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Maryland Behavioral Health Workforce Survey – Results Summary

Introduction: In order to provide effective behavioral health care, Maryland needs an effective behavioral health workforce. This in turn requires having a sufficient number of capable staff. While the Maryland Department of Health (MDH) Behavioral Health Administration (BHA) has received numerous anecdotal reports of problems recruiting and retaining behavioral health staff, BHA recently contracted with the University of Maryland Baltimore (UMB) Systems Evaluation Center (SEC) to conduct a survey of the behavioral health workforce to collect data to learn more about recruitment and retention issues in Maryland.

Methods: Interviews were held with stakeholders (state and local health officials, professional organizations, etc.) statewide to learn more about workforce-related issues and to help design the survey. The survey was created on-line in SurveyMonkey, with one set of questions was targeted at agency administrators ("Admins"), and another set targeted at staff providing direct care or services ("Staff"). Local behavioral health authorities (LBHAs) sent a link to the survey to the behavioral health treatment providers in their jurisdictions and encouraged them to participate. Survey data was collected between September and November 2019.

Results: 519 people responded to the survey, representing all Maryland jurisdictions and both mental health and substance use disorder treatment providers. Responses were received from agencies as small as serving less than 100 individuals a year to agencies as large as serving over 1,000 individuals a year. Responses were received from agencies with staff sizes ranging from 1 to 200.

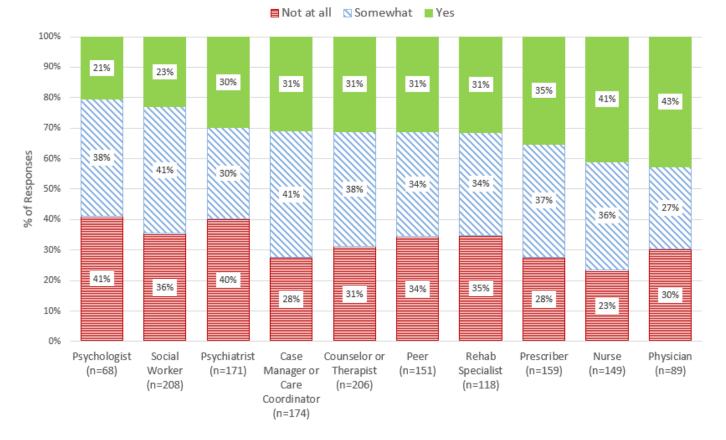


Figure 1 - Do you feel you have an adequate number of staff to provide quality care?

As shown in Figure 1, over 55% of Admin responses indicated they did not have enough staff to provide quality care for each staff position ("Not at all" and "Somewhat" responses).

As shown in Figure 2, low salary was the most commonly reported hiring problem by Admins, followed by not enough applicants. Among Staff responses, low salary was the 2nd most common reported reason for staff to consider leaving both their agency and the behavioral health field, with only 'burnout' being a more common reason for leaving either. (See Appendix A for

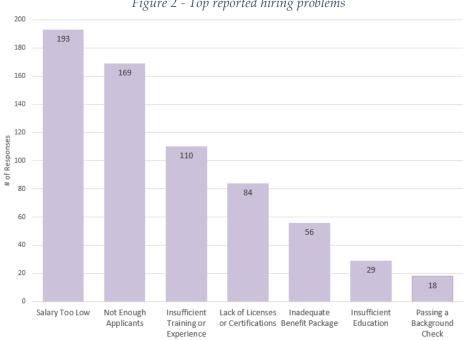


Figure 2 - Top reported hiring problems

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National salary comparison.)

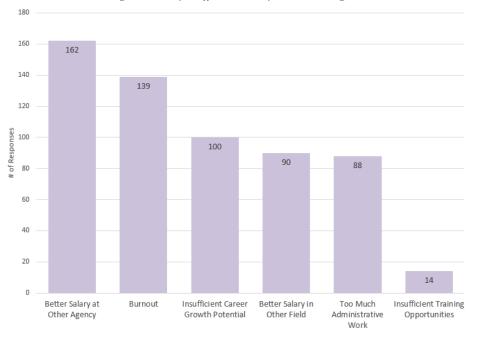


Figure 3 - Top staff retention problems at agencies

Being able to get a better salary at another agency and 'burnout' were reported by Admins as the top 2 retention problems, as shown in Figure 3. 'Burnout' was found to be somewhat more of a problem in rural agencies.

Staff turnover was a commonly reported problem at agencies, with 20% of Admins reporting an annual staff turnover rate of 10% or more for each paid staff position. Turnover was reported to be somewhat higher in rural areas.

As seen in Figure 2, insufficient training or experience was found to be the 3rd most reported hiring problem at agencies, but as shown in Figure 3, it was not often reported as a retention problem. Staff did not frequently report too few training opportunities as a reason they would consider leaving their agency. However, in several of the pre-survey stakeholder interviews, interviewees mentioned increasing training opportunities as a way to improve staff retention.

