Erie County Department of Mental Health

2024 Workforce Survey

Contents

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Executive Summary

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

The Erie County Department of Mental Health conducted a Workforce Survey in 2022 to try and better understand the staffing challenges facing the Erie County providers. The Department repeated the survey in 2024. This report provided a summary of the 2024 Workforce Survey responses as well as a comparison to the 2022 Workforce Survey. A total of 31 responses were received to the 2024 Workforce Survey. In 2022 we received 33 responses.

While the data is presented as a comparison of survey results from 2022 and 2024, we acknowledge that a direct comparison cannot be made. Two primary reasons include the fact that different agencies responded and because of service expansion and other changes in the service mix covered by both surveys, the services polled in each survey are also not the same. That said, we feel confident that the data presented represents and offers a close approximation of the workforce environment and recent trends found in the behavioral health workforce in Erie County.

In 2022, the 33 respondents reported they had over 15,000 positions to serve individuals across the mental health, substance use, and developmental disabilities systems of care. In 2024, for the 31 agencies that responded, they reported nearly 9,000 positions. In both cases this is only a fraction of all of the agencies and the workforce serving individuals in Erie County.

Staffing categories with the most severe staffing shortages include: Other Medical (ex. Nurses), Clinicians (Master's Level), Bachelor's Level Program/Direct Care, Associate's 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. This is true for both the 2022 and 2024 surveys.

The variations in starting salaries across agencies were significant and puts some agencies at a disadvantage when seeking to recruit and retain staff. When comparing 2022 to 2024 starting salaries, there are many instances where the starting salary decreased from 2022 to 2024. However, in most cases there is an increase in the average salary from 2022 to 2024.

The percentage of vacancies in many of the roles has increased from 2022 to 2024, however the perception of the workforce crisis, based on the ratings from respondents, shows that the degree if perceived crisis has decreased in most categories.

Recruitment and retention of staff is very challenging for agencies. Low salaries were consistently reported as the greatest impediment for both recruitment and retention. A shortage of qualified people in the community eligible to apply was also reported as an impediment to recruitment. The Opportunity to help people and Benefits were ranked highest as factors with the greatest positive impact on recruitment.

Benefits and rewarding work were the highest ranked responses to factors with a positive impact on retention.

The impact of staffing shortages affects the current workforce, agencies, and individuals being served. The current workforce continues to experience more burnout and increased caseloads to cover for vacancies. For new hires, there is increased turnover as many leave the positions quickly because of being short staffed. 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. Funding and rate structures that allow for "downtime" between sessions and appointments that would allow for appropriate clinical considerations contemplation prior to and after sessions was the second most common response. Sixty-four percent (64%) of respondents recommended salary increases in the range of 10%-20%, slightly lower than the 15% - 25% increase proposed in the 2022 survey responses.

Respondents were asked what strategies they had implemented and found to be effective. Many suggested sign on bonuses, referral and retention bonuses, partnering with colleges and universities, providing flexibility to staff, staff engagement, and training opportunities. They also suggested engagement of new hires and providing additional opportunities for training, support and social interactions during their first year. There were also several ideas related to financially incentivizing attendance, working overnight shifts, picking up additional shifts, and working during snowstorms.

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. There were also several suggestions related to reducing the time it takes to certify an employee and complete the background checks so individuals could start working more quickly.

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.

In 2022, 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 including Administrative, Program Managers/Supervisors, Prescribers, Other Medical, Clinicians (Master's Level), Bachelor's Level Program/Direct Care staff, Program/Direct Care staff with Associate's 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 Intellectual and Developmental Disabilities) in order to analyze differences across the service sectors. In 2024, the Department repeated this survey with the addition of questions related to fiscal staff as this has been reported by agencies as an increased challenge. The complete **2024 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. The 2024 Workforce Survey responses were received January 10, 2024, through March 6, 2024 and 31 responses were received.

Results

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

While we present much of the data as a comparison of survey results between 2022 and 2024, we acknowledge that a direct comparison cannot be made. There are two primary reasons for this. First, the responding agencies were not the same in the 2022 and 2024 surveys. In 2024, 20 of the respondents had also responded to the 2022 survey. This represents 65% of the 2024 respondents. The other 35% of 2024 respondents had not participated in the 2022 survey. Secondly, from 2022 to 2024 there has been significant service expansion and other changes in the service mix covered by both surveys, and the services polled in each survey are not the same. That said, we feel confident that the data presented

represents and offers a close approximation of the workforce environment and recent trends found in the behavioral health workforce in Erie County.

A summary of 2024 survey respondents and the services they offer:

- Twelve (12) agencies reported they provide IS (38.7%). Of these, 5 reported that they provide MH and SUD services; 2 reported that they provide MH and IDD services. Five respondents did not select other categories or only selected one. In 2022, only 4 of the 33 respondents reported that they provide IS (12% of 2022 responses).
- Eighteen (18) agencies reported they provide MH services (58.1%). In 2022, 22 respondents reported that they provide MH services (67% of 2022 responses).
- Twelve (12) agencies reported that they provide SUD services (38.7%). In 2022, 16 agencies reported they provide SUD services. (48% of 2022 responses).
- Six (6) agencies reported they provide IDD services (19.4%). This is the same number of responses as received in 2022.

The survey asked about each type of staffing a provider may have: Administrative, Program Managers/Supervisors, Prescribers, Other Medical, Clinicians (Master's Level), Bachelor's Level Program/Direct Care staff, Program/Direct Care staff Associate's Degree and no degree required, Peers, and Administrative Support/Clerical. For the 2024 Survey, the category for Fiscal Staff was added. For each type of staff, respondents reported the number of budgeted positions, vacancies, 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, the average 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, is provided in the table below. The severity rating provides the respondents' perception of the problem.

Type of Staff	Average severity rating 2022	Average severity rating 2024	Percent of respondents with rating 80 or higher 2022	Percent of respondents with rating 80 or higher 2024
Clinicians (Master's Level)	74.1	63.8	50%	29.00%
Bachelor's Level Program/Direct Care staff	60.6	56.9	27%	16.10%
Program/Direct Care staff Associate's Degree and no degree required	76.5	52	68%	19.40%
Peers	60.5	50.8	36%	16.10%
Other Medical	56.9	49.5	35%	12.90%
Program Managers/Supervisors	31	46	13%	19.40%
Prescribers	41.7	45.1	23%	9.70%
Administrative Support/Clerical	42.1	33.1	15%	3.20%
Administrative	31.8	26.1	13%	0%
Fiscal (added to 2024 survey)		25.2		3.20%

The severity rating decreased for most staff groups from 2022 to 2024. There was an increase in the severity rating for Program Managers/Supervisors, which went from 31 in 2022 to 46 in 2024, and for Prescribers which increased from 41.7 in 2022 to 45.1 in 2024.

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, Table 2, and Table 3** starting on page 21 for the detailed data.

The following presents analysis of the data for each of the type of staff categories.

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

Respondents reported 55 vacancies for Administrative staff of a total of 684 positions (8%). This is down from the 2022 Survey which had vacancies in 9.2% or positions. In 2022, IDD programs reported only 6.4% vacant positions but in 2024 this has increased to 8.6%. The percentages of vacant positions are relatively stable between 2022 and 2024 for MH, SUD, and IS. The average of the median tenure reported for Administrative staff overall was 7.8 years. It was lower for MH (5.9 years) and IS (5.5 years) and higher for SUD (9.4 years) and IDD 8.9 years. In 2022 the average of the median tenure for Administrative staff for each sector was: MH 9.5 years; SUD 9.4 years; IDD 7.4 years; and IS 7.8 years. The decrease for IS may be attributable to an increase in IS programs since the first survey, which may have required agencies to hire new staff for these programs. There was a significant decrease in tenure from 2022 to 2024 in the MH sector (decrease of 38%) and an increase of 20% for the IDD sector. The average tenure of Administrative staff who left in the past 12 months increased in all sectors. For MH the average tenure of those who left in the past 12 months was 5.3 years (up from 4 years in 2022); for SUD, 5.6 years (up from 4.1 years in 2022); IDD was 4.5 years (up from 3.3 years in 2022); and IS was relatively stable with 4.5 years of tenure in 2024 (up from 4.4 years in 2022).

