The Ohio Council
Of Behavioral Health & Family Services Providers

17 S High Street, Suite 799, Columbus, OH 43215
614-228-0747 | www.TheOhioCouncil.org
@theohiocounci

Ohio's Behavioral Health Workforce Crisis: The Missing Link to Economic Growth

Bridging the Gaps for Behavioral Health Workforce Crisis

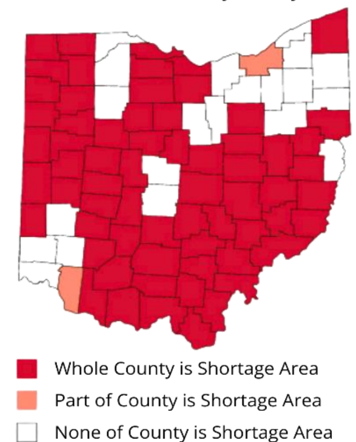
Ohio's behavioral health crisis is more than a public health challenge – it is an economic emergency. Demand for behavioral health (BH) services has never been higher, with nearly one-in-four U.S. adults experiencing a mental health condition in 2023 and adolescent anxiety and depression soaring.[i] Yet, Ohio's BH workforce is shrinking, as stagnant wages, funding shortfalls, and limited career pathways leave current workers underpaid, undervalued, and overburdened – driving record turnover and deterring new professionals from entering the field. If left unaddressed, this crisis will stifle economic growth, disrupt workforce productivity, and increase healthcare and public assistance costs. Ohio can reverse these trends by valuing lifesaving behavioral healthcare through strategic investments in workforce incentives, modernized career pathways, and improved reimbursement – ensuring better health outcomes and economic growth. The time for policymakers to act is now.

Current Workforce Challenges & Future Projections

From 2013 to 2019, the Ohio Department of Mental Health & Addiction Services reported that Ohio experienced a 353% surge in demand for behavioral health (BH) services, while the workforce expanded by only 174% during that same period; leaving 2.4 million Ohioans living in regions without enough BH professionals. The disparity in supply of providers versus demand for care resulted in an approximate 41-46% of unmet demand for services across Ohio.[ii]

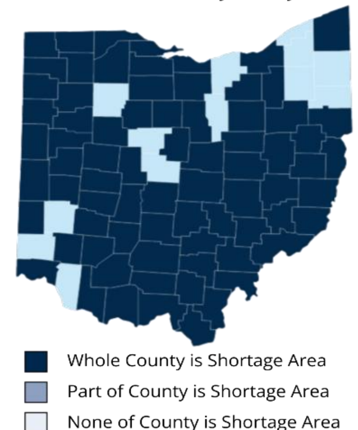
Following the pandemic, disparities in BH workforce supply and demand have continued to grow. In 2021, 76% of Ohio counties were designated by the Health Resources Services Administration (HRSA) as Mental Health Professional Shortage Areas (MHPSA), or regions where, due to provider shortages, residents struggle to access mental health care.[iii] Despite ongoing statewide efforts to grow the BH workforce, today Ohioans face even greater hardship accessing mental healthcare, as 85.2% of the state is now designated as a MHPSA, constituting a **10% increase** in MHPSAs across the State of Ohio in only three years.[iv]

Ohio's Health Professional Shortage Areas: Mental Health, By County (2021)



BH workforce shortages have far reaching economic impacts that hurt the labor market and stifle economic growth.[v] In Ohio, the opioid epidemic alone costs the state between $6.6 to $8.8 billion per year—about the same amount as spent annually on K-12 education.[vi] Positively, every $1 spent on improved access to behavioral health treatment leads to a $4 return on investment.[vii] Upstream investments in prevention and early intervention yield even greater returns, as every $602 invested in these efforts to support youth results in an average $7,754 cost savings, per person by the time they reach age 23.[viii] Expanded access to care grows workforce participation by up to 42%, which would in turn, increase U.S. economic outputs by $53 billion each year – creating a positive feedback loop that both fuels economic growth and reduces public spending on governmental assistance programs.[ix, x] (*Read The Ohio Council's recently published briefs, "Cultivating a Healthy Workforce Grows a Thriving Economy" and "The Effectiveness & Economic Impact of Prevention Programs".*)

Ohio's Health Professional Shortage Areas: Mental Health, By County (2024)



Final Published 02.21.25

While the financial toll of BH workforce shortages is already significant, without intervention, by 2037 it will become even more severe – putting even greater financial strain on Ohio's economy. HRSA maintains a Health Workforce Projections Dashboard, which forecasts the network adequacy of the healthcare workforce through the year 2037 by comparing data of the projected supply of the available healthcare workforce (i.e. practitioners who are working or seeking work in the healthcare sector) compared to the number of workers needed to meet the anticipated demand. By 2037, network adequacy for Mental Health Counselors is projected to be only 49%, while adequacy of Substance Use Disorder Counselors will stand at an alarming 30%. **Meaning, more than 1-in-2 Ohioans (51%) with a MH condition, and 7-in-10 Ohioans (70%) seeking SUD care will be unable to access it – solely because of an inadequate number of providers available to meet the projected demand.**[xi]

Unpacking the Drivers of Behavioral Health Workforce Challenges

The drivers contributing to Ohio's current BH workforce challenges are complex and interrelated. Ohio has taken steps to mitigate some of these factors through various pilot programs, listed below. These programs on a smaller scale have demonstrated early success slowing the impact of these drivers; and expansion of these key initiatives should be considered as viable options to further stabilize and grow Ohio's BH workforce.

