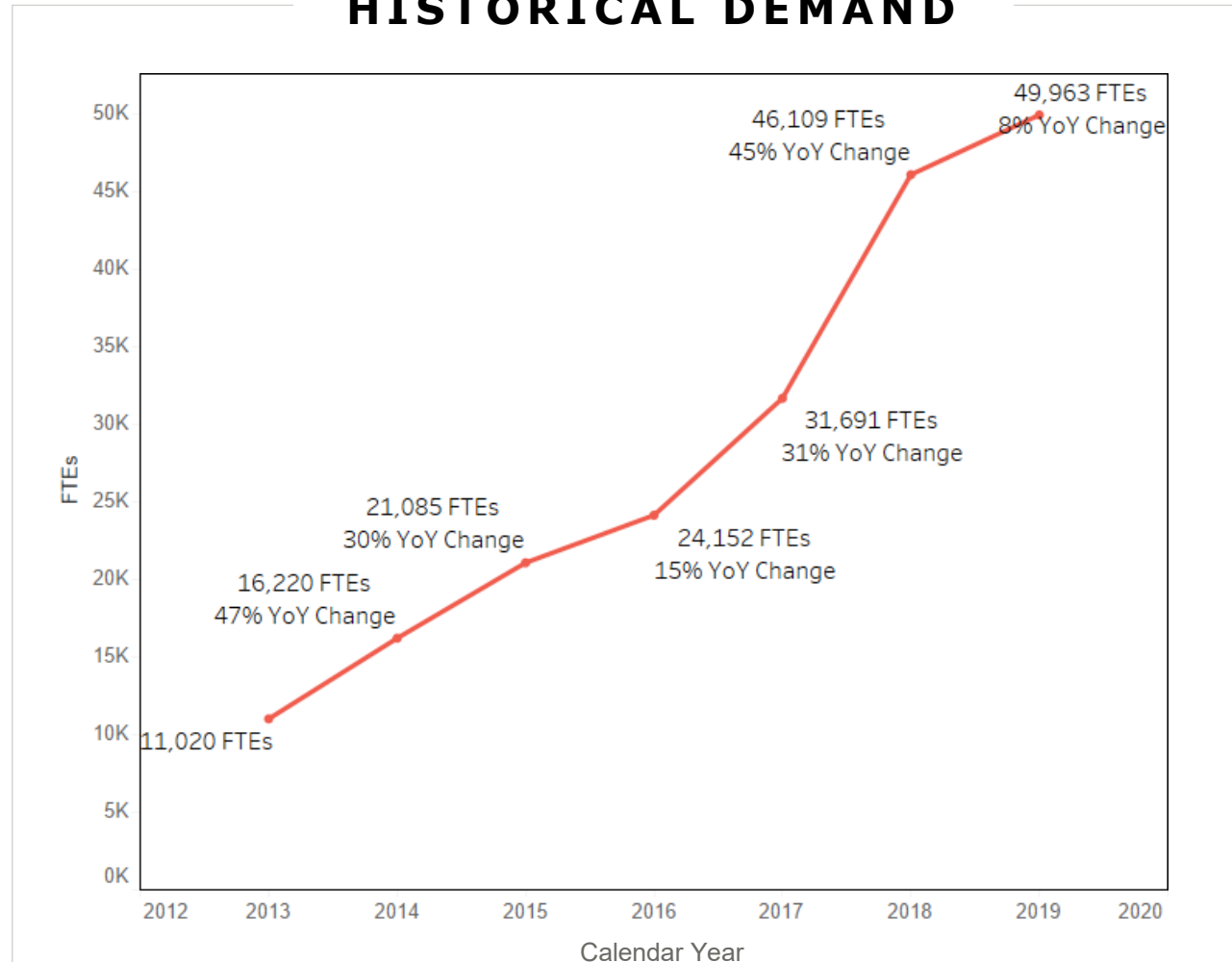
KEY OBSERVATIONS

- 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.

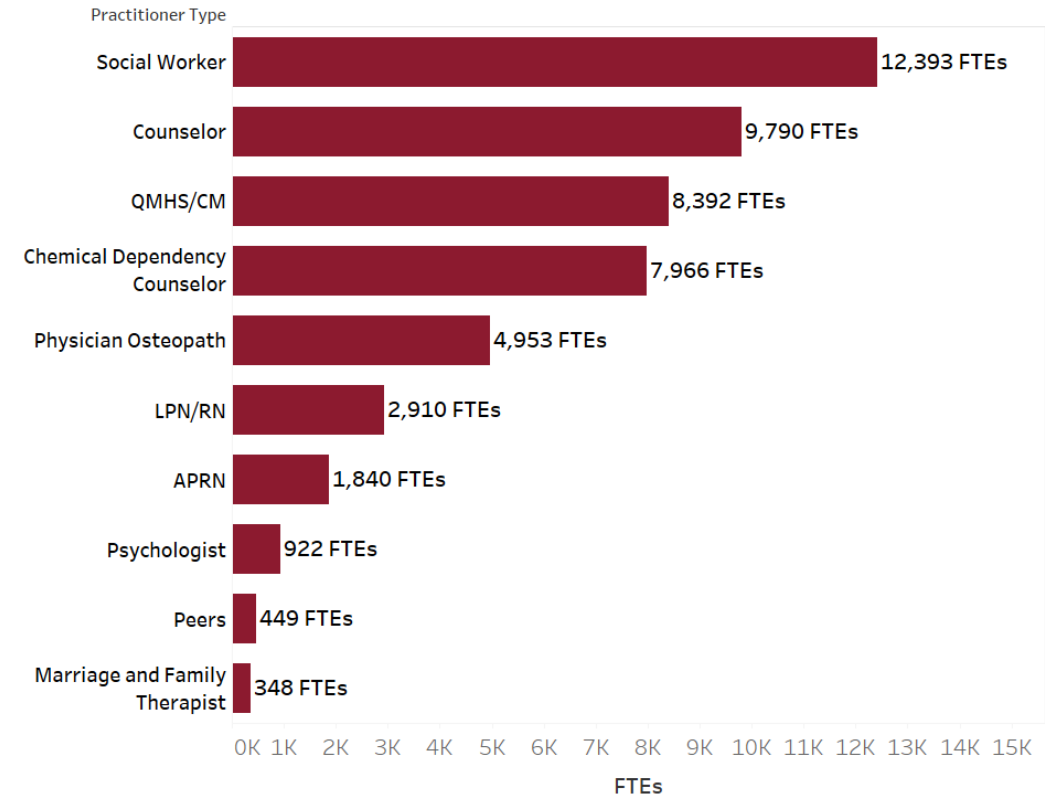- In adults, two-thirds of the demand is for SUD Services.