Discussion: Our survey responses show that most providers do not have enough staff to provide quality behavioral health care. This was found to be the case for all service and support roles asked about. Our survey responses also show that salary is one of the biggest problems for hiring staff, as is not having enough applicants. While these two hiring problems may be related, the survey was not designed to determine this relationship. Salary and 'burnout' were the most frequently reported staff retention problems. Turnover was also a commonly reported problem, although the survey was not designed to determine if turnover was directly related to the retention problems of salary and/or burnout. Based on survey results, past training or experience were reported to be a common hiring problem, but current training opportunities were not a common retention problem.

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Appendix A: Maryland's Average Behavioral Health Salary Compared to the Rest of the United States

Sources Used: Bureau of Labor Statistics, 2018 data; independent study done by Zippia using BLS data and adjusting for cost of living <u>https://www.zippia.com/advice/mental-health-worker-salary-by-state/</u>

Summary: When comparing states based on the average salaries in the behavioral health field and when adjusted according to the cost of living index in each state ("Mental Health and Substance Abuse Social Workers"), Maryland is in the lowest quintile, ranking in at 35th. The average salary for Mental Health and Substance Abuse Social Workers was \$53,780 in 2018, but when accounting for the cost of living index, this number falls to just \$42,852. In comparison, the yearly salary in New Jersey, the #1 state, was \$79,130, and the adjusted salary was \$64,913.

Below is the full ranking of all 50 states and an explanation for how salaries were adjusted to reflect the cost of living index:

Researchers with the Zippia study took the average annual salary data for mental health workers from the 2018 Bureau of Labor Statistics data — specifically their Occupational Employment Statistics. To make the comparison of salaries "apples to apples" across states, they also took into account the cost of living in each state. They then created an index by dividing the average wage for a state by the cost of living relative to average. As an example, the cost of living index in California is 135.9 and the average pay is \$61,640, so the index value would be:

\$61,640 * (100 / 135.9) = \$45,356

RANK	STATE	ADJUSTED SALARY	AVERAGE WAGE	COST OF LIVING
1	New Jersey	\$64,913	\$79,130	121.9
2	Nevada	\$58,606	\$60,540	103.3
3	Michigan	\$56,247	\$50,060	89.0
4	Minnesota	\$55,019	\$55,460	100.8
5	Wyoming	\$54,095	\$49,660	91.8
6	North Dakota	\$54,084	\$53,760	99.4

They then ranked every state on this criteria, with the state with the highest salary index ranking as highest average salary for mental health workers.

7	North Carolina	\$53,535	\$50,270	93.9
8	lowa	\$52,285	\$47,580	91.0
9	Idaho	\$51,813	\$47,720	92.1
10	Virginia	\$51,250	\$51,660	100.8
11	Washington	\$51,121	\$53,780	105.2
12	Maine	\$50,541	\$56,000	110.8
13	Delaware	\$50,000	\$50,700	101.4
14	Connecticut	\$49,561	\$63,290	127.7
15	Utah	\$49,279	\$45,830	93.0
16	Illinois	\$49,196	\$46,540	94.6
17	New Hampshire	\$48,811	\$57,110	117.0
18	Mississippi	\$48,277	\$41,470	85.9
19	Wisconsin	\$48,274	\$46,730	96.8
20	Indiana	\$48,089	\$43,040	89.5
21	Ohio	\$47,803	\$44,840	93.8

22	New York	\$47,427	\$62,130	131.0
23	New Mexico	\$46,901	\$45,260	96.5
24	Arkansas	\$46,567	\$40,560	87.1
25	Kansas	\$45,494	\$40,900	89.9
26	California	\$45,356	\$61,640	135.9
27	Colorado	\$45,260	\$46,980	103.8
28	Nebraska	\$45,109	\$41,320	91.6
29	Florida	\$44,862	\$44,100	98.3
30	Texas	\$44,619	\$40,470	90.7
31	Rhode Island	\$43,686	\$52,730	120.7
32	Georgia	\$43,326	\$39,600	91.4
33	Louisiana	\$43,206	\$40,960	94.8
34	Missouri	\$43,008	\$38,880	90.4
35	Maryland	\$42,852	\$53,780	125.5
36	Oregon	\$42,716	\$49,380	115.6
37	Tennessee	\$42,706	\$38,180	89.4
38	Oklahoma	\$41,905	\$37,380	89.2

39	Hawaii	\$40,458	\$67,930	167.9
40	Alabama	\$40,241	\$36,700	91.2
41	Arizona	\$40,193	\$39,390	98.0
42	Kentucky	\$39,337	\$35,600	90.5
43	South Dakota	\$38,891	\$40,330	103.7
44	Pennsylvania	\$37,909	\$38,440	101.4
45	Montana	\$37,648	\$37,950	100.8
46	West Virginia	\$36,274	\$33,880	93.4
47	South Carolina	\$35,614	\$35,330	99.2
48	Alaska	\$35,408	\$46,420	131.1
49	Vermont	\$35,194	\$42,620	121.1
50	Massachusetts	\$32,436	\$43,270	133.4