



County Leadership in Mental Health

How Counties Are Leading the Way to Address Workforce Challenges

JULY 2024



SUMMARY

Behavioral health conditions affect millions of Americans. With demand for services increasing and a shortage of providers nationwide, it is critical to develop both interim and long-term solutions for enhancing the workforce to respond to the needs of local residents.

Counties across the nation are investing in programs and initiatives that both assist with and incentivize the recruitment, training and placement of behavioral health providers that will work within local and under resourced communities. Counties rely on intergovernmental partners to supplement these investments through the enhancement of existing programs and establishment of new programs that promote workforce recruitment and retention.

BACKGROUND

America's 3,069 counties are integral to the local behavioral health system of care, including crisis care. Each year counties invest billions in the infrastructure in community health, hospitals, and social services, as well as \$107 billion in justice and public safety systems.ⁱ

As of December 2023, more than half of the U.S. population (169 million) live in a mental health professional shortage area, a designation used to identify areas and populations groups with limited access to care based on a population-to-provider ratio, with rural counties more likely than urban counties to lack behavioral health providers.ⁱⁱ A lack of providers has a detrimental impact on the estimated 48.7 million Americans with a substance use disorder and 59.3 million Americans with a mental illness with increased wait times, barriers to care for underserved groups and burnout for providers.ⁱⁱⁱ **For a full scope of shortages by provider category please see the appendix at the end of this brief.**

Counties are employing a number of innovative strategies to mitigate workforce shortages experienced at the local level. To address workforce challenges in behavioral health several strategies have been implemented including:

- **Increasing funding** by raising Medicaid rates and repurposing tax funds to support workforce initiatives.

- **Expanding apprenticeship programs** that offer on-the-job training and college credit which has proven to be a cost-effective approach.
- **Enhancing clinical training programs**, including internships for Master and Doctoral level students, helping create a pathway of skilled clinicians.
- **Partnering with local colleges and universities** to establish trainings and degree programs.
- **Establishing specialized training academies** to equip crisis responders with the necessary skills to meet new Medicaid requirements and enhance service delivery.

As exemplified by King County (WA), Will County (IL), and the Oregon Association of Community Mental Health Programs, county leadership is critical to responding to workforce challenges. The need for long-term support, collaboration and shared learnings are critical as the demand for services continues to grow.

“Nationwide, counties are facing acute behavioral health workforce shortages that have been worsened by a growing demand for these life-saving services. This is impacting our entire continuum of care that spans from crisis response programs to outpatient services to in-patient residential mental health services. In Los Angeles County, we’re collaborating with academic stakeholders to invest in a workforce pipeline that moves candidates from classrooms to essential behavioral health careers. We’re also focused on expanding student loan forgiveness, increasing sign-on bonuses, and weaving in other incentives to both bolster new worker recruitment and retain our existing workforce.”

— *Los Angeles County Supervisor Kathryn Barger*

INNOVATION SPOTLIGHTS

County Case Study in Behavioral Health Apprenticeships

KING COUNTY, WASHINGTON

Population size: 2,269,675

The King County Department of Community and Human Services Behavioral Health and Recovery Division conducted a survey of their community behavioral health providers in October 2023 to better understand workforce challenges in their community. A survey conducted among providers within the King County Integrated Care Network, which is a collaboration between the County and community-based organizations delivering mental health and substance use services to Medicaid-eligible individuals, revealed that out of 4,667 behavioral health staff in the county, 775 positions were unfilled, resulting in a vacancy rate of 17 percent. A majority of respondents noted partnerships with at least one college or university to help with developing a pipeline of applicants and indicated optimism that hiring trends are improving. The survey also identified a number of barriers to hiring including low wages, lack of qualified applicants and competition with private practice.

