



Report on the Mental Health Services Workforce Crisis December 2021

AspireMN, the Minnesota Association of Community Mental Health Programs (MACMHP) and the Mental Health Providers Association of Minnesota (MHPAM) surveyed 50 mental health service providers across Minnesota between November 19 and December 7, 2021. A list of the services provided by responding organizations is included in Appendix 1. A complete list of survey questions is included in Appendix 2.

Our unprecedented mental health workforce crisis has many serious implications. One goal of this survey was to better understand where the crisis is having the greatest adverse impact in our continuum. The data shows that the workforce crisis is having a crippling impact across the entire continuum.

- Service areas are being eliminated due to lack of staff
- Staffing shortages mean a decreased capacity to provide care during a time of profound need among children, adults and families
- Waitlists are long, and getting longer
- Staff in all positions are spread thin, leading to burnout and turnover
- Increased percentages of organizational budgets are being spent on recruitment and retention of staff
- Operational costs continue despite the associated lack of service and revenue

We currently have 100 openings for several different positions.

We had to close our Residential Crisis Substance Use Treatment facility due to a lack of qualified staff.

Clients are being served at a lower level of care than required.

AspireMN improves the lives of children, youth and families served by member organizations through support for quality service delivery, leadership development and policy advocacy.

Though staff shortages are impacting all areas of the economy, **meeting the mental health needs of children, adults and families who are in deep crisis is a shared statewide priority**. To adequately maintain existing capacity and shift into building greater ability to meet growing needs, **survey respondents overwhelmingly cited short and long-term financial support as their number one need.**

Key data trends were identified for each survey question through a process of dividing the comments into frequently cited categories. The most mentioned data point is at the top of the list.

- 1. How is the workforce crisis impacting service delivery in initial access to services?**
 - a. Unable to hire enough staff to provide services
 - b. Lack of staff leads to decreased capacity
 - c. Inability to take referrals, long waitlists and delayed intakes
 - d. System backlog emerges when children and adults aren't able to access the care they need

- 2. How is the workforce crisis impacting service delivery in numbers of clients on waiting lists?**
 - a. Unable to serve at full capacity, so more kids and adults are on waiting lists
 - b. Greater number of clients with complex cases and greater needs placed on waiting lists
 - c. Staff get overwhelmed from the pressure of working under long waiting lists
 - d. Client mental health needs growing in acuity due to being placed on waiting list
 - e. Having to close waitlists altogether in the hopes that clients can be seen elsewhere

- 3. How is the workforce crisis impacting service delivery in other ways?**
 - a. Staff fatigue and burnout is high, which leads to lowered quality of care
 - b. Clients are going without therapy services, sometimes only receiving skills or no services at all
 - c. Staff are reassigned at much higher rates than before
 - d. Kids and adults are receiving care at a lower level of intensity than needed
 - e. Critical staff capacity having to be spent trying to fill positions

- 4. Please identify the top impacts of the workforce crisis on your service delivery to clients.**
 - a. Unable to provide services and therefore cannot meet the mental health needs of the communities being served
 - b. Long waitlists and wait times resulting in delayed service provision
 - c. Less consistency in the quality of services provided
 - d. High staff turnover leads to disjointed service provision for clients

5. Please share one example/anecdote of how lack of access to care is impacting children/adults/families.

- a. *A family we work with needs significant support to help their child who is struggling with school attendance and is in dire need of trauma focused care. We are able to assist with day treatment and skills, but lack an individual and family therapist to help support the whole family unit in helping child get to school and off truancy. This will be especially needed when the child is able to discharge from day treatment as they presently will be without a therapist.*
- b. *Person living in their own apartment not having enough consistent staffing and having to move back in with aging parents.*
- c. *Client waiting in hospital longer due to no community providers able to meet his needs. Those providers don't have staffing.*
- d. *We had a recent referral for a client who has been in the Emergency Department for 56 days.*
- e. *Every family who is told there is a three-month wait for a residential slot is devastated.*
- f. *We have management staff who, at one time provided supervision to staff and additional support to clients when there were circumstances that required a higher level of expertise to resolve. Due to the lack of staffing, these managers are now needed to fill shifts that we are unable to find staff to cover. Staff who were once available for crisis management and de-escalation are unable to provide that to our clients. This results in burnout of our direct care professionals, and us having to seek out resources from crisis response services when it could have been avoided if we had our management available as a resource.*
- g. *Our waiting list for students to access mental health services in-person in each school in one district has been averaging about 15 students because the provider is covering four schools in the area due to an inability to find a qualified clinical trainee or mental health professional for any other these other schools. That is nearly 60 youth referred for services who are unable to access services outside of school either due to a lack of access in the area to other services, other providers in the area being full, an inability to use telehealth for services, transportation challenges, and/or other complicating factors.*
- h. *Our adolescent DBT program has received a record number of referrals in the last six months resulting in our DBT therapists having no more capacity after an assessment is done. With no one hired after months of posing an opening, new DBT clients are having to wait until someone graduates to be added. I believe many of these families are in a waiting pattern not just with us but with several programs trying to increase their odds of getting in sooner. This is not how we want to do care, but have reached the point where we can't absorb more clients.*

