



The Alcohol, Drug and Mental Health Board of Franklin County Workforce Development Plan

Executive Summary

September 2023

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ADAMH Overview

The Alcohol, Drug and Mental Health Board of Franklin County (ADAMH) leads the planning, funding and evaluation of community-based recovery-oriented mental health and addiction prevention, treatment and support services for residents of Franklin County. As a levy funded agency, ADAMH provides a pathway to health and healing for individuals and families seeking mental health and addiction resources.

As a funder of a network of more than 30 community-based mental health and addiction service providers, ADAMH investments are made in prevention, family support, housing services, recovery support, treatment services and crisis services. The process of monitoring and evaluating community behavioral health data ensures that the provider community offers efficient and best quality services and responds to evolving community needs by expanding services as the need arises. While services and investments focus on those who are under-insured or uninsured, ADAMH is responsible for coordinating the ongoing assessment of community needs for mental health and addiction services and support across Franklin County's behavioral health system of care.

ADAMH providers have noted that workforce is the single biggest issue impacting their ability to deliver quality services. ADAMH is also committed to partnering with a network of providers and others in the community to participate in innovative solutions.

Statement of Purpose | Workforce Demand

Behavioral healthcare workforce shortages existed long before the current state crisis due to COVID-19 pandemic ([Glieb & Aguilar, 2022](#); [NAMI Minnesota, 2022](#); [The Ohio Council, 2018](#)). Workforce issues that predate the pandemic have worsened to unprecedented levels, leaving fewer professionals and community providers to sustain care and respond to growing demand ([Hernandez & Lampl, 2021](#)). As the present number of individuals needing direct mental health and addiction recovery support services continues to rise, researchers, practitioners, hospitals ([American Hospital Association, 2016](#)), community-based service providers, state and local governing bodies, and lawmakers have all been called upon to address the state of the behavioral health workforce with an urgency that supersedes pre-pandemic needs.

The workforce shortage also has led those concerned about workforce, including the federal Health Resources and Services Administration (HRSA), to focus on interventions that strive to increase the number of providers, especially in Mental Health Provider Shortage Areas, through funding for education and incentives to work in these areas ([Glieb & Aguilar, 2022](#)). The national demand for behavioral health treatment services exceeds the workforce capacity to deliver. There are an approximate 19 million adults in America that report having a substance use disorder and 47 million adults report having any mental illness ([Kaiser Family Foundation, 2019](#); [OHMHAS, 2021](#)). Nearly one in four of Franklin County's 1.3 million residents will experience a mental illness in any given year, and more than 10% will meet criteria for a substance use disorder, according to estimates based upon the National Survey for Drug Use and Health.

As demand rises, patients wait longer for critical services. More than 60% of survey respondents reported longer wait times for adult and youth mental health services from August to October 2021, and more than 50% reported longer waits for adult substance use disorder (SUD) treatment ([Recovery Ohio, 2019](#)). A 2021 online poll of 78% of the National Council for Mental Health and Wellbeing member organizations reported that service demand has increased by 26% over a three month period in 2020 and 62% of member organizations reported a 17% patient waitlist increase ([Health Management Associates, 2021](#)). A study completed in 2021 by the Ohio Department of Mental Health and Addiction Services (OhioMHAS), the Governor's Office of Workforce Transformation, InnovateOhio and Deloitte found that the demand for behavioral healthcare services in Ohio increased 353% from 2013-2019 while the workforce increased only 174% over the same time period ([OHMHAS, 2021](#)). According to The Ohio Council of Behavioral Health and Family Service Providers, services demand rose sharply in 2020-21 and is anticipated to rise further by 2030 ([Hernandez & Lampl, 2021](#)).

The Centers for Disease Control and Prevention (CDC) also have reported that the percentage of U.S. adults with recent symptoms of anxiety or a depressive disorder increased from 36.4% to 41.5%, and the percentage reporting an unmet mental health need increased from 9.2% to 11.7%, with the largest increase seen among young adults (18-29) during August 2020 to February 2021 ([Vahratian, et al, 2021](#)). Additionally, the demand for mental health providers is exacerbated by the combined challenges of an aging mental health workforce, ongoing discrimination associated with mental illnesses, low wages, increasing regulations and the costs of education and training ([Minnesota Health Workforce Plan, 2015](#)).