Analyzing Historical Behavioral Health Demand Across Ohio

Who are the groups of people receiving behavioral health care across Ohio and how is that demand changing?

Demand across the state CY2019

Demand FTEs
23.0 — 1,000.0

Demand by practitioner type CY2019

Practitioner Type	FTEs
Social Worker	12,393 FTEs
Counselor	9,790 FTEs
QMHS/CM	8,392 FTEs
Chemical Dependency Counselor	7,966 FTEs
Physician Osteopath	4,953 FTEs
LPN/RN	2,910 FTEs
APRN	1,840 FTEs
Psychologist	922 FTEs
Peers	449 FTEs
Marriage and Family Therapist	348 FTEs

FTEs

Analyzing Historical Behavioral Health Demand Across Ohio

Who are the groups of people receiving behavioral health care across Ohio and how is that demand changing?
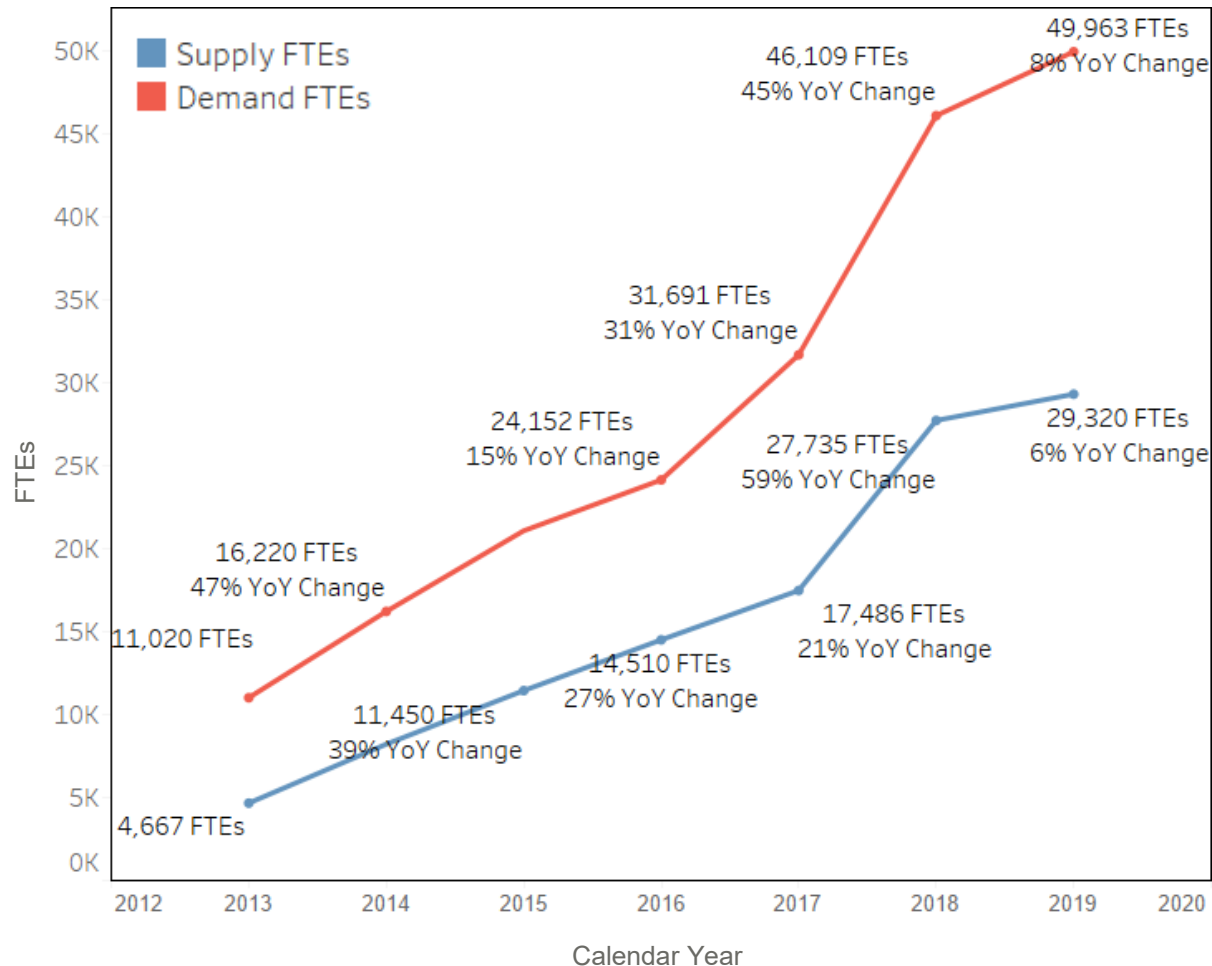

