



BBHC's Provider Advisory Council

Workgroup on WorkForce Assessment and Recommendations

WORKFORCE COMMITTEE FINDINGS

Eighteen (18) organizations responded to the survey put out by our workforce committee.

Based on their responses, we identified following number of open positions:

- Psychiatrists: 9 open positions
- Psychiatric APRNS: 4 open positions
- Licensed Clinicians: 55 open positions
- Masters Level Clinicians: 69 open positions
- Case Managers: 34 open positions
- Other Bachelors Level Positions: 51 open positions
- BHTs: 60 open positions
- Peer Specialists: 23 open positions
- RNs: 18 open positions
- LPNs: 11 open positions

TOTAL OPEN POSITIONS = 324

B. Open positions - % by position type:

- 38% Therapists
- 26% Case Managers & other bachelor's level
- 19% BHTs
- 9% Nurses
- 7% Peer Recovery Specialists
- 4% Psychiatrists/APRNS

C. Length of time positions are open:

Varies by organization, organization size, position and number of positions. Answers ranged from 30 days to over a year.

D. Recruitment strategies implemented:



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Increased Salaries – 13 organizations responded yes

Used Recruiters - 8 organizations responded yes

Sign on Bonuses – 6 organizations responded yes

Referral Bonuses - 10 organizations responded yes

Flexible Schedules - 13 organizations responded yes

Response to “were these strategies effective?” Increased salaries are somewhat effective at recruiting and effective for some organizations with retention. Recruiters are used for specific positions and are not always effective. Sign on bonuses and referral bonuses have been somewhat effective for some and not effective for others. Flexible schedules have been somewhat effective.

Despite some effectiveness with all these strategies, there continues to be shortages in workforce. *Note: A few organizations mentioned they used recruiters for licensed clinicians but more so for psychiatrists, APRNs and RNs. For those organizations that used recruiters for licensed clinicians, recruiting companies would not recruit for staff if salary ranges were under \$65-75,000+ as most clinicians in non-supervisory positions recruiting companies were speaking to were already gainfully employed in positions within that range of pay.*

E. OTHER In general, organizations responded that a reduction in administrative burden would be helpful in terms of retention of staff. Where possible, we are asking that our funders and regulators commit to reducing administrative burdens. We recognize that in this new workforce era, staff and potential staff are looking for work/life balance. Decreasing administrative burden and reducing the amount of direct service time will improve work/life balance. It will also have an impact on burnout which a primary cause for workforce turnover.

Some organizations reported that background screenings results are taking longer post pandemic, and as a result, some organizations losing people in between offer and start date. Other organizations reported time frames remain the same. However, there was a consensus that there is little that can be done to impact the speed of background screening.

The workgroup recommends seeking regulatory &/or other relief to temporarily allow for (i) use of LPNs in lieu of RNS for services including, but not limited to, residential level 1 and crisis stabilization; (ii) use of masters interns in lieu of masters level staff; and/or (iii) expanding educational and experience criteria for case managers so as to have a wider pool of eligible applicants.



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It was also noted that recruitment strategies should include engaging universities in changing messaging regarding working within community behavioral health organizations to be viewed in a more positive light.

Summary:

Although the majority organizations have implemented several recruitment strategies, we continue to experience a workforce shortage. Organizations expressed that while shortages are less than what they were previously, they continue to have gaps in care. Our survey demonstrates that workforce shortages are within all position types, but the greatest number or shortages are for therapists and case managers/bachelors level positions (64%).

It is important to note that we are not alone in this workforce crisis and that this workforce crisis is here to stay. In the U.S. in 2021, more than 47 million workers quit their jobs, many who are in search of improved work-life balance, flexibility and increased compensation. We currently have 11.3 million job openings in the US and only have 6 million unemployed workers. And, while we added 3.8 million jobs in 2021, we lost 2.2 million people from the workforce. As we continue to add jobs at a greater rate than increase in workforce, the workforce crisis will likely get worse. And, in some industries, including education, and health services, there are more unfilled job openings than unemployed workers with experience in their respective industry. (<https://www.uschamber.com/workforce/understanding-americas-labor-shortage>)

(<https://www.uschamber.com/workforce/understanding-americas-labor-shortage-the-most-impacted-industries#:~:text=In%202021%2C%20more%20than%2047,and%20a%20strong%20company%20culture.>)

To add to these concerns, South Florida specifically has the unique challenges involving housing. A recent analysis by FAU real estate economist has indicated that the South Florida housing market (ownership and rentals) is 30% overvalued which may result in a prolonged period of unaffordability. (Economist Ken Johnson). The outcome of this "unaffordability" is people leaving the area to seek jobs in a more affordable housing market which could lead to a continued increase in workforce shortages.

Although a solution is nowhere in sight, there are strategies we can implement that will attract more people to our profession and help us with retention.

Our workgroup recommends the following:

- 1. Develop a multi-year strategy/plan to incrementally increase salaries to become more competitive with and attract more people to our profession.**



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Although most organizations answered that they have increased their rates of pay, salaries need to increase further. When comparing salaries for clinicians with other professions (Ziprecruiter, salary.com, Indeed), masters level clinicians average \$50,000 or less annually and licensed clinicians average mid \$60,000's annually, while registered nurses and people with MBAs average \$80,000+ (annually).

Newly hired teachers in Broward County make almost \$50,000, while bachelor's level staff/case managers in behavioral health are making mid to high \$30,000's on average, the same as what you can expect to earn at Amazon and Whole Foods without a degree or the level of responsibility our staff has.

Even within our profession, it is well known that community behavioral health salaries are lower than what the private sector, insurance companies and others offer. In order to become more competitive and continue to attract people to this profession into the future, we will need to address this salary disparity.

2. Reduce administrative burdens and reduce the expectation of the number of hours spent in direct client care to reduce burnout and improve work-life balance.

It is commonly accepted that burnout is the leading cause of turnover in our profession and that today's workforce highly values work-life balance. Turnover rates in our profession are upwards of 40%. Our workforce crisis is as much about keeping people as it is attracting people to our profession. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4715798/>). There was unanimous consensus in our workgroup that a reduction in administrative burden would help to reduce burnout. In addition, we believe lowering expectations as a system of care as to how much time is spent in direct client care will also reduce burnout. This initiative will require a collaborative effort between funders and providers and a commitment to reduce administrative burdens to the extent we can. Reducing the expectation as to the number of hours spent in direct care will require an increase in rates which requires an increase in funding.

3. Widen the scope of who can provide services to help us serve people who are currently going unserved.



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As the workforce crisis is not disappearing any time soon, widening the criteria of who can provide services may be the only short-term solution to serve people who are currently going unserved. This initiative may require a statewide effort to advocate for regulatory change. Recommendations include using LPNs in lieu of/addition to RNs where RNs are typically required and masters level interns in lieu of/addition to masters level staff, as well as expanding criteria for case manager employment eligibility.

4. **Engage in a coordinated effort to collaborate with local universities to educate students on the pros of working with our organizations to improve students' perception of working in community behavioral health and attract new graduates.** Our workgroup recommends an ongoing effort to engage universities in strategies to attract graduating students to community behavioral health.