Erie County Department of Mental Health

2022 Workforce Survey

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Executive Summary

Staffing challenges have been problematic for mental health, substance use and developmental disability agencies for many years. The impact of COVID-19 on staffing has exacerbated the challenges and highlighted the fragility of the systems of care. Staffing has been reported by many providers as the greatest area of need.

The Erie County Department of Mental Health conducted a Workforce Survey to try and better understand the staffing challenges facing the Erie County providers. The survey was released on May 9, 2022 and closed on June 6, 2022. A total of 33 responses were received.

The 33 respondents reported they have over 15,000 positions to serve individuals across the mental health, substance use, and developmental disabilities systems of care; and this is only a fraction of all of the agencies serving individuals in Erie County. Staffing categories with the most severe staffing shortages include: Other Medical (ex. Nurses), Clinicians (Masters Level), Bachelors Level Program/Direct Care, Associates Degree and no degree required Program/Direct Care staff, and Peers. These roles are the backbone of our systems of care and are directly involved with providing services to individuals in need.

The variations in starting salaries across agencies were significant and puts some agencies at a disadvantage when seeking to recruit and retain staff. Also notable is the tenure of staff in various roles, particularly the tenure of staff who left in the past 12 months. The data shows that many individuals in the high need roles are leaving after 2 years or less of service. This rapid turnover suggests that agencies should plan for this regular turnover or explore new strategies for retention.

Recruitment and retention of staff is very challenging for agencies. Low salaries were consistently reported as the greatest impediment for both recruitment and retention. Rewarding work was the most common response to factors with a positive impact on recruitment and retention.

The impact of staffing shortages affects the current workforce, agencies, and individuals being served. The current workforce is experiencing more burnout and increased caseloads to cover for vacancies. Fewer new clients are being accepted and there is a negative impact on the quality of care.

When asked for suggestions to improve staff recruitment and retention, respondents said that sustained annual funding and rates that support reasonable salary increases as the number one solution. Decreased regulatory requirements was the second most common response. Sixty-eight percent of respondents recommended salary increases in the range of 15%-25%.

Respondents were asked what strategies they had implemented and found to be effective. Many suggested sign on bonuses, referral bonuses and retention bonuses, increasing salaries, advertising and networking, partnering with colleges and universities, providing flexibility to staff, staff engagement, and training opportunities.

They were also asked to offer suggestions regarding decreasing regulatory requirements. Decreasing the burden of documentation, reducing reporting requirements, and decreasing the educational requirements were common responses.

Overview

The Erie County Department of Mental Health is responsible for the oversight of the systems of care serving those with mental health, substance use, and intellectual and developmental disabilities. The backbone of all of these systems is a strong and competent workforce.

Providers have been saying that insufficient staffing has been a problem for many years, but more recently, the severity of the problem has been exacerbated. Staffing has increasingly become a major obstacle for providing services to individuals struggling with mental health and substance use challenges and intellectual and developmental disabilities. The Erie County Department of Mental Health has heard from many community providers that recruitment and retention of staff has become more difficult, there are fewer qualified applicants and turnover is frequent. In many cases, staffing shortages are impacting an agency's ability to continue to deliver these much-needed services. To compound the situation, agencies are reporting greater need and an increased demand for services.

The Erie County Department of Mental Health set out to quantify the staffing situation to better understand the scope of the problem. The Department developed a survey tool that included questions specific to the category of staff (Administrative, Program Managers/Supervisors, Prescribers, Other Medical, Clinicians (Masters Level), Bachelors Level Program/Direct Care staff, Program/Direct Care staff with Associates Degree and no degree required, Peers, and Administrative Support/Clerical). The survey also explored topics related to recruitment and retention including factors that negatively and positively impact recruitment and retention, the impacts of staffing shortages, strategies to improve recruitment and retention, and suggestions to decrease regulatory requirements to support improved recruitment and retention. Respondents were also asked to identify the types of services provided by their agency (Integrated Services, Mental Health, Substance Use Disorder and/or Developmental Disabilities) in order to analyze differences across the service sectors. The complete survey tool is included as **Attachment 1**.

The 2022 Workforce Survey was opened on May 9, 2022 and closed on June 6, 2022. A total of 33 surveys were received.

Results

Agencies were asked to identify which services they provide: Mental Health, Substance Use Disorder, Integrated Services, or Developmental Disabilities. They were asked to check all that applied. Some checked one service category and some checked more than one.

22 agencies reported they provide Mental Health Services (MH) (67%)
16 agencies reported they provide Substance Use Disorder Services (SUD) (48%)
4 agencies reported they provide Integrated Services (12%)
6 agencies reported they provide Intellectual & Developmental Disabilities Services (IDD) (18%)

The first section of analysis is for all providers regardless of the services they provide. Following this high-level analysis, we will present data regarding each of the service categories.

The survey asked about each type of staffing a provider may have (Administrative, Program Managers/Supervisors, Prescribers, Other Medical, Clinicians (Masters Level), Bachelors Level Program/Direct Care staff, Program/Direct Care staff Associates Degree and no degree required, Peers, Administrative Support/Clerical. For each type of staff responders reported the number of budgeted positions, vacancies and tenure, starting and median salary, and were asked to rate the severity of the

staffing shortage for each job type on a scale from 0-100 with 0 being no problem to 100 being crisis level.

For the high-level overview of all respondents, we will report the average of ratings of the severity of the staffing shortage for each type of staff on a scale from 0-100 with 0 being no problem to 100 being crisis level.

Type of Staff	Average rating	Percent of respondents with rating 80 or higher
Administrative	31.8	13%
Program Managers/Supervisors	31.0	13%
Prescribers	41.7	23%
Other Medical	56.9	35%
Clinicians (Masters Level)	74.1	50%
Bachelors Level Program/Direct Care staff	60.6	27%
Program/Direct Care staff Associates Degree and no degree required	76.5	68%
Peers	60.5	36%
Administrative Support/Clerical	42.1	15%

Based on conversations with agencies prior to this survey, the Erie County Department of Mental Health had heard that there were significant staffing shortages for Clinicians, Bachelors level staff, Program and Direct Care staff with Associates Degree or no degree required, and Peers. The survey results confirm that this is the case.

To further understand staffing shortages for each type of staff, the data was separated by service category and the other data points were analyzed including Total Positions, Total Vacancies, Percent of Vacant Positions, Starting and Median Salaries, Median Tenure and Tenure of Staff who left in the past 12 Months, and respondent comments. The following provides the key points from this analysis. Please see **Table 1** for the detailed data.

Administrative (leadership, fiscal, HR, IT, QA/QI, etc.)