Demand by diagnosis CY2019
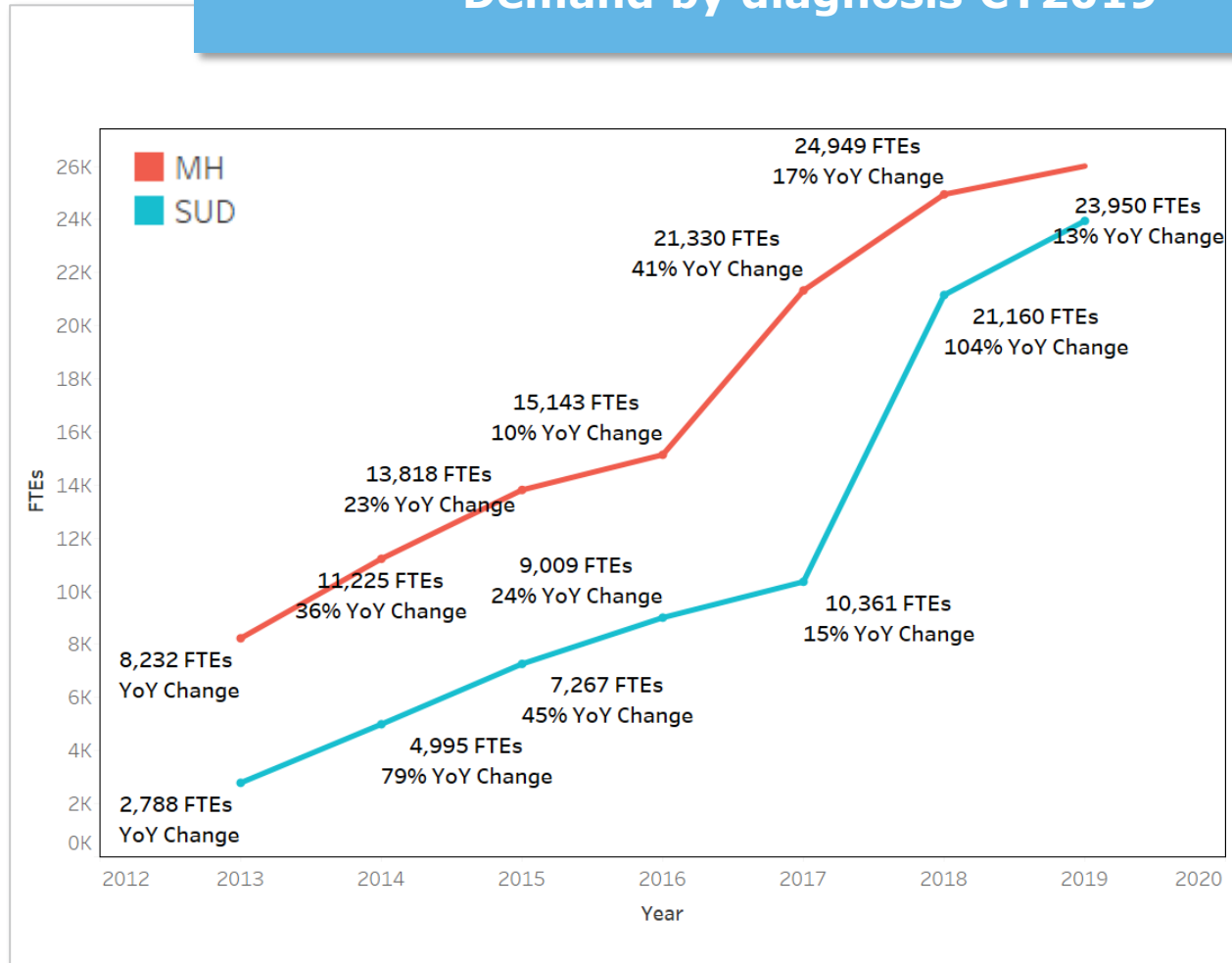
Analyzing Historical Workforce Supply Across Ohio

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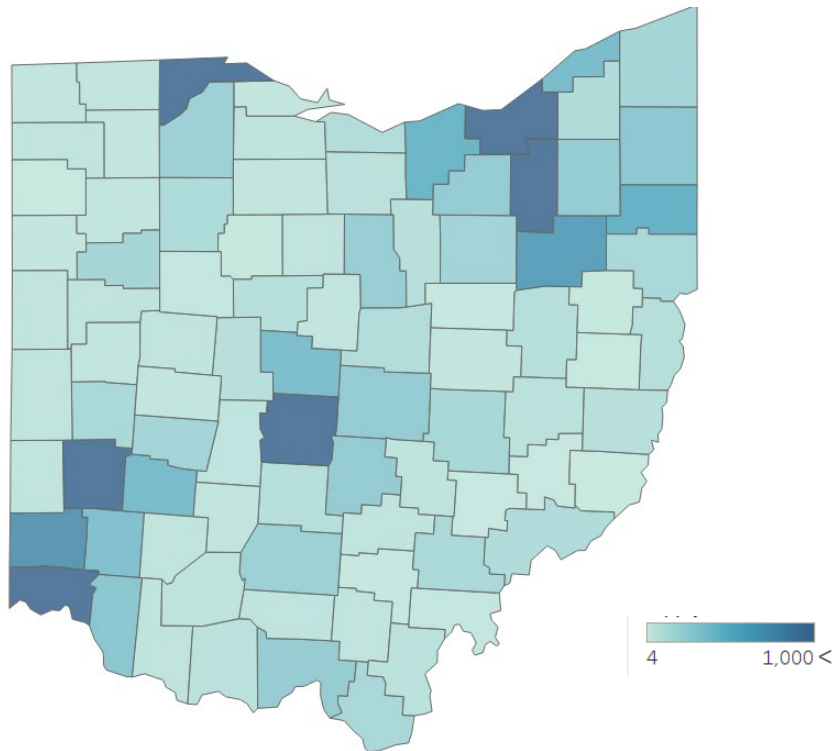
HISTORICAL SUPPLY

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.

Analyzing Historical Workforce Supply Across Ohio

What are the trends in behavioral health related degrees and the demographics of the behavioral health workforce?

