

# State Behavioral Health Workforce Shortages and Initiatives, 2023-2024

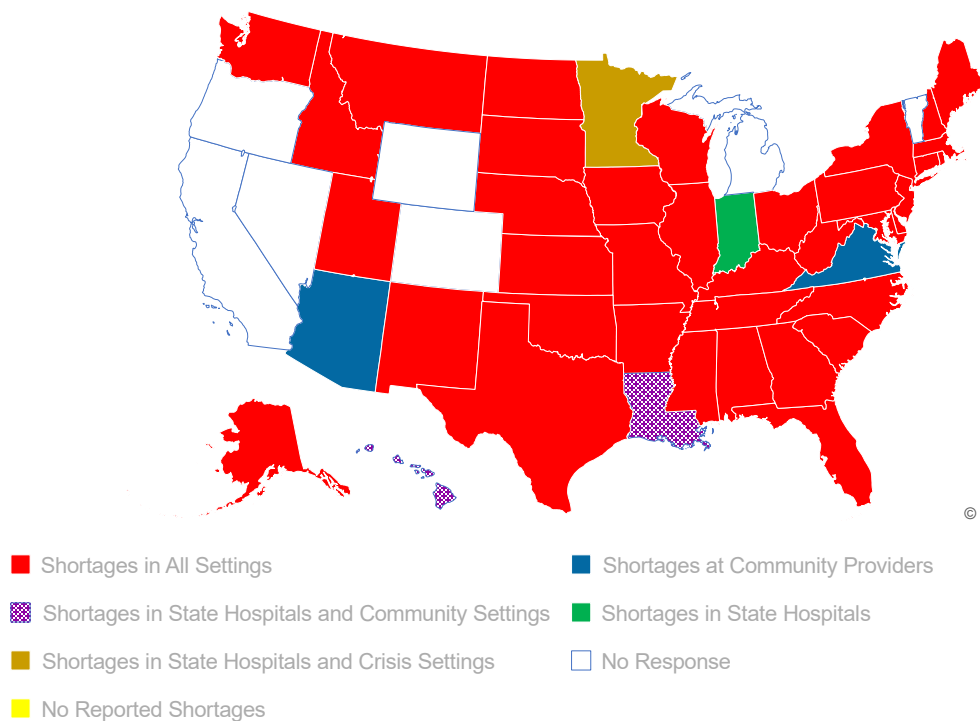
## HIGHLIGHT BASED ON 44 STATES RESPONDING TO THE WORKFORCE COMPONENT OF NRI'S 2023-2024 STATE PROFILES

State Mental Health Agencies (SMHAs) are responsible for organizing and overseeing mental health systems that provide a comprehensive array of mental health services and supports to over 8 million individuals at a cost of over \$43 billion each year. Providing quality service requires states and their funded behavioral health providers to recruit, train, and support a multidisciplinary workforce capable of providing services 24 hours per day, 7 days per week.

### Behavioral Health Workforce Shortages:

In 2024, 43 of 44 responding states reported a behavioral health workforce shortage. Thirty-seven states reported a shortage in all three major behavioral health system components (state psychiatric hospitals, community mental health services, and behavioral health crisis programs). Two states reported shortages only in their community provider system, and three states reported shortages in both community providers and state psychiatric hospitals. One state reported shortages in only crisis system providers (see Figure 1).

Figure 1: States Reporting a Workforce Shortage, by Setting



### Level of Workforce Shortages:

States were asked to report using a Likert scale the level of workforce shortages, with responses ranging from “Catastrophic Shortages” (shortages so severe that they result in reduce available services or beds or result in very long waits for services), “Moderate Shortages” (shortages that impact the timeliness and availability of services and may require additional overtime by other staff), “Minor Shortages”, and “No Shortage”.