Driver #1 – Salary Disparities & Lack of Professional Value: BH professionals receive significantly lower wages than their peers in other similar healthcare or direct service sectors.[xii] A recent analysis of job postings found that starting salaries in community behavioral health are **23.4% lower** than comparable positions in other practice settings. While the 2024 Ohio Medicaid rate increase enabled salary increases, the market value outpaced the investment. These wage disparities have stifled Ohio's efforts to recruit new workers to the BH field and have left current BH professionals both under-compensated and undervalued. The lack of competitive wages and professional recognition reflected by industry salary disparities has caused an alarming number of workers to leave the field entirely, as evidenced by skyrocketing organizational turnover rates (*see Driver #4 below*).

COMMUNITY BEHAVIORAL HEALTH POSITIONS	2022 OHIO COUNCIL MEDIAN SALARY	INDEED.COM 2022 AVERAGE MARKETPLACE SALARY	2022 SALARY DIFFERENCE: MARKETPLACE *VS* COMMUNITY BH	2024 OHIO COUNCIL MEDIAN SALARY	INDEED.COM 2024 AVERAGE MARKETPLACE SALARY	2024 SALARY DIFFERENCE: MARKETPLACE *VS* COMMUNITY BH
Independently Licensed Clinician (LPCC / LISW)	$58,300	**$71,100**	-22%	$64,743	**$89,600**	-38.6%
Independent Chemical Dependency Counselor (LICDC)	$55,600	**$67,300**	-21%	$63,560	**$68,520**	-7.8%
Licensed Professional Counselor (LPC)	-	-	-	$53,225	**$83,360**	-31%
Licensed Social Worker (LSW)	$45,900	**$60,000**	-23.5%	$53,933	**$59,800**	-10.8%
Chemical Dependency Counselor Assistant (CDCA)	$38,900	**$45,500**	-17%	$42,266	**$50,500**	-18.2%
SUD Case Manager/Case Manager Specialist (Bachelors Degree)	$38,700	**$44,700**	-15.5%	$43,700	**$41,747**	+4.3%
Qualified Mental Health Specialist / CPST (No Degree)	$35,900	**$44,700**	-24.5%	$39,963	**$39,780**	0%
Direct Service Staff (Bachelors Degree)	$37,500	**$41,600**	-11%	$37,304	**$44,600**	-2.7%
Peer Recovery Specialist	-	-	-	$37,171	**$40,000**	-7.6%
Prevention Specialist	-	-	-	$43,300	**$49,100**	-13.4%
Van Driver (No Degree)	$32,100	**$43,600**	-36%	-	-	-
	AVERAGE SALARY DIFFERENCE:		-21.3%	AVERAGE SALARY DIFFERENCE:		-23.4%

Ohio Efforts to Improve Salary Gaps

- **SFY 24-25 Medicaid Rate Increases**: In 2024 a 12.5% Medicaid rate increase was adopted for all direct BH services. The 2024 Ohio Council Salary Survey revealed that in 2024 organizations increased salaries across all front-line provider types by, on average, 6.5%-9.8%; made market rate salary adjustments, and sustained robust benefits despite inflationary cost pressures. While this enabled salary increases, the market value accelerated at a faster pace for most positions, and particularly for licensed practitioners.

Driver #2 – Insufficient Insurance Coverage, Reimbursement, & Funding Sources: Insufficient private insurance coverage and funding for a full continuum of BH services is a key driver of the non-competitive salaries that exacerbate workforce shortages.[xiii] There is currently no dedicated funding that supports prevention or interventions to address social determinants of health (SDOH). Likewise, while Medicaid covers a broader range of services, there are still gaps in coverage for integral services that reduce overall costs such as crisis services and care coordination. Even worse, most private insurers do not recognize dependently licensed or paraprofessional provider types *at all*; and among BH services that *are* covered by private insurers, the reimbursement rates are

significantly lower than the actuarily sound Ohio Medicaid rates. This lack of parity in private plan reimbursement combined with vast gaps in revenue sources for services like prevention, care coordination, or consultation has created a funding deficit too large for Medicaid rate increases alone to bridge.