Workforce across the state CY2019

Workforce by practitioner CY2019

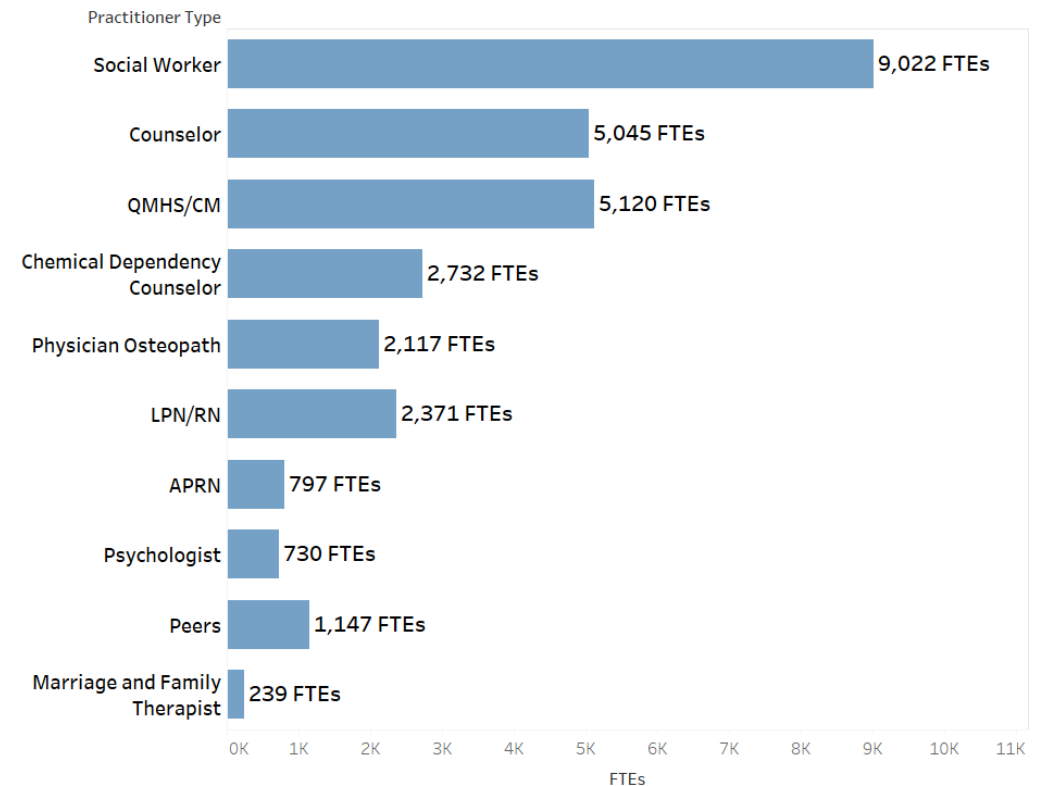| Practitioner Type	FTEs
Social Worker	9,022 FTEs
Counselor	5,045 FTEs
QMHS/CM	5,120 FTEs
Chemical Dependency Counselor	2,732 FTEs
Physician Osteopath	2,117 FTEs
LPN/RN	2,371 FTEs
APRN	797 FTEs
Psychologist	730 FTEs
Peers	1,147 FTEs
Marriage and Family Therapist	239 FTEs

Analyzing Historical Workforce Supply Across Ohio

What are the trends in behavioral health related degrees and the demographics of the behavioral health workforce?