To address the challenges identified in the survey King County is taking a multi-faceted approach. Along with intergovernmental partners, they have pushed to ensure adequate funding for providers. Through legislative efforts the state of Washington increased Medicaid rates by 15 percent in 2024.^{vi} Additionally, King County repurposed funding from a behavioral health sales tax

for workforce initiatives and has coupled them with investments from their crisis care levy to train existing staff in evidence-based practices, promote professional development through reimbursement of education, and support recruitment and retainment efforts.^{vii}

The county has also expanded the role of apprenticeships by launching a behavioral health apprenticeship program in partnership with SEIU 199 Training Fund, Washington state and philanthropic partners. The program gives individuals the opportunity to learn on-the-job and earn college credit as a full-time employee. Apprenticeships provide access to education and training for those who are unable to afford college or significant classroom instruction time while working and they have proven effective in building diversity into the existing workforce. The Washington behavioral health apprenticeship program includes three tracks: behavioral health technician, peer counselor and substance use disorder professional.

The program has proven cost effective as well. A 2021 analysis showed that while hiring an apprentice is more expensive than hiring a college-educated staff in the first year of the program, in the second year the apprenticeship program pays for itself.^{viii}

King County Apprenticeship By The Numbers

12 King County Employers have participated in the behavioral health apprenticeship project across all three pathways

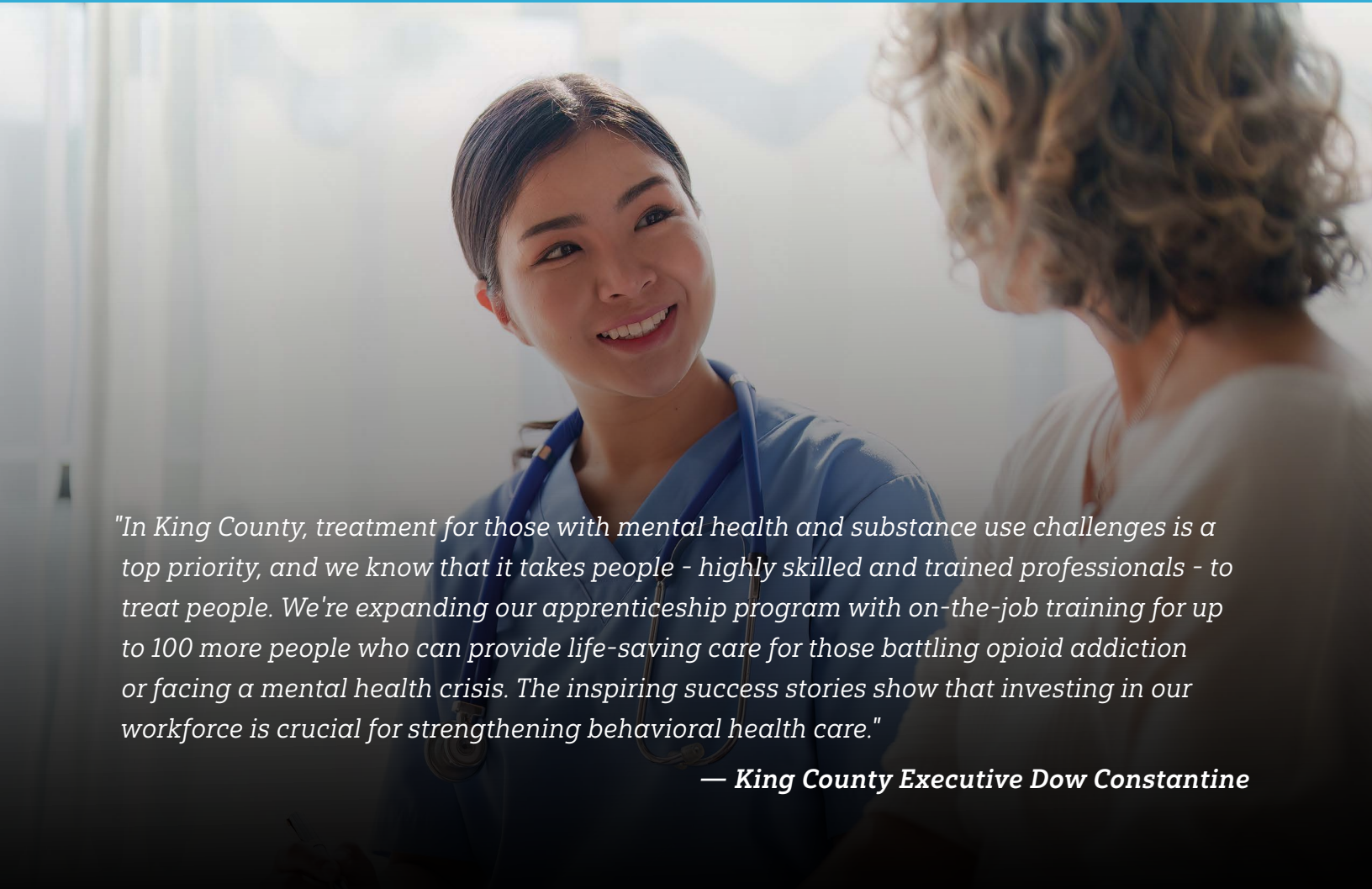
43 apprentices have been produced from those employers to date including