The Impact of Stigma Reduction

In addition to the pandemic, several other national and local factors have contributed to an increased demand for services and behavioral health workforce shortages. Stigma, for example, is the public, institutional or personal negative stereotype of mental illness or substance use disorders. The increased visibility of behavioral health issues and an improved understanding of mental illness and substance use disorders as chronic diseases have led to a growth in treatment facilities, driving the need for a larger workforce to meet the demand for clinical services ([Recovery Ohio, 2019](#)). The Health Partners Institute reported on select Minnesota and Wisconsin communities for their stigma reduction “Make it OK” campaign between 2017-2019. Results showed that more respondents felt comfortable talking to someone about their mental illness and would tell their friends if they had a mental illness and fewer reported being reluctant to seek help ([Health Partners Institute, 2020](#)). While decades of stigma reduction efforts have amplified help-seeking behaviors, the influx of outreach for help has yet to offset current and evolving workforce demands.

Burnout and Compassion Fatigue

Burnout has been a longstanding issue for behavioral health professionals. It has physical and emotional consequences that affects their work with clients and within an organization ([SAMHSA, 2022](#)). As COVID-19 cases surged, so did the negative impact of demand for behavioral health services on the mental health of practitioners. The National Academy of Medicine (NAM) Clinician Well-Being Collaborative, reported that in the United States, 54% of nurses and physicians, 60% of medical students and residents, and 61% of pharmacists have symptoms of burnout ([NAM, 2022](#)). Vicarious trauma, even more closely related to behavioral health practitioners, is the emotional residue of exposure that helping professionals have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured ([American Counseling Association, 2017](#)). Nowhere was this more visible than in therapeutic relationships throughout the pandemic. It’s all the “emotional stuff” that comes up when behavioral health professionals must simultaneously deal with their own personal life complexities and the realities of their patients ([Fink-Samnack, 2020](#)).

A Morning Consult survey reported that nearly one in two healthcare workers said that COVID-19 harmed their mental health and that 46% of healthcare workers said their mental health has worsened during the pandemic ([Galvin, 2021](#)). Additionally, in 2021 the American Psychological Association (APA) conducted a study in which psychologists reported an increase in demand for treatment of their own symptoms of anxiety and depression ([APA, 2021](#)). The reality is that the required demands on healthcare workers can also exacerbate the psychological weight they experience on the front line ([Fair, 2022](#)).

Introduction of 988

Although 20% of children and 25% of adults have experienced a mental health disorder at some point in their lives, most families are unprepared for the turmoil and stress that can occur when mental illness hits home ([Resources to Recover, 2013](#)). In July 2022, the national launch of the 988 Suicide and Crisis Lifeline provided easier access to behavioral health specialists. The new three-digit number is a lifeline for anyone who is having thoughts of suicide, experiencing a mental health or substance use crisis, or experiencing other emotional distress. Those concerned for a loved one, friend or coworker in need of crisis support may also use the lifeline [988 Suicide & Crisis Lifeline \(www.988lifeline.org\)](#). As a national network of confidential emotional support, the lifeline is available 24 hours a day, seven days a week. The use of 988 as a crisis line is growing in Franklin County as residents become aware of the resource. In Franklin County there were 180 calls during the month of August 2022 compared to 1,400 calls during the month of June 2023. This call volume is exclusive of data from legacy hotlines that continue to operate in Franklin County.

Racism as a Public Health Crisis

Another factor driving workforce services demand has grown out of the social justice incidents leading to the 2020 national declarations and formal resolutions of racism as a public health crisis ([ADAMH FC, 2020](#); [APHA, 2023](#); [Franklin County Board of Health, 2020](#)). The swift and intentional social justice era of awareness, sparked at the height of the COVID-19 pandemic, illuminated healthcare inequities faced by many individuals and families. In a 2021 Advancing Racial Equity public health crisis analysis, these resolutions called for a commitment to a revised discipline and system of safety that protects the physical, mental and social health of all, through a culturally responsive and restorative justice lens ([ARE, 2021](#)). There is a need for behavioral healthcare entities to address disparities in access to care across all sociodemographic groups ([Glied & Aguilar, 2022](#)).

Racism as a public health crisis amplified the need for increased access and equity in care among marginalized groups in Ohio, though the current behavioral health workforce does not reflect the racial or ethnic diversity of the general population. For example, 12.5% of Ohioans identify as Black, but according to available data from licensing boards, less than 5% of psychologists and psychiatrists are Black ([CSU, et al., 2023](#)). The most common ethnicity of mental health professionals is white (80.9%), followed by Hispanic or Latino (9.1%) and Black or African American (6.7%) ([Ravel Mental Health, 2023](#)).

Behavioral Health Disparities

Franklin County is home to broadly diverse communities. In 2021, the New Americans in the Columbus Metro Area report, prepared in partnership with US Together, the Columbus City Council and the Franklin County Commissioners, shared that 184,800 immigrants lived in the metropolitan area in 2019. It further outlined that 26.4% of the population growth was attributable to immigrants ([New American Economy Research Fund, 2021](#)). It is no surprise that in addition to an increase in reporting of symptoms of anxiety, trauma and stress-related

disorders, and depression (APA, 2021), there also is high demand for culturally responsive practitioners and equitable access to services that provide a pathway to healing in alignment with individual cultural values and beliefs.