43 States Reported

Behavioral Health Workforce Shortages

40 States Reported

Shortages at Crisis Providers

Social Workers

the Discipline Most (41) States Report Shortages

States reported that community mental health providers had the most Catastrophic level shortages (17 states), followed by state psychiatric hospitals (14 states).

**State Psychiatric Hospitals:** 41 states reported workforce shortages

- 14 states reported Catastrophic workforce shortages
- 20 states reported Moderate workforce shortages
- 2 state reported minor workforce shortages.
- 5 states reported workforce shortages of Unknown levels

**Community Mental Health Providers:** 41 states reported workforce shortages

- 17 states reported Catastrophic workforce shortages
- 18 states reported Moderate workforce shortages
- 2 states reported Minor workforce shortages
- 4 states reported shortages of Unknown levels

**Behavioral Health Crisis Systems:** 40 states reported workforce shortages

- 13 states reported Catastrophic workforce shortages
- 22 states reported Moderate workforce shortages
- 3 states reported Minor workforce shortages
- 2 States reported shortages of Unknown levels

Figure 2: States reporting State Psychiatric Hospital Workforce Shortages

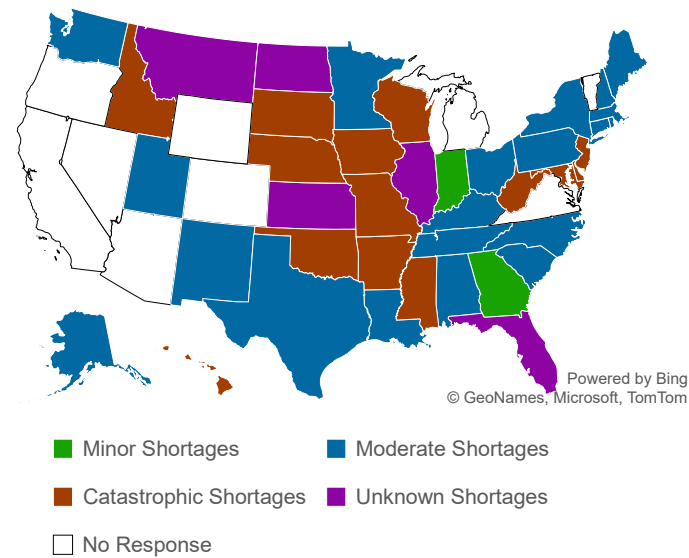


Figure 3: States reporting Community Mental Health Workforce Shortages

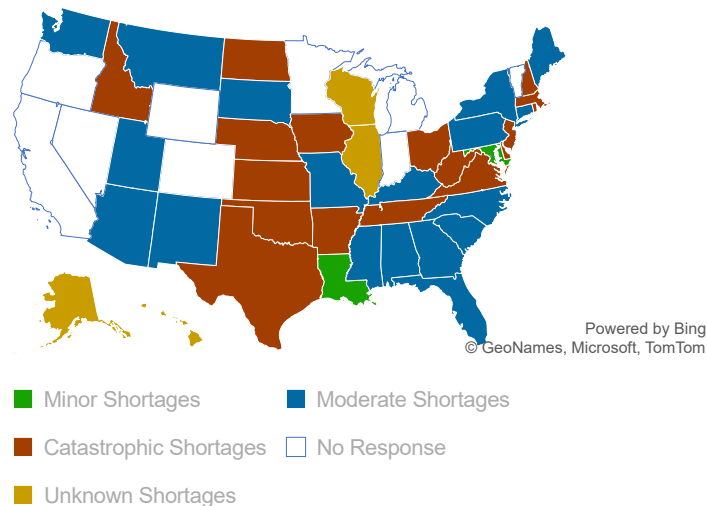
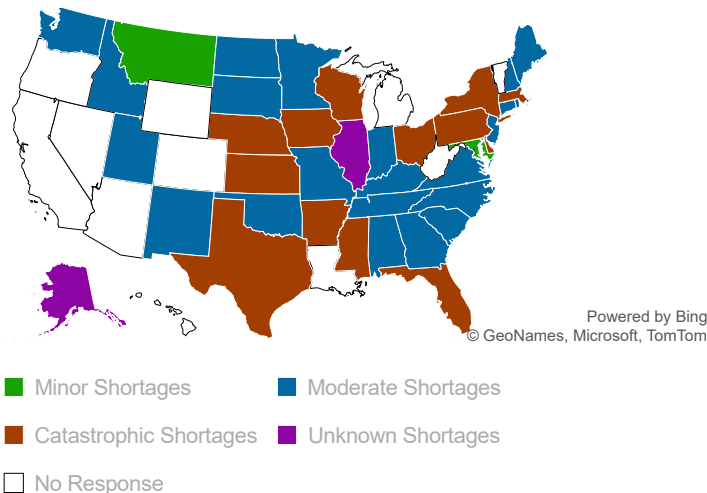