Respondents reported 216 vacancies for Administrative staff of a total of 2,345.5FTE positions. This represents 9.2% of this workforce is vacant. IDD programs reported only 6.4% vacant positions while SUD programs and Integrated Services reported 10.7% and 10.8% respectively. The average median tenure for all administrative staff ranged from 7.4 years for IDD services and 9.5 years for MH services. The average tenure of staff who left in the past 12 months ranged from 3.3 years of IDD and 4.4 years of Integrated Services.

Respondents were asked “What, if any, roles/titles in the Administrative category are you struggling to recruit and/or retain?” The responses for all of the service categories conveyed similar themes which are listed below:

- Customer Service Representatives
- Utilization Review
- Clinical and Program leadership
- Accounting/Finance
- Human Resources, Payroll and Recruiters
- QA and Compliance
- IT
- Community Engagement Coordinator
- Admissions
- Facilities Technicians

IDD and Integrated Services rates the severity of the staffing shortage for Administrative staff much higher than Mental Health and SUD. The average IDD rating was 50, Integrated Services was 47.5 compared to MH at 31.6 and SUD at 30.3.

Program Managers/Supervisors

Respondents reported 110 vacancies for Program Managers/Supervisors of a total of 1,385.5 FTE positions. This represents 7.9% of this workforce is vacant. Mental Health services report the highest percent of vacant positions at 9.3%. The average median tenure for all Program Managers/Supervisors ranged from 6.8 years for IDD services and 8.9 years for SUD services. The average tenure of staff who left in the past 12 months ranged from 3.9 years for MH and 5.1 years for SUD.

The range of starting salaries is significant for Program Managers/Supervisors. Overall the starting salaries range from $34,000 to $85,000 representing a range of $51,000.

Prescribers

The data and responses indicate that agencies use a number of approaches for obtaining Prescriber services. Some hire Prescribers and others have contracts and pay Prescribers an hourly rate. There is insufficient data available for IDD service providers to do any analysis. SUD and Integrated Service providers have 5.8% and 6.9% vacancy rates, respectively. MH reports a vacancy rate of 11.1%. Because of the variety of methods for obtaining these services, the salary information received is not consistent and any analysis would likely be misleading or misrepresentative. The average tenure of Prescribers is 4 years for SUD, 4.3 years for MH and 4.8 years for Integrated Services. The average tenure of staff who left in the past 12 months is 3.8 years for SUD, 4.3 years for Integrated Services, and 6.2 years for MH. MH rated the severity of the staffing shortage as an average of 45.2 out of 100, with 100 being crisis levels, Integrated Services average rating is 39.3 and SUD is 36.5.

Respondents were asked to "provide any additional information regarding how Prescribers are paid and retained at your agency as well as any specific challenges you've had in hiring or retaining Prescriber staff." Responses included the following:

- Prescribers (MDs) have the option to work extra service hours at the hospital to increase their salary. They can also qualify for loan forgiveness.
- Currently, several psychiatrists have retired and have been replaced with locums which is costly.
- Exploring additional use of Nurse Practitioner title which has been exclusively used in outpatient services in recent years.
- We have experienced less difficulty hiring prescribers in the last couple of years due to increased local higher education programs focused on this profession. Though retention beyond approximately 3 years is difficult due to inadequate reimbursement rates to support higher salaries.
- We have retained older Prescribers that have been contracted with us for many years. It is difficult to recruit new Prescribers as contractors rather than employees, but employees are more costly than we can afford.
- We contract to hire our prescribing staff.
- Nurse Practitioners are paid competitively vs. benchmark (market rates), Psychiatrists are paid competitively vs. benchmark (market rates).
- Difficult to find specialized Nurse Practitioners like Psych NP's and NP's who want to work within SUD setting.

- There has been a shortage for many years. Try to find a child Prescriber!
- Many Prescribers (MD) are nearing retirement and it is getting worse.
- We are small and the cost is prohibitive to care.
- Prescribers are FTEs and the most highly compensated staff, earning 40% more than the next highest paid employee.
- Prescribers are paid a bi-weekly salary. Retention strategies include generous CME allowance, free training through the organization, extensive on airing and mentoring program for new graduates, regular and ongoing supervision and support, flexible scheduling, remote/hybrid work availability, extensive administrative support.

Other Medical (ex. Nurses)

Respondents reported 285.5 FTE vacancies for Other Medical staff of a total of 1,452.5FTE positions. This represents 19.7% of this workforce is vacant. MH services report the highest percent of vacant positions at 21.8%. SUD reports 19% vacancies in Other Medical staff, Integrated Services reports 18.2% and IDD reports 16.9% FTE vacancies. The average median tenure for IDD Other Medical staff is 5.1 years, Integrated services average median tenure is 3.5 years, MH is 3 years and SUD is 2.9 years. The average tenure of staff who left in the past 12 months ranged from 1.4 years for SUD, 1.7 years for Integrated Services, 2.3 years for MH and 3.8 years for IDD. MH rated the severity of the staffing shortage for Other Medical staff as an average of 64.7 out of 100, with 100 being crisis levels, Integrated Services rated the staffing shortage at 61.3, SUD at 52.8 and IDD at 49.

Respondents were asked "What, if any, roles/titles in the Other Medical category have you struggled to recruit and/or retain? Please explain." The following are a snapshot of the responses received:

- Scheduled over 15 interviews, one showed. She got the job.
- The cost of salary for nurses exceeds what a counselor makes. "We can't bill enough to cover all the regulations because insurance DOES NOT pay enough to actually cover the service."
- Senior RN's with Behavioral Health background, other RN's and LPN's.
- Difficulty hiring RN and LPN positions, obtaining interested applicants.
- Recent struggles with Registered Nurse shortage, difficult to compete with travel nurse pay.
- NPs, RNs and LPNs are very difficult to hire.
- We have 24/7 facilities requiring nursing care around the clock.
- CMHNs, RNs, LPNs.
- Even with salary differentials and loan forgiveness along with 13 hour shifts for inpatient services.
- Individuals make much more as Contract Nurses.
- Nurses, Nurse Practitioners.
- "We struggle to hire experienced RNs, as our pay is much lower than hospital pay."

Clinicians - Masters Level

Respondents reported 326 FTE vacancies for Masters Level Clinicians of a total of 2,180 FTE positions. Overall, 15% of this workforce is vacant. IDD services report the highest percent of vacant positions at 20.9%. MH reports 18.5% vacancies in Masters Level Clinicians. SUD vacancies are fewer reporting 13.5% vacancies and Integrated Services reports 9.9% vacancies. There is a $27,000 starting salary range for MH Clinicians, ranging from $38,000 to $65,000. The range is slightly less, but still significant, for SUD, IDD and Integrated Services. The average median tenure for Integrated Services is 2.9 years and is 6.1 years for IDD. The average median tenure for MH is 3 years and SUD is 4.1 years. The average

tenure of staff who left in the past 12 months ranged from 3 years for SUD, 2.6 years for MH and IDD and 2.3 years for Integrated Services. The severity of the staffing shortage for Clinicians Masters Level, was rated very high for all service types with Integrated Services rating at an average of 83.3, with 100 being crisis level, MH rating it at 83.3, SUD at 73 and IDD at 63.8.