Ohio Efforts to Address Funding Limitations

- **OhioRISE:** OhioRISE offers care coordination, attends to SDOH issues, and reimburses for traditional and intensive services using a mix of professionals, paraprofessionals, and peers. These benefits, however, are limited by eligibility and are only available for youth with complex behavioral health needs.

Driver #3 – Barriers to Career Entry & Advancement: The BH sector is facing a deficit of available professionals, due to the lack of clearly defined career ladders and entry level certificates that enable job placement and career growth. Entry-level positions often require state licensure; and the sector lacks a clear career ladder for most employees to grow professionally without a master's degree.

Ohio Efforts to Expand Career Pathways

- **CDCA / LCDC II Credential:** Certification and licensure that recognizes non-degree experience and educational degree attainment with professional experience to develop substance use practitioner.
- **Peer Support Credential**: Created a credential for peer support paraprofessionals who complete required training to provide recovery supports.

Driver #4 – Recruitment and Retention Rates: The BH sector faces alarmingly high turnover rates, with annual attrition three-to-six times higher than the benchmark to maintain stability.[xiv] Like first responders, providing lifesaving care often results in vicarious stress and documentation burden often leads to burnout, which coupled with low wages and limited career growth opportunities drive high turnover. Thus, disrupting patient care and threatening the financial stability of BH organizations. Each time an employee leaves their position, agencies encumber an average $5,700 loss.[xv,xvi] Since 2020, annual BH attrition rates have risen by more than 10%, with agencies experiencing, on average, 41% of their workforce turn-over in 2024 alone.

Ohio Efforts to Address BH Workforce Recruitment & Retention:

- **Great Minds Fellowship (GMF)**: Provides scholarships, paid internships, and loan repayment for graduates who commit to 1or 2 years of work in a Community Behavioral Health Center; however, no permanent funding is assigned to the program.
- **Welcome Back Campaign**: Provides sign-on bonus for BH employees returning to the workforce; however, the program was funded with ARPA funds and no permanent funding has been identified.

Strategic Actions for Workforce Improvements

To grow Ohio's Behavioral Health (BH) workforce and further mitigate the above drivers of the current BH workforce crisis, the following policy recommendations should be considered:

Policy Recommendation #1: Address Salary Disparities

- **Examine Reimbursement Rates**: Increase reimbursement rates and covered services across all payers to ensure BH salaries are competitive, improving service delivery, recruitment, and retention.
- **Enable Alternative Reimbursement Strategies**: Encourage alternate payment models that align incentives and risk sharing to support wages and benefits commensurate with education, experience, and levels of responsibility; include opportunities for improved integration, such as Certified Community Behavioral Health Centers, population health, and partnerships with schools and community programs.

Policy Recommendation #2: Enforce Existing Parity Requirements

- **Increase Parity Law Enforcement**: Ensure that BH services are reimbursed at actuarially sound rates to provide network adequacy, as required by federal parity laws.
- **Engage MCOs for Reimbursement Fairness**: Urge private insurers to utilize actuarily sound reimbursement rates for BH services similar to Ohio Medicaid to bolster network access to care.
- **Incentivize MCOs Credentialing Reciprocity**: Incentivize private insurers to provide reimbursement across all levels of BH licensure and certification (including paraprofessionals and peer supporters).

Policy Recommendation #3: Increase Supply of Behavioral Health Professionals

- **Modernize Career Pathways & Credentialing**: Grow the BH workforce by expanding degree and non-degree career pathways, certifications, and licensing opportunities for individuals to enter a BH career, including administrative, finance, and IT professionals.
- **Develop Entry-level MH Certification**: Create the Qualified Mental Health credentials as a visible career pathway into the mental health sector, incorporating both degree and non-degree opportunities immediately following high school and beyond.

Policy Recommendation #4: Implement Recruitment & Retention Strategies

- **Expand Scholarships, Internships & Loan Repayment**: Leverage lessons learned from the Great Minds Fellowship by identifying sustainable funding to permanently expand paid internships, practicums, or other programs that alleviate educational debt for professionals committing to work in underserved areas. Provide training supervision compensation and loan repayment for graduates who commit to 1 year of work in a Community Behavioral Health Center.
- **Invest in Career Development**: Create a stronger pipeline that supports workers to achieve more professional development, enhance intervention skills, and/or advanced licensure by providing funding for community-based BH organizations that provide upskilling and professional training.