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:

- Human Resources, Payroll and Recruiters
- Data Analysts
- Quality Assurance, Quality Improvement and Compliance
- Information Technology
- Skilled Tradesman & Facilities Technicians
- Vocational Specialists

In 2022, respondents also identified Customer Service Representatives, Utilization Review, Clinical and Program Leadership, Admissions and Community Engagement Coordinators as roles that were difficult to fill. Accounting/Finance was also identified, and this role was added as its own section of questions in the 2024 survey.

IDD rated the severity of the Administrative staffing shortage, with an average response of 40 out of a possible 100, with 100 being crisis level; which is much higher than the other sectors. The average MH rating was 29.9, SUD was 25.3, and IS was 27.9. All of these rankings are down from the 2022 survey (IDD was 50, MH was 31.6, SUD was 30.3 and IS was 47.5).

Fiscal Staff

This category was added for the 2024 Workforce Survey. This category includes Chief Financial Officers (CFO), accountants, bookkeepers and similar roles with a financial focus. Agencies reported a total of 182 positions with 9 vacancies (5%). There was a 6.5% vacancy rate reported in MH, 4.5% in SUD, 8.3% in IDD, and 7% in IS.

Overall, the average median tenure of all fiscal staff was 6.8 years. MH has an average median tenure of 5.1 years, SUD is 8.9 years, IDD is 6 years and IS is 5.9 years. Of staff who have left positions in the past 12 months, overall they had an average tenure of 7.4 years. There is a significant range across the sectors for this metric with those leaving fiscal roles with SUD agencies having 2.3 years and IS having 1.3 years compared to MH having 6.5 years and IDD having 11.8 years.

When asked to rate the staffing shortage from 0 - 100, with 0 being no problem and 100 a crisis level, MH rated the shortage at a 28.6, SUD rated it 20.6, IDD rated it at 68.3 and IS rated it 27.2.

Regarding the positions for which agencies are struggling to fill, agencies reported CFO, Accounting Associate's/Specialists, Financial Director, Bookkeeper, Revenue Cycle Manager, Assistant CFO, and Entry Level Accounting. Several cited their inability to attract and retain qualified fiscal staff because they are not able to offer a competitive wage based on what other companies/sectors are able to offer.

Program Managers/Supervisors

Respondents reported 106 vacancies of 819 total Program Manager/Supervisor positions. This represents 12.9% of positions. At the sector level, 11.3% of these positions in MH are vacant, 14.1% of SUD positions are vacant, 13.2% of IDD positions are vacant and 11.1% of IS positions are vacant. The percentage of vacant positions has increased for all sectors since 2022. In 2022 vacancies were at 9.3% for MH, 7% for SUD, 7.5% for IDD and 7.7% for IS. For SUD, the percentage of vacancies has more than doubled. The average median tenure for MH decreased from 7.1 years in 2022 to 5.3 years in 2024. It also decreased for IS from 6.5 years in 2022 to 5.9 years in 2024. It increased for IDD from 6.8 years in 2022 to 7.8 years in 2024. For SUD it remained the same (8.9 years) in both 2022 and 2024. Tenure of staff who left in the past 12 months was almost the same for MH (3.9 years in 2022 and 3.7 years in 2024) and IDD (4 years in 2022 and 4.1 years in 2024). For SUD and IS, the average tenure of staff who left in the past 12 months increased. SUD average tenure of staff who left in the past 12 months was 5.1 years in 2022 and 6.3 years in 2024. For IS it was 4.3 years in 2022 and was 7.4 years in 2024.

Respondent ratings of the severity of the staffing shortage increased from 2022 to 2024 for MH (38.2 in 2022 to 49.7 in 2024) and IDD (55 in 2022 to 67.5 in 2024). The rating decreased for IS from 46.3 in 2022 to 31.8 in 2024. The rating for SUD stayed almost the same (39.3 in 2022 to 39.6 in 2024).

Interestingly, despite the fact that the data shows that the number of vacancies in SUD doubled from the first and second survey, the severity rating did not change over the two time frames. IDD did have an increase in their rating and did see an increase in the percentage of vacancies which were 7.5% in 2022 and 13.2% in 2024.

Salary data was also collected in both 2022 and 2024 for this role. In MH, SUD and IS, the average starting salary decreased in 2024 from 2022 reported figures for Program Managers/Supervisors. However, there was an increase in all sectors in the average median salary between 2022 and 2024.

Median salaries rose nearly $3,200 for MH, $4,600 for IS, $6,500 for SUD, and $9,200 for IDD for the Program Managers/Supervisors roles from 2022 to 2024.

Prescribers

The data and responses indicate that agencies use a number of approaches for obtaining Prescriber services. Some hire Prescribers and others have contracts that pay Prescribers an hourly rate. The percentage of vacancies has increased since the 2022 Workforce Survey for all of the service categories. For IDD, none of the providers responded to this question and in 2024 they are reporting 11.1% vacancies. For SUD, there were 5.8% vacancies in 2022 and in 2024 it doubled to 11.9%. There was a similar increase for IS, going from 6.9% in 2022 to 10.5% in 2024. There was a modest increase for MH Prescriber vacancies from 11.1% in 2022 to 11.9% in 2024. Because of the variety of methods for obtaining these services, the salary information received is not consistent and analysis may be misrepresentative, however in 2024 the average salary is approximately $140,000. The average tenure of Prescribers is 6.6 years for SUD (up from 4.0 years in 2022), 4.1 years for MH (down from 4.3 years in 2022) and 5.1 years for IS (up from 4.8 years in 2022). While there was no data for tenure for IDD services in 2022, IDD providers reported tenure of 6.3 years in 2024. The average tenure of staff who left in the past 12 months has decreased for MH (6.2 years in 2022 vs. 1.7 years in 2024), SUD (3.8 years in 2022 vs, 2.1 years in 2024), and IS (4.3 years in 2022 vs. 2.2 years in 2024). In 2024, IDD reported that the tenure of staff who left within the past 12 months was 1 year. All of the service categories rated the severity of the staffing shortage for Prescribers higher in 2024 than they did in 2022. MH rated the severity of the staffing shortage as an average of 50 out of 100 (45.2 in 2022), SUD rated it at 39.5 (compared to 36.5 in 2022), IS rated it at 55 (compared to 39.3 in 2022), and IDD rated it at 75 (there was no data provided for this measure in 2022).

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:

- We can attract Prescribers as there is not currently a workforce shortage for this position, however, we are not meeting the market regarding base salary for Prescribers which makes it difficult to retain them. We have a bonus plan in place and are working on creative pay models for Prescribers to give more flexibility in the job and earning capacity.
- We typically do not have challenges hiring or retaining Prescriber staff.
- Nurse Practitioners (NP) with experience in the Behavioral Health (BH) field are exceptionally difficult to find. The area's educational institutions graduate lots of new professionals, but they are not generally well prepared for the realities of complex patient care in our setting.
- We are fully staffed at this time and have not had to hire recently.
- Challenges hiring Medical Doctors (MD), who are needed to oversee AOT and CPL 330.20 cases. Locums are available but often do not stay long term.
- Very challenging to find Prescribers with BH experience.
- Can't find an NP who will stay. They seem to jump around. There are no MD anywhere so even if an NP can be the Prescriber, they need a collaborating physician.