Bachelors Level Program/Direct Care Staff

Respondents reported 478 FTE vacancies for Bachelors Level/Direct Care staff of a total of 2,680 FTE positions. Overall, 18% of this workforce is vacant. Integrated Services report the highest percent of vacant positions at 25%. MH reports 22.1% vacancies and SUD reports 22.7% vacancies for Bachelors Level/Direct Care staff. IDD reports vacancies in this staff group of less than 1%. There is a $25,098 starting salary range for MH Bachelors Level staff, ranging from $32,000 to $57,098. The range difference is $10,000 SUD, $7,000 for Integrated Services and less than $2,000 for IDD. The average median tenure for all service types is 3.7 years to 4 years. The average median tenure of staff who left in the past 12 months for IDD is 6 months, 1.7 years for SUD, 1.8 years for MH and 2 years for Integrated Services. The severity of the staffing shortage for Bachelors Level Program/Direct Care Staff was rated very high for all service types with Integrated Services rating at an average of 84, with 100 being crisis level, MH rating it at 67, SUD at 60.8 and IDD at 50.

Program/Direct Care staff, Associates Degree and no degree required

Respondents reported 1,237 FTE vacancies for Program/Direct Care staff, Associates Degree and no degree, required of a total of 5,851 FTE positions; overall, 21.1% of this workforce is vacant. This appears to be affecting all of the service categories similarly with the percent of vacancies at 20.4% for MH, 20.9% for SUD, and 21.4% for IDD and Integrated Services. MH and Integrated Services report their starting salary range for Associates Degree or no degree required staff, ranging from $31,000 to $41,000. The range difference is $10,000. For SUD, the salary range difference is $11,000. The average median tenure for all service types is 3.1 years to 3.5 years. The average median tenure of staff who left in the past 12 months for all service types is 1.3 to 1.9 years. The severity of the staffing shortage for Associates Degree or no degree required staff was rated very high by IDD who rated it at an average of 95, out of 100 representing crisis level. MH rated the severity at 72.8, SUD rated it at 68.7 and Integrated Services rated it at 66.3.

Peers

Respondents reported 116 FTE vacancies for Peer staff of a total of 419 FTE positions. Overall, 27.7% of this workforce is vacant. This appears to be affecting all of the service categories at high levels with the percent of vacancies at 31.1% for MH, 27.3% for Integrated Services, and 25.2% for SUD and 25% for IDD services. Starting salaries reported range from $30,600-$45,000, a $14,400 difference. The average median tenure for all service types is 1.5 years to 1.9 years. The average median tenure of staff who left in the past 12 months for all service types is 1 year for IDD, 1.8 years for SUD, 2.1 years for MH, and 2.8 years for Integrated Services. The severity of the staffing shortage for Peer staff was rated high by all service categories with IDD who rated it at an average of 61.25, out of 100 representing crisis level, Integrated Services rating it at 65, MH at 58.8 and SUD at 56.

Administrative support/clerical

Respondents reported 167.5 FTE vacancies for Administrative Support/Clerical staff of a total of 1,301 FTE positions. Overall, 12.9% of this workforce is vacant. This appears to be affecting all of the service categories similarly with percent of vacancies ranging from 10.8% for Integrated Services to 15% for

MH. Starting salaries reported range from $25,000-$45,000, a $20,000 difference, for SUD with MH having an almost $20,000 difference. There is a less significant starting salary difference for IDD and Integrated Services, both at about $7,000. The average median tenure for Integrated Services is 2.9 years. The average median tenure for SUD is 5.1 years, 5.8 years for MH and 8 years for IDD. The average median tenure of staff who left in the past 12 months for Integrated Services is 1.2 years, 1.4 years for SUD, 3.2 years for MH and 7.6 years for IDD. The severity of the staffing shortage for Administrative Support/Clerical staff was rated highest by MH who rated it at an average of 50.6, out of 100 representing crisis level. SUD and Integrated Services rated the severity at 41.2 and 45, respectively, and IDD rated it at 28.2

Recruitment and Retention

The next section of the survey asked a series of questions regarding staff recruitment and retention.

Respondents were asked to rank a series of choices in terms of their greatest NEGATIVE impact on RECRUITMENT (1 representing the greatest impact). All service categories ranked **starting salary too low** as the option with the greatest negative impact on recruitment. **Shortage of qualified people in the community eligible to apply** and **competition with other employers in the health and human service sector** were also highly rated by all service categories. IDD Services also included **challenging working conditions** in the top 3 choices. Other choices that were offered in the survey were lack of prestige of occupation, stigma towards clients, and need to work evenings, overnights and/or weekends.

Respondents were asked to rank a series of choices in terms of their greatest POSITIVE impact on RECRUITMENT (1 representing the greatest impact). Overall and for MH, SUD and IDD the top ranked choice was the **opportunity to help people**. The second choice for SUD, and IDD and the top choice for Integrated Services was **rewarding work**. **Flexible schedule** was the second ranked choice for MH and the third ranked choice for IDD. **Team environment** was the second ranked choice for Integrated Services. The third ranked choice for MH, SUD and Integrated Services was **benefits**. Other choices that were offered in the survey were salary, challenge of the work, opportunities for advancement, and opportunities for professional development.

Respondents were asked, “Please tell us if there are other important factors related to RECRUITMENT that are not included on the previous two lists of choices (positive or negative).” Responses included:

- Lack of raises and merit pay.
- Community perception can have both a positive or negative impact. Staff leave due to being overworked because of staffing shortages and tend to share this amongst their colleagues; this furthers the problem. Developing and encouraging positive culture is important.
- Sign on bonus.
- Work from home.
- Rigorous screening, regulations, and training process are a negative.
- Based on our exit surveys, positive impacts include: belief in the mission, working with clients and flexibility. Negatives included on call hours and communication issues.
- Positive: Image of the organization as a whole and uniqueness of the philosophy among other organizations. Negative: lack of awareness of the organization, takes a long time to onboard new staff and staff are looking for fully remote work.
- Lack of a racially diverse candidate pool of clinical staff. Lack of age diversity in mental health. Staff who are with us a few years and well trained often leave to pursue private practice

opportunities with less regulatory oversight. The amount of documentation is taxing for clinicians, even with support staff assistance.

