COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Fax (804) 371-6638
www.dbhds.virginia.gov

December 6, 2022

To: The Honorable Janet D. Howell, Chair, Senate Finance & Appropriations Committee
The Honorable Barry D. Knight, Chair, House Appropriations Committee

From: Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Services

RE: Item 311.LL of the 2022 Appropriations Act

Item 311.LL of the 2022 Appropriations Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to submit this report to the Department of Planning and Budget and the Chairs of the House Appropriations and Senate Finance Committees of the General Assembly by October 15th, 2022.

> *LL. The Department of Behavioral Health and Developmental Services shall collect, or survey, Community Services Boards (CSBs) and the Behavioral Health Authority (BHA) on compensation of their employees by position type, which shall include average salary and turnover and vacancy data, and any other relevant data the department determines as necessary to assist in developing a proposal to address compensation issues for consideration in the 2023 Session. The department shall report the data, by CSB and BHA, along with any findings and recommendations to address compensation issues to the Department of Planning and Budget and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by no later than October 15, 2022.*

Please find enclosed the report in accordance with Item 311.LL. DBHDS staff are available should you wish to discuss this request.

cc: Secretary John Littel

Virginia Department of Behavioral Health & Developmental Services

Fiscal Year 2022 CSB and BHA Compensation Report

(Item 311.LL of the 2022 Appropriation Act)

October 15, 2022

1220 Bank Street • P.O. Box 1797 • Richmond, Virginia 23218-1797

Phone: (804) 786-3921 • Fax: (804) 371-6638 • Web site: www.dbhds.virginia.gov

Table of Contents

Preface

Item 311.LL of the 2022 Appropriations Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to survey Virginia's community services boards (CSBs) and behavioral health authority (BHA) on compensation and vacancy data. The language states:

> *LL. The Department of Behavioral Health and Developmental Services shall collect, or survey, Community Services Boards (CSBs) and the Behavioral Health Authority (BHA) on compensation of their employees by position type, which shall include average salary and turnover and vacancy data, and any other relevant data the department determines as necessary to assist in developing a proposal to address compensation issues for consideration in the 2023 Session. The department shall report the data, by CSB and BHA, along with any findings and recommendations to address compensation issues to the Department of Planning and Budget and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by no later than October 15, 2022.*

Executive Summary

In early 2022, the Administration and Virginia legislators wrestled with a worsening workforce crisis impacting the healthcare industry with a particular focus on behavioral health. Various budget amendments to support the 40 locally-funded community services board (CSB) direct care workforce were proposed and discussed. The result of those discussions was instruction to the Department of Behavioral Health and Developmental Services (DBHDS) to examine the CSB workforce and report those findings back to the General Assembly.

After collecting and reviewing all available data pertaining to CSB compensation, turnover, and vacancy, as well as conducting an exhaustive interview process to gain perspective on the realities in the field, DBHDS reports the following:

- A workforce crisis does indeed exist within Virginia's publicly-funded behavioral health system. Vacancy rates for direct care staff at multiple levels are alarming. These vacancies are impacting service delivery across the mental health, substance use, and developmental disability system.
- Using available compensation data, CSB compensation for specialized positions like Licensed Mental Health Professionals is well below market average in most areas.
- While the data collected demonstrates Virginia has a workforce crisis within the public behavioral health system, it is has limited utility in informing curative action due to the difficultly in conducting comparative analysis on the highly-variable CSB workforce.
- While compensation is a fundamental driver of the issue, factors other than compensation contribute to the workforce crisis. These include tremendous administrative burden and certification-related regulatory barriers impacting Virginia's CSBs.

Of particular concern is the code-mandated Emergency Services function that is unique to CSBs and the closely-related crisis continuum of care. These community-based functions are critical to the health and wellbeing of Virginians *and* to the Commonwealth's goals of transforming the behavioral health landscape to a more community-based system of care.

Addressing these workforce issues is of paramount importance and DBHDS has provided the following recommendations for consideration:

Recommendations

1. Budgetary relief of compensation issues within the CSB system should be addressed despite the available data not being sufficient to clearly define a curative action. It is also important to recognize that certain critical segments of CSB staff have a tremendous effect on other system partners. For example, the solvency of CSB emergency services staff is hinged to the success of the ECO/TDO process and has a significant impact on state and private hospitals and law enforcement.
2. This report lists two issues impacting the CSB workforce that are unrelated to compensation: administrative burden and certification malalignment. Additional impetus behind these efforts can positively impact the workforce.
3. DBHDS recommends support for various health workforce initiatives that are underway across the Commonwealth to ensure the pipeline of available workers supports long-term

needs. Specifically, DBHDS highlights the recent report from the Claude Moore Charitable Foundation: *Virginia's Human Services Workforce: Strategic Investment Initiatives Report* as a key and current document outlining the workforce issues across human services as well as proposed path forward with specific considerations for behavioral health.

Background

A listing of recent reports for background and context is provided in Appendix C.

Functions unique to and/or required of CSBs

CSBs serve as the single point of entry into Virginia's public behavioral health and developmental disability services system[1]. As such, they are required per Virginia Code to provide certain services which, prior to the implementation of STEP-VA, focused on emergency services/prescreening, discharge planning for individuals leaving state psychiatric hospitals, and case management services. STEP-VA expanded the array of code-mandated functions to a set of nine services. Consequently, code-mandated community services, are in the midst of transition to the STEP-VA array of: Same Day Access, Primary Care Screening, Outpatient Services, Crisis Services, Peer and Family Support, Psychiatric Rehabilitation, Veterans Services, Case Management, and Care Coordination. STEP-VA services are targeted for full implementation by July 2024.

Many of these code-mandated services are provided by CSBs, as well as private providers. Emergency services/prescreening and discharge planning for individuals leaving state psychiatric hospitals, however, are functions that only a CSB can provide. These are also functions that directly impact Virginia's state-hospital census pressures and, ultimately, the health and wellbeing of citizens.