Other Medical (ex. Nurses)

Respondents reported 73 vacancies for Other Medical staff of the 355 budgeted positions (20.6%). In 2022, respondents reported 285.5 FTE vacancies of a total of 1,452.5 FTE positions (19.7%). While the percent of vacancies is only slightly higher, the total number of positions being reported is significantly less, likely due to differences in the actual respondents. Most of the budgeted positions are reported in MH services. The average median tenure for all Other Medical positions had minor variations from the 2022 to 2024 surveys. For MH, the average median tenure was 2.5 years in 2024, down from 3 years in 2022. SUD was 3.1 years in 2024 and 2.9 years in 2022. IS was 3.3 years in 2024, down from 3.5 years in 2022. IDD increased slightly to 5.5 years, from 5.1 years in 2022. The average tenure of staff who left in the past 12 months decreased from 2022 to 2024 for MH, SUD, and IS. It increased for IDD by a year, from 3.8 years to 4.8 years, from 2022 to 2024. In 2022 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, IS rated the staffing shortage at 61.3, SUD at 52.8 and IDD at 49. In 2024, the rating increased slightly for MH and SUD and increased 20 points to 69 for IDD. The rating for IS decreased to 54 in 2024.

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:

- Nurses and Therapist are impossible to hire due to not being able to pay a competitive wage compared to non-IDD organizations.
- Overnight nursing.
- It's extremely difficult to hire Registered Nurses (RN) due to the workforce shortage. We are able to retain them with much more success on the outpatient side. Retaining RN within our crisis stabilization programs is extremely difficult due to the work setting and overtime.
- RN working in our residential programs are hard to recruit because of the schedule (nights/weekends). We have worked hard to increase the starting rate for RN however it is tough to compete with local hospitals.
- RN, Licensed Practical Nurses (LPN), and Medical Assistants (MA). We are struggling with the rate of pay we are able to offer in comparison to other companies.
- LPN and RN with BH experience are exceptionally difficult to find.
- LPN.
- Part-time Nurse for preschool.
- Challenging to recruit Registered Nurses.
- We continue to struggle to hire Nurses due to the competing pay in hospitals. We also struggle to hire clinical staff due to the education and experience requirements which eliminate many of our qualified applicants.
- They expect high salaries that the MH field can't always pay.

Clinicians – Master's Level

Respondents reported 256 vacancies for Master's Level Clinicians of a total of 1,087 positions. This represents 23.5% of all Clinician positions are vacant. The percentage of vacancies is up across all sectors since 2022. For MH, 25.1% of these positions are vacant in 2024 compared to 18.5% in 2022. SUD vacancies are at 23% in 2024, up from 13.5% in 2022. For SUD, the percentage of vacancies is 24.8%, up from 20.9% in 2022. For IS the percentage of vacancies has more than doubled, going from 9.9% in 2022 to 24.7% in 2024. Starting salaries have increased for MH (up $3,161), SUD (up $13,267) and IS (up

$1,740) from 2022 to 2024. For IDD starting salaries have decreased by $1,673. Median salaries, on the other hand, have increased across the board. There was a $5,115 increase in the average median salary in MH, $12,770 in SUD, $10,435 in IDD and $9,616 in IS. Median tenure has decreased in MH (3.0 years in 2022 to 2.3 years in 2024) and SUD (4.1 years in 2022 to 2.4 years in 2024.) It has increased in IDD (6.1 years in 2022 to 7.7 years in 2024) and IS (2.9 years in 2022 to 3.1 years in 2024). Of Clinician staff that left their position in the past 12 months, turnover is happening more quickly in MH (2.6 years in 2022 vs. 1.7 years in 2024), IDD (2.6 years in 2022 vs. 2 years in 2024), and IS (2.3 years in 2022 vs. 2.1 years in 2024). For SUD, the average tenure of those who left their position in the past 12 months increased from 3 years in 2022 to 4.2 years in 2024.

The severity of the staffing shortage for Clinicians, Master's Level was rated lower than 2022 scores by MH (83.3 in 2022 and 74.6 in 2024), SUD (73 in 2022 and 68.1 in 2024), and IS (84 in 2022 and 69 in 2024). IDD's rating was higher in 2024 at 67.5 compared to 63.8 in 2024. These ratings are surprising considering the increases in the percentage of vacancies for these titles.

Bachelor's Level Program/Direct Care Staff

Respondents reported 190 FTE vacancies for Bachelor's Level/Direct Care staff of a total of 891 positions (21.3%). This is up from 18% reported in 2022. The percentage of vacancies increased significantly for SUD (22.7% in 2022 and 31.8% in 2024) and IDD (0.8% in 2022 and 15.1% in 2024). MH and IS saw slight decreases from 2022 to 2024. Starting salaries have increased from 2022 to 2024. SUD saw the greatest increase in starting salary (increase of $8,884), IDD increased by $1,658, MH increased by $850 and IS increased $257. Median Salaries have also increased from 2022 to 2024. Median Salaries for IDD have increased $11,514, SUD has increased $9,647, IS has increased $3,261 and MH has increased $2,645. The average median tenure has increased for MH (3.8 years in 2022 vs. 4.1 years in 2024), SUD (4.0 years in 2022 to 6.2 years in 2024), and IS (3.7 years in 2022 vs. 4.0 years in 2024). It has decreased for IDD (going from 3.8 years in 2022 to 2.6 years in 2024). The average median tenure of staff who left in the past 12 months for IDD increased from 0.5 years in 2022 to 1.9 years in 2024 and also increased for IS from 2.0 years in 2022 to 2.3 years in 2024. MH and SUD remained largely unchanged (MH was 1.8 years in both 2022 and 2024 and SUD was 1.7 years in 2022 and 1.6 years in 2024). The severity of the staffing shortage for Bachelor's Level Program/Direct Care Staff was rated very high for all service types. The rating for SUD in 2024 was 71.4, up from 60.8 in 2022 and for IDD increased to 55, up from 50 in 2022. The ratings decreased for MH (60.5 in 2024, down from 67 in 2022) and IS (69 in 2024, down from 84 in 2022).

Program/Direct Care staff, Associate's Degree and no degree required

Respondents reported 754 FTE vacancies for Program/Direct Care staff, Associate's Degree and no degree, required of a total of 3,863 FTE positions; overall, 19.5% of this workforce is vacant. This has decreased slightly from 21.1% vacancies in 2022. There are modest changes in each of the services categories (MH went from 20.4% in 2022 to 20.8 in 2024; SUD went from 20.9% in 2022 to 21.9% in 2024; IDD went from 21.4% in 2022 to 19% in 2024; and IS went from 21.4% in 2022 to 20.7% in 2024). Changes to salaries are also quite modest. Starting salaries have increased for all service categories from 2022 to 2024. Starting salaries for MH increased by $270, SUD increased by $2,352, IDD increased by $1,402, and IS increased by $571. Median Salaries also increased (MH increased by $145, SUD increased by $4,497, IDD by $3,348 and IS increased by $2,033). The average median tenure decreased for all services types; except for IDD which was 3.4 years in 2022 and 3.8 years in 2024. All other categories

saw a decrease in tenure (MH 3.1 years in 2022 vs. 2.3 years in 2024; SUD 3.2 years in 2022 vs. 2.4 years in 2024); and IS 3.5 years in 2022 vs. 2.1 years in 2024). The average median tenure of staff who left in the past 12 months also decreased for all service types except for IDD, which was 1.3 years in 2022 and 1.7 years in 2024. The tenure of staff who left within the past 12 months for MH decreased from 1.9 years in 2022 to 0.8 years in 2024, SUD went from 1.5 years in 2022 to 1.0 years in 2024, and IS went from 1.7 years in 2022 to 0.8 years in 2024. The severity of the staffing shortage for Program/Direct Care staff, Associate's Degree or no degree required staff was rated very high by IDD who rated it at an average of 82, but this was lower than the rating from 2022, which was 95. The ratings also decreased for MH (72.6 in 2022 vs. 63.1 in 2024) and SUD (68.7 in 2022 vs. 52.8 in 2024.) The rating for IS increased for Program/Direct Care staff, Associate's or no degree required, from 66.3 in 2022 to 68.7 in 2024.