- Agency reputation or stigma.
- Safety concerns for staff. Clients are getting more challenging and we are attracting less experienced staff. More training and support are needed.
- There is high burnout and high turnover in direct care work and therefore, people end up working a lot of extra hours to provide coverage whether they want to do it or not.
- The system burns staff out. They have to bill all the time to cover costs and it is humanly impossible to sustain that level of billing. Insurance companies do not pay enough to cover the services needed.

Respondents were asked to rank a series of choices in terms of their greatest NEGATIVE impact on RETENTION (1 representing the greatest impact). Overall and for all of the service categories **salary** was given the highest ranking. **Workload** was selected as the second highest ranked overall and by MH, SUD and Integrated Services. **Working conditions/Environment the job is performed in** was ranked as number two by IDD service providers. **Competition with other health and human Service Sector Providers** was ranked third overall and by MH, SUD and Integrated Services. **Competition with other employers outside the health and human service sector** tied for number 3 for Integrated services. **Not a good fit for the work** was ranked number 3 for IDD services. Other choices that were offered in the survey were Stigma, Relative lack of prestige, Need to work evenings, overnights and/or weekends, Requirement for community based (vs. office based) work, Too much overtime or on call required, Education/training did not prepare for the realities of the work, and Termination of the employee because of poor performance.

Respondents were asked to rank a series of choices in terms of their greatest POSITIVE impact on RETENTION (1 representing the greatest impact). Rewarding work was ranked number 1 overall and by MH and SUD. **Flexible schedule** was ranked number 2 overall and by MH, first for IDD and third by Integrated Services. **Benefits** was ranked number 2 by SUD and Integrated Services providers. **Opportunities for advancement** was ranked number 2 by IDD services. **Team environment** was ranked third overall and by MH and SUD. **Team environment** was ranked number one for Integrated Services. Other choices that were offered in the survey were Salary, Challenge of the Work, and Opportunities for professional advancement.

Respondents were asked, "Please tell us if there are other important factors related to RETENTION that are not included on the previous two lists of choices (positive or negative)." Responses included:

- A negative is the relationship with Supervisor/Manager. Frontline and middle managers need more training.
- 24-hour organization requires (compensated) on call hours from staff. Many organizations in the community do not have this. Belief in our mission and the services we provide to the community. Positive supervisory and team support.
- A negative is the challenges related to transitioning staff between departments.
- Turnover of other staff impacts the staff remaining with additional responsibilities. Acute high-risk status of our patient population and volume of incidents weekly impacts staff burnout and decision to leave. There is also a lack of a reimbursement structure that is consistent with the demands of the work to allow employers to pay staff what they deserve.
- Clinician desire to move to private practice.

- Have recently lost staff to opportunities to work fully remote and not see clients in person. Therapists going into private practice. Front desk staff all have left due to pay being too low and finding jobs elsewhere that pay more and where they do not have to work evenings.
- Burnout in position was a key factor for direct care positions.
- Salary needs to be much higher for what the job requires in output, however nonprofit doesn't allow for that.
- Flexible scheduling.

Respondents were asked, "What are the impacts of staff shortages. Please mark any of the impacts listed below that your agency has experienced because of staffing shortages since the beginning of 2022 that you would describe as significant and/or enduring. Please mark all that apply."

Overall the most common responses to this question were **burnout for existing staff because of increased demand** (93.9%), **increased caseload for existing staff** (90.9%), and **for new hires, they leave employment with your agency quickly because of being short staffed** (69.7%). For 68.2% MH providers, 62.5% of SUD providers and 100% of Integrated Service provider responded that there were a **reduced number of intakes**. There were 59.1% of MH providers, 83.3% of IDD providers and 100% of Integrated Service providers that responded that there was an **effect on quality of care that can be delivered**. Of the IDD providers 66.7% reported **the agency has avoided or been reluctant to pursue newly funded service opportunities and/or expanding existing services**. Please see **Table 2** for detailed information.

Respondents were asked, "Please provide any additional comments you may have about how the inability to hire and retain staff has impacted consumers, aside of what has already been provided." Responses received included:

- Primarily, quality of care is the big issue. Clients receive better outcomes when employees are engaged and retained.
- Substance Abuse Prevention programming has limited impact due to the inability to service the community. When staff resign they take with them the relationships that had developed and the training they acquired. Services are ended due to reduction in staff because of resignations.
- Wait lists for inpatient services have increased, a satellite clinic temporarily closed due to lack of ability to hire staff.
- Administrative lift for managers decreases time going to programs/service delivery.
- Delays with the number of and speed of follow ups with consumers.
- Disruption of services impacts progress and is potentially traumatizing
- Preventing timely provision of services.
- It is costly to onboard new employees, potentially impacting budget for other training/growth opportunities.
- People in the community are waiting several months for first appointments and they have nowhere else to go for various reasons.
- Between the pandemic and vacancies, everyone is feeling pressured and short-fused.
- "We cannot take on as many clients as we would like because we can't staff enough to provide consistent treatment."

Respondents were asked, "What suggestions do you have to improve staff recruitment and retention? Please rank order the following options. (1 represents the item you believe will have the greatest impact on staff recruitment and retention)."

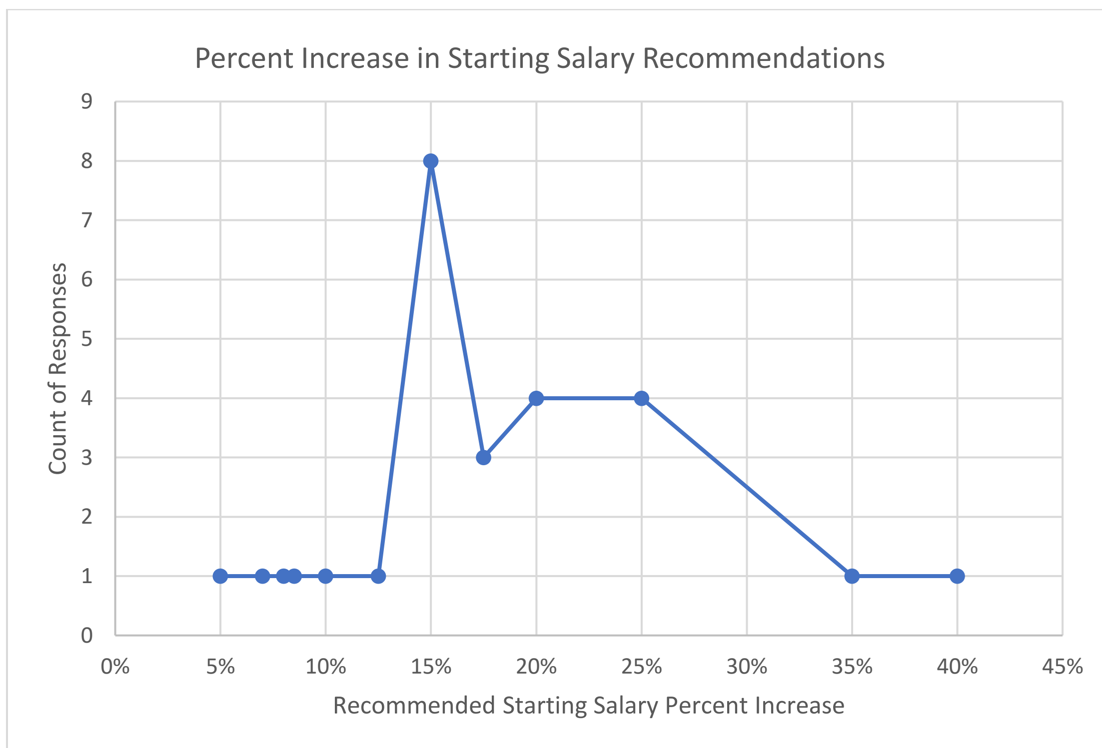
The highest ranked response overall and for each service category is **sustained annual increases in funding and rates that support reasonable salary increases**. **Decreased regulatory requirements** was the second most reported response overall and for each service category. Other common responses include: **funding and rate structures that allow for "downtime" between sessions and appointments to allow for appropriate clinical considerations contemplation prior to and/or after sessions** was the third rated response (tied for third overall and for SUD and tied for second for MH); **sustained marketing to high schools about the opportunities in this field** was tied for third for Integrated Services; and **sustained media campaigns, including social media, regarding value and importance of a career in Behavioral Health** was tied for third for IDD services.