- 26** Substance Use Disorder Professionals
- 10** Peer Counselors
- 7** Behavioral Health Technicians

13 apprenticeship cohorts have been started statewide since October 2022. This includes

- 7** cohorts for Substance Use Disorder Professionals
- 3** cohorts for Peer Counselors
- 3** cohorts for Behavioral Health Technicians

Note: One additional cohort for each pathway is scheduled to start at the end of 2024 and new cohorts will continue to be added in 2025 and beyond.



"In King County, treatment for those with mental health and substance use challenges is a top priority, and we know that it takes people - highly skilled and trained professionals - to treat people. We're expanding our apprenticeship program with on-the-job training for up to 100 more people who can provide life-saving care for those battling opioid addiction or facing a mental health crisis. The inspiring success stories show that investing in our workforce is crucial for strengthening behavioral health care."

— King County Executive Dow Constantine



Credential v Licensure

A credential is a recognition given by a non-governmental organization to someone who has met predetermined qualifications for a certain occupation, role, or skill.

A license is a grant of legal authority to practice a profession within a designated scope of practice. Generally requirements are defined by state licensing boards, independent entities to which state governments have delegated authority to set licensure requirements for specified professions.



County Case Study in Generational Workforce

WILL COUNTY, ILLINOIS

Population size: 697,298

Managing turnover while expanding programs is a difficult task. It can be complicated when those leaving the workforce have years of institutional knowledge. The Will County Health Department encountered a significant shift in the generational makeup of their workforce in 2023 with eighteen staff retiring with over 30 years of service.^x To counteract this loss and expand much needed programs Will County has focused on expanding their behavioral health workforce through a variety of tactics.

The County is often at a recruitment disadvantage competing with private practices for counselors. To assist with recruitment efforts the County has updated their website to be more user-friendly and conducted a branding campaign for more visibility to prospective staff. To retain employees, they have focused on increasing salaries and highlighting other benefits like a better work-life balance.

Clinical training programs which provide internships for both Master and Doctoral level students are critical to creating a pipeline of highly skilled clinicians. The Clinical Training Program of the Behavioral Health Division is a proud Member of both the Association of Psychology Postdoctoral and Internship Centers (AAPIC) and the Association of Chicagoland Externship and Practicum Training (ACEPT). This program trains doctoral interns and practicum students from numerous universities and professional schools in the Chicagoland area, from all parts of the United States and other countries. The training program serves adults, children and adolescents with serious emotional distress.^x

In 2023, the Behavioral Health Division became an accredited American Psychological Association doctoral internship program for training in health service psychology. Programs that are APA accredited prepare individuals to work in diverse settings with diverse populations and are eligible for licensure as doctoral-level psychologists. The process for accreditation took many years and hard work but this designation makes Will County extremely competitive when attracting both practicum and internship applicants. With doctoral level students they are able to offer in depth psychological and intelligence testing for adults and children in addition to therapy.

The County has also looked to expand non-licensed workforce. In collaboration with Governors State University a peer support training program was launched in 2020.^{xi} The program allows the Will County community to utilize certified peer specialists to assist individuals with a substance use disorder realize long term recovery. Peers have also been used to distribute Naloxone, an opioid reversal drug. Will County's "Got Naloxone" program hires individuals with lived experience to connect people with treatment services and follow-up after police and fire respond to an opioid overdose.^{xii}



“Expanding our behavioral health programs has been a top priority for us in Will County. As our programs have expanded, the need to add additional experienced staff has also grown. Our clinical training programs and our peer support training program have been beneficial to us in helping us bolster our staff. Going forward, we will continue to explore innovative ways to attract highly qualified staff to provide services for our community.”

