# Exploring Individual, Organizational, and System-Level Factors Influencing the Behavioral Health Workforce Shortage in Oregon | A Qualitative Study

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OHSU Center for HEALTH SYSTEMS EFFECTIVENESS

# BEHAVIORAL HEALTH CRISIS

## NATIONAL LEVEL

- 1 in 3 US adults with a mental health or substance use condition[1]
- Unmet need for 1/3 with mental illness, higher for SUD[2]
- Annual workforce turnover – 30%[3]

**OREGON ranks 49** out of 51[4]

# OREGON CONTEXT

LEGISLATIVE APPROPRIATION OF **$1.35 BILLION**[5]

HB 2086 — **ACHIEVING A LIVING WAGE** FOR BEHAVIORAL HEALTH WORKERS[6]

PUBLIC BEHAVIORAL HEALTH SYSTEM IS A **SAFETY NET**

# METHODS

## RECRUITMENT

- Collaboration with OHA
- 24 interview participants

## PURPOSIVE SAMPLING

- Diverse participant characteristics

| Exhibit 1. Participant and Organization Characteristics (N=24) | | |
|---|---|---|
| | N | % |
| **Participant characteristics** | | |
| *Gender* | | |
| Male | 10 | 42 |
| Female | 14 | 58 |
| *Race-ethnicity** | | |
| White | 7 | 29 |
| Black or African American | 5 | 21 |
| Latinx or Hispanic | 4 | 17 |
| American Indian or Alaska Native | 1 | 4 |
| Declined | 9 | 38 |
| *Role* | | |
| Former provider, current administrator | 10 | 42 |
| Current provider | 9 | 38 |
| State association or agency leadership | 3 | 12 |
| Policy expert | 2 | 8 |
| **Organization characteristics**** | | |
| Community Mental Health Program | 10 | 42 |
| Certified Community Behavioral Health Clinic | 5 | 21 |
| Recovery-support non-profit | 3 | 12 |
| Government agency | 3 | 12 |
| Non-profit association | 2 | 8 |
| Health plan or hospital system | 2 | 8 |
| Academic institution | 2 | 8 |
| Federally Qualified Health Center | 1 | 4 |
| Outpatient clinic | 1 | 4 |

# METHODS

## QUALITATIVE DATA COLLECTION

- Semi-structured interviews

## QUALITATIVE ANALYSIS

- Codebook development
- Iterative coding process
- Thematic development and consensus building

# THEME 1 | LOW WAGES

## SYSTEMIC

- Historical bias
- Low reimbursement rates

## ORGANIZATIONAL

- Wages and benefits are not competitive

## INDIVIDUAL

- High educational investment, low financial return
- Wage progression is difficult

*"We have a lot of people in the field that want to be here … but they can't afford … this job."*

*—Residential treatment director*

# THEME 2 | DOCUMENTATION BURDENS

## SYSTEMIC

- High reporting and accountability burden

## ORGANIZATIONAL

- Non-integrated health information technology systems

## INDIVIDUAL

- Exceeds what could feasibly be completed in a regular work week

*"[A] leading reason … people leave the public behavioral health system is administrative burden. It seems meaningless. It doesn't make them happy."*

—*Director of a Community Mental Health Organization*

# THEME 3 | POOR INFRASTRUCTURE

## ADMINISTRATIVE

### SYSTEMIC

- Coding and billing limitations

### ORGANIZATIONAL

- Limited HR and administrative staff

### INDIVIDUAL

- Billing frustrations

## PHYSICAL

### SYSTEMIC

- Lack of facilities

### ORGANIZATIONAL

- Grants to provide services

### INDIVIDUAL

- Building adequacy

*"How are we paying for the infrastructure to create environments where people feel good about where they work? How do we ensure that they have data systems that support their work? That gets in the way of retention and recruitment. Who wants to come to work in an environment that isn't very clean?"*

*—SUD agency administrator*

# THEME 4 | LACK OF CAREER DEVELOPMENT OPPORTUNITIES

## SYSTEMIC

- Challenges for unlicensed workforce

## ORGANIZATIONAL

- Substantial variation in policies
- Deprioritized professional development

## INDIVIDUAL

- Challenges with completing trainings
- Disillusionment

*"Peers do so much across the state — how can that movement be in a positive direction for peers to not only be able to know that they can advance, but also have a track that they can grow incrementally, education-wise, and be incentivized by the pay structure?"*