In FY 2022, there were 64,767 crisis evaluations statewide and 21,099 temporary detention orders (TDOs) executed, all of which are the responsibility of CSB emergency services. Approximately 54,000 (53,989 =4-year average; 2021 = 56,173) Same Day Access assessments, another code mandated service, have been conducted each year since the implementation of STEP-VA.

Challenges unique to CSBs

Beyond code-mandated services, Virginia asks CSBs to fill service gaps for individuals who have no other way to access or afford care. CSBs provide services to individuals in need across multiple populations, working to alleviate whatever barriers to services they can. While Federal Block Grants support these uninsured individuals, significant increases in base-level block grant funding related to general CSB functions have not happened in over a decade.

Further, while other behavioral health providers can be more selective with the populations they choose to serve and charge full fee for self-pay individuals, CSBs utilize a sliding scale related to income and serve many people who could not receive care elsewhere. Medicaid Expansion positively impacted reimbursement, benefiting all providers, but many CSBs have had difficulty funding and implementing the infrastructure required to maximize this revenue stream – partly because third-party payers were not a significant source of revenue before expansion.

[1] Code of Virginia § 37.2-500 D

Pandemic-related challenges

Throughout the pandemic, CSBs provided services in innovative ways based on locality expectations and community need. However, the increased system-pressure exacerbated several issues that had been less critical in the pre-pandemic environment.

- Pay versus required credentialing is not competitive within CSBs with some positions being paid less than staff can make in entry-level positions outside the system. Table 4 below provides average hourly wages for service workers within the CSB system. As many other industries have adapted to pressures by increasing prices and increasing pay, many of Virginia's CSB-based, client-facing service workers make a non-livable wage.
- Finding affordable, accessible childcare for staff is difficult in the post-pandemic environment, especially if the employee's position requires after hours or weekend work.
- Community field-based positions in critical services such as Emergency Services, Assertive Community Treatment (ACT), and residential services are increasingly difficult to fill in the post-pandemic landscape.
- Additionally, the nursing shortage nationwide has had significant impact on the CSBs. As non-public healthcare systems augment salaries and provide other incentives to shore up their nursing workforce, CSBs lose nurses and candidates to these better-paying alternatives.
- Workforce issues in the SUD field are not unique to Virginia. Several state directors have reported to SAMHSA the criticality of staffing shortages throughout the region.
- Finally, communication with private providers shows that many businesses have waitlists for new patients, staffing shortages, and increasing acuity indicating the need for behavioral health services is far outpacing the ability to provide services statewide.

Methodology

Data to support this report's conclusions and recommendations are derived from three sources:

1. **Compensation Data -** All 40 CSBs as well as a few other providers completed a state-funded compensation study in 2022 conducted by the third-party vendor SESCO Management Consultants. CSBs provided detailed compensation data across 80 position descriptions. The data includes minimum, median, maximum, and average salary across these positions. CSB leadership has stated that, despite the granularity of 80 positions in the SESCO study, lack of standardization among CSB organizational structure and operations limit the comparative utility of this data. Further, because the total sample size for each position was not captured, there is no statistically acceptable way to combine these 80 positions into groups for more thorough comparative analysis.
2. **Turnover and Vacancy Data -** Thirty CSBs responded to a survey sent to CSB leadership on August 1, 2022 with a suspense of August 15, 2022. Responding CSBs reported turnover and vacancy across the position types listed below. This reporting was challenged by the limited standardization among CSBs related to workforce classification. Each CSB is an organization, separate from the state, that is answerable to the board of directors that leads it and the locality or localities that created it.
    - Ten CSBs are Administrative Policy CSBs where CSB employees are employees of a local government department or division and are thus beholden to the organizational structure of the local government (eight of these are city/county government departments, the other two use local government staff to provide services).

- Two Policy Advisory boards are fully staffed with local government employees.
- There are 27 Operating CSBs in which the organizational structure was created and has adapted over time to meet the needs of the areas the board serves.
- There is one Behavioral Health Authority (BHA).

Furthermore, standardization between CSBs regarding job titles, job descriptions, and position types is minimal and, in some cases, non-existent. Considering the lack of standardization across CSBs, and after much consultation with state-level leaders, VACSB leadership, and CSB executives, the decision was made to use the following position types to report the requested information[2].

1. Licensed Mental Health Professional (LMHP)
2. License-Eligible Mental Health Professional (LMHP-E)
3. Qualified Mental Health Professional(QMHP)/Qualified Developmental Disability Professional(QDDP)/Certified Substance Abuse Counselor
4. Peer Recovery Specialist
5. Registered Nurse (RN)
6. Other provider including Bachelor's Level Case Manager, Qualification-Eligible Mental Health Professional (QMHP-E), Direct Support Professional
7. Licensed Practical Nurse (LPN)
8. Medical Doctor (MD)
9. Administrative Role – Bachelor's Level
10. Administrative Role – Master's Level
11. Administrative Role – Master's + Certification/Licensure

Despite the utility gained by using this set of position types, CSB operations correlate to these position types in highly variable ways. Due to this, confidence in conclusions drawn solely from turnover and vacancy data is low. The data confirm the workforce crisis exists and but are not conclusive enough to define a curative budgetary action.

3. **Workforce Interviews -** Anecdotal information pertaining to workforce issues results from direct interview. From February 1, 2022, to August 9, 2022, DBHDS conducted individual interviews with 38 CSBs and their leadership teams. These interviews were precipitated by two CSBs contacting DBHDS stating they needed to discontinue certain services for a period of at least 90 days due to staffing shortages. These CSBs were in different regions, the services were different, but the workforce issues were very similar. DBHDS began meeting with all willing CSB leadership teams, on a board-by-board basis, to discuss workforce issues, service status, successes, and concerns related to their ongoing and future ability to maintain service delivery. Following the interviews, common issues and themes were compiled and this information was provided back to CSB leaders and others by way of informational briefs.