Peers

Respondents reported 45 FTE vacancies for Peer staff of a total of 169 FTE positions. Overall, 26.6% of this workforce is vacant in 2024, which is a slight improvement since 2022 when the percentage of vacancies was 27.7%. The percentage of vacancies has decreased for MH (31.1% in 2022 vs. 26.8% in 2024) and SUD (25.2% in 2022 vs. 24% in 2024). IDD has seen an increase in vacancies (25% in 2022 vs. 29.7% in 2024). IS vacancies have seen little change (27.3% in 2022 and 27.4% in 2024). Starting salaries have decreased for IDD (decreased by $1,748 from 2022 to 2024) and IS (decreased by $1,035 from 2022 to 2024). There were modest increases from 2022 to 2024 for starting salaries for MH, which increased by $843, and SUD, which increased by $790. Median salaries have decreased for all service categories (MH decreased by $1,636, SUD decreased by $191, IDD decreased by $643, and IS decreased by $1,664). The average median tenure has increased for all service types. Median tenure increased for MH from 1.5 years in 2022 to 2.3 years in 2024, SUD increased from 1.9 years in 2022 to 2 years in 2024, IDD increased from 1.5 years in 2022 to 2.8 years in 2024, and IS increased from 1.9 years in 2022 to 2.5 years in 2024. For those who left their employment within the last 12 months, tenure decreased for MH (from 2.1 years in 2022 to 1.1 years in 2024), SUD (1.8 years in 2022 to 1.5 years in 2024) and IS (2.8 years in 2022 to 1.5 years in 2024). There was little change in the tenure for those who left in the past 12 months for IDD (1 year in 2022 vs. 1.1 year in 2024). The severity of the staffing shortage for Peer staff increased for MH (58.8 in 2022 vs. 67.6 in 2024) and IDD (65 in 2022 and 81.7 in 2024). It was rated lower for SUD (56 in 2022 vs. 51.3 in 2024) and IS (61.3 in 2022 vs. 60.6 in 2024).

Administrative support/clerical

Respondents reported 111 FTE vacancies for Administrative Support/Clerical staff of a total of 685 FTE positions. Overall, 16.2 % of this workforce is vacant in 2024, which is higher than the 12.9% reported in 2022. MH saw an increase in vacancies (15% in 2022 vs. 18% in 2024) as did SUD (12.4% in 2022 vs. 20% in 2024) and IS (10.8% in 2022 vs. 18.5% in 2024). There was a slight decrease in vacancies for IDD (12.1% in 2022 vs. 11.1% in 2024). Starting salaries decreased from 2022 to 2024 for MH (decrease of $731) and IS (decrease of $1,203). Starting salaries increased for Administrative support/clerical for SUD (increase of $5,102) and IDD (increase of $1,954). Median salaries increased across all services types (MH $252, SUD $4,055, IDD $3,561, and IS $1,883). The average median tenure decreased for MH (from 5.8 years in 2022 to 3.3 years in 2024) and IDD (8 years in 2022 to 6.9 years in 2024). It increased for SUD (from 5.1 years in 2022 to 6.3 years in 2024), and IS (from 2.9 years in 2022 to 4.1 years in 2024). The average tenure of staff who left in the past 12 months decreased for MH (from 3.2 years in 2022 to 0.8 years in 2024), IDD (from 7.6 years in 2022 to 2.2 years in 2024) and IS (from 1.2 years in 2022 to 0.9 years in 2024). The average tenure of staff who left in the past 12 months increased

from 1.4 years in 2022 to 2.4 years in 2024 for SUD. The severity of the staffing shortage for Administrative Support/Clerical staff decreased for MH (from 50.6 in 2022 to 39.4 in 2024), SUD (41.2 in 2022 to 40.8 in 2024) and IS (45 in 2022 to 32.7 in 2024). The severity rating increased for IDD which was rated 28.2 in 2022 and 38.3 in 2024.

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 (with number 1 representing the greatest impact). The following were identified as having the greatest impact:

- **Starting salary too low**
- **Shortage of qualified people in the community eligible to apply**
- **Competition with other employers in the health and human service sector**

Other choices which were not selected or were selected less frequently included: Lack of prestige of the occupation, Stigma towards clients, Challenging working conditions, 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 (with number 1 representing the greatest impact). The following were identified as having the greatest impact:

- **Opportunity to help people**
- **Benefits**
- **Rewarding work**
- **Flexible schedule**

Other choices which were not selected or were selected less frequently included: Team environment, 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:

- Our biggest challenge is hiring peer staff willing to work in hospital settings.
- Efficient, quick, and user-friendly hiring process, thorough onboarding process and corporate social responsibility.
- Lack of candidates from diverse backgrounds and cultures in the field. WNY is not an especially attractive re-location destination for job seekers.
- The Agency has a focus on equality, diversity, inclusion, and belonging.
- Remote work opportunities.
- Reputation of the agency.

Respondents were asked to rank a series of choices in terms of their greatest NEGATIVE impact on RETENTION (with number 1 representing the greatest impact). Overall and for all of the service categories, **Salary** was given the highest ranking. Other categories that were identified as having a significant negative impact on retention included:

- **Workload** (MH, SUD and IS);
- **Working conditions/Environment the job is performed in** (MH, IDD, and IS);
- **Competition with other health and human Service Sector Providers** (MH, SUD, and IS);
- **Competition with other employers outside the health and human service sector** (SUD); and
- **Need to work evenings, overnights, and/or weekends** (MH, IDD, and IS**).**

Other choices which were not selected or were selected less frequently included: Stigma, Relative lack of prestige, Requirement for community based (v. office based) work, 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, 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 (with number 1 representing the greatest impact). **Benefits** and **Rewarding work** were ranked as having the greatest impact overall for all service categories. **Flexible schedule** was ranked highly by MH, IDD and IS. **Team environment** was ranked highly by MH, SUD and IS. **Salary** was also rated as having a positive impact by MH, SUD and IS. Other choices that were offered in the survey which were not selected or were selected less frequently were: Opportunities for advancement, 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:

- Burn out of Case Managers due to nature of population we serve.
- Supervisor support and availability.
- Efficient and effective processes and resources.
- A positive is regular supervision.
- Burnout and vicarious traumatization are huge impacts on staff experiencing multiple simultaneous public health emergencies--COVID-19, overdose crisis, and the racial justice/health inequity crisis.
- Relocation out of area.
- Lack of compatibility with boss or coworkers.
- Organizational culture.
- Work/life balance.
- Commitment to people supported.

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** (83.8%, in 2024 down from 93.9% in 2022), **Increased caseload for existing staff** (77.7% in 2024 down from 90.9% in 2022), and **For new hires, they leave employment with your agency quickly because of being short staffed** (54.8% in 2024 down from 69.7% in 2022). *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 from what has already been provided." Responses received included:

- Reducing vacancies with qualified people in the community will increase retention.
- The onboarding and offboarding processes negatively impacts patient care and requires significant administrative costs to manage.
- The concern about hiring and retaining staff has impacted our ability to confidently expand services which would benefit more individuals and families.
- On top of waits and longer times in between services, clients will be forced to see different clinicians, which impacts their short and long term experience in several ways.
- Less clients served, program commitments not met, less administrative overhead due to vacancies factor into program costs.
- Lack of candidates with any professional experience. Lack of candidates from diverse backgrounds and cultures.
- Turnover affects client treatment. Oftentimes clients "start over" with a new provider as they begin a new engagement/assessment phase. This prolongs treatment and affects availability of services to new clients.
- Staff have left due to having to coordinate transportation for clients through Medical Answering Service (MAS) and MAS requirements when workforce is sparse as it is.
- Low salaries, despite great benefit package, the hourly wage is only a couple of dollars higher than places like Walmart, Target and other retail/fast food industries. Lack of consistent and substantial annual increases.