Figure 4: States reporting Crisis System Workforce Shortages



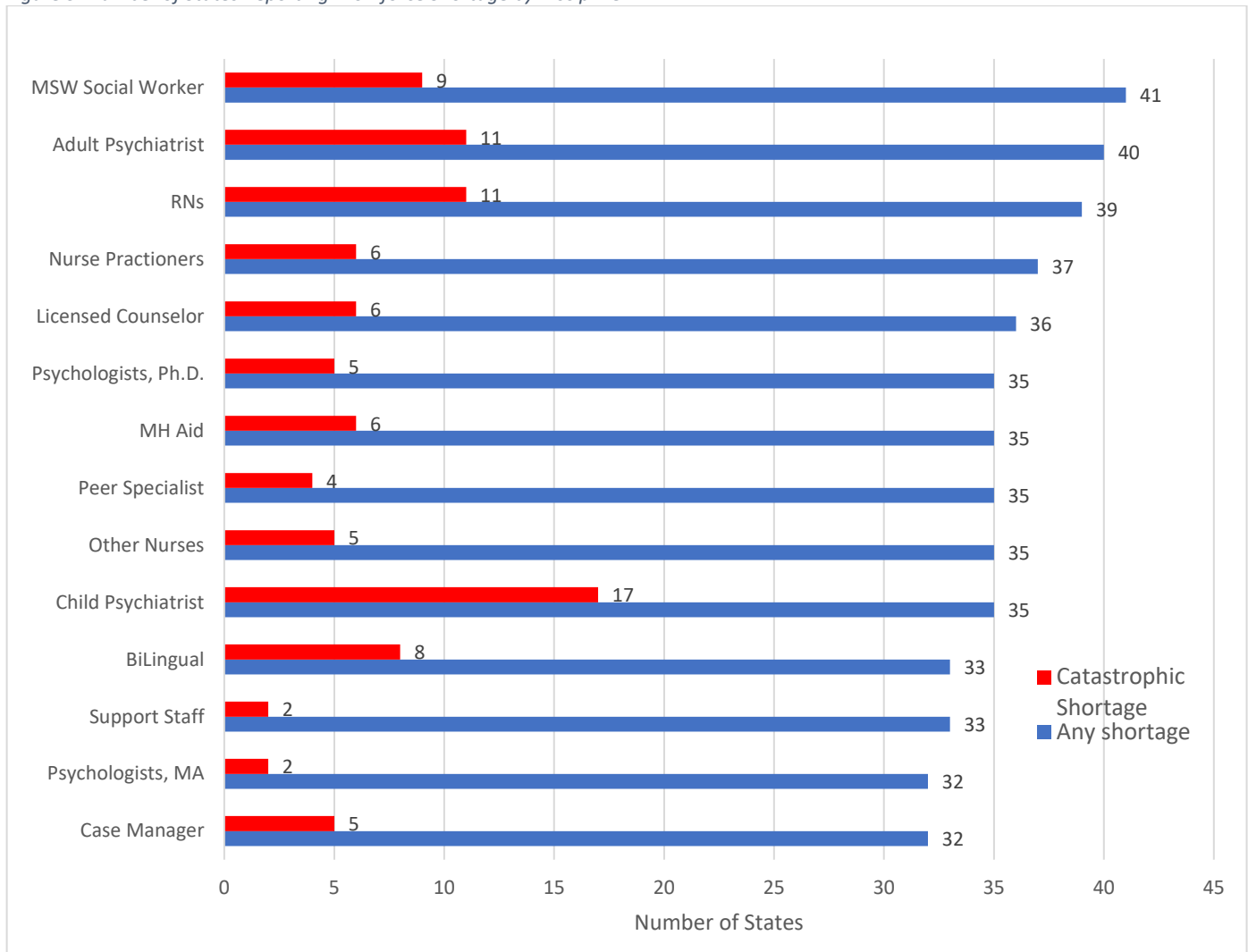
## Behavioral Health Positions Experiencing Shortages