Results

[2] The rationale for this is two-fold. First, the lack of standardization in organizational structures requires a certain level of standardization be imposed upon the system in effort to derive meaningful results. Second, DBHDS is aware of concurrent efforts throughout the Commonwealth to enhance the health workforce pipeline and address other health-related workforce challenges. The position types selected serve both these purposes. They provide standardization insofar as they are reasonably closed-ended in nature (an individual either is an LMHP or they are not) and they lend themselves to impact from external efforts, both policy-driven and legislative, to stabilize the workforce.

Compensation Data

The tables below demonstrate average compensation by CSB for positions where comparative analysis to national or industry standards is available. Appendix A provides CSB compensation data, by CSB for a selection of relevant positions as they appear in the SESCO study results.

Table 1. Licensed Mental Health Professional compensation compared to Mercer Average and Mercer 75th percentile.

Community Services Board	LMHP Average Actual Compensation	Mercer Adjusted Wage	Delta	Percentage	Mercer Adjusted 75th Percentile	Percentage of 75th Percentile		
Alexandria	$44.87	$40.17	$4.70	112%	$44.65	100%		
Alleghany Highlands	$28.40	$29.24	($0.84)	97%	$32.50	87%		
Arlington	$42.72	$40.17	$2.54	106%	$44.65	96%		
Blue Ridge	$26.87	$30.38	($3.51)	88%	$33.76	80%		
Chesapeake	$32.85	$33.06	($0.21)	99%	$36.75	89%		
Chesterfield	$33.48	$33.84	($0.36)	99%	$37.61	89%		
Virginia Beach	$27.69	$33.06	($5.37)	84%	$36.75	75%		
Colonial	$29.33	$33.06	($3.74)	89%	$36.75	80%		
Crossroads	$27.76	$30.35	($2.59)	91%	$33.73	82%		
Cumberland Moutain	$25.35	$30.35	($5.00)	84%	$33.73	75%		
Danville-Pittsylvania	$31.13	$30.35	$0.78	103%	$33.73	92%		
Loudon	$40.84	$40.17	$0.66	102%	$44.65	91%		
Dickenson County	$28.57	$30.35	($1.78)	94%	$33.73	85%		
District 19	$28.62	$33.84	($5.22)	85%	$37.61	76%		
Eastern Shore	$27.69	$29.60	($1.91)	94%	$32.90	84%		
Fairfax-Falls Church	$43.49	$40.17	$3.32	108%	$44.65	97%		
Goochland Powhatan	$26.53	$33.84	($7.31)	78%	$37.61	71%		
Hampton-Newport News	$34.48	$33.06	$1.41	104%	$36.75	94%		
Hanover County	$25.34	$33.84	($8.50)	75%	$37.61	67%		
Harrisonburg Rockingham	$29.51	$32.58	($3.07)	91%	$36.21	81%		
Henrico Area	$34.48	$33.84	$0.64	102%	$37.61	92%		
Highlands	$25.64	$30.35	($4.71)	84%	$33.73	76%		
Horizon	$27.20	$30.78	($3.58)	88%	$34.21	80%		
Middle Peninsula Northern Neck	$22.47	$33.06	($10.59)	68%	$36.75	61%		
Mount Rogers	$29.90	$30.35	($0.45)	99%	$33.73	89%		
New River Valley	$30.03	$30.62	($0.59)	98%	$34.03	88%		
Norfolk	$33.33	$33.06	$0.27	101%	$36.75	91%		
Northwestern	$34.34	$31.96	$2.38	107%	$35.52	97%		
Piedmont								
Planning District One	$27.12	$30.35	($3.23)	89%	$33.73	80%		
Portsmouth	$32.56	$33.06	($0.50)	98%	$36.75	89%		
Prince William County	$44.76	$40.17	$4.58	111%	$44.65	100%		
Rappahannock Area	$33.75	$40.17	($6.43)	84%	$44.65	76%		
Rappahannock Rapidan	$30.77	$40.17	($9.41)	77%	$44.65	69%		
[3]Region Ten	$28.01	$33.05	($5.04)	85%	$36.73	76%		

[3] CSB Licensed Mental Health Professional wage data correlates with SESCO wage data from the Professional Clinician/Counselor/Therapist – Licensed role. The Federal Bureau of Labor Statistics does not provide Occupation and Wage data specifically for LMHP (closest SOC code 21-1014) so Mercer data from 2022 was used. Mercer data was adjusted based on BLS geographic adjustments across all metropolitan and nonmetropolitan areas in Virginia for the hybrid SOC code 21-1018, Substance Abuse, Behavioral Disorder, and Mental Health Counselors.

Table 2. Registered Nurse compensation related to Bureau of Labor Statistics data from May of 2021[4]

Community Services Board	RN Average Actual Compensation	BLS Adjusted Hourly Wage	Delta	Percentage
Alexandria	$46.09	$42.82	$3.27	108%
Alleghany Highlands	$23.65	$30.99	($7.34)	76%
Arlington	$42.56	$42.82	($0.26)	99%
Blue Ridge	$32.63	$33.36	($0.73)	98%
Chesapeake	$34.99	$36.23	($1.24)	97%
Chesterfield	$35.43	$36.99	($1.56)	96%
Virginia Beach	$34.19	$36.23	($2.04)	94%
Colonial			$0.00	
Crossroads	$26.15	$29.64	($3.49)	88%
Cumberland Mountain	$26.37	$29.64	($3.27)	89%
Danville-Pittsylvania	$33.70	$29.64	$4.06	114%
Loudon	$43.17	$42.82	$0.35	101%
Dickenson County	$21.40	$29.64	($8.24)	72%
District 19	$33.98	$36.99	($3.01)	92%
Eastern Shore			$0.00	
Fairfax-Falls Church	$45.29	$42.82	$2.47	106%
Goochland Powhatan			$0.00	
Hampton-Newport News	$33.20	$36.23	($3.03)	92%
Hanover County			$0.00	
Harrisonburg Rockingham	$31.00	$34.00	($3.00)	91%

[4] Registered Nurse wage data from the Bureau of Labor Statistics May 2021 data set. Geographic adjustments according to BLS categorization of metropolitan and non-metropolitan areas within Virginia.