— Elizabeth Bilotta, Executive Director, Will County Health Department



Case Study in Crisis Workforce Development

OREGON

The Association of Oregon Community Mental Health Programs (AOCMHP) represents all 36 counties in the state through departmental Community Mental Health Programs (CMHPs) or delegated not-for-profit CMHPs. AOCMHP supports the local public behavioral health system by coordinating mental health promotion, suicide prevention, and advanced skill training programs for its members and other community-based providers.

The launch of 988 in July of 2022 started a renewed focus on mental health crisis care, with increased investments and local collaboration nationwide. Since its launch, 988, has received 9.6 million calls, texts, and chats.^{xiii} Demand could increase significantly given that a poll in October 2023 found that only 22 percent of respondents were familiar with 988 and 29 percent had never heard of it.

The crisis continuum of care including crisis lines, mobile crisis response, and crisis stabilization centers and other receiving facilities face significant workforce challenges. News articles have highlighted the significant turnover including Oklahoma and Colorado where more than one-third of call center workers left within months of taking their first call.

Shortly after the launch of 988, Oregon was approved for the first-ever waiver to support community-based mobile crisis intervention services in Medicaid.^{xvi} Under this waiver the state requires all counties to have two-person mobile crisis intervention teams available 24 hours a day, 7 days a week with one of the team members required to be a qualified mental health professional (master's level clinician).

Additionally, the state also requires all counties to offer mobile response and stabilization services for children, youth and young adults.^{xvii}

With increased demand for crisis services and the need to train new and existing workforce to ensure compliance with the new Medicaid requirements and Oregon administrative rules, AOCMHP created a Mobile Crisis Training Academy. This foundational training series is for all mobile crisis responders, including peer support workers, clinicians and emergency medical service providers. Topics covered in the training include engagement, safety planning, partnerships with law enforcement, and responding to specific populations such as veterans, service members and their families.

“We are happy to support our mobile crisis workers’ readiness to respond with the creation of the mobile crisis academy and we are grateful for the funding support from the Oregon Health Authority and for the many subject matter experts who have helped to develop and deliver this training.”

— **Cherryl Ramirez, Executive Director**
Association of Oregon Community
Mental Health Programs



Addressing the Behavioral Health Workforce Shortage through Intergovernmental Solutions

Addressing the behavioral health workforce shortage requires a multi-faceted approach involving federal policy changes, intergovernmental partnerships, technological advancements, and long-term investments. Our federal partners can play a critical role in supporting the efforts of counties to attract and maintain an adequate workforce, and build a strong and sustainable behavioral health system by:

1. **Enhanced Recruitment and Training Programs:** Federal policies should support initiatives that attract and adequately train new professionals in the behavioral health field.
2. **Improved Retention with Incentives:** Implement incentives to retain skilled workers, such as competitive salaries and professional development opportunities.
3. **Leveraging Credentialed Support Workers:** Create pathways for the use of peer providers and other credentialed support workers to supplement provider shortages and ensure patient-centered care.
4. **Expanded Telehealth Services:** Federal policies should incentivize the expansion of telehealth to improve patient access and increase provider efficiency.
5. **Investments in Long-Term Solutions:** Ensure sustained financial and resource investments by intergovernmental partners to strengthen the behavioral health continuum of care.