The behavioral health workforce disciplines with the highest number of states reporting shortages were Social Workers (MSW level) (41 states), Psychiatrists (40 states), Registered Nurses (39 states), Nurse Practitioners (37 states), and Licensed Behavioral Health Counselors (36 states).

Catastrophic level shortages were most frequently reported for Child Psychiatrists (17 states), followed by Registered Nurses (11 states), Adult Psychiatrists (10 states), and Social Workers (9 states). (see Figure 5)

Moderate level shortages were most frequently reported for Social Workers, MSW and higher (30 states), Licensed behavioral health counselors (29 states), Licensed Practical Nurses (27 states), Registered Nurses (26 states), Peer Specialists (25 states) and Psychiatrists (25 states).

Figure 5: Number of States Reporting Workforce Shortage by Discipline



## Catastrophic and Moderate Workforce Shortages by Setting and Discipline

Table 1 shows the number of states that reported a catastrophic or moderate workforce shortage by disciplines and behavioral health workforce settings.

*Table 1: Number of States Reporting Workforce Shortage by Setting, Discipline, and Catastrophic or Moderate Shortage Level*

	State Psychiatric Hospitals	Residential Treatment Centers	Community MH Providers	Crisis Contact Centers (includes 988)	Mobile Crisis Teams	Crisis Receiving and Stabilization Facilities	Crisis Residential
Adult Psychiatrists	27	19	29	8	14	18	19
Child Psychiatrist	19	16	30	0	0	0	0
Psychologists, Ph.D.	21	7	22	4	8	8	9
Psychologists, Masters	14	9	17	4	9	7	9
Social Workers (MSW+)	23	21	27	17	26	15	18
Social Workers (Other)	9	9	17	10	14	8	6
Nurse Practitioners	19	18	25	4	12	17	17
RNs	32	20	28	4	11	17	19
Other Nurses	22	16	15	4	11	15	16
Licensed BH Counselors	15	15	24	13	23	14	15
Peer Specialists	10	13	22	9	20	16	15
Employment/Educ. Specialists	5	8	15	0	1	1	1
Care Coordinators/ Case Managers	13	19	24	5	11	8	11
MH Aids/ Technicians	21	16	19	2	3	8	12
Support Staff	18	10	12	2	2	6	10
Bilingual/Multilingual Staff	14	12	22	14	19	14	16
Prevention Specialists	0	0	8	0	0	0	0

*41 States reported a workforce shortage:*

*The disciplines with the highest number of states reporting a shortage are highlighted in red*

Table 1 shows that while states report workforce shortages in all behavioral health service settings, the types of staff with shortages vary by behavioral health service setting.

