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At a time in which workforce deficiencies are rampant across sectors, behavioral health is even further behind. Prior to the onset of the COVID-19 pandemic, the supply of behavioral healthcare workers failed to meet the demands of children's mental health needs. Since the pandemic, rates of youth crisis cases have increased substantially while workforce numbers have dropped. For example, between March and October of 2020, emergency department visits for youth with mental health conditions rose 24% for children ages 5-11 and 31% in adolescents ages 12-17.¹ Meanwhile, suicide attempts among girls ages 12-17 saw a 50.6% increase in February-March 2021 versus February-March in 2019.¹ Children in rural areas disproportionately contributed to these rising statistics, as rural youth are more likely to visit the emergency department for cases of self-harm.

Despite the overwhelming demand for behavioral health professionals – including but not limited to social workers, mental health counselors, case managers, community health workers, and chemical dependency counselors – there is a substantial lack of workforce supply. Because of current structures in place, boosting the rural behavioral health workforce is not without extreme challenges. Barriers include:

- Low agency reimbursement rates for services, leading to low pay for service providers.
- Lengthy educational tracks for full behavioral health professional licensure. Social work and counselor positions require six to eight years of education and experience to achieve top licensure.
- Stigma of working with at-risk populations.
- High burnout rates due to compassion fatigue and high caseloads, in addition to aforementioned factors. Each year, between 30% and 60% of therapists leave the profession.²

Systemic solutions are needed to address these challenges in order to meet the increasing behavioral health deficits facing children in the Appalachian region.

¹ Hoffmann, J. A., & Duffy, S. J. (2021). Supporting youth mental health during the COVID-19 pandemic. *Academic Emergency Medicine*, 28(12), 1485–1487. <https://doi.org/10.1111/acem.14398>

² Paris, M., & Hoge, M. A. (2009). Burnout in the mental health workforce: A review. *The Journal of Behavioral Health Services & Research*, 37(4), 519–528. <https://doi.org/10.1007/s11414-009-9202-2>

Why Appalachia?

The challenges of increasing the behavioral health workforce are even greater in rural Appalachia because of a greater need for services, lack of access to providers, and a significant philanthropy gap.³ About 49.5% of adolescents meet diagnostic criteria for a mental illness and fewer than half receive treatment.⁴ This statistic is magnified in rural regions such as Appalachia, as more rural children live in poverty, are on Medicaid, commit suicide, and suffer from chronic health conditions such as obesity.⁵ Furthermore, rural communities struggle to retain talent and industry as they continue to experience population decline.

Behavioral health workforce recruitment and retention is also a substantial challenge in the Appalachian region. For one, as a region that has struggled with educational attainment for decades, recruiting students to a field with high educational requirements and low pay is a tough sell.^{6,7} To become a licensed independent social worker in Ohio, one has to graduate from a four-year undergraduate program, obtain a master of social work degree from an accredited university, and log over 2,000 hours of post-graduate, supervised practice.⁸ This track, which typically takes at least eight years to complete, along with high burnout rates and low salaries, contributes to the many behavioral health position vacancies throughout Appalachian Ohio.

All in all, Appalachian Ohio is disproportionately impacted by a lack of behavioral health workforce. Strengthening the behavioral health workforce is essential in providing the region's youth the services they need to thrive.

Current Initiatives

In recent years, the state of Ohio has increased its efforts to prioritize behavioral health workforce development. Despite these initiatives, further programmatic and financial investments are needed to address the overwhelming deficiencies in the behavioral health workforce.

- **Public Student Loan Forgiveness Program:** The Public Student Loan Forgiveness Program (PSLF) has long been a frustrating source of loan relief for behavioral healthcare workers. The program contains a complex process for admission, including the

³ Foundation for Appalachian Ohio. (2015). (rep.). *2015 Annual Report*. http://appalachianohio.org/wp-content/uploads/2016/02/2015FAOAnnualReport_FINAL.pdf.

⁴ Cales, M. A., Weisenmuller, C. M., Barrett, J. A., Kerr, P. L., & Sparks, T. O. (2021). Predictors of appointment attendance in a rural Appalachian behavioral health clinic. *Journal of Rural Mental Health, 45*(1), 31–42. <https://doi.org/10.1037/rmh0000150>

⁵ Bettenhausen, J. L., Winterer, C. M., & Colvin, J. D. (2021). Health and poverty of rural children: An under-researched and under-resourced vulnerable population. *Academic Pediatrics, 21*(8), 126–133. <https://doi.org/10.1016/j.acap.2021.08.001>

⁶ Baum, N., & King, J. (2020, February). *The behavioral health workforce in rural America: Developing a national recruitment strategy*. U-M Behavioral Health Workforce Research Center. Retrieved from <https://www.behavioralhealthworkforce.org/project/the-behavioral-health-workforce-in-rural-america-developing-a-national-recruitment-strategy/>