Respondents were also asked, “Beyond the list above, what other suggestions can you offer to improve staff recruitment and retention? Please explain.” Responses included:

- Frequent mandating effects the quality of life for staff and the quality of care they provide those receiving services.
- While the agency did not suspend intakes, we did utilize a wait list.
- Staff has left in general and the quality of applicants is reduced.

Respondents were asked, “If salary is a significant issue with recruitment and retention of staff, what percentage increase in starting salary would be needed to significantly impact your agency's ability to recruit and retain staff?”

There were 28 responses to this question and the range of responses was 5% to 40%. Where agencies responded with a range (for example 10%-15%), the mid-point was used as the data point (for the example 10%-15%, 12.5% was used as the data point). Three respondents recommended an increase of at least 5% and less than 10%. Sixty-eight percent of respondents recommended increases of 15%-25%. See graph below for the spread of responses.



Respondents were asked, “What strategies has your agency employed that you have found to be effective in recruitment and retention of new staff?” Responses included (duplicate responses have been removed):

- Sign on bonus.
- Referral bonus. One agency has an Internal "Referral Bonus Program" for those who refer a candidate who becomes an employee (retention 12 mo. to receive full bonus).
- (An agency) has great benefits (insurance and time off) but often told, “it doesn't pay the bills.”
- Sharing our mission and vision immediately.
- Employee engagement and solicitation for ideas to create a better working environment.
- Flex time and increased flexibility..
- 10 to 13-hour schedules for nursing staff to reduce overtime.
- Psychologists are receiving a pay increase to reflect market value.
- Job fairs and open interview events.
- Social media and paid advertising boosting.
- Professional recruiters.
- Job posting boards.
- Networking.
- Increased salary.
- Developing retention policy.
- Focus on teambuilding.
- Appreciation, staff appreciation breakfasts and lunches.
- Remote work and hybrid work schedule (in clinic and work from home).
- Presence at community events.
- Enhanced relationships with colleges and universities (Student intern placements, posting job opportunities, etc.).
- Organizational culture of inclusivity and belonging.
- Increased benefits packages based on staff input.
- Engage staff in listening tours with actionable follow up.
- Increased the ease of the applicant process and increased communications during the onboarding process.
- Centralized hiring teams and scheduling for interviews.
- Leadership training to support team building, staff development.
- Encouraging internal staff to apply for opportunities and promote from within.
- Training/growth opportunities, providing/encouraging continuing education, robust training and development resources and CEUs.
- Maintaining a supportive environment.
- Offering training in evidence-based practices.
- Dedicated supervision and clinical supervision to help people advance their licensure. But once they reach their pinnacle of licensure, they often leave and go into private practice or take their experience and training they got from us and go some other place with less work load for more money (like insurance companies for phone consultations instead of having to see people in person).
- Open Houses.
- Shift differential or stipend for overnight staff and other hard to fill shifts.
- Bonus payments for picking up shifts.

- IRS mileage rate for mileage.
- Development plans with bonuses, reimbursement for continuing ed, course fees, etc.
- Incentives for achieving credentials.
- Increased support and interactions for Supervisors: they meet every 2 weeks as a group.
- Starting to implement check-ins with new hires to catch concerns early.
- OASAS allowed us to decrease front line staff by 2 FTE to increase salaries. This is the only thing that has helped us so far but recruits are still fielding better offers than what we can provide.
- Allowing staff to use PTO prior to permanent status.
- Reduced caseloads.
- Maintaining the "therapeutic hour" (45 min session/15 min down-time).
- Allowing for clinical autonomy.

Respondents were asked to "Please provide specifics regarding any decreased regulatory requirements that would support improved recruitment and retention of staff in the field." The following are the responses received (some duplicate responses have been removed):

- The opportunity to utilize evidence based and research informed information allows for programs to be designed to meet the needs of the audience/community/youth etc. Many of the evidence-based programs are not culturally sensitive, but must be used because of its researched nature.
- Decrease redundant reporting.
- Fewer audits and decreased regulatory focus on required documentation.
- Stagger required training.
- Continue to allow flexibility with appointments conducted via telehealth, in person and phone only. This will allow us to continue to offer remote work to clinical staff.
- Justice Center reports are overwhelming and cumbersome
- Removal of TB testing.
- Enhanced SCR background check process with quicker results.
- Greater flexibility with regulatory education requirements.
- Less documentation requirements, less education requirements, less supervisory training, and lower level of supervision requirements.
- Relaxed timeframes for treatment plans
- Allow agencies to capture shorter durations for sessions- as these can add up through the day. Prior to COVID they were not always captured revenue.
- Any options for decrease in paperwork are always welcomed
- Decrease documentation requirements
- Explore adjusting credentialing/educational expectations for some codes/positions
- Ease supervision requirements for credentialing
- Decreasing the REQUIRED assessments would be helpful. Staff spend so much time doing all the required assessments that there isn't much time for truly great planning and therapy. Regulations around what tools to use is great, but requiring all tools to be used for everyone is time consuming. A single electronic medical record that could be shared by all would significantly help reduce staff and time needed for obtaining information between providers and for efficient transfers of care. INCREASE requirements for EMRs to have minimum capabilities like patient portal and integration with statewide systems like HealtheLink. Require EMRs to have capabilities to help us efficiently meet documentation needs.
- Accept more Bachelor degrees.