Degrees related to BH practitioners
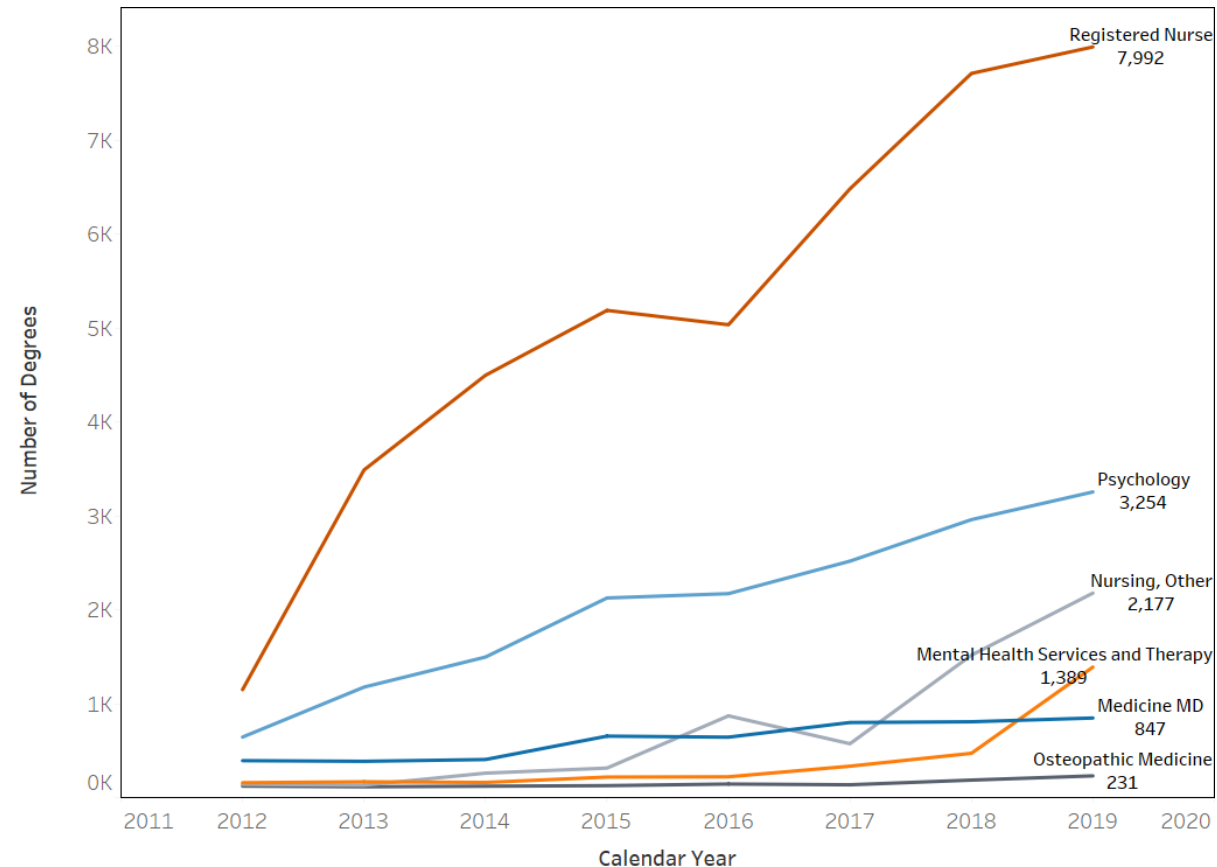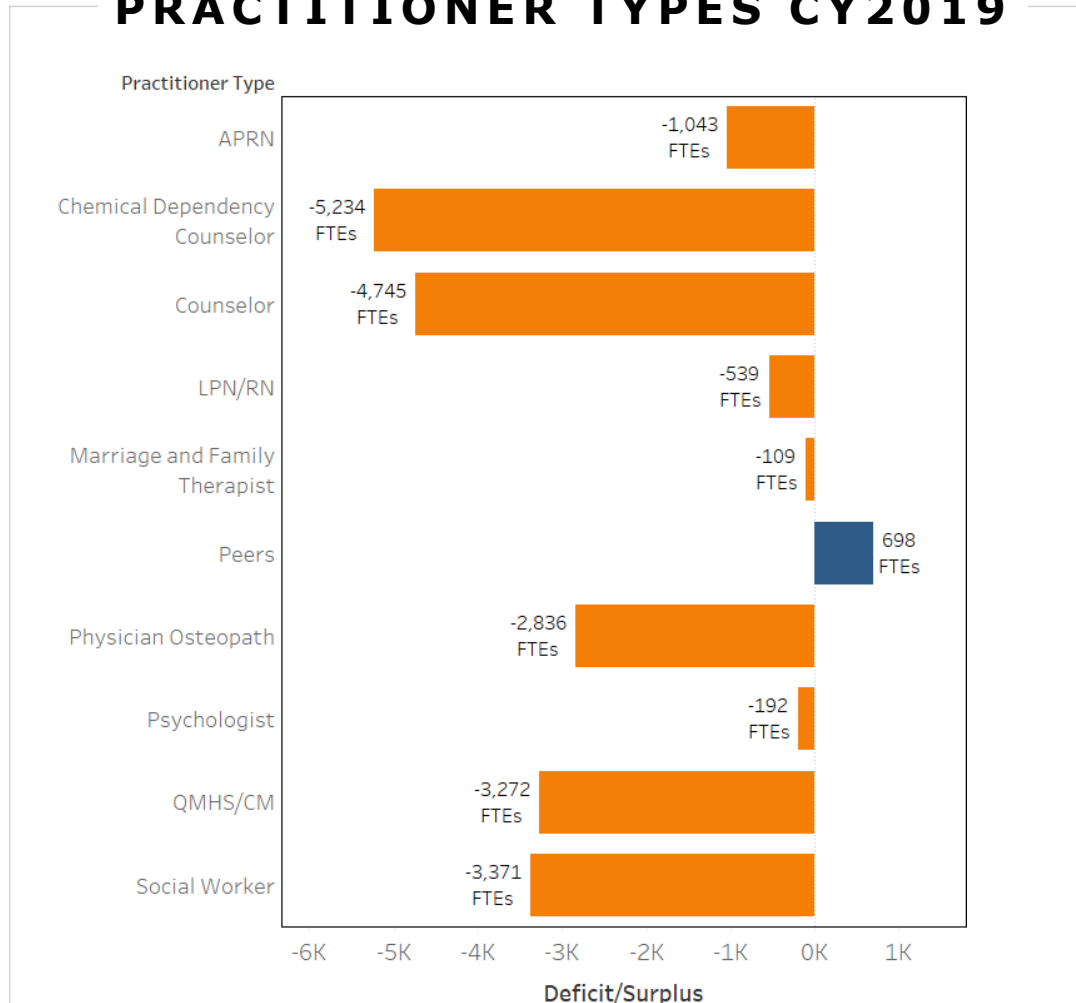
Comparing Demand and Workforce Supply

How do the current and projected demand and supply of the behavioral health landscape compare? As of CY2019 the unmet demand for all practitioner types was 41-46%[1].

PRACTITIONER TYPES CY2019

Practitioner Type

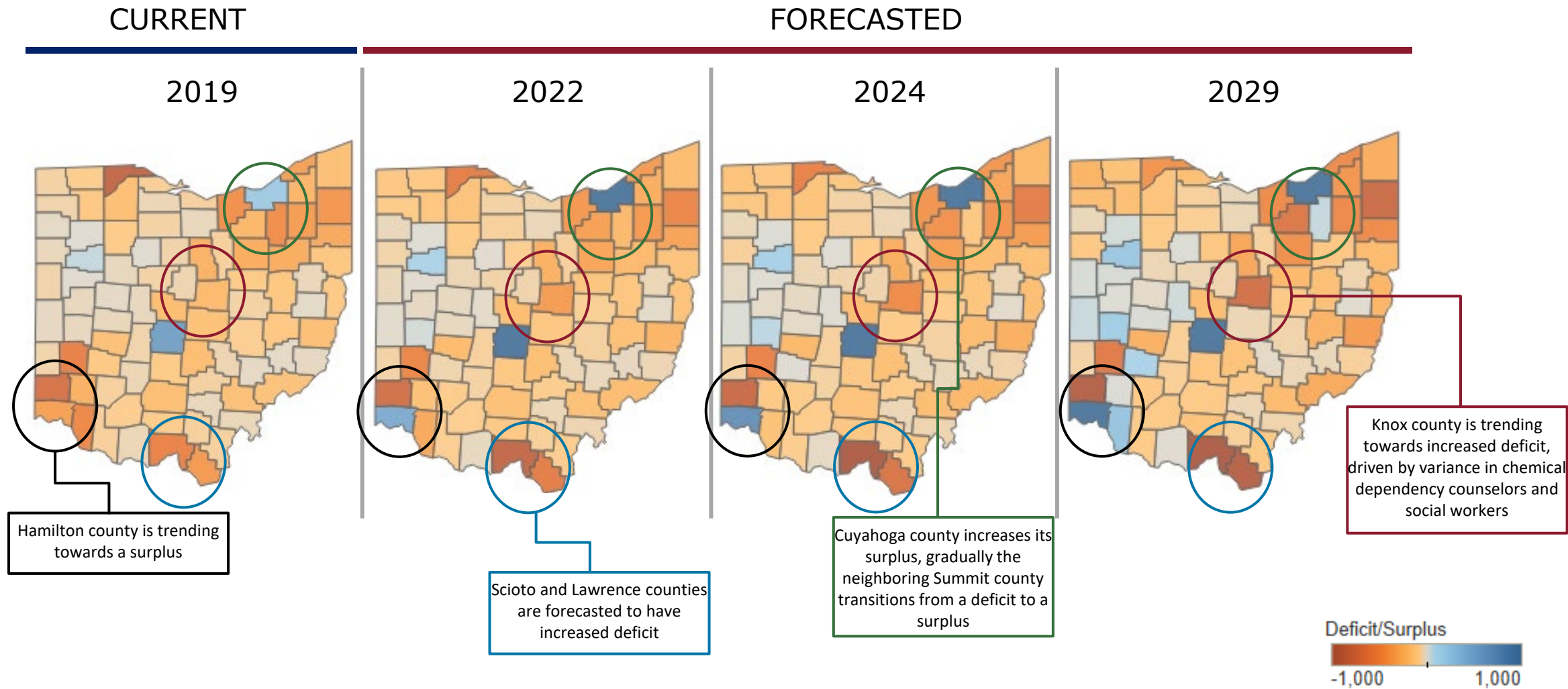| Practitioner Type	Deficit/Surplus
APRN	-1,043 FTEs
Chemical Dependency Counselor	-5,234 FTEs
Counselor	-4,745 FTEs
LPN/RN	-539 FTEs
Marriage and Family Therapist	-109 FTEs
Peers	698 FTEs
Physician Osteopath	-2,836 FTEs
Psychologist	-192 FTEs
QMHS/CM	-3,272 FTEs
Social Worker	-3,371 FTEs