Most mental illness goes untreated, especially in communities of color ([Ries Merikangas, et al., 2010](#); [Leblanc, 2023](#)). Compared with non-Hispanic whites, racial/ethnic minorities in the United States are less likely to receive mental health treatment ([Alegria, et al., 2008](#); [Gonzalez, et al., 2010](#); [McGuire & Miranda, \(2008\)](#), particularly those who are immigrants ([Orozco, et al., 2013](#)). While people of color have rates of mental health disorders similar to whites, these disorders are more likely to last longer and result in more significant disability for people of color ([Leblanc, 2023](#)). The CDC also reported that the persistent systemic social inequities and discrimination related to living conditions and work environments, contribute to disparities in underlying medical conditions that can further compound health problems faced by members of racial and ethnic minority groups during the COVID-19 pandemic and worsen stress and associated mental health concerns ([McKnight-Eily, et al., 2020](#)). Marginalized populations' unmet needs related to their behavioral health come with a deep history of systemic mistrust of the health system and lack of practitioner diversity.

Advancing equity — just and fair inclusion — is important to a prosperous Ohio ([CSU, et al., 2023](#)). In 2020, well into the pandemic, ADAMH conducted a comprehensive needs assessment to better understand the behavioral health system strengths, opportunities and to quantify the met and unmet service needs ([ADAMH FC, 2020](#)). The data analysis included internal ADAMH consumer satisfaction surveys, a review of publicly available community data, system expert interviews, focus groups, provider survey and a community survey. The data yielded that there are unmet needs across every system of care in the continuum of behavioral health services in Franklin County. For example, Black/African American community members reported experiencing unmet needs across the entire continuum of care. Additionally, individuals with lower education, disabilities or lower income also experience unmet needs in several areas of the continuum ([ADAMH FC, 2020](#)).

Workforce Solutions

In a region that is growing by both size and diversity, we must build the capacity of our behavioral health system of providers and practitioners to address workforce shortages and ensure that the system is reflective of the community. It is paramount to promote careers in the health professions to build a strong, healthy workforce that reflects a growing and more racially and ethnically diverse U.S. population, while also actively advancing health equity ([National Academy of Medicine, 2022](#)). Efforts to address workforce shortages requires a clear action plan that includes the creation of strategic partnerships to recruit and retain diverse behavioral healthcare professionals, strengthening organizational leadership, increasing funding by leveraging diverse revenue streams, and promoting strong advocacy efforts that anchor, sustain and makes concrete policy recommendations.

ADAMH Strategic Priorities

System workforce is one of ADAMH's six priorities outlined in [its organizational strategic plan](#).

Specifically, the plan calls for the creation of a diverse, motivated and competent network of mental health and addiction service professionals to support the workforce needs of community-based providers serving individuals and families in Franklin County.



Workforce:

Collaborate with community-based service providers, hospital systems, licensing boards, schools, and colleges and universities to respond to mental health and addiction-related workforce issues in Franklin County.



Workforce Diversity:

Support methods for identification, development and retention of a diverse workforce to meet current and emerging staffing needs.



Career Pathways:

Develop and promote career opportunities and advancement pathways across the mental health and addiction service continuum in Franklin County.

Workforce Council Formation

To address behavioral health workforce shortages in Franklin County, ADAMH exercised a strategic priority commitment to partnering with local providers and key community stakeholders to develop innovative solutions. In August 2022, ADAMH launched a workforce development council as a countywide effort to address the community behavioral health workforce challenges.

MISSION

The **council's mission** is to create, advise and implement a strategic Franklin County workforce development plan to assist in recruiting and retaining a diverse local workforce, identifying opportunities and services capacity, strengthen career pathways and promote related policy advocacy.

MEMBERSHIP

The **council membership** consists of diverse representation from community-based services providers, hospital systems, licensing boards, professional associations, K-12 schools, colleges and universities, and residents across Franklin County.

DELIVERABLES

The **council deliverables** are:

- To **create** a strategic behavioral health system workforce development plan for Franklin County.
- To **build** and **advise** priority workgroups on identified key action implementation.
- To **advance** system workforce development policy agenda.
- To **design** and **implement** an evaluation framework of system development workforce development plan.

The council convened for six months to create actionable timebound deliverables. To further support the efforts of the council, the ADAMH Board's Annual Meeting in October 2022 featured leading county and statewide experts in behavioral health sectors to provide guidance on the council's call to action. The council developed strategic Franklin County workforce recommendations to guide targeted implementation.