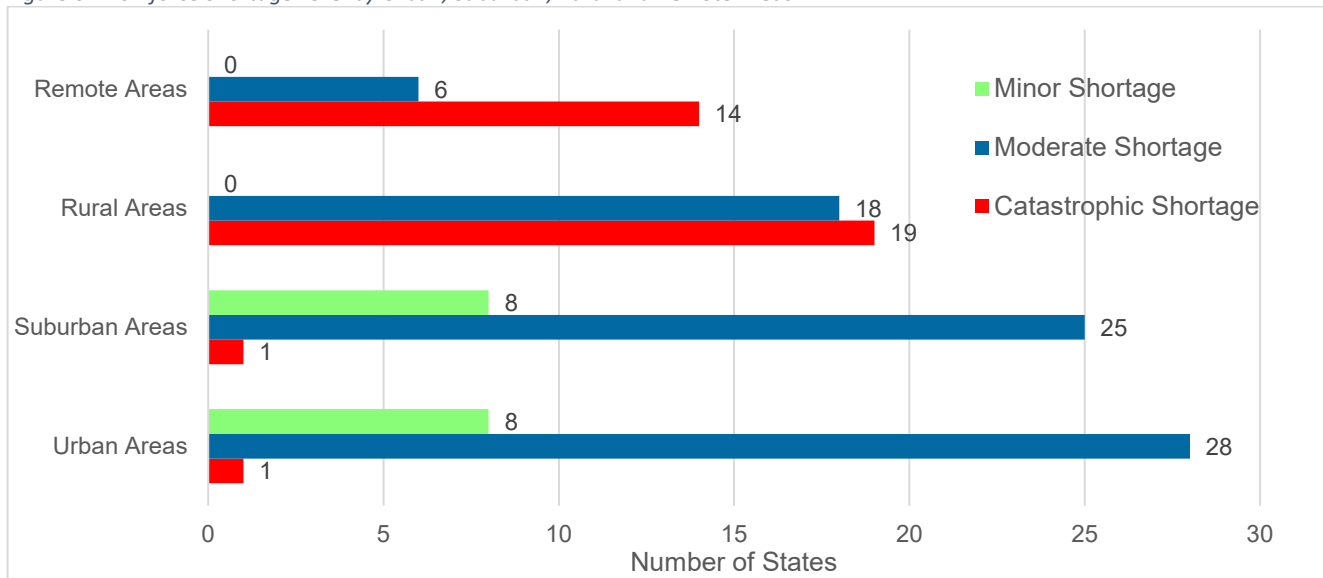
### **Disciplines with the most states reporting Catastrophic or Moderate shortages by behavioral health setting.**

- **State psychiatric hospitals:** Registered Nurses (32 states) and Adult Psychiatrists (27 states) were the workforce categories that most states reported Catastrophic or Moderate shortages for.
- **Residential Treatment Centers:** Social Workers, MSW and above (20 states) and Registered Nurses (20 states), Case Managers/Care Coordinators (19 states) and Adult Psychiatrists (19 states)
- **Community Mental Health Providers:** Child Psychiatrists (30 states), Adult Psychiatrists (29 States), Registered Nurses (28 States, and Social Workers, MSW and above (27 states)
- **Crisis Contact Centers (including 988 Centers):** Social Workers, MSW and above (17 states), Bilingual/Multilingual Staff (14 states), and Licensed Behavioral Health Counselors (13 states)
- **Mobile Crisis Teams:** Social Workers, MSW and above (26 states), Licensed Behavioral Health Counselors (23 states), Peer Specialists (20 states), and Bilingual/Multilingual Staff (19 states)
- **Crisis Receiving and Stabilization Facilities:** Psychiatrists (18 States), Nurse Practitioners (17 states), Registered Nurses (17 states), and Peer Specialists (16 States)
- **Crisis Residential Facilities:** Psychiatrists (19 states), Registered Nurses (19 states), Social Workers, MSW and above (18 states), and Nurse Practitioners (17 states).

