

The Early Childhood Behavioral & Mental Health Workforce at New Hampshire's Community Mental Health Centers: Staff Vacancies

Key Findings

- Nine directors of children's behavioral health programs reported staff vacancies in their programs. These directors represented responses from eight of New Hampshire's ten community mental health centers.
- Specific kinds of vacancies were common across the community mental health center programs, with eight out of nine responding directors reporting open clinician positions and six of nine with case management vacancies.
- Participants identified certain positions as especially-at-risk for persistent vacancies: seven of nine directors reported clinician positions stayed vacant for more than six months.
- All nine responding directors reported high turnover rates for licensed master's level therapists and counselors. More than half of directors reported turnover in family support provider and case manager positions as well.
- Directors most often ranked low pay, administrative burden, burnout, and overwhelming caseloads as the most important factors driving turnover.

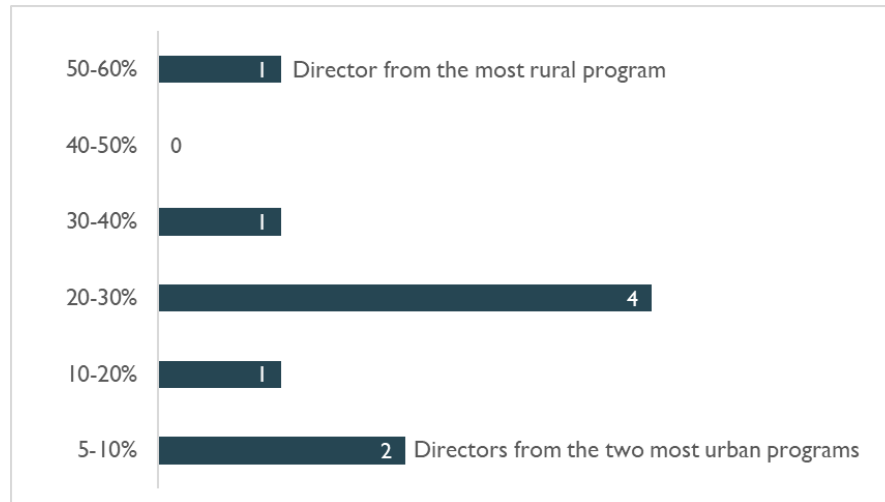
New Hampshire's healthcare workforce has long faced a critical labor shortage,ⁱ which has been exacerbated by the risks and pressures of the COVID-19 pandemic. One particularly-strained sector is the state's behavioral and mental healthcare workforce, for whom work is stressful and pay is low.ⁱⁱ For instance, wages are suppressed by the fact that insurance companies typically do not reimburse mental health care at the same rates as other kinds of care. Providers who accept Medicaid are further disadvantaged by low reimbursement rates that do not cover the cost of care.

These factors place the state's ten community mental health centers (CMHCs) at the nexus of multiple workforce destabilizing influences.ⁱⁱⁱ The following brief draws from the 2022 New Hampshire Preschool Development Grant's Children's Behavioral and Mental Health Workforce Survey to explore participants' insights on staffing constraints. While this brief is limited to the state's CMHCs and therefore does not assess all community behavioral health providers, by describing a subset, we aim to inform statewide efforts to fortify the children's behavioral health system of care as a key component of the state's early childhood-serving systems.

All respondents report staff vacancies, but rates vary substantially

Directors were asked about vacancies in the staffing of their children’s programs; all reported at least some. Directors were then asked separately about staff and direct service positions, with similar results: two reported under 10 percent vacancy, one reported more than 40 percent vacancy, and the remainder clustering between 20 and 30 percent. Directors from the two most urban children’s programs reported just 5-10% direct service vacancies, while the director from the most rural program reported 50-60% direct service vacancies (Figure 1).

Figure 1. Directors’ Estimates of Direct Service Positions Vacancy Percentage in Their Organization (of nine responding)



Source: UNH Carsey School analysis of 2022 PDG CBMH Workforce Survey

When asked to describe the kinds of positions that were most often vacant, the most common answers were clinicians, reported by eight out of nine responding directors, and case managers, reported by six of nine (Figure 2).