6. **What strategies would you like to continue that have been effective in recruiting new staff?**
 - a. *Referral bonuses*
 - b. *Student loan forgiveness*
 - c. *Hiring bonuses*
 - d. Job/career fairs
 - e. Social media
 - f. Word of mouth referrals/staff-driven recruitment
 - g. Increased pay and benefits
 - h. Hiring student interns upon graduation

7. **What strategies would you like to continue that have been effective in retaining staff?**
 - a. Competitive benefits and salary
 - b. PTO
 - c. Flexibility
 - d. Retention bonuses and stay pay
 - e. Strong training
 - f. Hazard pay when necessary
 - g. Developing a positive workplace culture

8. **What strategies for staff recruitment/retention would you like to implement?**
 - a. Increased pay
 - b. Better benefits
 - c. Sign on bonuses
 - d. Reduced paperwork
 - e. Employee incentives for referrals
 - f. Retention bonuses and stay pay
 - g. Using a recruiter
 - h. Targeted outreach to BIPOC therapists
 - i. Talent Pipeline Management
 - j. Tuition reimbursements

9. **What are the barriers to implementing the strategies you've identified?**
 - a. Rates for mental health services/lack of funding
 - b. Extreme staff shortages
 - c. Statutory requirements
 - d. Finding credentialed staff

10. **Outside of financial relief, please identify the top two policy areas where the State of MN can help provide relief in response to your workforce crisis.**
 - a. Increased mental health reimbursement rates
 - b. Administrative simplification – reduced paperwork
 - c. Expedited and improved licensing process and requirements
 - d. Expand student loan forgiveness
 - e. Easier pathway for licensure, especially for non-native English speakers
 - f. More open licensing standards

- g. Continued flexibility to utilize telehealth
- h. Extension of certifications and licenses to decrease frequency/intensity of audits and site visits

Appendix 1. Services provided by surveyed organizations

ANSWER CHOICES	RESPONSES	
Children's Therapeutic Services and Supports	57.14%	40
Outpatient mental health appointments	77.14%	54
Day Treatment	40.00%	28
Children's Residential Treatment	20.00%	14
Psychiatric Residential Treatment Facility	7.14%	5
Intensive Residential Treatment Services	35.71%	25
Assertive Community Treatment	25.71%	18
Adult Foster Care	12.86%	9
Adult rehabilitative mental health services	50.00%	35
Crisis Residential Services	25.71%	18
Targeted Case Management	50.00%	35
Mobile Crisis Response	30.00%	21
Peers	21.43%	15
Behavioral Health Home	17.14%	12
Outpatient Substance Use Disorder (integrated SUD e.g. CCBHC)	22.86%	16
Detox (integrated SUD)	5.71%	4
Withdrawal Management (245F) as integrated SUD	8.57%	6

Appendix 2. Complete list of survey questions.

1. How is the workforce crisis impacting service delivery in initial access to services?
2. How is the workforce crisis impacting service delivery in numbers of clients on waiting lists?
3. How is the workforce crisis impacting service delivery in other ways?
4. Please identify the top impacts of the workforce crisis on your service delivery to clients.
5. Please share one example/anecdote of how lack of access to care is impacting children/adults/families.
6. What strategies would you like to continue that have been effective in recruiting new staff?
7. What strategies would you like to continue that have been effective in retaining staff?
8. What strategies for staff recruitment/retention would you like to implement?
9. What are the barriers to implementing the strategies you've identified?

10. Outside of financial relief, please identify the top two policy areas where the State of MN can help provide relief in response to your workforce crisis.
11. How is the workforce crisis impacting service delivery in your ability to meet evidence-based practice fidelity requirements?
12. What are the high level financial impacts of creative solutions to recruit/retain staff?
13. What are the high level financial impacts of overtime costs?
14. What are the high level financial impacts of decreased census due to lack of staffing capacity?
15. Are there other high level financial impacts?
16. As you plan for 2022 and beyond, how are workforce recruitment and retention strategies impacting your projected budgets?
17. What positions are you having the greatest difficulty hiring?

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