Henrico Area	$40.46	$36.99	$3.47	109%
Highlands	$30.77	$29.64	$1.13	104%
Horizon	$29.13	$33.79	($4.66)	86%
Middle Peninsula Northern Neck			$0.00	
Mount Rogers	$28.26	$29.64	($1.38)	95%
New River Valley			$0.00	
Norfolk	$31.79	$36.23	($4.44)	88%
Northwestern	$31.05	$36.25	($5.20)	86%
Piedmont			$0.00	
Planning District One	$23.72	$29.64	($5.92)	80%
Portsmouth	$30.48	$36.23	($5.75)	84%
Prince William County	$46.23	$42.82	$3.41	108%
Rappahannock Area	$30.82	$42.82	($12.00)	72%
Rappahannock Rapidan	$30.77	$42.82	($12.05)	72%
Region Ten	$29.04	$36.51	($7.47)	80%
Richmond	$35.42	$36.99	($1.57)	96%
Rockbridge Area			$0.00	
Southside	$23.59	$29.64	($6.05)	80%
Valley	$32.97	$34.10	($1.13)	97%
Western Tidewater	$32.93	$36.23	($3.30)	91%

Table 3. Licensed Practical Nurse compensation related to Bureau of Labor Statistics data from May 2021[5]

Community Services Board	LPN Average Actual Compensation	BLS Adjusted Hourly Wage	Delta	Percentage
Alexandria	$32.54	$27.15	$5.39	120%
Alleghany Highlands	$20.78	$21.88	($1.10)	95%
Arlington				
Blue Ridge	$21.53	$22.19	($0.66)	97%
Chesapeake	$24.32	$22.32	$2.00	109%
Chesterfield	$25.43	$23.52	$1.91	108%
Virginia Beach	$26.19	$22.32	$3.87	117%
Colonial	$21.50	$22.32	($0.82)	96%
Crossroads	$23.66	$21.88	$1.78	108%
Cumberland Mountain	$18.45	$20.89	($2.44)	88%
Danville-Pittsylvania	$26.29	$21.88	$4.41	120%
Loudon	$36.05	$27.15	$8.90	133%
Dickenson County				
District 19				
Eastern Shore				
Fairfax-Falls Church	$32.10	$27.15	$4.95	118%
Goochland Powhatan	$25.00	$23.52	$1.48	106%
Hampton-Newport News	$20.91	$22.32	($1.41)	94%
Hanover County	$28.21	$23.52	$4.69	120%
Harrisonburg Rockingham	$24.24	$22.63	$1.61	107%

[5] Licensed Practical Nurse wage data from the Bureau of Labor Statistics May 2021 data set. Geographic adjustments according to BLS categorization of metropolitan and non-metropolitan areas within Virginia.

Henrico Area	$26.55	$23.52	$3.03	113%
Highlands	$17.59	$20.89	($3.30)	84%
Horizon	$23.80	$21.47	$2.33	111%
Middle Peninsula Northern Neck	$24.04	$22.32	$1.72	108%
Mount Rogers	$20.87	$20.89	($0.02)	100%
New River Valley				
Norfolk	$22.81	$22.32	$0.49	102%
Northwestern	$27.04	$23.15	$3.89	117%
Piedmont				
Planning District One	$20.43	$20.89	($0.46)	98%
Portsmouth	$24.62	$22.32	$2.30	110%
Prince William County	$35.02	$27.15	$7.87	129%
Rappahannock Area	$23.98	$27.15	($3.17)	88%
Rappahannock Rapidan	$26.67	$27.15	($0.48)	98%
Region Ten	$22.73	$24.13	($1.40)	94%
Richmond	$26.75	$23.52	$3.23	114%
Rockbridge Area	$23.74	$22.19	$1.55	107%
Southside	$21.54	$21.88	($0.34)	98%
Valley	$22.15	$22.19	($0.04)	100%
Western Tidewater	$24.21	$22.32	$1.89	108%

Figure 1. Regional Information[6]

Registered Nurse Regional Average vs. BLS Adjusted Mean Wage

Region	% of Mean
Region 1	82%
Region 2	104%
Region 3	91%
Region 4	96%
Region 5	94%

Licensed Practical Nurse Regional Average vs BLS Adjusted Mean Wage

Region	% of Mean
Region 1	102%
Region 2	100%
Region 3	98%
Region 4	112%
Region 5	107%

Licensed Mental Health Professional Regional Average vs. Mercer Mean Wage and 75th Percentile

Region	% of Mean	% of 75th Percentile
Region 1	90%	81%
Region 2	108%	97%
Region 3	93%	84%
Region 4	88%	79%
Region 5	92%	83%

As noted within the methodology of this report, the utility of the compensation data is limited. For example, comparative analysis of the critical Qualified Mental Health Professional outside the CSB system itself is not possible given that the QMHP certification is a Virginia construct. Analogs to this position such as 'Case Manager' introduce too many assumptions to render valid comparative analysis.

[6] These regional averages weigh each of the CSBs reported mean wages equally. The sample size for the average does not represent total positions across the region but instead is simply the number of CSBs within each region. Therefore, this is not a true average across all regional positions but instead across CSB organizations.