KEY OBSERVATIONS

- Unmet demand as of CY2019 was 41% when both psychiatric and non-psychiatric physicians and APRNs are included and 46% when only psychiatrists and psychiatric APRNs are included.

- Peers are the only practitioner type with a surplus. However, peer information is acquired only after Behavioral Health Redesign in 2018. Thus, the peer deficit/surplus likely to change as more years of data are gathered. Also, no distinction between full-time and part time peer practitioners was made.

- Only Cuyahoga, Franklin, and Allen counties display a surplus of practitioners, all others show a workforce deficit. This surplus however, is driven by peers and LPN/RNs, demonstrating the importance of analyzing practitioner deficit/surplus by individual practitioner types and counties.

1. Calculated using a work efficiency value of 80% for all practitioner types

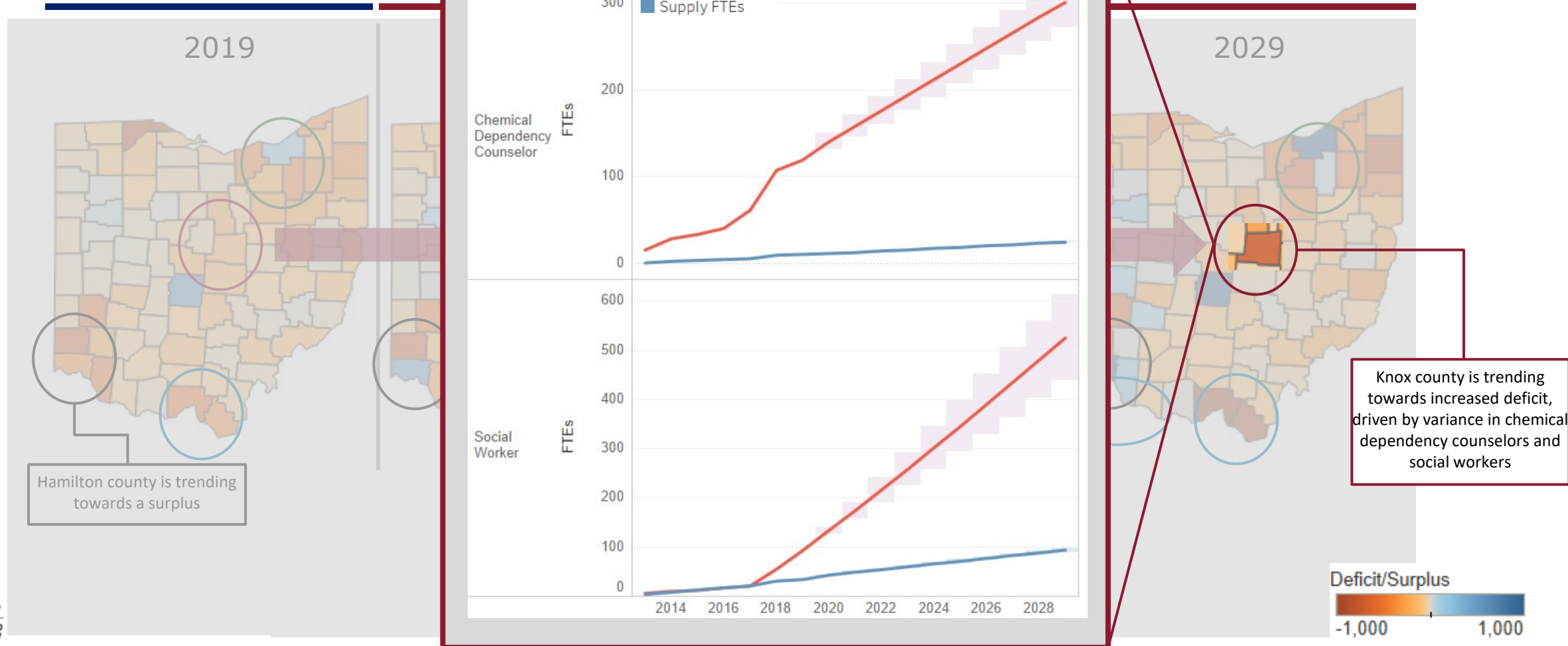# Forecasting Demand and Supply by County and Practitioner

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

CURRENT

FORECASTED

2019

2022

2024

2029

Hamilton county is trending towards a surplus

Scioto and Lawrence counties are forecasted to have increased deficit

Cuyahoga county increases its surplus, gradually the neighboring Summit county transitions from a deficit to a surplus

Knox county is trending towards increased deficit, driven by variance in chemical dependency counselors and social workers

Deficit/Surplus

-1,000   1,000

Forecasting Demand and Supply by County and Practitioner

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

CURRENT

2019

2029

Demand FTEs
Supply FTEs

Chemical Dependency Counselor

Social Worker

Hamilton county is trending towards a surplus

Knox county is trending towards increased deficit, driven by variance in chemical dependency counselors and social workers

Deficit/Surplus
-1,000   1,000

Variance in Practitioner Demand and Workforce Supply

The forecasted changes in variance between practitioner supply and behavioral health demand vary across counties and practitioner types.