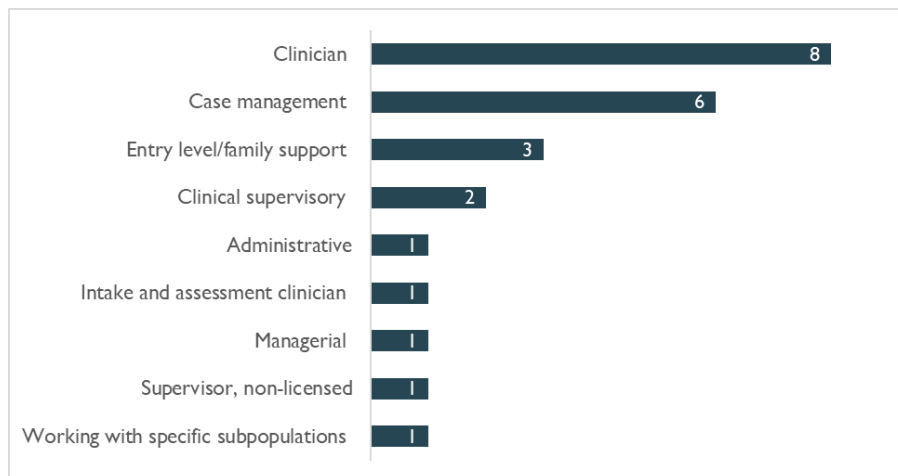


Figure 2. Number of Directors Reporting Vacancies in Each Type of Direct Service Position (of nine responding)

Note: Respondents could make multiple selections.
Source: UNH Carsey School analysis of 2022 PDG CBMH Workforce Survey

Despite agreement on the nature of shortages, the length of time directors anticipate it would take to fill each position varies between CMHCs. No directors expected that a clinician position—the one most commonly identified as vacant—could be filled in fewer than three months. Seven of the eight respondents to this section suggested it would take six months or

more. One director expected to fill a family support position in under three months, although the remaining eight directors reported six months or more, half of whom reported needing nine months or more. Responses were divided on the average time to fill a clinical supervisory or managerial position: three directors anticipated filling this kind of position in under three months, one in six to nine months, and four estimated nine months or more.

Direct support positions at special risk for turnover

All directors reported experiencing turnover in licensed therapist/counselor positions in their program. More than half of responding directors identified family support provider and case manager positions as tending to experience turnover (Figure 3). By contrast, no directors reported a tendency for turnover in program director, program manager, or psychologist roles.

Figure 3. Number of Directors Reporting Each Position Experiencing Staff Turnover in Their Organization (of nine responding)



Note: Respondents could make multiple selections.
 Source: UNH Carsey School analysis of 2022 PDG CBMH Workforce Survey

Persistent challenges that drive turnover

Children’s program directors were asked to identify the factors they viewed as contributing to staff turnover. Low pay continues to be a driving factor, despite recent increases and bonuses related to the pandemic,^{iv} but equally-relevant are burnout and administrative burden, followed closely by high caseloads (Figure 4).