Table 4. Service Worker Compensation (Direct Service Providers (DSP) and Peer Specialists, across the CSB System

Community Services Board	DSP Day Support	DSP Group Home	Peer Specialist
Alexandria	$29.45	$29.92	$35.95
Alleghany Highlands	$11.83	$11.79	$12.50
Arlington	$28.21	$42.31	$30.77
Blue Ridge			$14.25
Chesapeake	$17.03	$17.03	$18.52
Chesterfield	$18.03	$18.64	$26.27
Virginia Beach	$18.05	$18.05	$18.05
Colonial	$13.93	$13.93	$18.50
Crossroads	$14.27	$15.17	$19.49
Cumberland Mountain	$11.99	$14.07	$12.00
Danville-Pittsylvania	$15.95	$15.52	$18.17
Loudon	$28.63	$25.65	$27.51
Dickenson County	$11.25	$12.16	$12.99
District 19			$14.85
Eastern Shore	$17.96	$14.33	$15.87
Fairfax-Falls Church		$31.28	$19.13
Goochland Powhatan	$18.25		
Hampton-Newport News	$17.39	$16.95	$14.02
Hanover County	$13.93	$13.93	
Harrisonburg Rockingham			$20.96
Henrico Area	$23.08	$20.25	$25.08
Highlands	$14.43		$14.79

Horizon	$14.72	$14.72	$12.92
Middle Peninsula Northern Neck	$14.02	$16.04	
Mount Rogers	$13.36	$14.15	$14.26
New River Valley	$15.51	$15.51	$17.02
Norfolk			$19.49
Northwestern	$20.26	$16.25	$18.56
Piedmont			
Planning District One	$15.15	$15.15	$15.60
Portsmouth	$20.51		$19.49
Prince William County			$34.69
Rappahannock Area	$17.29	$17.43	$20.81
Rappahannock Rapidan	$16.92	$16.92	$16.92
Region Ten		$17.57	
Richmond	$17.52	$17.52	$18.82
Rockbridge Area	$14.43	$15.31	
Southside	$16.92	$15.00	$19.49
Valley		$19.70	$13.90
Western Tidewater	$13.90	$14.65	$16.92

Turnover and Vacancy Data

Across reporting CSBs and across position types, the overall vacancy rate was 27.4 percent (2,578 open positions across 9,412 authorized positions). Overall, vacancy rates were higher for direct care staff as compared to administrative staff. All direct care position types had vacancy rates greater than twenty percent, which is considered an industry standard (i.e., when vacancies are above twenty percent, there is a significant workforce issue). Overall turnover rate could not be calculated for the state, but the turnover rates averaged across the 30 CSBs ranged from a low of 5.4 percent (administrative positions with masters and certification) to a high of 33.1 percent (Bachelor's level direct care including case managers).

Table 5. Vacancies by Position

	Number	Share of Workforce	Number Open	Statewide Vacancy Rate	Share of Statewide Vacancies
Total LMHP	1286	13.7%	337	26.2%	13.1%
Total LMHP-E	1075	11.4%	328	30.5%	12.7%
Total Q	2520	26.7%	668	26.5%	25.9%
Total BA	2197	23.3%	704	32.1%	27.3%
Total Peer	340	3.6%	118	34.6%	4.6%
Total RN	365	3.9%	106	28.9%	4.1%
Total LPN	301	3.2%	112	37.0%	4.3%
Total MD	184	2.0%	43	23.5%	1.7%
Admin- BA	770	8.2%	106	13.8%	4.1%
Admin- MA	155	1.6%	30	19.3%	1.1%
Admin- MA+ Certification	219	2.3%	26	12.0%	1.0%
Total Authorized Positions	**9412**		**2578**	**27.4%**	

All numbers rounded to the nearest FTE.

Table 6. Turnover and Vacancy

	Average Turnover Rate (across 30 CSBs)	**Turnover Rate Range (across 30 CSBs)**	**Average Vacancy Rate (across 30 CSBs)**	**Vacancy Rate Range (across 30 CSBs)**
Total LMHP	26.6%	5%, 51%	19.4%	3%, 46%
Total LMHP-E	26.3%	0%, 61%	22.8%	0%, 66%
Total Q	27.2%	2%,56%	22.3%	3%, 54%
Total BA	33.1%	0%,80%	20.1%	0%, 69%
Total Peer	24.3%	0%, 92%	28.9%	0%, 67%
Total RN	25.5%	0%, 75%	26.6%	0%, 100%
Total LPN	25.8%	0%, 72%	19.7%	0%, 67%
Total MD	13.1%	0%, 67%	11.4%	0%, 67%

Average across direct care	**25.2%**		**21.4%**	
Admin- BA	14.9%	0%, 38%	7.4%	0%, 21%
Admin- MA	8.9%	0%, 67%	7.7%	0%, 39%
Admin- MA+ Certification	5.4%	0%, 42%	4.0%	0%, 23%
Average across admin	**9.7%**		**6.4%**	
Average across positions	**21.0%**		**17.3%**	

Table 7. Service Area Impacts by Position Type (total CSB endorsed out of 30 reporting CSBs)[7]

	Mental Health	Substance Use Disorder	Developmental Disabilities	Emergency Services
LMHP	27	25	11	26
LMHP-E	23	21	8	21
QMHP	29	22	22	12
Bachelor's Case Manager	24	16	25	8
Peer Recovery Specialist	24	22	3	9
Registered Nurse (RN)	22	17	12	7
Licensed Professional Nurse (LPN)	19	15	15	4
MD	17	14	6	5
Total (No administrative positions)	**185**	**152**	**102**	**92**
Admin- Bachelor's	10	8	9	6
Admin- Master's	6	5	6	5
Admin-Master's + Certification	9	7	4	7
Total (All positions)	**210**	**172**	**121**	**110**

Commented [LW1]: Not clear what this is showing. Either describe/explain or delete this table.

Commented [C(2R1]: Part of our survey was to ask the responding CSB if the turnover and vacancy rates they had submitted were impacting service delivery in any of four areas (MH, SUD, DD, ES). This table shows the number of CSBs (out of the 30 who responded) who indicated that Yes, the workforce issues HAD impacted service delivery in those areas.

Example: Turnover and vacancy in the LMHP role were indicated to have negatively impacted service delivery in mental health services by 27/30 CSBs. Given this, numbers closer to 30 indicate workforce issues impacting service delivery. Low numbers indicate workforce issues in those positions have less impact on service delivery across these four areas.