Variance Projected to Grow

- **Counties**
  - Belmont
  - Fulton
  - Guernsey
  - Knox
  - Scioto
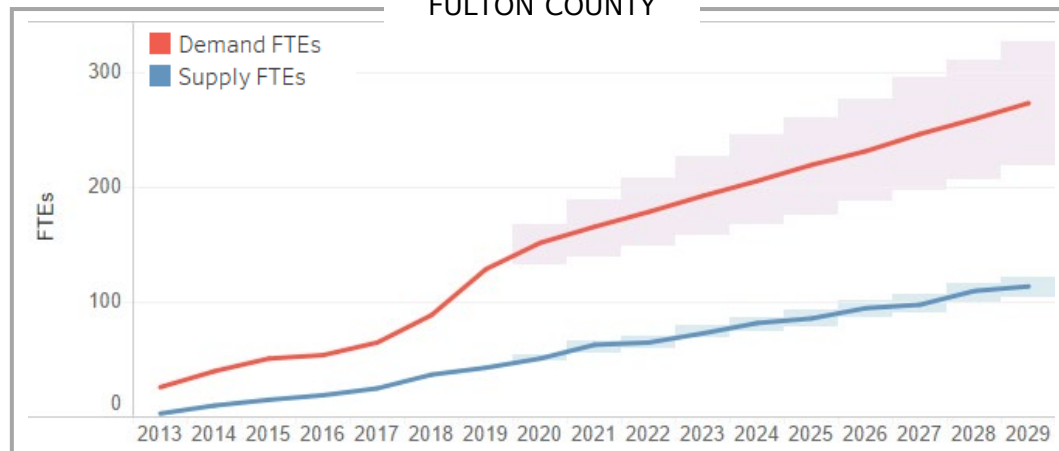 - Lawrence

- **Practitioners**
  - APRN
  - Physician
  - Social Worker
  - Chemical Dependency Counselor
  - Counselor

Variance Projected to Shrink
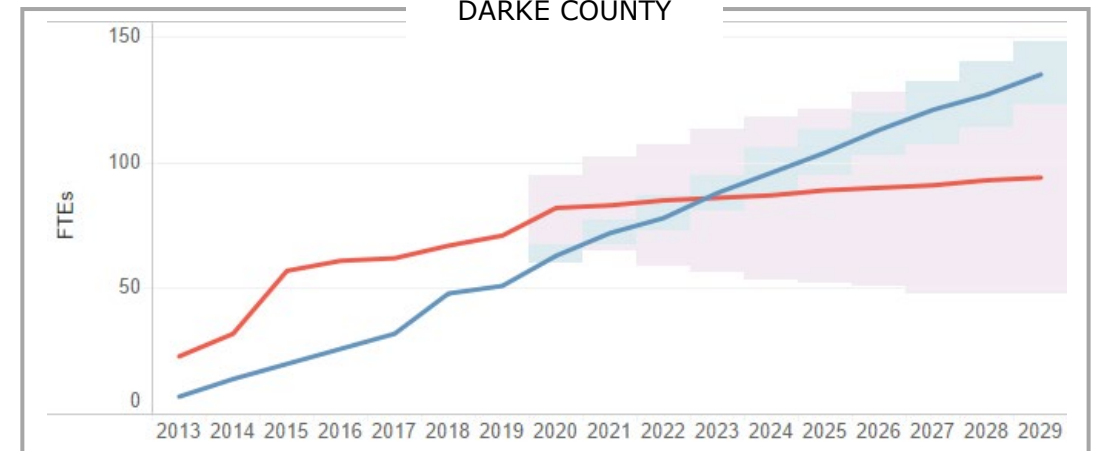
- **Counties**
  - Adams
  - Clermont
  - Darke
  - Hamilton
  - Harrison
  - Miami
  - Summit
  - Union

- **Practitioners**
  - LPN/RN
  - Peers
  - Psychologist
  - Marriage and Family Therapist
  - QMHS/CM

FULTON COUNTY

DARKE COUNTY

Summary and Observations

The observations from this study along with the Workforce Dashboard will help the State of Ohio prepare for the future by identifying specific trends and areas of need within the behavioral health landscape.

A detailed picture of behavioral health demand in Ohio– *Using datasets unique to Ohio a detailed analysis of the demand for behavioral health across Ohio was constructed. Demand segmented across counties, diagnoses, age groups, practitioner types, services, and facilities.*

A granular view of the behavioral health workforce – *Partnering with state agencies allowed creation of detailed analysis of the behavioral health workforce supply across Ohio, assessing the workforce across counties and practitioner types.*

Identifying variance between demand and supply– *Comparison of these datasets identifies the varying levels of met/unmet demand throughout the state and identifies how this variance is spread across practitioner types. As of CY2019 overall unmet demand is between 41-46%.*

Projecting the future of the behavioral health landscape in Ohio– *Forecasting the demand and workforce supply for behavioral health services into the future identifies emerging trends and potential changes in the variance between supply and demand.*

Where Do We Go From Here?

- Go to: https://data.ohio.gov/

- Search for

  "workforce supply and demand"

Where Do We Go From Here?