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 responses overall and for all service categories are: **Sustained annual increases in funding and rates that support reasonable salary increases,** and **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**. In addition, the following were also ranked highly by respondents:

- **Sustained marketing to colleges and universities about the opportunities in this field** (MH, SUD and IS);
- **Increased time to allow for career enrichment activities** (MH and SUD);
- **Dedicated supervisory training** (MH, IDD and IS);
- **Decreased regulatory requirements** (MH, SUD and IS); and
- **Sustained marketing to high schools about the opportunities in this field** (SUD).

The other response that was available but not rated highly was **Sustained media campaigns, including social media, regarding value and importance of a career in behavioral health**.

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

- Include no shows and administrative staff in the rate.
- More peer support.
- Make background checks cohesive across governing bodies and more user friendly (to cut down on delays in hiring/onboarding).

- More efforts to recruit/develop a professional pipeline of candidates from diverse backgrounds and cultures. More funded opportunities for staff to engage in burnout prevention/ resiliency/ wellness activities.
- The only thing that moves the needle is increases in salary and time off. Nothing else we have tried has moved the needle.
- We have seen improved retention with OASAS staff who have received COLAs or other wage incentives.
- Additional recognition of direct care as a career and not just a job.

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 25 responses to this question and the range of responses was from 5% to 40%. Where agencies responded with a range (for example 10% - 15%), the mid-point was used (for the example 10% - 15%, 12.5% was used as the data point). Four respondents (16%) recommended an increase of at least 5% and less than 10%. Eight respondents (32%) recommended an increase of 10% - 15%. Eight respondents (32%) recommended an increase of greater than 15% to 20% and five (20%) recommended an increase of more than 20%. The table below provides responses from both the 2022 and 2024 surveys.

Recommended Percent Salary Increase	2022	2024
5- less than 10%	4	4
10% - 15%	10	8
Greater than 15% - 20%	7	8
Greater than 20% - 25%	4	2
Greater than 25%	2	3

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):

- Work with local colleges, advertising and marketing to colleges.
- Staff testimonials.
- Leveraging online job boards.
- Multiple media marketing, social media.
- Compensation analysis and updates to pay in certain job groups to the extent possible.
- Engagement surveys and interventions in first year of employment.
- Benefits enhancements where possible and aligned with engagement survey information.
- Enhancement of staff events and mingles.
- Word of Mouth and more non-traditional ways of recruiting.
- Attendance bonus for no call offs for direct care positions in our OPWDD program.
- Use of training from former staff to help set better expectations.
- Leadership development series.
- Sign-on/referral bonus, recruitment and retention bonuses, asking current staff to reach out to their contacts about career opportunities.
- Adding unique opportunities to benefits offered.
- Implementation of staff ideas.

- Standardization of work amongst similar job roles.
- Employee referrals payments for employee referrals.
- Incentive pay for performance.
- Strong supervisor relationship.
- We're piloting a new schedule structure (three 10-hr days/week for full-time benefits) but unclear if it's effective yet.
- Enhanced interview process to best prepare candidates for the realities of the position/daily duties and experiences.
- Benefit offerings such as cell phone reimbursement, as well as incentive pay for management or other tasks.
- Bonuses for picking up shifts and for working snowstorms, overnight shift differential
- NYS healthcare bonus
- Increased presence at career events and job fairs.
- Implementation of a 30/60/90 day meeting check-in process with new hires.
- Increased salaries.
- We have found success using our AmeriCorps members as a pipeline/extended job interview for permanent staff positions.
- Really emphasizing a flexible schedule and nice work environment.
- Staff engagement committee.
- Improved onboarding policies.
- All staff meetings.
- Remote work days.
- Advancement opportunities.
- Professional development opportunities.
- Stressing importance of agency mission and focus on where we make a difference in the community.
- Using a temp agency to fill some positions but it is very costly.
- Real work life balance: we can only take so many clients.

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):

- There has been some regulatory relief recently that has benefited our industry. Additional funding for supportive services would benefit us, as well as rate increases instead of grants that are time limited and restrictive.
- We are now hiring individuals without peer credentials and allowing them to get their credentials while working but the time/cost of training interferes with our ability to provide services.
- Electronic SCR application that candidates can complete. Expedited process of SCR responses from NYS. Takes an average of 2 weeks to clear.
- Repetitive reporting requirements. Use of grant funds for in-depth training.
- Ability to bring interns on as a paid staff member to provide training and then coverage on maintenance consumers. In addition, there should be higher licensure and experience expectations on those in private practice.
- In-office requirement for mental health clinics.
- Allowing individuals with less than Master's and licensure to be Clinicians.

- OMH's removal of telehealth for mobile crisis work really hurt us. That needs to come back.
- Allowing for annual raises when negotiating contracts.
- Medicaid billing guideline reduction and increased reimbursement for services. Loosening scope of practice requirements for LMSWs/LMHCs/CASACs.
- Labor laws requiring community type social work to be considered hourly if it does not meet the salary minimums. Although this is meant to protect employees and pay overtime, it leads to micromanagement of hours, added stress, and feeling devalued as an employee.
- Changes to regulatory requirements would not help us recruit and retain.
- Documentation requirements.
- The requirements for QIDP and BIS positions do impact our ability to recruit and retain staff. If these were not so strict, it would expand our candidate pool. Additionally, we have lost some direct care candidates because of the high amount of background checks required - many direct care candidates expect to be offered a job and be able to start the following day or within a few days. This is just not feasible with our current background and pre-screen requirements.
- Regulatory relief on credentialing, recredentialing and regulatory relief for all programs that cause staff burnout. Regulatory bodies include OASAS, Joint Commission, SAMHSA and DEA.

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:

- The importance of this work is not reflected in individual salaries. While we do not provide clinical services, too many of our clients are waiting for adequate treatment. And there are too many clients who have to start over with a new therapist/prescriber due to staff turnover.
- More funding to support tuition reimbursement/further education.
- Make peer training available all year and improve turnaround time for credentialing so staff can start work faster.
- Budget COLAs each year for staffing.
- Improved referrals and collaboration with community agencies.
- For prevention, increase in funding for staff to be more competitive within the field.

Conclusions

Providers have been raising the alert on staffing shortages for many years. COVID and its ripple effects raised the workforce challenges to crisis conditions. Since the first survey was conducted in 2022, there have been modest gains in some job categories, but the improvements are modest at best. The percentage of vacancies for Clinicians Master's Level, Peers, and Other Medical are over 20% for MH, SUD, IDD and IS. This has increased since the 2022 Workforce Survey. While the rating of the severity of the crisis has decreased for these positions in some of the sectors; there continues to be a workforce crisis.

The workforce crisis feeds ongoing workforce challenges. **Staff burnout** is cited as the greatest impact of the workforce crisis and for many agencies, new hires are quickly leaving their positions because of being short staffed.

Average salaries have increased for many of the job categories since 2022; but not for all. In cases where there were decreases in staring salaries and average salaries, this is an area that may suggest future study and analysis. Tenure may be contributing to reductions in reported average salaries because the tenure of staff leaving positions in the past 12 months has gotten shorter for many categories, which reduces longevity related salary increases that would come with longer tenure.

The impacts of the staffing shortages negatively impact both the workforce and the individuals' needing services. The impacts on clients include longer wait times to receive services and between appointments. It is also reported that the quality of care is impacted. Interruptions in care, frequency of care, and changes in providers can negatively impact a client's engagement and progress in their recovery journey.

Agencies have been very creative and resourceful as they seek solutions. Through this survey they have also been extremely generous in sharing the strategies that have worked for them as well as ideas they are trying. We are hopeful that agencies will consider trying to implement some of the ideas offered in this report.

This survey provides quantifiable data that could be used to influence regulations, reimbursement, and the development of new strategies for recruiting and retaining qualified staff. It also provides a comparison of the workforce environment in 2022 and 2024.