[7] Respondents were asked if turnover and/or vacancy in each position had negatively impacted service delivery across four areas (MH, SUD, DD, ES). This table shows the number of CSBs (out of the 30 respondents) who indicated workforce issues had, in fact, impacted service delivery in these areas.

Generalizing the interview data:

- There is a trend of increasing service closure for non-code-mandated services as CSBs struggle to keep code-mandated services operating. This is critically important as CSBs limit crisis continuum services to keep the Emergency Services function operational. This short-term adaptation works *against* Virginia's goals of building out the crisis continuum and transforming the system from inpatient-reliant to community focused.
- Anecdotal reporting indicates, in some sporadic cases, services such as Same Day Access (SDA) have closed/may close temporarily because there are not enough employees to accomplish the service goals.
- Day programs and residential services are closing as CSBs are unable to recruit and retain the staff required to remain open. Anecdotal reports of group home managers sleeping in the homes because they cannot find staff coverage were received. Increasing waitlists for various services are common across all regions and extending to private providers.
- Populations impacted by these issues are broad, but most commonly include Children and Family services, individuals awaiting hospital discharge, individuals in crisis, and those in need of day programs.

The sustainability of Emergency Services is of significant concern. Emergency Services clinicians and pre-screeners work at the nexus of the public, private hospitals, law enforcement, the state hospital system, and the civil commitment process. Emergency Services clinicians and pre-screeners have seen their workload increase and, perhaps more importantly, the stress associated with their job increase tremendously as the state-hospital census crisis has continued. Burnout among Emergency Services clinicians is rising across the Commonwealth. Individuals in need of emergency services are also seriously impacted as staffing for Emergency Services has dropped critically in some localities and mobile crisis implementation has not yet compensated for the shortfall in Emergency Services.

Importantly, economic forecasters predict this problem to worsen in coming years. Mercer reported[8] in a September 2021 article "There will be a 10 percent increase in demand for mental health workers by 2026. During this time, 400,000 are anticipated to leave the occupation entirely..." Virginia's CSBs report an aging clinical workforce, low morale of long-term staff, and a diminishing pool of individuals seeking education and employment. Areas of significance include psychiatrists, nursing staff, and Qualified Mental Health Professionals (QMHP,) as well as positions such as Direct Support Professionals (DSP) and services that require work on the ground in the community or are related to 24/7 services.

Finally, there is consistent reporting of high and increasing acuity across variable populations served by CSBs with Children and Family Services (especially school-based services), substance use services, and populations at significant risk of hospitalization demonstrating these trends most often. Private providers are reportedly also unable to reduce the burden in many localities as they also have waitlists for new patients. As CSBs are designated safety net providers they are receiving the

[8] Mercer.com "Major US healthcare labor shortages projected in every state by 2026, mental health professionals grow in high demand, Mercer report shows", September 2021. *https://www.mercer.com/newsroom/us-projected-to-have-major-healthcare-labor-shortages-in-every-state-mental-health-professionals-grow-in-high-demand.html*

additional influx of individuals unable to get to services at other providers.

Non-Compensatory Issues Impacting Workforce

Two non-fiscal issues are significantly impacting the workforce and, if resolved, could decrease the fiscal impact of any workforce relief package.

1. **Administrative Burden**

   CSBs report that stress, burnout, and the burden of paperwork required of their personnel is a major issue noted in exit interviews conducted with departing staff. Some clinical employees have noted that a departure from CSB employment for equal compensation in a private setting substantially enhances quality of life and work-life balance due to decreased administrative burden on non-CSB providers.

   DBHDS has renewed efforts to identify and resolve unnecessary administrative burden stemming from fiscal, programmatic, licensure, or regulatory policy and/or procedure. Where resolution lies solely within the purview of DBHDS, actions are underway to address. Several of these issues, however, involve multiple HHR agencies including both DMAS and DBHDS. Collaborative initiatives between agencies with the goal of aligning administrative requirements and decreasing paperwork, redundant reporting requirements, duplicative audits and other burdensome regulations should be prioritized. Eliminating unnecessary administrative burden makes working at a CSB more attractive as employees have more time to devote to caring for Virginians as opposed to completing administrative tasks.

2. **Certification-Related Regulatory Barriers**

   Certification standards remain a serious concern related to pipeline options to recruit new-to-the-field staff as well to transition existing employees from an “In training” status to completed certification. This is particularly evident with QMHP certification. Historically many CSBs worked closely with universities to maintain internships which would then potentially lead to full time employment providing a staff member who was already familiar with the CSB population and service expectations. These interns require supervision and are unable to bill for services due to their status. As CSBs have moved to a more reimbursement-supported environment, the attractiveness of these interns has decreased. Currently, various certifications are required for billing and staff serving individuals need to have the required certification at hire or be able to immediately be placed under the supervision of LMHP. Put simply, many employees who used to be qualified to provide certain services are no longer qualified to provide those services due to payor requirements.

   Further, the required number of certification hours is extensive for QMHPs, and the availability of LMHPs to provide the supervision for QMHP certification may be minimal related to the environment the CSB resides in. The degrees accepted for potential certification are restrictive and thus limit the number of recruitments CSBs may receive for QMHP related positions as well as adding additional burdens to LMHP staff that work at the agencies. Changes to the structure of the certification process as well as expansion of accepted degree fields may help to alleviate some of the workforce issues the CSBs are currently experiencing. These issues are

outlined further in the Claude Moore and Deloitte report: *Virginia's Human Services Workforce: Strategic Investment Initiatives Report.* Although these issues have impact across human services, the behavioral health field is an area of particular impact.