## Urban/Suburban/Rural/Remote Area Shortages

States reported shortage levels for their urban, suburban, rural, and remote areas (note, not all states have “remote” areas as defined by HRSA). States reported higher levels of Catastrophic shortages in rural areas (19 states) and remote areas (14 states). Urban and Suburban areas were reported as having Minor shortages by 8 states.

Figure 6: Workforce Shortage Level by Urban, Suburban, Rural and Remote Areas



## State Initiatives to Grow the Behavioral Health Workforce:

SMHAs are supporting multiple initiatives to grow the potential behavioral health workforce, with efforts to grow both licensed clinical workers, paraprofessionals, and others to work in behavioral health settings.

Initiatives focused on introducing High School students to future behavioral health careers include sponsoring the development of training curriculum to train students for behavioral health careers, development of digital and print materials to inform students of behavioral health work opportunities and holding information sessions at high schools to inform students about potential behavioral health careers (see Table 2).

Table 2: Number of States with Initiatives to Grow the Behavioral Health Workforce

	High School	Community College	College/Graduate School
Sponsor Curriculum Development to Train Students	24	35	28
Scholarships/Tuition Reimbursement	6	24	29
Digital & Print Materials about BH Workforce Opportunities	17	27	6
Information Sessions about BH Workforce Opportunities	16	25	25
Mentorship/Internships	6	20	12
Support Student Led Initiatives	16	20	20
Apprenticeships	4	8	9

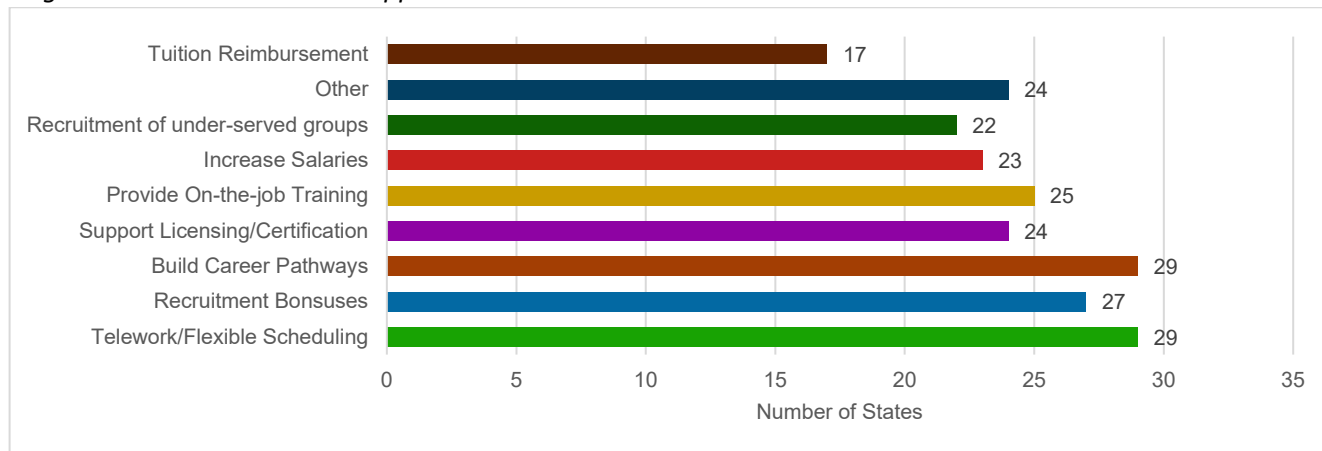
Community colleges are the focus of workforce development initiatives in the most states, with 35 states sponsoring development of curriculum to train students, 27 states developing digital and print materials, and 24 states offering scholarships/tuition reimbursement and holding information sessions to promote behavioral health careers.

College and Graduate School focused state initiatives to grow the behavioral health workforce include scholarships/tuition reimbursement (29 states), sponsoring development of curriculum (28 states), and information sessions about behavioral health careers (25 states).