APPENDIX

Behavioral Health Professional Projections

Provider Type	Summary	Projected Shortage in 2036*
Addiction Counselor	Advise people who suffer from alcoholism, drug addiction, eating disorders, or other behavioral health problems. They provide treatment and support to help clients recover from addiction or modify problems individually and in group sessions.	87,630
Adult Psychiatrist	Physicians who diagnose and treat mental illnesses and substance use disorders through a combination of modalities, including psychotherapy, psychoanalysis, hospitalization, and the use of medication.	37,980
Child and Adolescent Psychiatrist	Physicians who diagnose and treat mental illnesses and substance use disorders through a combination of modalities, including psychotherapy, psychoanalysis, hospitalization, and the use of medication. Additional specialized fellowship training in sub-specialties such as child and adolescent psychiatry.	4,150
Child, Family, and School Social Workers	Provide social services and assistance to improve the social and psychological functioning of children and their families and to maximize the family well-being and the academic functioning of children. May also advise teachers.	25,270
Healthcare Social Worker	Provide individuals, families, and groups with the psychosocial support needed to cope with chronic, acute, or terminal illnesses. Provide patients with information and counseling, and make referrals for other services.	3,920
Marriage and Family Therapist	Diagnose and treat behavioral health conditions within the context of marriage and family relationships.	27,450

Provider Type	Summary	Projected Shortage in 2036*
Mental Health and substance use disorder social workers	Assess and treat individuals with mental, emotional, or substance abuse problems, including providing therapy, crisis intervention, case management, client advocacy, prevention, and education.	8,250
Mental Health Counselor	Work with individuals and groups to deal with anxiety, depression, grief, stress, suicidal impulses, and other mental and emotional health issues.	69,610
Psychologists	Assess, diagnose, and treat mental disorders and learning disabilities, as well as cognitive, behavioral, and emotional problems.	62,490
School Counselors	Work with students through individual and group counseling sessions to help students address academic, emotional, or social problems.	21,030
Total Projected Shortfall: 218,020		

*Assuming consistent demand from 2023-2026. Source: [Health Resources and Services Administration's \(HRSA\) Workforce Projections](#)

ⁱ NACo, Behavioral Health Conditions Reach Crisis Levels: Counties Urge Stronger Intergovernmental Partnerships and Outcomes

ⁱⁱ HRSA, Behavioral Health Workforce 2023

ⁱⁱⁱ SAMHSA, Results from the 2022 National Survey on Drug Use and Health

^{iv} The Commonwealth Fund, Understanding the U.S. Behavioral Health Workforce Shortage | Commonwealth Fund

^v Morse G, Salyers MP, Rollins AL, Monroe-DeVita M, Pfahler C. Burnout in mental health services: A review of the problem and its remediation. *Adm Policy Men Health Ment Health Serv Res.* 2011;39, 341-352. doi:10.1007/s10488-011-0352-1.

^{vi} Washington State Health Care Authority, Legislatively funded managed care rate increase overview (wa.gov)

^{vii} King County, MIDD Behavioral Health Sales Tax Fund - King County, Washington

^{viii} Ramping Up Medical Assistants in the COVID-19 Recovery: Seattle Jobs Initiative (2021)

^{ix} Will County, Annual-Report-2023-Web.pdf (willcountyhealth.org)

^x AAPIC, Introduction and General Information about the APPIC Match

^{xi} Governors State University, Peer Recovery Support Specialist: A Training Program | Governors State University (govst.edu)

^{xii} Will County, Got Naloxone - Will County Illinois - Home

^{xiii} SAMHSA, 988 Lifeline Performance Metrics, April 2024

^{xvii} NAMI, Poll of Public Perspectives on 988 & Crisis Response (2023)

^{xv} ABC News, As 988 centers struggle to hire, burnout plagues some crisis staff - ABC News (go.com)

^{xvi} HHS Approves Nation's First Medicaid Mobile Crisis Intervention Services Program, To Be Launched in Oregon | CMS

^{xvii} Oregon Secretary of State Administrative Rules



ABOUT NACo

The National Association of Counties (NACo) strengthens America's counties, serving nearly 40,000 county elected officials and 3.6 million county employees. Founded in 1935, NACo unites county officials to:

- Advocate county priorities in federal policymaking
- Promote exemplary county policies and practices
- Nurture leadership skills and expand knowledge networks
- Optimize county and taxpayer resources and cost savings, and
- Enrich the public's understanding of county government.

ABOUT NACBHDD

The National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) is the premier national voice for county behavioral health and intellectual/developmental disability authorities in Washington, DC. Through our work in policy, advocacy, and education, NACBHDD elevates the voices of local leaders on the federal level in Congress and the Executive Branch. NACBHDD is incorporated as a non-profit 501(c)(3).



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