Recommendations

1. Budgetary relief of compensation issues within the CSB system should be addressed despite the available data not being sufficient to clearly define a curative action. It is also important to recognize that certain critical segments of CSB staff have a tremendous effect on other system partners. For example, the solvency of CSB emergency services staff is hinged to the success of the ECO/TDO process and has a significant impact on state and private hospitals and law enforcement.
2. This report lists two issues impacting the CSB workforce that are unrelated to compensation: administrative burden and certification malalignment. Additional impetus behind these efforts can positively impact the workforce.
3. DBHDS recommends support for various health workforce initiatives that are underway across the Commonwealth to ensure the pipeline of available workers supports the Commonwealth's needs for the long-term. Specifically, DBHDS highlights the recent report from the Claude Moore Charitable Foundation: *Virginia's Human Services Workforce: Strategic Investment Initiatives Report* as a key and current document outlining the workforce issues across human services as well as proposed path forward with specific considerations for behavioral health. The specific challenges identified in that report include: compensation inequities, regulatory barriers, worker burnout and secondary trauma, worker safety, limited public exposure of the field, and lack of educational career pathways. The report contains strategic options and recommendations across six key categories which may provide a roadmap to addressing the workforce crisis in a holistic manner.

Appendices

Appendix A - Compensation Data for Additional Relevant Positions[9]

[9] Amounts indicate average hourly wage for each position as reported by each to the study vendor (SESCO Management Consultants) in early 2022.

Community Services Board	Director of Clinical Services	Division Director (MH, SUD, DD)	Services Director (reporting to Division Director)	Manager DD Case Management	Manager Emergency/Crisis Services	Manager Clinical Programs	DD Case Manager (may include QDDP)	MH/SA Case Manager (may include QMHP)	LMHP-E	QMHP
Alexandria	$71.63	$66.72	$60.01	$62.05	$66.87	$57.96	$37.69	$42.92		$29.92
Alleghany Highlands		$45.78		$25.79	$32.84		$18.80	$20.77	$24.34	$18.46
Arlington	$90.26	$73.33	$69.23	$66.15		$69.23	$52.31	$52.41	$42.05	$42.46
Blue Ridge	$57.72	$44.00	$31.60	$25.96	$36.06	$28.00	$17.08	$16.81	$21.09	
Chesapeake	$55.89	$55.89	$43.03	$55.13	$42.05	$36.71	$26.77	$27.49		
Chesterfield	$54.62	$58.07	$42.35	$42.40			$28.21	$27.82	$27.02	
Virginia Beach	$62.58	$50.79	$50.79	$52.19	$52.19	$52.19	$27.69	$27.69	$27.69	$27.69
Colonial	$68.83	$61.57	$65.92	$35.58	$48.09	$38.37	$21.37	$21.37	$21.63	$18.78
Crossroads	$58.18	$48.20	$35.96	$31.70	$41.25	$31.70	$21.04	$21.13	$27.18	$20.72
Cumberland Mountain		$56.32		$39.41	$40.74	$39.15	$21.47	$19.83	$19.13	$18.99
Danville-Pittsylvania		$49.39	$39.84	$36.38	$32.38	$30.65	$20.95	$22.60	$24.05	$22.91
Loudon	$75.01	$63.25	$65.37	$66.36	$58.57	$56.74	$39.40	$39.40	$40.84	$31.24
Dickenson County	$41.71	$34.23			$23.05	$22.04	$21.76	$21.80		$13.63
District 19		$45.64	$55.06	$46.15	$57.00	$40.70	$24.00	$22.19	$26.02	$20.10
Eastern Shore	$41.34	$43.00	$33.64	$43.00	$34.85		$19.71	$19.98	$22.31	$16.99
Fairfax-Falls Church	$87.18	$82.00	$82.00	$50.09	$65.43		$36.79	$37.68		$34.71
Goochland Powhatan	$46.39	$46.39		$28.88	$27.91	$24.46	$22.08	$21.89	$24.06	$21.68
Hampton-Newport News	$57.15	$57.95	$56.92	$39.51	$44.10	$32.61	$21.55	$21.54	$23.62	$21.18
Hanover County	$42.83	$51.69	$43.03	$42.05	$42.05	$35.85	$26.29	$24.25	$27.52	$26.45
Harrisonburg Rockingham	$44.66	$35.76	$34.10	$40.46	$36.72	$26.72	$24.86	$21.45	$23.08	$21.98
Henrico Area	$64.18	$67.26	$44.10	$41.11		$48.44	$24.43	$24.81	$34.48	$24.76
Highlands		$46.34	$46.67	$46.46	$52.82	$26.04	$16.97	$16.78	$21.74	$21.33
Horizon	$55.51		$35.98	$48.11	$33.28	$35.51	$21.40	$21.40	$22.73	$23.20
Middle Peninsula Northern Neck	$45.67	$35.70	$26.21	$34.86	$35.12	$26.84	$19.07	$18.98	$20.71	$19.83
Mount Rogers	$60.77	$52.62	$35.85	$39.44	$47.85	$34.09	$19.49	$19.49	$21.79	$20.34
New River Valley	$61.36	$48.72	$40.68	$32.11	$37.18	$34.64	$20.77	$20.77	$23.88	
Norfolk	$46.15	$46.15	$34.87	$34.87	$34.87	$31.28	$23.44	$23.44	$23.08	$23.44
Northwestern	$55.76	$38.19	$44.72	$34.45	$50.30	$38.69	$21.09	$21.54	$26.13	
Piedmont	$44.36	$40.48		$36.59						
Planning District One	$45.79	$45.79	$28.08	$26.00	$31.45		$18.86	$18.81	$22.11	$13.71
Portsmouth	$46.65	$46.65		$42.17	$35.90		$23.08	$23.59	$27.69	
Prince William County		$55.24	$62.30	$62.30	$62.30	$50.65	$37.44	$37.44	$37.44	$37.44
Rappahannock Area	$59.16	$44.79	$43.45	$45.33	$56.01	$34.83	$27.88	$29.45	$26.68	$20.34
Rappahannock Rapidan			$47.67	$47.67		$26.67	$23.59	$23.59	$28.21	$23.08
Region Ten	$56.53	$52.13	$48.08	$35.87	$43.64	$25.84	$21.96	$21.68	$24.24	
Richmond	$58.43	$58.77	$58.36	$44.23	$57.61	$36.41	$24.27	$24.27	$28.39	
Rockbridge Area	$41.71	$40.81	$39.70	$31.83	$32.52	$26.52	$20.17	$19.34		$18.50
Southside	$41.54	$36.41	$36.41	$41.54	$36.41	$23.59	$21.54	$21.54	$26.15	$21.54
Valley		$52.75	$43.15	$33.63	$34.33	$31.87	$21.26	$20.59	$23.51	
Western Tidewater	$58.89	$58.89	$38.50	$43.30	$38.46	$28.95	$23.59	$23.08	$26.67	$21.22