Public Facing Workforce Project Reports – available now

- https://data.ohio.gov/wps/portal/gov/data/projects/03-mhas-workforce

Public Facing Workforce Dashboards - in development

- Drill-downs by state, county, ADAMH board, Medicaid demand levels
- Current demographics related to behavioral health higher education degrees

Ongoing Data Inputs

- Annual updates (e.g. new procedure codes) and refreshes (e.g. practitioners)
- Include prevention

Multi-agency Workforce Advisory Team

- MHAS, DD, JFS, Aging, ODE, ODHE, led by MHAS
- Informed by ADAMH boards, providers, advocates

Key Investments Informed by Data

Workforce Priorities

Develop a Workforce Needs Assessment

Create a Regulatory and Financing Structure that Supports Workforce Equity

Establish a Career Path to the Behavioral Health Field

Expand the Workforce through Financial Support for the Education and Training of Critical Specialists

Support and Retain the Existing Workforce

Increase the Number of Prevention Specialists

Promote Cultural Competence Support

Teach Non-specialists to Respond and Provide Needed Support

Support and Expand the Role of Peer Support Specialists

Use Technology to Expand Access to Care in Underserved Areas

Attract More Child Mental Health Specialists

A Strategic Priority

WORKFORCE DEVELOPMENT weaves through all of our Strategic Focus Areas, ensuring behavioral health services are readily available for generations to come.

OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

STRATEGIC PLAN 2021-2024

Cross Cutting Priorities

- Health equity and cultural competency
- Communication and collaboration
- Workforce development
- Data collection and analysis

Strategic Focus Area 1	Strategic Focus Area 2	Strategic Focus Area 3	Strategic Focus Area 4
INNOVATION Drive innovation to ensure access to culturally responsive, trauma-informed, prevention, treatment and recovery services for all ages.	**COORDINATION** Advance the development of policies that promote quality accountability, efficiency and effectiveness.	**COLLABORATION** Strengthen and expand strategic collaborations and partnerships.	**CULTURE** Reinforce a strong internal organizational culture.
STRATEGIC GOAL 1.1 Build workforce capacity to deliver quality care.	STRATEGIC GOAL 2.1 Improve coordination of departmental policies and processes to promote efficiency and accountability.	STRATEGIC GOAL 3.1 Build a big tent for new and existing partners.	STRATEGIC GOAL 4.1 Recruit, retain and develop a diverse, competent and engaged workforce.
STRATEGIC GOAL 1.2 Increase the capacity of youth and early childhood prevention, early identification and intervention, treatment and recovery supports.		STRATEGIC GOAL 3.2 Provide leadership and direction to Ohio's behavioral health system.	STRATEGIC GOAL 4.2 Embed opportunities for internal collaboration and innovation.
STRATEGIC GOAL 1.3 Increase the capacity for prevention, early identification and intervention, treatment and recovery supports.		STRATEGIC GOAL 3.3 Emphasize the importance of diversity and cultural competency throughout departmental activities.	STRATEGIC GOAL 4.3 Develop a comprehensive data collection, analysis and usage framework.
STRATEGIC GOAL 1.4 Promote health equity by addressing social determinants of health in a variety of community and institutional settings.			

MENTAL HEALTH & | Ohio | ADDICTION SERVICES

Building a Diverse Workforce

This strategic work includes:

Improving cultural and linguistic
competency across the
behavioral health workforce
and
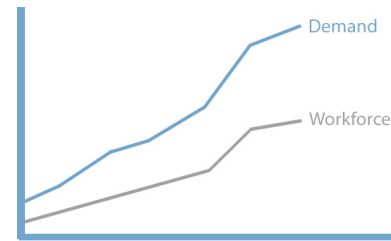Improving the diversity
of our workforce

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.

21%

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

Demand

Workforce

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

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 suport of the workforce with best practice development and training.

FY20-21 Summary of Key Investments

Focus: Improving Quality and Adding Capacity

Community Workforce Training
- Health Worker Training
- Suicide Prevention Gatekeeper Trainings (Mental Health First Aid, QPR, ASIST, Working Minds)
- Crisis Intervention Training (CIT)
- Recovery Housing
- Stigma Reduction

Medical Professionals
- Data 2000 waiver
- ASAM
- ECHO
- Evidence-Based Practices for First Episode Psychosis and Zero Suicide

Behavioral Health Professionals
- Tuition reimbursement, loan repayment
- Prevention professionals training and support
- Child & Adolescent Behavioral Health Care Center of Excellence
- Evidence-Based Practices for First Episode Psychosis and Zero Suicide

Paraprofessionals
- Peer Supporter Facilitator and Ethics Trainings

Higher Education
- Residency Training
- Curriculum Development

FY22-23 Investments

Through Ongoing Funding (General Revenue Fund, State Opioid Response, Covid Relief, Block Grant)

Enhance Community Workforce Training

- Health Worker Training
- Suicide Prevention Gatekeeper Trainings (Mental Health First Aid, QPR, ASIST, Working Minds)
- Crisis Intervention Training (CIT)

Behavioral Health Professionals

- Workforce Wellness Occumetrics
  - MRSS capacity building
- Tuition reimbursement, loan repayment, and retention bonuses
  - Improve cultural and linguistic competency and diversity
- Center of Excellence for BH Prevention and Promotion
  - Evidence-Based Practices for First Episode Psychosis and Zero Suicide
- Center of Excellence for Child and Adolescent BH
  - Appalachian Children's Coalition

Paraprofessionals

- Peer Supporter Trainings

Higher Education

- Curriculum Development
- SBIRT Training (Screening, Brief Intervention, Referral)
- Residency Training Programs
- Improve cultural and linguistic competency and diversity
- Career pathways awareness and marketing

K-12 Education

- Career pathways awareness and marketing

ARPA Home and Community Based Services Update

Multiple state agencies worked in concert to review stakeholder feedback and identified four buckets of funding.

These include:

- **Immediate Provider Workforce Relief**

- **Technology Enhancements**

- **Workforce Support: Sustain and Expand**

- **Program and System Enhancements**

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 will require collaboration across state agencies, universities, community colleges, career technical schools, and workforce boards.

- Example: Expand residency training and fellowship programs.

Questions?