- Very heavy documentation expectations in regulations
- Fewer background check and training requirements - certain trainings should not be required on an annual basis.
- Change the requirement that an MD needs to sign everything in order to be billed. All diagnoses are to be validated by the licensed professional. Allow other professionals to validate documents. So many documents are required that it impacts treatment.

Respondents were asked to "Please provide any additional comments you may have related to recruitment and retention of staff in integrated services and any suggestions you have that could help improve the staffing shortage. Responses included:

- For the field of substance abuse prevention it really is the very low, non-competitive salaries.
- Further cross training of staff to understand needs of clients with complex medical, co-occurring substance use disorders, mental health and developmental disorder needs. More often this is the case for most clients.
- Regular opportunities for exposure to associates from other agencies who do similar work
- Funding and recruitment opportunities for staff drivers/provision of transportation services are needed.
- Our clinicians are trained as integrationists.
- We need more self-care, money for EAPs, time and money for staff retreats and team-building. Also need more supervisory training.
- Dollars for recruitment and staffing are needed! Some organizations cannot keep a qualified recruiter or recruiters on staff.
- We need competitive wages with COLA every year.
- Unless insurance payment rates are increased a great deal, no agency can bring in enough revenue to provide what staff need to feel validated. The system does not work like this.

Conclusions

Providers have been raising the alert on staffing shortages for many years. Because of COVID and its ripple effects on the community the staffing shortage has quickly become a staffing crisis. Agencies have been working to address the staff recruitment and retention problem with much success up until COVID, but the added strain and demand has heightened the severity of the problem. There is a scarcity of qualified applicants who are interested in working in the system of care. Some do come, but many leave within a couple of years before moving on to positions with fewer demands, more flexibility and greater compensation. The work is demanding and the clients come with more complex needs. The regulatory requirements and funding that has not kept pace with cost of living increases over the years exacerbates the problem.

Respondents generously shared many strategies they've utilized to increase recruitment and retention and several suggestions for changes in regulatory requirements that could help reduce this burden.

This survey has provided quantifiable data that could be used to influence regulations, reimbursement, and the development of new strategies for recruiting and retaining qualified staff.

Table 1. Summary of Staffing Responses

Admin	Total Positions	Total Vacancies	% Vacant Positions				Average Median Tenure Months	Ave Med Tenure in Years	Tenure months of Staff who left in past 12 mo	Ave Tenure of Staff who left in past 12 mo	Rate staffing shortage 1-100	Range of Ratings
MH	738.5	67	9.1%				114.29	9.5	47.71	4.0	31.6	0-85
SUD	610	65	10.7%				112.69	9.4	49.43	4.1	30.3	0-95
IDD	532	34	6.4%				88.31	7.4	39.56	3.3	50	5-85
Integrated	465	50	10.8%				93	7.8	52.25	4.4	47.5	15-80

Prog Mngrs/ Supervisors	Total Positions	Total Vacancies	% Vacant Positions	Range of Starting Salaries	Average Starting Salary	Average Median Salary	Average Median Tenure Months	Ave Med Tenure in Years	Tenure months of Staff who left in past 12 mo	Ave Tenure of Staff who left in past 12 mo	Rate staffing shortage 1-100	Range of Ratings
MH	387	36	9.3%	38000-85000	54768	58766	85.61	7.1	47.16	3.9	38.19	0-100
SUD	258	18	7.0%	34000-85000	54091	53726	106.29	8.9	61.79	5.1	39.29	0-100
IDD	585	44	7.5%	36400-56432	44585	48848	81.25	6.8	48.27	4.0	55	0-100
Integrated	155	12	7.7%	45718-77000	58945	59861	77.5	6.5	52.05	4.3	46.25	0-85

Prescribers	Total Positions	Total Vacancies	% Vacant Positions	Range of Starting Salaries	Average Starting Salary	Average Median Salary	Average Median Tenure Months	Ave Med Tenure in Years	Tenure months of Staff who left in past 12 mo	Ave Tenure of Staff who left in past 12 mo	Rate staffing shortage 1-100	Range of Ratings
MH	153.5	17.1	11.1%	79997-312000	166589	198229	52.16	4.3	73.94	6.2	45.16	0-100
SUD	121.5	7	5.8%	79997-208000	147245	235590	48.57	4.0	46.12	3.8	36.5	0-92
IDD	1	0	0.0%	no data	no data	340	no data	no data	no data	no data	no data	no data
Integrated	72.5	5	6.9%	62000-165000	122999	224787	57.75	4.8	51.65	4.3	39.25	0-92

Other Medical	Total Positions	Total Vacancies	% Vacant Positions				Average Median Tenure Months	Ave Med Tenure in Years	Tenure months of Staff who left in past 12 mo	Ave Tenure of Staff who left in past 12 mo	Rate staffing shortage 1-100	Range of Ratings
MH	552	120.5	21.8%				36.08	3.0	27.2	2.3	64.7	0-100
SUD	481	91.5	19.0%				34.94	2.9	16.54	1.4	52.75	0-95
IDD	207	35	16.9%				60.75	5.1	45.5	3.8	49	10-85
Integrated	212	38.5	18.2%				42.15	3.5	19.8	1.7	61.25	25-90

Clinicians Masters Level	Total Positions	Total Vacancies	% Vacant Positions	Range of Starting Salaries	Average Starting Salary	Average Median Salary	Average Median Tenure Months	Ave Med Tenure in Years	Tenure months of Staff who left in past 12 mo	Ave Tenure of Staff who left in past 12 mo	Rate staffing shortage 1-100	Range or Ratings
MH	834	154	18.5%	38000-65000	46245	51658	36.18	3.0	30.8	2.6	83.33	60-100
SUD	680	92	13.5%	41540-65000	47116	49466	48.6	4.1	36.1	3.0	73	50-100
IDD	129	27	20.9%	48766-58614	54424	52696	73.3	6.1	31.5	2.6	63.75	30-80
Integrated	537	53	9.9%	42286-65000	49821	53174	34.75	2.9	27.55	2.3	85	60-100

Bachelors Level	Total Positions	Total Vacancies	% Vacant Positions	Range of Starting Salaries	Average Starting Salary	Average Median Salary	Average Median Tenure Months	Ave Med Tenure in Years	Tenure months of Staff who left in past 12 mo	Ave Tenure of Staff who left in past 12 mo	Rate staffing shortage 1-100	Range or Ratings
MH	910	201	22.1%	32000-57098	39507	44364	45.84	3.8	21.04	1.8	67	5-100
SUD	674	153	22.7%	32000-42000	37037	41020	47.92	4.0	20.29	1.7	60.77	5-100
IDD	620	5	0.8%	36400-38277	37338	39547	45.22	3.8	6.16	0.5	50	20-80
Integrated	476	119	25.0%	35000-42000	38460	45535	44.75	3.7	24.2	2.0	84	60-100