Workforce Development Council Recommendations

The behavioral health workforce requires systemic innovation that is transformational and in alignment with our current unprecedented times and specific focus on our community behavioral healthcare system. A majority of behavioral health services are delivered at community behavioral health centers ([OHMHAS, 2021](#)) and an adequate supply of well-trained employees is the foundation for an effective service delivery system ([Recovery Ohio, 2019](#)). Council recommendations are made to mitigate risk and lead with solution-focused implementation that prioritizes the health and wellbeing of all Franklin County community members.

This workforce development plan focuses on four key priorities to address the behavioral health workforce shortage in Franklin County. The priorities represent a strategic and collaborative approach to addressing the realities affecting community-based mental health and addiction recovery support services.

Key Priorities

1 Recruitment and Retention:

Develop strategic partnerships with educational entities and healthcare providers to recruit and retain aspiring and new professionals across the continuum of behavioral health disciplines to diversify and grow the workforce.

- **GOAL:** To meet emerging community needs, Franklin County community behavioral health agencies will attract and equip talented professionals and ensure consistent organizational support for the ongoing development and retention of a diverse workforce.
- **ACTION:** Partner with higher education and the ADAMH provider network to develop student cohort pilot.

2 Leadership Development:

Leaders are responsible for aligning employees' attitudes, behaviors and beliefs with the organization's values to create a climate where everyone feels they belong and are valued. Leadership development opportunities will provide adequate and appropriate resources to equip and support leaders and their teams in meeting workplace expectations.

- **GOAL:** Franklin County community behavioral health leaders will have enhanced skills to build and sustain a healthy workplace culture where employees feel valued and can thrive.
- **ACTION:** Develop a Franklin County Community Behavioral Health Leadership Academy.

3 Funding:

Financial stability for community behavioral health agencies through diversified revenue streams to provide competitive compensation and benefits to the behavioral health workforce.

- **GOAL:** Franklin County community behavioral health agencies will have current policies, procedures and resources in place that promote innovative practices responsive to emerging service delivery and workforce needs to support and promote operational sustainability.
- **ACTION:** Develop and implement an investment strategy that leverages financial partnerships with stakeholders to support workforce incentives.

4 Advocacy:

A systematic effort to support and recommend changes to policy, legislation, funding and services that sustains a community behavioral health system that provides equitable, quality, client-centered care that meets the needs of Franklin County residents.

- **GOAL:** Franklin County will have a countywide collective of consistent, committed community behavioral health advocacy influencers to monitor and identify opportunities on the local, state and federal levels and advance policy changes that are critical to workforce.
- **ACTION:** Activate an advocacy coalition to advance policy priorities.

Next Steps

In the wake of COVID-19 and its impacts on the health workforce, the nation is experiencing a cultural shift, where everyone must take ownership of their role and join in building a social movement for health workforce well-being ([National Academy of Medicine, 2022](#)). To successfully move forward, the ADAMH Board of Franklin County seeks to advance the progressive stages of council work by inviting key stakeholders to join us through workgroup participation which will focus on guidance and implementation of the key actions.

Workforce Council Members

Ameena Kemavor, Vice President, Advocacy and Engagement, ADAMH Board of Franklin County

Angela Stewart, Vice President, Human Resources and Diversity Development, Maryhaven

Bhumika Patel, Director of Membership and Community Engagement, Human Service Chamber of Franklin County

Carolina Trindade, Senior Director, Human Resources, ADAMH Board of Franklin County

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Danielle Sydnor, CEO, Rise Together Innovation Institute

Erika Clark Jones, CEO, ADAMH Board of Franklin County

Hanad Duale, President, UNIK Foundation

Habiba Bankston, Executive Director, Dress for Success Columbus

Jenifer Fraioli, Director of Compliance, Southeast Inc.

Jerry Saunders, CEO, Africentric Personal Development Shop

Julie Rinaldi, CEO, Syntero Inc.

Juliet Dorris-Williams, Executive Director, The P.E.E.R. Center

Lilleana Cavanaugh, Executive Director, Ohio Commission on Latino Affairs

Lisa Patt-McDaniel, CEO, Workforce Development Board of Central Ohio

Maggie Hallett, Senior Director of Workplace Health and Education, Mental Health America of Ohio

Meredith Montgomery, Assistant Professor and Clinical Coordinator, University of Dayton

Michael Lewis, Assistant Professor, Capital University

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Nate Bloss, Program Coordinator, University of Dayton

Oyauma Garrison, President and CEO, Maryhaven

Sherrice Thomas, Vice President of Diversity, Equity, Inclusion, and Access, Columbus Chamber of Commerce

Susan Lewis Kaylor, President and CEO, St. Vincent Family Services

Tom Gregoire, Senior Advisor to the Provost, The Ohio State University

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