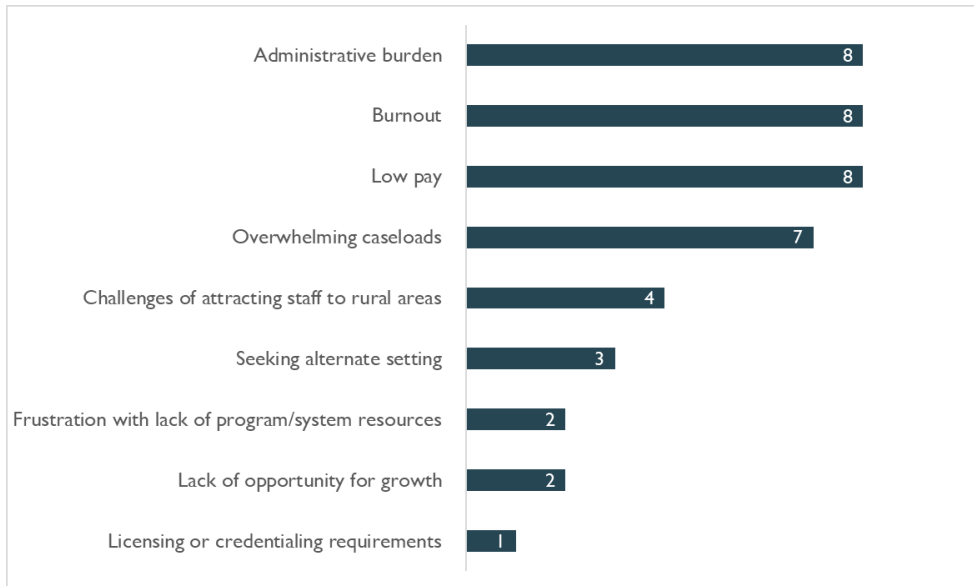


Figure 4. Number of Directors Reporting Each Factor as a Contributor to Staff Turnover (of nine responding)

Note: Respondents could choose multiple factors.
 Source: UNH Carsey School analysis of 2022 PDG CBMH Workforce Survey

Of the factors they had identified as contributing to staff turnover, directors were then asked to rank which was the most important. Based on these rankings, the top reason for staff turnover was low pay. Administrative burden was the second-ranked factor, followed by burnout in third, and overwhelming caseloads in fourth.

Workforce constraints may jeopardize capacity for preventive services

With two-thirds of responding directors reporting 20 percent vacancies in their program’s direct service and staff positions, workforce shortages are constraining New Hampshire’s CMHCs’ ability to serve children. Centers that are short-staffed must prioritize care for those with the most acute needs or those who present the greatest safety concerns. This limits their capacity to focus on prevention and reducing the level of service needs in the future. Many of the issues contributing to turnover are, of course, linked to workforce shortages, and if turnover continues, then administrative burden, burnout, and overwhelming caseloads are likely to worsen.

Stakeholders across the state have already identified many of these issues as pressing. An op-ed written by a New Hampshire CMHC director in February 2023 states, “the shortage in the workforce pipeline has reached a crisis level: we cannot hire the staff we need, and retain the dedicated staff we already have, without a significant rate increase this year.”^v The New Hampshire Community Behavioral Health Association identifies 340 clinical vacancies across CMHCs, and cites low wages as the driving factor.^{vi} To address this issue, the Association quantified the degree to which New Hampshire’s CMHC wages lag behind national comparators, and requested that the state’s new biennial budget include an increased Medicaid reimbursement rate that could help address the \$26 to \$28 million funding gap required to address the workforce shortage.^{vii} The rate increase proposed in Governor Sununu’s budget falls significantly short of the request, but is still open to revision by the state legislature.

Longer-term, a strategic plan from the New Hampshire Endowment for Health outlines a variety of strategies to expand and support the healthcare workforce, including several policy recommendations to realign reimbursement and compensation structures.^{viii} Such work is being enacted through a new statewide initiative, called HealthForce NH.^{ix} Examples of relevant strategies include increasing entry-level wages and promoting pay parity for behavioral and mental health services in both Medicaid and commercial contracts.

The recently-signed ACEs Treatment and Prevention Act (see Box 1)^x recognizes the state’s challenges around recruiting and retaining a skilled and stable workforce. The Act includes additional focus on building evidence-based practices, supporting clinical expertise, and adding resources to the state’s ongoing investments in the comprehensive system of care for children’s behavioral health. However, survey respondents illustrate the importance of a careful balance when crafting new expectations and responsibilities for this already-strained workforce. The professionals in this sample already see administrative burden and intensive workloads as challenging, and imposing additional training requirements without relief from these burdens could result in greater strain on the workforce. Successfully retaining experience while expanding expertise will require strategic and thoughtful implementation of new initiatives.

About the survey

What was the survey? The New Hampshire Preschool Development Grant (PDG) Children’s Behavioral and Mental Health Workforce Survey collected data about employees of the community mental health centers (CMHCs) serving children age eight and under. The goal of the survey was to better understand the capacity and needs of this workforce.

Who was invited? To be eligible to participate in this survey, respondents had to work in a children’s program in one of the state’s CMHCs, and specifically had to either be a director of a children’s program at a CMHC or provide at least some services for children under age eight and their families. A member of the PDG and NH Department of Health and Human Services

Box 1. The ACEs Treatment and Prevention Act

In June 2022, NH Governor Chris Sununu signed Senate Bill 444-FN, called the “ACEs Treatment and Prevention Act.” This law recognizes the impacts of Adverse Childhood Experiences and traumatic stress from birth to age six, and the “critical need for increasing the availability and capacity of social supports and mental health interventions that promote healthy social, emotional development for children who have experienced trauma or are at high risk for experiencing trauma.”