Associates or no degree	Total Positions	Total Vacancies	% Vacant Positions	Range of Starting Salaries	Average Starting Salary	Average Median Salary	Average Median Tenure Months	Ave Med Tenure in Years	Tenure months of Staff who left in past 12 mo	Ave Tenure of Staff who left in past 12 mo	Rate staffing shortage 1-100	Range or Ratings
MH	1071	218	20.4%	31000-41000	34982	38312	37.14	3.1	22.53	1.9	72.75	30-100
SUD	784	164	20.9%	30000-41000	35509	38253	38.84	3.2	18.32	1.5	68.67	30-100
IDD	3495	748	21.4%	31200-38404	33057	33562	40.22	3.4	15.21	1.3	95	85-100
Integrated	501	107	21.4%	31000-41000	34900	37973	42.5	3.5	20.3	1.7	66.25	30-100

Peers	Total Positions	Total Vacancies	% Vacant Positions	Range of Starting Salaries	Average Starting Salary	Average Median Salary	Average Median Tenure Months	Ave Med Tenure in Years	Tenure months of Staff who left in past 12 mo	Ave Tenure of Staff who left in past 12 mo	Rate staffing shortage 1-100	Range or Ratings
MH	148	46	31.1%	30600-45000	36357	40185	17.84	1.5	25.56	2.1	58.8	15-98
SUD	155	39	25.2%	30600-45000	36235	38899	22.28	1.9	21.32	1.8	56	15-100
IDD	28	7	25.0%	40189	40189	40000	17.69	1.5	12.33	1.0	65	65
Integrated	88	24	27.3%	31000-45000	37023	39213	23.25	1.9	33.53	2.8	61.25	15-80

Admin/ Support	Total Positions	Total Vacancies	% Vacant Positions	Range of Starting Salaries	Average Starting Salary	Average Median Salary	Average Median Tenure Months	Ave Med Tenure in Years	Tenure months of Staff who left in past 12 mo	Ave Tenure of Staff who left in past 12 mo	Rate staffing shortage 1-100	Range or Ratings
MH	458	68.5	15.0%	25590-45000	33557	36531	69.42	5.8	38.1	3.2	50.6	0-98
SUD	406	50.5	12.4%	25000-45000	31824	34566	61.59	5.1	17.05	1.4	41.2	0-90
IDD	107	13	12.1%	28465-35442	30599	33208	95.89	8.0	91.61	7.6	28.2	10-60
Integrated	330	35.5	10.8%	29000-36000	32870	35967	35	2.9	14.13	1.2	45	0-90

Table 2. Summary of Impacts of Staffing Shortages

	Overall Responses (n=33)	Overall %	MH Responses (n=22)	MH %	SUD Responses (n=16)	SUD %	IDD Responses (n=6)	IDD %	Integrated Responses (n=4)	Integrated %
Reduced hours/days of operation	4	12.1%	2	9.1%	1	6.3%	2	33.3%	0	0.0%
Closed or suspended operations at some locations	7	21.2%	5	22.7%	2	12.5%	3	50.0%	0	0.0%
Reduced number of new intakes	18	54.5%	15	68.2%	10	62.5%	3	50.0%	4	100.0%
Fewer services to existing clients	11	33.3%	6	27.3%	5	31.3%	3	50.0%	1	25.0%
Suspended new intakes	8	24.2%	6	27.3%	4	25.0%	2	33.3%	1	25.0%
Longer wait times to receive services	11	33.3%	10	45.5%	5	31.3%	0	0.0%	2	50.0%
Increased caseload for existing staff	30	90.9%	20	90.9%	14	87.5%	6	100.0%	4	100.0%
Effect on quality of care that can be delivered	18	54.5%	13	59.1%	7	43.8%	5	83.3%	4	100.0%
Burnout for existing staff because of increased demands	31	93.9%	21	95.5%	14	87.5%	6	100.0%	4	100.0%
For new hires, they leave employment with your agency quickly because of being short staffed	23	69.7%	17	77.3%	10	62.5%	5	83.3%	4	100.0%
Agency has avoided or been reluctant to pursue newly funded service opportunities and/or expanding existing services	14	42.4%	7	31.8%	5	31.3%	4	66.7%	0	0.0%

ATTACHMENT 1

Workforce Survey Tool

2022 Workforce Survey

Introduction

Staffing has increasingly become a major obstacle for providing services to individuals struggling with mental health and substance use challenges and intellectual or developmental disabilities. The Erie County Department of Mental Health has heard from many community providers that recruitment and retention of staff has become much more difficult. In many cases, staffing shortages are impacting an agency's ability to continue to deliver these much needed services. To compound the situation, agencies are reporting greater need and an increased demand for services.

The Erie County Department of Mental Health would like to quantify the staffing situation to better understand the scope of the problem. We're asking each agency to complete this survey to help us in this effort and submit your response by May 31, 2022. Once the survey is completed and the results are compiled, the Department plans to share the report with the community, New York State OMH, OASAS, and OPWDD. Community providers can use the report in their own advocacy efforts as well.

The Department requests that each agency submit one survey. Please coordinate a single response within your organization. We are also asking for the name and contact information of an individual familiar with the content of the survey with whom we may reach out to if we need additional information.

If you have any comments or questions about this survey, please contact Amy Rockwood, ECDMH Director of Planning and Evaluation at amy.rockwood@erie.gov or 716-858-6498.

1. Agency Name

[ ]

2. Contact Person regarding this survey

[ ]

3. Email address of Contact Person

[ ]

4. Services Provided by your Agency (please mark all that apply)

- [ ] Integrated Services
- [ ] Mental Health
- [ ] Substance Use Disorder
- [ ] Developmental Disabilities

Please complete the following questions for each type of staff in your agency.

5. Administrative (leadership, fiscal, HR, IT, QA/QI, etc.)

Number of budgeted positions

Number of vacancies on 5/1/2022

Median tenure of current staff (in months)

Median tenure of staff who left in the past 12 months (in months)

6. How would you rate the staffing shortage for Administrative staff? (0 is no problem and 100 is crisis level)

0 100

7. What, if any, roles/titles in the Administrative category are you struggling to recruit and/or retain? Please explain.