Data Tables Notes

These tables are displayed on the following pages:

Table 1. Summary of Staffing Responses – Positions and Vacancies

Table 2. Summary of Staffing Responses – Salaries and Rating of Staffing Shortage

Table 3. Summary of Staffing Responses – Tenure

Table 4. Summary of Impacts of Staffing Shortages

Each table provides data from the 2022 and 2024 Workforce Surveys. Some 2024 data is displayed with either red fill or with a green fill. Red fill indicates that the data point moved in an unfavorable direction in 2024 and green fill indicates that a data point moved in a favorable direction. Data with no corresponding data in 2022 is not marked.

In **Table 1** an unfavorable direction is an increase in the percentage of vacancies and a favorable direction is a decrease or no change in vacancies.

In **Table 2** an unfavorable direction is a decrease in salaries and an increase in the rating of the staffing shortage. A favorable direction is an increase in salaries and a decrease in the rating of the staffing shortage.

In **Table 3** an unfavorable direction is a decrease in the average tenure or average tenure of staff who left in the past 12 months. A favorable direction is no change or an increase in the average tenure or average tenure of staff who left in the past 12 months.

On **Table 4** the responses have been sorted highest to lowest based on responses received to the 2024 survey. The columns with 2024 survey responses are highlighted in yellow.

Data Tables

Table 1. Summary of Staffing Responses – Positions and Vacancies

Admin	Total Positions 2022	Total Positions 2024	Total Vacancies 2022	Total Vacancies 2024	% Vacant Positions 2022	% Vacant Positions 2024
MH	738.5	438	67	40	9.1%	9.1%
SUD	610	339	65	37	10.7%	10.9%
IDD	532	254	34	21	6.4%	8.3%
Integrated	465	371	50	34	10.8%	9.2%
Fiscal	Total Positions 2022	Total Positions 2024	Total Vacancies 2022	Total Vacancies 2024	% Vacant Positions 2022	% Vacant Positions 2024
MH		122		7		5.7%
SUD		88		8		9.1%
IDD		72		4		5.6%
Integrated		100		6		6%
Program Managers/ Supervisors	Total Positions 2022	Total Positions 2024	Total Vacancies 2022	Total Vacancies 2024	% Vacant Positions 2022	% Vacant Positions 2024
MH	387	461	36	52	9.3%	11.3%
SUD	258	248	18	35	7.0%	14.1%
IDD	585	438	44	58	7.5%	13.2%
Integrated	155	361	12	40	7.7%	11.1%
Prescribers	Total Positions 2022	Total Positions 2024	Total Vacancies 2022	Total Vacancies 2024	% Vacant Positions 2022	% Vacant Positions 2024
MH	153.5	134	17.1	16	11.1%	11.9%
SUD	121.5	126	7	15	5.8%	11.9%
IDD	1	18	0	2	0.0%	11.1%
Integrated	72.5	124	5	13	6.9%	10.5%
Other Medical	Total Positions 2022	Total Positions 2024	Total Vacancies 2022	Total Vacancies 2024	% Vacant Positions 2022	% Vacant Positions 2024
MH	552	230	120.5	51	21.8%	22.2%
SUD	481	207	91.5	44	19.0%	21.3%
IDD	207	132	35	27	16.9%	20.5%
Integrated	212	217	38.5	45	18.2%	20.7%

Clinicians Master's Level	Total Positions 2022	Total Positions 2024	Total Vacancies 2022	Total Vacancies 2024	% Vacant Positions 2022	% Vacant Positions 2024
MH	834	942	154	236	18.5%	25.1%
SUD	680	623	92	143	13.5%	23%
IDD	129	367	27	91	20.9%	24.8%
Integrated	537	874	53	216	9.9%	24.7%

Bachelor's Level	Total Positions 2022	Total Positions 2024	Total Vacancies 2022	Total Vacancies 2024	% Vacant Positions 2022	% Vacant Positions 2024
MH	910	790	201	159	22.1%	20.1%
SUD	674	352	153	112	22.7%	31.8%
IDD	620	239	5	36	0.8%	15.1%
Integrated	476	680	119	159	25.0%	23.4%

Associate's or no degree	Total Positions 2022	Total Positions 2024	Total Vacancies 2022	Total Vacancies 2024	% Vacant Positions 2022	% Vacant Positions 2024
MH	1071	1395	218	290	20.4%	20.8%
SUD	784	645	164	141	20.9%	21.9%
IDD	3495	2963	748	563	21.4%	19%
Integrated	501	1156	107	239	21.4%	20.7%

Peers	Total Positions 2022	Total Positions 2024	Total Vacancies 2022	Total Vacancies 2024	% Vacant Positions 2022	% Vacant Positions 2024
MH	148	168	46	45	31.1%	26.8%
SUD	155	125	39	30	25.2%	24%
IDD	28	37	7	11	25.0%	29.7%
Integrated	88	113	24	31	27.3%	27.4%

Admin/ Support	Total Positions 2022	Total Positions 2024	Total Vacancies 2022	Total Vacancies 2024	% Vacant Positions 2022	% Vacant Positions 2024
MH	458	577	68.5	104	15.0%	18%
SUD	406	435	50.5	87	12.4%	20%
IDD	107	198	13	22	12.1%	11.1%
Integrated	330	520	35.5	96	10.8%	18.5%

Table 2. Summary of Staffing Responses – Salaries and Rating of Staffing Shortage

Admin	Range of Starting Salaries 2022	Range of Starting Salaries 2024	Average Starting Salary 2022	Average Starting Salary 2024	Average Salary 2022	Average Salary 2024	Average Rate staffing shortage 0-100 2022	Average Rate staffing shortage 0-100 2024	Range of Ratings 2022	Range of Ratings 2024
MH							31.6	29.9	0-85	0-70
SUD							30.3	25.3	0-95	0-70
IDD							50	40	5-85	5-70
Integrated							47.5	27.9	15-80	0-64

Fiscal	Range of Starting Salaries 2022	Range of Starting Salaries 2024	Average Starting Salary 2022	Average Starting Salary 2024	Average Salary 2022	Average Salary 2024	Average Rate staffing shortage 0-100 2022	Average Rate staffing shortage 0-100 2024	Range of Ratings 2022	Range of Ratings 2024
MH							28.6			0-80
SUD							20.6			0-80
IDD							68.3			65-75
Integrated							27.2			0-80

Prog Mngrs/ Supervisors	Range of Starting Salaries 2022	Range of Starting Salaries 2024	Average Starting Salary 2022	Average Starting Salary 2024	Average Salary 2022	Average Salary 2024	Average Rate staffing shortage 0-100 2022	Average Rate staffing shortage 0-100 2024	Range of Ratings 2022	Range of Ratings 2024
MH	38000-85000	36000-68000	54768	50483	58766	61947	38.19	49.7	0-100	0-100
SUD	34000-85000	42000-68000	54091	52865	53726	60205	39.29	39.6	0-100	0-75
IDD	36400-56432	36173-62194	44585	45250	48848	58042	55	67.5	0-100	25-100
Integrated	45718-77000	36400-68000	58945	48943	59861	64455	46.25	31.8	0-85	0-80

Prescribers	Range of Starting Salaries 2022	Range of Starting Salaries 2024	Average Starting Salary 2022	Average Starting Salary 2024	Average Salary 2022	Average Salary 2024	Average Rate staffing shortage 0-100 2022	Average Rate staffing shortage 0-100 2024	Range of Ratings 2022	Range of Ratings 2024
MH	79997-312000	105000-253500	166589	133042	198229	146346	45.16	50	0-100	0-93
SUD	79997-208000	105000-175000	147245	127250	235590	156227	36.5	39.5	0-92	0-75
IDD	no data	146250-164951	no data	155600	340	270563	no data	75	no data	75 (one response)
Integrated	62000-165000	105,000-175000	122999	139984	224787	191911	39.25	55	0-92	10-93