⁷ Vazzana, C. M., & Rudi-Poloshka, J. (2019). Appalachia has got talent, but why does it flow away? A study on the determinants of brain drain from rural USA. *Economic Development Quarterly, 33*(3), 220–233. <https://doi.org/10.1177/0891242419844320>

⁸ Ohio CSWMFT. (n.d.). *LISW license instructions*. Ohio Counselor, Social Worker and Marriage and Family Therapist Board. <https://cswmft.ohio.gov/get-licensed/social-workers/lisw-license-instructions#:~:text=Requirements,before%20you%20begin%20this%20process.>

requirement for recipients to make 120 qualifying payments towards their loans while working with a public service agency. It typically takes 10 years to accrue 120 qualified payments. A waiver increased access to about 27,000 applicants and assisted 550,000 recipients by advancing them an average of 23 payments.⁹ However, a lack of access has crippled the effectiveness of the program. Just over 2% of processed applications have been accepted since November 2020, and only 0.7% of eligible recipients eventually received student loan forgiveness.⁹

- **Ohio's \$85 million investment in behavioral health workforce:** Investments in financial incentives are the most direct approach to addressing workforce deficits. In June 2022, Governor Mike DeWine's request for \$85 million in American Rescue Plan Act (ARPA) dollars was approved by the federal government.¹⁰ These dollars were proposed to be allocated toward paid field placements and internships for social work, counseling, and other helping profession students. Other funds would be allocated toward recruitment and retention bonuses for agencies providing behavioral health services.¹¹ If allocated, the state's Department of Mental Health and Addiction Services will work with behavioral health providers, higher education institutions, and other entities to provide resources to support individuals progressing through education and training pathways.¹⁰
- **Ohio Substance Use Disorder Professional Loan Repayment Program:** Ohio's Substance Use Disorder Professional Loan Repayment Program offers recipients up to \$25,000 per year for full-time employees. In order to be eligible, recipients must work with SUDs at least 50% of time and be located in a designated Health Professional Shortage Area.¹² Similar to the PSLF program, this is a financial incentive program that struggles with accessibility.
- **CARES Act:** Through the CARES Act, Ohio designated \$5 million to boost retention incentives for 115 OMHAS-certified organizations.¹³ Eligible employees can receive up to \$2,500 in bonuses through the program. In a field in which the lack of salary is a direct contributor to position vacancies, providing supplementary financial support is an essential piece in drawing talent to regions such as Appalachia, where salaries in many child-serving roles are lower than in other regions within the state.¹⁴

⁹ Hanson, M. (2022, January). *Student loan forgiveness statistics [2022]: PSLF Data*. Education Data Initiative. <https://educationdata.org/student-loan-forgiveness-statistics>

¹⁰ Hancock, L. (2022, August). *Ohio leaders are sitting on \$85 million that could draw more counselors, social workers into mental health fields*. cleveland.com. <https://www.cleveland.com/news/2022/08/ohio-leaders-are-sitting-on-85-million-that-could-draw-more-counselors-social-workers-into-mental-health-fields.html>

¹¹ *Governor DeWine announces proposal for \$85M investment to grow Ohio's behavioral healthcare workforce*. Mike DeWine: Governor of Ohio. (2022, May). <https://governor.ohio.gov/media/news-and-media/governor-dewine-announces-proposal-for-85m-investment-to-grow-ohio-behavioral-healthcare-workforce-05132022>

¹² Ohio Department of Health. (n.d.). *Workforce programs*. Know Our Program. <https://odh.ohio.gov/know-our-programs/primary-care-office/workforce-programs>

¹³ Ohio Department of Mental Health and Addiction Services. (2021). *State mental health, addiction services agency awards \$5M in CARES funding to retain and strengthen Ohio's behavioral healthcare workforce*. Media Center. Retrieved from <https://mha.ohio.gov/about-us/media-center/news/state-mental-health-addiction-services-agency-awards-5-million>

¹⁴ *Vital stats*. (2015). Coalition of Rural and Appalachian Schools. <https://ohiocoras.com/vital-stats/>

Policy and Program Recommendations

Creating a stronger behavioral health workforce via improved recruitment and retention efforts can be achieved through a variety of strategies including:

- **Develop a model of shared recruitment and retention supports to connect the region's services and agencies.**

Appalachian Ohio's child-serving agencies are eager to address workforce development deficiencies. Unfortunately, regional agency leaders widely agree that they are all competing for the same resources while working to individually address the same problems. Greater collaboration among agencies in the region is needed to better achieve workforce solutions. Through coalitions such as the Appalachian Children Coalition, regional agencies will have shared access to a pool of resources. Meanwhile, the ACC will advocate for workforce solutions for all agencies involved, allowing the agencies to focus on more pressing issues within their roles. This push to work smarter, not harder will increase agency efficiency and lead to more youth receiving the care they need.

- **Increase access to student loan forgiveness for behavioral health workers.**

Student loan forgiveness initiatives are widely underutilized and difficult to access. Appalachian Ohio agencies should prioritize educating program managers and supervisors on how to help incoming workforce benefit from programs such as the Public Student Loan Forgiveness Program and the Ohio Substance Use Disorder Loan Repayment Program. Additionally, through state dollars, agencies in the region can incentivize job openings by covering student loans themselves.