## Initiatives to Support Recruitment of Behavioral Health Workers:

SMHAs are supporting initiatives to enhance the recruitment of behavioral health workers at state psychiatric hospitals, community providers, and behavioral health crisis system providers. Telework and flexible scheduling are offered (29 states), building career pathways for workers (29 states), and offering recruitment bonuses (27 states) (see Figure 7).

*Figure 7: State Initiatives to Support Behavioral Health Worker Recruitment*



Many states provided descriptions of recruitment activities including:

- Arizona: AHCCCS is currently engaged in a statewide partnership with all community colleges to expand the behavioral health programming as well as offering tuition reimbursement
- Illinois: Through the Behavioral Health Workforce Center, the state is beginning to develop pathways for students interested in behavioral health careers to be assisted/recruited. The CRSS Success Program is an initiative with eleven colleges and universities that is assisting individuals with lived expertise to complete coursework and gain necessary field work to sit for the credentialing exams in the state. The program also provides additional resources needed to ensure the student can complete the courses. DMH is also working with the Illinois Student Assistance Commission on student loan repayment initiatives.
- Kentucky has been identifying opportunities to improve and enhance the capacity of the current behavioral health workforce sponsoring the creation of curriculum to improve knowledge base of new workforce recruits as well as to provide support during the onboarding process to ensure they understand the depth and breadth of their role. This includes, for example, creating a tracked prevention academy for new hires within the prevention system, development with community partners competencies for Community Health Workers in the behavioral health space, creating of a peer support curriculum that will standardize training for peer support specialists, and creation of a crisis call center learning academy to standardize learning across the state's network of 14 crisis centers answering 988 calls, texts and chats. Mentorship, internship, and practicum opportunities are provided across the continuum of care with the Department, as well with our contracted provided and at state facilities. For example, an apprenticeship program is underway at the state's only psychiatric hospital for justice-involved individuals. The state of Kentucky has started offering tuition reimbursement for state staff, after a hiatus of several years.
- Louisiana: In 2022, OBH established a new statewide training curriculum, Louisiana Core Peer Support Specialist Training, which was developed with nationally recognized consultants from Appalachian Consulting Group. OBH partners with its contractor to ensure a minimum of ten Louisiana Core Peer Support Specialist Trainings are provided

each year. Trainings may be conducted virtually or in-person at various locations around the state. Capacity for the training is 20 participants for in-person trainings and 15 participants for virtual trainings; therefore, the application process is extremely competitive. Upon completion of the training, Peer Support Specialists will be identified by the SMHA as Recognized Peer Support Specialists (RPSS).

- Tennessee works with schools and colleges across the state to drive awareness of careers in behavioral health. Recently, the Tennessee General Assembly allocated state funds for scholarships for Tennesseans pursuing graduate degrees in behavioral health.
- Texas non-profits such as the Network of Behavioral Health Providers conduct a program called WREDI that aims to ensure Texas has qualified, linguistically, and culturally competent behavioral health workforce by providing educational presentations to high school and college students to increase their exposure to and knowledge of behavioral health fields, coordinating externships for high school and college students interested in behavioral health, providing scholarships to postsecondary students enrolled in a behavioral health program of studies and more.

Additional state examples of recruitment initiatives are available to SMHA staff via the NRI's Profiles website: [www.nri-inc.org/profiles](http://www.nri-inc.org/profiles).

## Expanding the Behavioral Health Workforce with Paraprofessionals (beyond Peers):

States have initiatives to increase the use of paraprofessionals in the behavioral health workforce to help address shortages of licensed behavioral health workers.