Other Medical	Range of Starting Salaries 2022	Range of Starting Salaries 2024	Average Starting Salary 2022	Average Starting Salary 2024	Average Salary 2022	Average Salary 2024	Rate staffing shortage 0-100 2022	Rate staffing shortage 0-100 2024	Range of Ratings 2022	Range of Ratings 2024
MH							64.7	67.8	0-100	35-95
SUD							52.75	53.9	0-95	0-95
IDD							49	69	10-85	40-100
Integrated							61.25	54	25-90	0-95

Clinicians Master's Level	Range of Starting Salaries 2022	Range of Starting Salaries 2024	Average Starting Salary 2022	Average Starting Salary 2024	Average Salary 2022	Average Salary 2024	Rate staffing shortage 0-100 2022	Rate staffing shortage 0-100 2024	Range of Ratings 2022	Range of Ratings 2024
MH	38000-65000	42000-70000	46245	49406	51658	56773	83.33	74.6	60-100	25-100
SUD	41540-65000	43500-72032	47116	60383	49466	62236	73	68.1	50-100	20-100
IDD	48766-58614	43992-59514	54424	52751	52696	63131	63.75	67.5	30-80	20-100
Integrated	42286-65000	43500-70000	49821	51561	53174	62790	85	71.9	60-100	0-100

Bachelor's Level	Range of Starting Salaries 2022	Range of Starting Salaries 2024	Average Starting Salary 2022	Average Starting Salary 2024	Average Salary 2022	Average Salary 2024	Rate staffing shortage 0-100 2022	Rate staffing shortage 0-100 2024	Range of Ratings 2022	Range of Ratings 2024
MH	32000-57098	31805-57000	39507	40357	44364	47009	67	60.5	5-100	25-100
SUD	32000-42000	34580-60000	37037	45921	41020	50667	60.77	71.4	5-100	50-100
IDD	36400-38277	31805-46183	37338	38996	39547	51061	50	55	20-80	25-80
Integrated	35000-42000	31200-57000	38460	38717	45535	48796	84	69	60-100	25-100

Associate's or no degree	Range of Starting Salaries 2022	Range of Starting Salaries 2024	Average Starting Salary 2022	Average Starting Salary 2024	Average Salary 2022	Average Salary 2024	Rate staffing shortage 0-100 2022	Rate staffing shortage 0-100 2024	Range of Ratings 2022	Range of Ratings 2024
MH	31000-41000	29120-45000	34982	35252	38312	38457	72.75	63.1	30-100	30-100
SUD	30000-41000	29120-45000	35509	37861	38253	42750	68.67	52.8	30-100	20-80
IDD	31200-38404	29972-40533	33057	34459	33562	36910	95	82	85-100	30-100
Integrated	31000-41000	29120-48000	34900	35471	37973	40006	66.25	68.7	30-100	30-100

Peers	Range of Starting Salaries 2022	Range of Starting Salaries 2024	Average Starting Salary 2022	Average Starting Salary 2024	Average Salary 2022	Average Salary 2024	Rate staffing shortage 0-100 2022	Rate staffing shortage 0-100 2024	Range of Ratings 2022	Range of Ratings 2024
MH	30600-45000	31850-41500	36357	37200	40185	38549	58.8	67.6	15-98	10-95
SUD	30600-45000	31850-41500	36235	37025	38899	38708	56	51.3	15-100	0-95
IDD	40189	37050-41224	40189	38441	40000	39357	65	81.7	65	60-95
Integrated	31000-45000	31850-41500	37023	35988	39213	37549	61.25	60.6	15-80	10-95

Admin/ Support	Range of Starting Salaries 2022	Range of Starting Salaries 2024	Average Starting Salary 2022	Average Starting Salary 2024	Average Salary 2022	Average Salary 2024	Rate staffing shortage 0-100 2022	Rate staffing shortage 0-100 2024	Range of Ratings 2022	Range of Ratings 2024
MH	25590-45000	29120-42000	33557	32826	36531	36783	50.6	39.4	0-98	4-92
SUD	25000-45000	29120-42000	31824	36926	34566	38621	41.2	40.8	0-90	0-67
IDD	28465-35442	29250-38911	30599	32553	33208	36769	28.2	38.3	10-60	20-60
Integrated	29000-36000	29120-45000	32870	31667	35967	37850	45	32.7	0-90	0-67

Table 3. Summary of Staffing Responses – Tenure

Admin	Average Tenure in Years 2022	Average Tenure in Years 2024	Average Tenure in Years of Staff who left in past 12 mo 2022	Average Tenure in Years of Staff who left in past 12 mo 2024
MH	9.5	5.9	4.0	5.3
SUD	9.4	9.4	4.1	5.6
IDD	7.4	8.9	3.3	4.5
Integrated	7.8	5.5	4.4	4.5

Fiscal	Average Tenure in Years 2022	Average Tenure in Years 2024	Average Tenure in Years of Staff who left in past 12 mo 2022	Average Tenure in Years of Staff who left in past 12 mo 2024
MH		5.1		6.5
SUD		8.9		2.3
IDD		6.0		11.8
Integrated		5.9		1.3

Prog Mngrs/ Supervisors	Average Tenure in Years 2022	Average Tenure in Years 2024	Average Tenure in Years of Staff who left in past 12 mo 2022	Average Tenure in Years of Staff who left in past 12 mo 2024
MH	7.1	5.3	3.9	3.7
SUD	8.9	8.9	5.1	6.3
IDD	6.8	7.8	4.0	4.1
Integrated	6.5	5.9	4.3	7.4

Prescribers	Average Tenure in Years 2022	Average Tenure in Years 2024	Average Tenure in Years of Staff who left in past 12 mo 2022	Average Tenure in Years of Staff who left in past 12 mo 2024
MH	4.3	4.1	6.2	1.7
SUD	4.0	6.6	3.8	2.1
IDD	no data	6.3	no data	1.0
Integrated	4.8	5.1	4.3	2.2

Other Medical	Average Tenure in Years 2022	Average Tenure in Years 2024	Average Tenure in Years of Staff who left in past 12 mo 2022	Average Tenure in Years of Staff who left in past 12 mo 2024
MH	3.0	2.5	2.3	1.0
SUD	2.9	3.1	1.4	1.2
IDD	5.1	5.5	3.8	4.8
Integrated	3.5	3.3	1.7	1.3

Clinicians Master's Level	Average Tenure in Years 2022	Average Tenure in Years 2024	Average Tenure in Years of Staff who left in past 12 mo 2022	Average Tenure in Years of Staff who left in past 12 mo 2024
MH	3.0	2.3	2.6	1.7
SUD	4.1	2.4	3.0	4.2
IDD	6.1	7.7	2.6	2.0
Integrated	2.9	3.1	2.3	2.1

Bachelor's Level	Average Tenure in Years 2022	Average Tenure in Years 2024	Average Tenure in Years of Staff who left in past 12 mo 2022	Average Tenure in Years of Staff who left in past 12 mo 2024
MH	3.8	4.1	1.8	1.8
SUD	4.0	6.2	1.7	1.6
IDD	3.8	2.6	0.5	1.9
Integrated	3.7	4.0	2.0	2.3

Associate's or no degree	Average Tenure in Years 2022	Average Tenure in Years 2024	Average Tenure in Years of Staff who left in past 12 mo 2022	Average Tenure in Years of Staff who left in past 12 mo 2024
MH	3.1	2.3	1.9	0.8
SUD	3.2	2.4	1.5	1.0
IDD	3.4	3.8	1.3	1.7
Integrated	3.5	2.1	1.7	0.8
Peers	**Average Tenure in Years 2022**	**Average Tenure in Years 2024**	**Average Tenure in Years of Staff who left in past 12 mo 2022**	**Average Tenure in Years of Staff who left in past 12 mo 2024**
MH	1.5	2.3	2.1	1.1
SUD	1.9	2.0	1.8	1.5
IDD	1.5	2.8	1.0	1.1
Integrated	1.9	2.5	2.8	1.5
Admin/ Support	**Average Tenure in Years 2022**	**Average Tenure in Years 2024**	**Average Tenure in Years of Staff who left in past 12 mo 2022**	**Average Tenure in Years of Staff who left in past 12 mo 2024**
MH	5.8	3.3	3.2	0.8
SUD	5.1	6.3	1.4	2.4
IDD	8.0	6.9	7.6	2.2
Integrated	2.9	4.1	1.2	0.9