The legislation outlines a series of strategic actions to build workforce capacity in children’s mental health and family support settings, prioritize use of evidence-based practices for supporting young children, and enhance the continuum of care available to young children and their families, including strengthening the state’s prevention infrastructure. Recognizing the higher costs associated with more robust and specialized supports and intervention, the Act calls for an evaluation of the impacts of increasing Medicaid reimbursement for associated evidence-based practices and supporting access to mechanisms for early childhood mental health credentialing.

staff contacted directors of children’s programs at each of the state’s ten CMHCs by email, inviting them to participate in this survey and to disseminate the survey to their staff.

Who participated? One hundred and thirty-two people began this survey; 11 dropped out after reading the consent form,^{xi} another six did not qualify due to their work only with older children, and one did not continue past the second question. Thus, this series of snapshots includes data from 114 respondents—105 staff and nine directors—of children’s behavioral and mental health programs at the state’s CMHCs, although this particular brief uses only directors’ responses. Respondents from nine of the state’s 10 CMHCs participated (see Figure 5).

What did participants do? Participants were asked to complete a one-time online survey about their role, expertise, education, and workforce challenges. To inform the early childhood systems work of the Preschool Development Grant, this survey was developed in partnership with the New Hampshire Department of Health and Human Services, the New Hampshire Department of Education, the Preschool Development Grant Leadership team, the UNH Survey Center, and the UNH Carsey School of Public Policy. The survey took a median of 8 minutes to complete, and respondents were offered a \$20 Amazon gift card for their participation. Participants were surveyed between April 27 and June 2, 2022.

Are these data representative of this workforce? There is no definitive way to know. Because there is no directory of all young child-serving employees within the state’s CMHC system, we cannot estimate a response rate to this survey. We attempted a complete census—that is, to gather data from every person in this workforce—although not everyone participated, and those who did might differ from those who did not. Therefore, this brief describes findings as among “respondents” rather than the whole workforce. However, results here can shed light on some of the skills, resources, and needs that are relevant to at least a portion of this workforce.

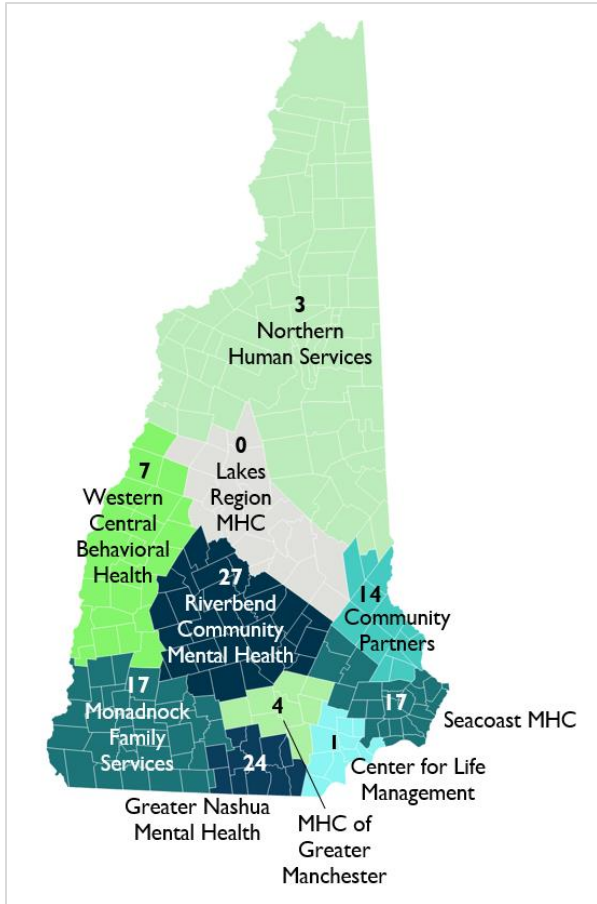


Figure 5. Number of Respondents to the 2022 New Hampshire Preschool Development Grant Children’s Behavioral and Mental Health Workforce Survey, by Mental Health Region

Note: Number of respondents includes staff and directors from each region. Regions are defined by the New Hampshire Department of Health and Human Services.