8. Program Managers/Supervisors

Number of budgeted positions

Number of vacancies on 5/1/2022

Starting salary

Median salary

Median tenure of current staff (in months)

Median tenure of staff who left in the past 12 months (in months)

9. How would you rate the staffing shortage for Program Managers and Supervisory staff? (0 is no problem and 100 is crisis level)

0 100

10. Prescribers

Number of budgeted positions	
Number of vacancies on 5/1/2022	
Starting salary	
Median salary	
Median tenure of current staff (in months)	
Median tenure of staff who left in the past 12 months (in months)	

11. How would you rate the staffing shortage for Prescriber staff? (0 is no problem and 100 is crisis level)

0 100

12. Please provide any additional information regarding how Prescribers are paid and retained at your agency as well as any specific challenges you've had in hiring or retaining Prescriber staff.

13. Other Medical (ex. nurses)

Number of budgeted positions	
Number of vacancies on 5/1/2022	
Median tenure of current staff (in months)	
Median tenure of staff who left in the past 12 months (in months)	

14. How would you rate the staffing shortage for Other Medical (ex. nurses) staff? (0 is no problem and 100 is crisis level)

0 100

15. What, if any, roles/titles in the Other Medical category have you struggled to recruit and/or retain? Please explain.

16. Clinicians (Masters level)

Number of budgeted positions

Number of vacancies on 5/1/2022

Starting salary

Median salary

Median tenure of current staff (in months)

Median tenure of staff who left in the past 12 months (in months)

17. How would you rate the staffing shortage for Clinicians (Masters level) staff? (0 is no problem and 100 is crisis level)

0 100

18. Bachelors level program/direct care staff

Number of budgeted positions

Number of vacancies on 5/1/2022

Starting salary

Median salary

Median tenure of current staff (in months)

Median tenure of staff who left in the past 12 months (in months)

19. How would you rate the staffing shortage for Bachelors level program/direct care staff? (0 is no problem and 100 is crisis level)

0 100

20. Program/direct care staff, Associates degree and no degree required

Number of budgeted positions

Number of vacancies on 5/1/2022

Starting salary

Median salary

Median tenure of current staff (in months)

Median tenure of staff who left in the past 12 months (in months)

21. How would you rate the staffing shortage for program/direct care staff, Associates degree and no degree required? (0 is no problem and 100 is crisis level)

0 100

22. Peers

Number of budgeted positions

Number of vacancies on 5/1/2022

Starting salary

Median salary

Median tenure of current staff (in months)

Median tenure of staff who left in the past 12 months (in months)

23. How would you rate the staffing shortage for Peer staff? (0 is no problem and 100 is crisis level)

0 100

24. Administrative support/clerical

Number of budgeted positions

Number of vacancies on 5/1/2022

Starting salary

Median salary

Median tenure of current staff (in months)

Median tenure of staff who left in the past 12 months (in months)

25. How would you rate the staffing shortage for Administrative Support/Clerical staff? (0 is no problem and 100 is crisis level)

0 100

26. Please rank the following in terms of greatest NEGATIVE impact on RECRUITMENT (1 represents the greatest impact)

- Starting salary too low
- Lack of prestige of occupation
- Stigma towards clients
- Challenging working conditions
- Need to work evenings, overnights, and/or weekends
- Competition with other employers in the health and human service sector
- Shortage of qualified people in the community eligible to apply

27. Please rank the following in terms of greatest POSITIVE impact on RECRUITMENT (1 represents the greatest impact)

- Salary
- Benefits
- Opportunity to help people
- Flexible schedule
- Team environment
- Challenge of the work
- Rewarding work
- Opportunities for advancement
- Opportunities for professional development

28. Please tell us if there are other important factors related to RECRUITMENT that are not included on the previous two lists of choices (positive or negative).

29. Please rank the following in terms of greatest NEGATIVE impact on RETENTION (1 represents the greatest impact)

- Salary
- Working conditions/Environment the job is performed in
- Stigma
- Relative lack of prestige
- Need to work evenings, overnights, and/or weekends
- Requirement for community based (vs. office based) work
- Competition with other health and human service sector providers
- Competition with other employers outside the health and human service sector
- Workload
- Too much overtime or on call required
- Education/training did not prepare for the realities of the work
- Not a good fit for the work
- Termination of the employee because of poor performance

30. Please rank the following in terms of greatest POSITIVE impact on RETENTION (1 represents the greatest impact)

- Salary
- Benefits
- Flexible schedule
- Team environment
- Challenge of the work
- Rewarding work
- Opportunities for advancement
- Opportunities for professional development

31. Please tell us if there are other important factors related to RETENTION that are not included on the previous two lists of choices (positive or negative).

32. Impacts of staff shortages. Please mark any of the impacts listed below that your agency has experienced because of staffing shortages since the beginning of 2022 that you would describe as significant and/or enduring. Please mark all that apply.

- ☐ Reduced hours/days of operation
- ☐ Closed or suspended operations at some locations
- ☐ Reduced number of new intakes
- ☐ Fewer services to existing clients
- ☐ Suspended new intakes
- ☐ Longer wait times to receive services
- ☐ Increased caseload for existing staff
- ☐ Affect on quality of care that can be delivered
- ☐ Burnout for existing staff because of increased demands
- ☐ For new hires, they leave employment with your agency quickly because of being short staffed
- ☐ Agency has avoided or been reluctant to pursue newly funded service opportunities and/or expanding existing services
- ☐ Other (please specify)
- ☐ None of the above

33. If salary is a significant issue with recruitment and retention of staff, what percentage increase in starting salary would be needed to significantly impact your agency's ability to recruit and retain staff?

34. Please provide any additional comments you may have about how the inability to hire and retain staff has impacted consumers, aside of what has already been provided.

35. What suggestions do you have to improve staff recruitment and retention? Please rank order the following options. (1 represents the item you believe will have the greatest impact on staff recruitment and retention)

- [ ] Sustained annual increases in funding and rates that support reasonable salary increases
- [ ] Funding and rate structures that allow for "downtime" between sessions and appointments to allow for appropriate clinical considerations contemplation prior to and/or after sessions
- [ ] Sustained marketing to high schools about the opportunities in this field
- [ ] Sustained marketing to colleges and universities about the opportunities in this field.
- [ ] Increased time to allow for career enrichment activities
- [ ] Decreased regulatory requirements
- [ ] Dedicated supervisory training
- [ ] Sustained media campaigns, including social media, regarding value and importance of a career in behavioral health

36. Beyond the list above, what other suggestions can you offer to improve staff recruitment and retention? Please explain.

37. What strategies has your agency employed that you have found to be effective in recruitment and retention of new staff?

38. Please provide specifics regarding any decreased regulatory requirements that would support improved recruitment and retention of staff in the field.

39. Please provide any additional comments you may have related to recruitment and retention of staff in integrated services and any suggestions you have that could help improve the staffing shortage.