Table 4. Summary of Impacts of Staffing Shortages

	2022 Overall Responses (n=33)	2024 Overall Responses (n=31)	2022 Overall %	2024 Overall %	2022 MH (n=22)	2024 MH (n=18)	2022 MH %	2024 MH %	2022 SUD (n=16)	2024 SUD (n=12)	2022 SUD %	2024 SUD %	2022 IDD (n=6)	2024 IDD (n=6)	2022 IDD %	2024 IDD %	2022 Integrated (n=4)	2024 Integrated (n=12)	2022 Integrated %	2024 Integrated %
Burnout for existing staff because of increased demands	31	26	93.9%	83.9%	21	16	95.5%	88.9%	14	11	87.5%	91.7%	6	6	100.0%	100.0%	4	11	100.0%	91.7%
Increased caseload for existing staff	30	24	90.9%	77.4%	20	14	90.9%	77.8%	14	10	87.5%	83.3%	6	5	100.0%	83.3%	4	11	100.0%	91.7%
For new hires, they leave employment with your agency quickly because of being short staffed	23	17	69.7%	54.8%	17	13	77.3%	72.2%	10	7	62.5%	58.3%	5	4	83.3%	66.7%	4	8	100.0%	66.7%
Reduced number of new intakes	18	13	54.5%	41.9%	15	7	68.2%	38.9%	10	5	62.5%	41.7%	3	3	50.0%	50.0%	4	6	100.0%	50.0%
Effect on quality of care that can be delivered	18	13	54.5%	41.9%	13	8	59.1%	44.4%	7	6	43.8%	50.0%	5	5	83.3%	83.3%	4	4	100.0%	33.3%
Longer wait times to receive services	11	12	33.3%	38.7%	10	9	45.5%	50.0%	5	5	31.3%	41.6%	0	3	0.0%	50.0%	2	5	50.0%	41.7%
Agency has avoided or been reluctant to pursue newly funded service opportunities and/or expanding existing services	14	9	42.4%	29.0%	7	4	31.8%	22.2%	5	3	31.3%	25.0%	4	4	66.7%	66.7%	0	2	0.0%	16.7%
Fewer services to existing clients	11	8	33.3%	25.8%	6	5	27.3%	27.8%	5	3	31.3%	25.0%	3	2	50.0%	33.3%	1	5	25.0%	41.7%
Longer time between client appointments		8		25.8%		8		44.4%		5		41.7%		2		33.3%		4		33.3%
Suspended new intakes	8	7	24.2%	22.6%	6	5	27.3%	27.8%	4	3	25.0%	25.0%	2	1	33.3%	16.7%	1	4	25.0%	33.3%
Closed or suspended operations at some locations	7	5	21.2%	16.1%	5	4	22.7%	22.2%	2	0	12.5%	0.0%	3	3	50.0%	50.0%	0	2	0.0%	16.7%
Reduced hours/days of operation	4	4	12.1%	12.9%	2	4	9.1%	22.2%	1	2	6.3%	16.7%	2	0	33.3%	0.0%	0	1	0.0%	8.3%

ATTACHMENT 1 - Workforce Survey Tool

2024 Workforce Survey

Introduction

Staffing continues to be 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 continues to be 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 will be comparing the responses to the 2022 Workforce Survey to see if there has been any changes/improvements since then. We're asking each agency to complete this survey to help us in this effort and submit your response by February 16, 2024. 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

5. 2023 Agency total gross budget. Please select one of the following.

○ Less than $2 million

○ $2 million - $6 million

○ $6 million - $10 million

○ $10 million - $20 million

○ $20 million - $50 million

○ Over $50 million

Please complete the following questions for each type of staff in your agency. **Please report on ALL positions in your organization**, not just those that may be funded by Erie County.

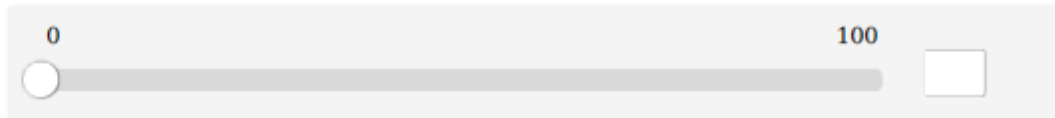6. Administrative (leadership, HR, IT, QA/QI, etc.)

Number of budgeted positions

Number of vacancies on 1/1/2024

Median tenure of current staff (**in months**)

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

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

0   100

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

9. Fiscal (CFO, Accountants, Bookkeepers, etc.)
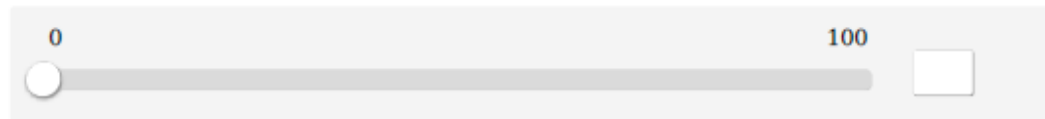
Number of budgeted positions

Number of vacancies on 1/1/2024

Median tenure of current staff (**in months**)

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

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

0	100

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

12. Program Managers/Supervisors

Number of budgeted positions	
Number of vacancies on 1/1/2024	
Starting salary	
Median salary	
Median tenure of current staff (**in months**)	
Median tenure of staff who left in the past 12 months (**in months**)	

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

0	100

14. Prescribers

Number of budgeted positions	
Number of vacancies on 1/1/2024	
Starting salary	
Median salary	
Median tenure of current staff (**in months**)	
Median tenure of staff who left in the past 12 months (**in months**)	

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

0	100

16. 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.

17. Other Medical (ex. nurses)
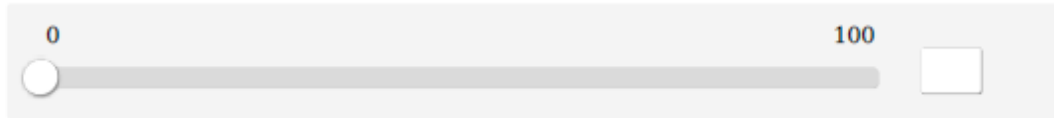
Number of budgeted positions

Number of vacancies on 1/1/2024

Median tenure of current staff (**in months**)

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

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

0	100

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

20. Clinicians (Masters level)

Number of budgeted positions

Number of vacancies on 1/1/2024

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 Clinicians (Masters level) staff? (0 is no problem and 100 is crisis level)

0   100

22. Bachelors level program/direct care staff

Number of budgeted positions

Number of vacancies on 1/1/2024

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 Bachelors level program/direct care staff? (0 is no problem and 100 is crisis level)

0   100

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

Number of budgeted positions

Number of vacancies on 1/1/2024

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 program/direct care staff, Associates degree and no degree required? (0 is no problem and 100 is crisis level)

0   100

26. Peers

Number of budgeted positions

Number of vacancies on 1/1/2024

Starting salary

Median salary

Median tenure of current staff (**in months**)

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

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

0   100

28. Administrative support/clerical

Number of budgeted positions	
Number of vacancies on 1/1/2024	
Starting salary	
Median salary	
Median tenure of current staff (**in months**)	
Median tenure of staff who left in the past 12 months (**in months**)	

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

0   100

○

30. In general, as compared to 2 years ago, is your agency's experience with the workforce crisis:

○ Significantly improved

○ Somewhat improved

○ About the same

○ Somewhat worse

○ Significantly worse

31. 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

32. 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

33. 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).

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