About the Authors

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Acknowledgments

The authors are incredibly grateful to CMHC employees who took time to participate in this survey, and to the directors who disseminated the survey to their staff. Additional thanks to the New Hampshire Bureau for Children’s Behavioral Health for their thoughtful comments on earlier drafts of the paper, to the UNH Survey Center for survey programming support, and to Benjamin Savard at the University of New Hampshire for editorial assistance.

This brief is part of a series of work related to the New Hampshire Preschool Development Grant’s 2022 Needs Assessment. Find related work at <https://carsey.unh.edu/center-for-social-policy-in-practice/new-hampshire-preschool-development-grant-project>. For more information on the NH PDG, see <https://chhs.unh.edu/early-childhood/preschool-development-grant>.

This opportunity is funded by NH’s Preschool Development Grant, sponsored by the U.S. Department of Health and Human Services, Administration for Children and Families (Award# 90TP0060). Any opinions, findings, conclusions, or recommendations expressed in this publication do not necessarily reflect the views of any organization or agency that provided support for the project.

ⁱ For an overview of the challenges facing New Hampshire’s health care workforce, see Endowment for Health. 2022. “Giving Care: A Strategic Plan to Expand and Support New Hampshire’s Health Care Workforce.” <https://endowment-assets.nyc3.digitaloceanspaces.com/images/Giving-Care-A-Strategic-Plan-to-Expand-Support-NHs-Health-Care-Workforce.pdf>.

ⁱⁱ Timmins, Annmarie. 2023. “System is Broken’: Mental Health Centers Seek \$30 Million to Add Workers, Bolster Treatment.” February 1, 2023. *New Hampshire Bulletin*. <https://newhampshirebulletin.com/2023/02/01/system-is-broken-mental-health-centers-seek-30-million-to-add-workers-bolster-treatment/>.

ⁱⁱⁱ Couture, Jay. 2022. “Commentary: The Workforce Problem is a Mental Health Problem.” *New Hampshire Bulletin*, February 26, 2022. <https://newhampshirebulletin.com/2022/02/28/commentary-the-workforce-problem-is-a-mental-health-problem/>.

^{iv} Ibid.

^v Couture, Jay. 2023. “NH’s Community Mental Health Centers Need a Rate Bump.” February 25, 2023. *The Eagle-Tribune*. https://www.eagletribune.com/opinion/columns/nh-s-community-mental-health-centers-need-a-rate-bump/article_7f7105e0-b494-11ed-b573-f7085c301511.html.

^{vi} Timmins, Annmarie. 2023. “System is Broken’: Mental Health Centers Seek \$30 Million to Add Workers, Bolster Treatment.” February 1, 2023. *New Hampshire Bulletin*. <https://newhampshirebulletin.com/2023/02/01/system-is-broken-mental-health-centers-seek-30-million-to-add-workers-bolster-treatment/>.

^{vii} Ibid.

^{viii} Endowment for Health. 2022. “Giving Care: A Strategic Plan to Expand and Support New Hampshire’s Health Care Workforce.” <https://endowment-assets.nyc3.digitaloceanspaces.com/images/Giving-Care-A-Strategic-Plan-to-Expand-Support-NHs-Health-Care-Workforce.pdf>.

^{ix} Goldsberry, Yvonne, Maria de Garcia Padin, and Marie-Elizabeth Ramas. 2022. “Growing Collective Effort to Solve NH’s Healthcare Workforce Shortage.” *Seacoast Online*, October 26, 2022. <https://www.seacoastonline.com/story/lifestyle/2022/10/26/growing-collective-effort-solve-nhs-healthcare-workforce-shortage/10599021002/>.

^x “An ACT Relative to Childhood Adverse Experiences Treatment and Prevention.” NH Stat § SB 444-FN. (2022). https://gencourt.state.nh.us/bill_status/legacy/bs2016/billText.aspx?sy=2022&id=2133&txtFormat=html.

^{xi} In survey research, a consent form provides potential participants with written information about the proposed research to inform their decision to participate in the research study based on what participation would entail, the goals of the study, and any risks or benefits they might expect.