- **Develop a pipeline program to increase regional youth's exposure to behavioral health careers.**

Financial incentives such as loan forgiveness programs are often underutilized, short-term solutions and, therefore, limited in impact. Meanwhile, high school and college students do not realize how diverse the field of behavioral health is until they feel that they are too late into their career trajectories to switch. Fostering opportunities to expose high school and college students to behavioral health career pathways is a strong first step in developing the behavioral health workforce. This includes outreach at colleges and high schools, launching high school internship programs with embedded career coaching services, and setting up students with shadowing opportunities in behavioral health settings. Prioritizing initiatives focused on showing students the diverse career trajectories within behavioral health will lead to more interest and action in pursuing impactful careers while offering more long-term benefits for the field.

- **Connecting individuals switching careers through licensure opportunities.**

The length of time it takes to complete educational tracks to become a licensed behavioral health provider is a barrier to many. If Appalachian Ohio is to fill its behavioral health workforce void, streamlined and innovative licensure processes must be

explored in order to produce competent clinicians while increasing access to behavioral health occupations. This approach may also help incentivize displaced workers and mid-life career changers interested in pursuing a career in behavioral health to take action. Otherwise, the process to achieve licensure is too expensive and time-consuming for many to tackle.

- **Expand credentialing and training opportunities.**

Behavioral health careers provide ample opportunities for lateral mobility. However, working up the ladder is often harder to come by due to costly credentials and training. Providing training within Appalachian Ohio agencies at no cost would incentivize workers looking to further their careers while also being trained in skills valuable to their agencies, as well. Investing in dollars through coalitions such as the Southeast Trauma-Informed Care Collaborative (SETICC) or the Appalachian Children Coalition would allow these training dollars and resources to be distributed equitably among agencies.

- **Implement paid internships and field placements for college students.**

Low salaries in entry-level behavioral health positions are not the only financial barrier blocking students from pursuing behavioral health careers. Internships and field placements embedded into social work and counseling curricula force financially at-risk students to engage in unpaid work. In other industries, unpaid internships are increasingly a practice of the past, with some companies instead opting to pay students up to \$25 an hour in salaried positions. It is not possible to pay student placements that well in the vast majority of behavioral health settings. However, providing interning students with stipends, bonuses, or hourly pay would increase access to career paths for college students who cannot afford to work without pay. Although Governor DeWine's administration has secured ARPA funding to allocate toward paid internships within behavioral health, these funds have not yet been allocated.

- **Prioritize education on Appalachian strengths and promote infrastructure development and other initiatives increasing quality of life in the region.**

Despite its deficits, Appalachia has plenty of strengths to attract new workforce. The economy is slowly expanding, and tourism and natural resources are abundant within the region.¹⁵ From a practice perspective, Appalachian values and culture are benefits of working with Appalachian populations, as well. Community cohesiveness, family loyalty, and religion are among many of the core cultural values that consistently foster strong resilience among Appalachians.¹⁶ This combination of values and grit are a strong foundation of strengths for behavioral health workers to practice with. In addition to highlighting the strengths of Appalachian residents, promoting placemaking and infrastructure initiatives will further contribute to making Appalachia an attractive region for behavioral health workers. Unfortunately, a lack of housing and limited access to

¹⁵ Wu, R. (2022). Transitioning economic statuses of Appalachian counties during COVID-19. *Atlantic Economic Journal*. <https://doi.org/10.1007/s11293-022-09749-2>

¹⁶ Helton, L. R., & Keller, S. M. (2010). Appalachian Women: A study of resiliency assets and cultural values. *Journal of Social Service Research*, 36(2), 151–161. <https://doi.org/10.1080/01488370903578124>

entertainment amenities make the region difficult to market to new workers. However, once again, Appalachian strengths such as its abundant parks, tourism opportunities, and rich culture should be emphasized in educational and career development settings to help draw talent to the region.

Conclusion

The fate of Ohio's at-risk youth is either uplifted or limited by the state's behavioral health workforce. The COVID-19 pandemic's lasting impact and increasing economic inequality have launched Appalachian Ohio's demand for behavioral health providers to an unprecedented high. When combined with a deficit in behavioral health workers due to factors such as burnout, high caseloads, low salary, and lengthy education tracks, it is evident that greater initiative is needed to ensure that Ohio children can get the quality care they need.

The state is in a prime position to prioritize the behavioral health workforce more effectively. Through implementing initiatives such as creating a student pipeline, implementing paid internships, increasing access to financial incentives, and strengthening regional collaborative efforts, the state can both directly impact the lives of workers while investing in its children, as well.

If Ohio's youth have the behavioral health resources they need, all Ohioans will benefit. Through allocating our resources accordingly, the state can achieve its goal of empowering its most vulnerable youth while elevating the Appalachian region in the process.