—*Former peer provider*

# THEME 5 | CHRONIC TRAUMA IN THE WORK ENVIRONMENT

## SYSTEMIC

- Backlogs at residential level of care

## ORGANIZATIONAL

- Inadequate support for employees

## INDIVIDUAL

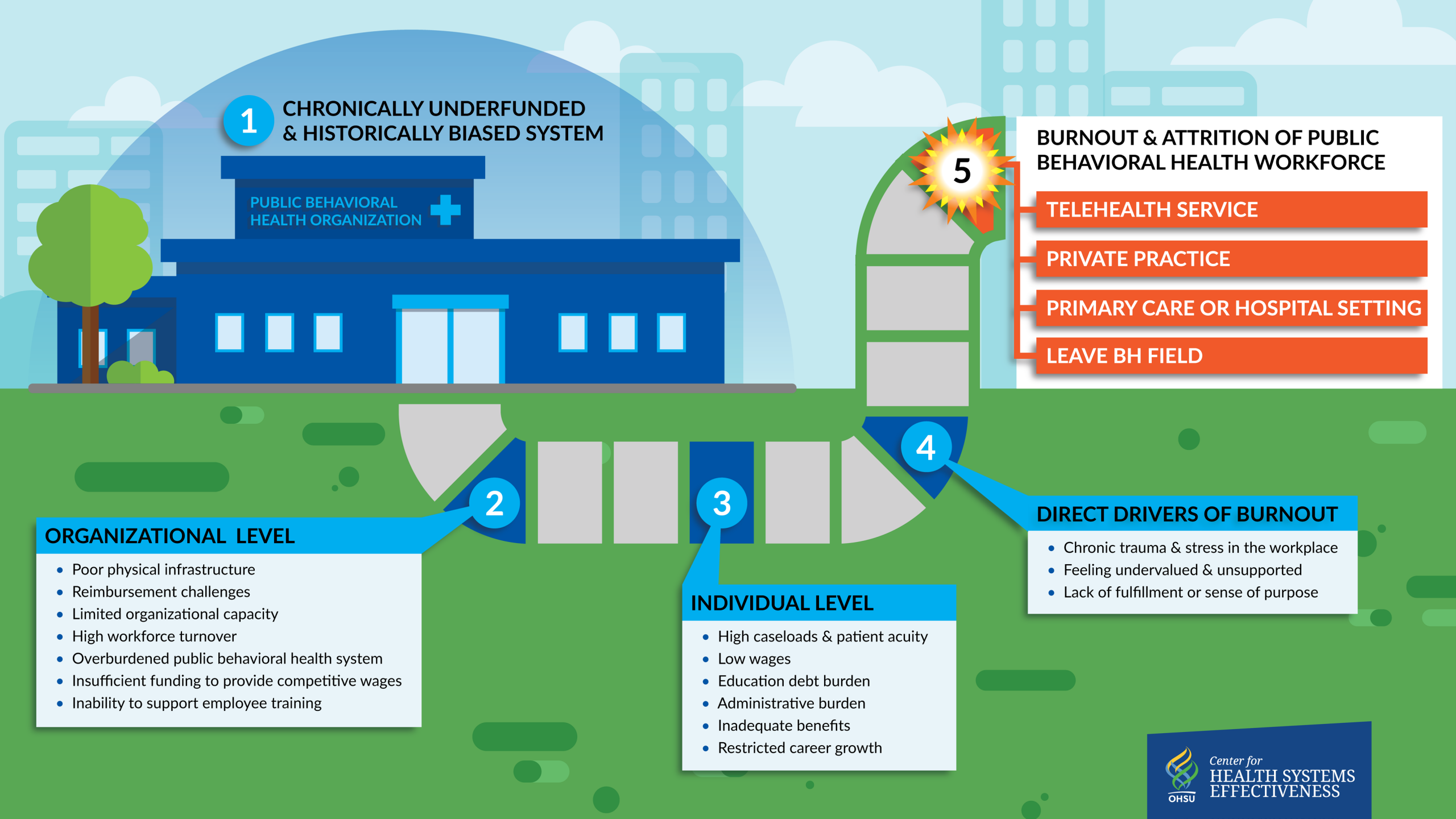
- Large, high acuity caseloads
- Exodus of providers

*"Burnout, it's like a boulder gaining steam. As you have staff attrition and challenges recruiting, the few therapists that remain have a higher caseload, perhaps with greater production expectations to make up for that loss of the other providers. That's almost like a death spiral for the organization from a burnout perspective — how do we stop the bleeding?"*

—*Child and adolescent psychiatrist*

*"In our setting [county behavioral health] we tend to see people who are very ill for very long times, we don't have the satisfaction of seeing people get better … The community is taking care of people who 10 years ago would have been in a hospital. It's putting out fires almost every single day … you can only do that for so long and you are going to be burned out."*

—*Director of a Community Mental Health program*


1
CHRONICALLY UNDERFUNDED
& HISTORICALLY BIASED SYSTEM
PUBLIC BEHAVIORAL
HEALTH ORGANIZATION
5
BURNOUT & ATTRITION OF PUBLIC
BEHAVIORAL HEALTH WORKFORCE
TELEHEALTH SERVICE
PRIVATE PRACTICE
PRIMARY CARE OR HOSPITAL SETTING
LEAVE BH FIELD
2
ORGANIZATIONAL LEVEL
Poor physical infrastructure
Reimbursement challenges
Limited organizational capacity
High workforce turnover
Overburdened public behavioral health system
Insufficient funding to provide competitive wages
Inability to support employee training
3
INDIVIDUAL LEVEL
High caseloads & patient acuity
Low wages
Education debt burden
Administrative burden
Inadequate benefits
Restricted career growth
4
DIRECT DRIVERS OF BURNOUT
Chronic trauma & stress in the workplace
Feeling undervalued & unsupported
Lack of fulfillment or sense of purpose
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# THE BOTTOM LINE

**ROOT CAUSES** OF THE WORKFORCE SHORTAGE **ARE MULTI-FACETED**

**CHRONIC VICARIOUS TRAUMA AND STRESS** IN THE WORKPLACE

NEED FOR **APPROACHES THAT RETAIN EMPLOYEES** LONG-TERM

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# QUESTIONS?

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