Investing in Ohio's Behavioral Health Workforce – A Pathway to Prosperity

Ohio's behavioral health workforce crisis has crossed the breaking point; and without bold policy action, this crisis will continue to worsen. Low wages, funding shortfalls, and career entry barriers have created an unsustainable system where demand far outpaces supply. Left unchecked, these shortages will continue to deprive Ohioans of lifesaving and life-changing behavioral health services: further straining families, communities, and the economy. While current policy efforts have demonstrated modest success, they have not been enough to stem the tide of professionals leaving the field or to incentivize new workers to enter it, leaving tens of thousands of Ohioans without essential care. Fortunately, there is a solution. Ohio's leaders must act now to expand funding, enforce parity, modernize credentialing, and create sustainable workforce incentives. Investing in Ohio's behavioral health workforce is not just necessary – it is urgent. Strengthening wages, enhancing career pathways, and broadening recruitment efforts will improve health outcomes, fuel economic growth, and build a stronger, more resilient Ohio where all residents can be productive and reach their full potential.

---

[i] Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58).* Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

[ii] Ohio Department of Mental Health and Addiction Services. (2021, April 27). *Understanding supply and demand within Ohio's behavioral health system: Forecasting behavioral health workforce supply and demand across the state of Ohio*. Ohio Department of Mental Health and Addiction Services. https://data.ohio.gov/wps/wcm/connect/gov/8be25a08-6cbd-414f-a6eb-0f5bfd6ff1a2/MHAS+Reports.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_79GCH8013HMOA06A2E16IV2082-8be25a08-6cbd-414f-a6eb-0f5bfd6ff1a2-od.vdj4

[iii] Health Resources and Services Administration. (2002-2021, October 26-September 11). HPSA Find [Dataset]. U.S. Department of Health and Human Services. https://data.hrsa.gov/tools/shortage-area/hpsa-find.

[iv] Health Resources and Services Administration. HPSA Find [Dataset]. U.S. Department of Health and Human Services. https://data.hrsa.gov/tools/shortage-area/hpsa-find.

[v] National Council for Mental Wellbeing. (2021). Impact of COVID-19 on behavioral health workforce. https://www.thenationalcouncil.org/wp-content/uploads/2022/04/NCMW-Member-Survey-Analysis-September-2021_update.pdf

[vi] Rembert, M., Betz, M., Feng, M., & Partridge, M. (2017). *Taking Measure of Ohio's Opioid Crisis*. Columbus OH: Swank Program in Rural-Urban Policy, The Ohio State University. Retrieved from https://kb.osu.edu/items/670d4932-1ab6-52db-a9d2-c9f20656700f/full

[vii] World Health Organization. (2016). *Investing in treatment for depression and anxiety leads to fourfold return*. https://www.who.int/news/item/13-04-2016-investing-in-treatment-for-depression-and-anxiety-leads-to-fourfold-return?

[viii] Kuklinski, M.R., Oesterle, S., Briney, J.S., & Hawkins, J.D. (2021). Long-Term Impacts and Benefit-Cost Analysis of the Communities That Care Prevention System at Age 23, 12 Years After Baseline. *Prevention Science: The Official Journal of the Society for Prevention Research*, *22*(4), 452-463. https://doi.org/10.1007/s11121-021-01218-7.

[ix] Hindley, I. (2023). Labor Impacts of Recovery from Severe Mental Illnesses. Retrieved from https://www.americanactionforum.org/research/labor-impacts-of-recovery-from-severe-mental-illnesses/

[x] Deloitte Center for Health Solutions. (2022). *The Economic Burden of Mental Health Inequities*. Nashville TN: Meharry School of Global Health. Retrieved from https://www2.deloitte.com/us/en/insights/industry/health-care/economic-burden-mental-health-inequities.html

[xi] Health Resources and Services Administration. (2024). *Health workforce projections dashboard*. U.S. Department of Health and Human Services. https://data.hrsa.gov/topics/health-workforce/workforce-projections

[xii] Krasna, H., Venkataraman, M., & Patino, I. (2024). Salary disparities in public health occupations: Analysis of federal data, 2021–2022. *American Journal of Public Health, 114*(3), 329–339. https://doi.org/10.2105/AJPH.2023.307512

[xiii] Health Management Associates. (2021). *Behavioral Health Workforce is a National Crisis*. https://www.healthmanagement.com/wp-content/uploads/HMA-NCMW-Issue-Brief-10-27-21.pdf

[xiv] National Wraparound Implementation Center. (2024). Addressing the behavioral health workforce crisis: Understanding the drivers of turnover and strategies for retention. Storrs, CT. National Wraparound Implementation Center. https://nwi.pdx.edu/pdf/addressing-the-behavioral-health-workforce-crisis.pdf?

[xv] Debbie L. Young. Turnover and Retention Strategies among Mental Health Workers. Fortune Journal of Health Sciences 5 (2022): 352-362. https://www.fortunejournals.com/articles/turnover-and-retention-strategies-among-mental-health-workers.pdf

[xvi] National Safety Council. (n.d.). *NSC Employer Cost Calculator: Mental Health in Ohio*. Retrieved from https://www.nsc.org/workplace/safety-topics/employee-mental-health/cost-calculator