- Alaska: continues to explore and consider appropriate use of paraprofessionals beyond peers, such as Behavioral Health Aides.
- Arkansas: has a new provider type, Community Support Systems Provider, which has 3 tiers. The bottom two tiers have mostly paraprofessional driven services, with oversight by licensed staff.
- Florida: The SMHA is hiring paraprofessionals for work in the Child Welfare system. There have been media/advertisements to recruit paraprofessional into the BH system. Many NSP's utilize interns from accredited colleges or universities working towards degrees in the behavioral health field to provide services. This allows for an increase of behavioral service availability. For example, one NSP is using a supportive housing specialist that is non-degreed to provide day-to-day support for residents to include transport, basic life skills, etc. They work closely with case managers to ensure they stay in line with the service plan.
- Kentucky: Pilot to train first responders to respond to behavioral health crisis; Quick Response Teams; currently have an initiative to utilize community health workers.
- Maine: Our office contracts with providers across the state for multiple "navigator" positions related to housing, SUD, overdose response, harm reduction services, and access to other care.
- Montana: We are currently working on adding tenancy supports to our 1115 Demonstration waiver. This would utilize housing navigators and possibly community workers.
- Nebraska: SMHA funds services to use peers to serve as navigators to get individuals enrolled in behavioral health services. SMHA offers state-wide mental health first aid training, SMHA is working with public health on training and deployment of Community Health Workers in behavioral health workforce. SMHA assisted in the development of EMS curriculum and Narcan.
- New Jersey: While it is not a workforce initiative, DMHAS supports community BH programs including non-peer paraprofessionals. Behavioral health homes offer educational and case management services that are facilitated by non-peer paraprofessionals. DMHAS also has supported a program in which first responders (licensed EMT's) intervene with individuals who have overdosed to provide buprenorphine prescribed by a physician available via telehealth. Also, DMHAS includes peer forensic navigators not because of a shortage but because it is important to integrate peers into the workforce.

- New York: Began the process of creating a paraprofessional credential. Piloted new paraprofessional positions utilizing community members.
- North Dakota: The North Dakota Department of Health and Human Services, Behavioral Health Division provides a 40-hour, core competency peer support training at no-cost to individuals looking to become peer support specialists, this training is offered routinely, prioritization for the training is for those that have secured employment or that have job offers as a peer support specialist. We do not currently have a formalized recruitment plan.
- Ohio: Some behavioral health provider organizations and other behavioral health partners use a variety of navigators within their systems.
- Tennessee: funds school-based liaisons, criminal justice liaisons, recovery navigators, lifeliners, etc.
- Texas: One example of this innovation is the Legislature's appropriation to develop a behavioral health center in the Permian Basin (West Texas). \$1.75M of this appropriation is for a Mental Health Workforce Training Program at Midland College. To staff the facility and to alleviate the mental health workforce shortage, Midland College is currently developing a curriculum for an Inpatient Psychiatric Technician credential. This certification program will provide upskilling, re-skilling and certificate stacking opportunities for paraprofessionals and entry-level health care providers.
- Utah: In 2024, two new paraprofessional state licenses were created; Behavioral Health Coach and Behavioral Health Technicians. Training programs are being developed to meet the new license's educational requirements.
- Washington: Behavioral Health apprenticeships, Indian Health Services BH Aids, a Governor's initiative, Community Health Workers, Navigators, outreach workers.

## Other 2023-2024 NRI State Profile Reports on Crisis Services

Other Profile Highlight reports available at [www.nri-inc.org/profiles](http://www.nri-inc.org/profiles) focus on:

- Organization and Structure of SMHA
- Use of State Psychiatric Hospitals
- State Psychiatric Hospital Workforce Shortages and Salaries
- How State's Organize and Fund Community Mental Health Services
- SMHA Use of IT and Outcome Measurement
- Use of Peer Support Specialists, 2023
- State Support for the Behavioral Health Crisis Continuum, 2023
- Support for Crisis Contact Centers (988 and other contact centers), 2023
- Support for Mobile Crisis Services, 2023
- Support for < 24 Hour Crisis Stabilization Programs, 2023
- Transportation in Behavioral Health Crisis Services, 2023
- Crisis Workforce Issues, 2023

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