Appendix B

Self-reported turnover and vacancy rates for LMHP, LMHP-E, QMHP, and Bachelor's Case Managers for 30 reporting CSBs (August, 2022)

Community Services Board	*LMHP Turnover*	*LMHP Vacancy*	*LMHP-E Turnover*	*LMHP-E Vacancy*	*QMHP Turnover*	*QMHP Vacancy*	*Bachelor's Case Manager/ QMHP-E Turnover*	*Bachelor's Case Manager/QMHP-E Vacancy*
Alleghany Highlands	40%	33%	53%	40%	30%	27%	55%	38%
Blue Ridge	48%	12%	38%	35%	78%	47%	50%	15%
Chesterfield	34%	21%	15%	10%	26%	17%	69%	13%
Colonial	29%	30%	44%	50%	25%	15%	38%	29%
Cumberland Mountain	18%	14%	18%	0%	18%	6%	23%	10%
Danville-Pittsylvania	27%	50%	62%	50%	14%	25%	40%	17%
District 19	46%	38%	46%	22%	14%	20%	15%	15%
Eastern Shore	8%	29%	33%	0%	7%	18%	52%	20%
Fairfax-Falls Church	18%	11%	0%	0%	20%	18%	14%	16%
Goochland Powhatan	11%	9%	61%	17%	10%	8%	13%	13%
Hampton-Newport News	27%	18%	29%	8%	13%	16%	39%	11%
Hanover County	35%	10%	0%	0%	63%	9%	34%	3%
Henrico Area	29%	46%	33%	46%	15%	49%	14%	69%
Highlands	7%	3%	49%	30%	36%	23%	23%	17%
Horizon	51%	14%	39%	48%	100%	26%	40%	17%
Loudon County	30%	37%	0%	0%	67%	50%	7%	6%
Mount Rogers	11%	12%	16%	18%	17%	18%	39%	18%

Middle Peninsula Northern Neck	41%	37%	1%	66%	2%	54%	29%	54%
New River Valley	12%	18%	10%	22%	23%	16%	12%	15%
Norfolk	43%	6%	6%	0%	25%	51%	0%	0%
Planning District One	18%	18%	10%	5%	18%	11%	28%	16%
Portsmouth	5%	8%	0%	2%	2%	3%	2%	1%
Prince William County	14%	12%	18%	15%	20%	14%	23%	8%
Rappahannock Area	6%	27%	10%	27%	9%	9%	22%	13%
Region Ten	50%	15%	35%	52%	12%	28%	50%	38%
Richmond	15%	22%	23%	12%	29%	29%	42%	17%
Southside	30%	20%	50%	40%	50%	20%	80%	20%
Valley	33%	18%	31%	0%	22%	16%	43%	26%
Virginia Beach	15%	29%	16%	21%	12%	32%	9%	43%
Western Tidewater	31%	22%	26%	34%	32%	22%	39%	30%

Self-reported turnover and vacancy rates for Peers, LPNs, RNs, and MDs for 30 reporting CSBs (August, 2022)

Community Services Board	*Peer Turnover*	*Peer Vacancy*	*RN Turnover*	*RN Vacancy*	*LPN Turnover*	*LPN Vacancy*	*MD Turnover*	*MD Vacancy*
Alleghany Highlands	0%	63%	33%	25%	33%	25%	25%	0%
Blue Ridge	75%	39%	50%	23%	27%	22%	14%	13%
Chesterfield	33%	44%	11%	31%	33%	41%	0%	0%
Colonial	33%	50%	0%	0%	20%	17%	20%	0%
Cumberland Mountain	29%	0%	50%	42%	72%	36%	0%	0%

Danville-Pittsylvania	0%	40%	20%	14%	27%	31%	50%	50%
District 19	14%	43%	17%	50%	0%	0%	50%	50%
Eastern Shore	11%	0%	0%	0%	25%	0%	0%	0%
Fairfax-Falls Church	26%	38%	28%	20%	8%	7%	0%	0%
Goochland Powhatan	92%	67%	0%	100%	0%	0%	0%	0%
Hampton-Newport News	59%	31%	55%	28%	54%	18%	35%	10%
Hanover County	50%	0%	50%	50%	0%	0%	67%	67%
Henrico Area	0%	31%	0%	0%	20%	20%	10%	21%
Highlands	25%	50%	0%	33%	20%	0%	0%	0%
Horizon	27%	27%	42%	8%	43%	33%	57%	41%
Loudon County	0%	0%	0%	0%	0%	0%	40%	40%
Mount Rogers	15%	7%	14%	13%	25%	10%	59%	3%
Middle Peninsula Northern Neck	0%	0%	75%	25%	33%	33%	0%	0%
New River Valley	17%	50%	32%	27%	53%	24%	11%	11%
Norfolk	0%	0%	13%	39%	37%	24%	8%	30%
Planning District One	27%	19%	15%	8%	43%	29%	38%	0%
Portsmouth	0%	0%	0%	0%	0%	0%	0%	0%
Prince William County	17%	32%	50%	50%	0%	0%	27%	18%
Rappahannock Area	25%	16%	16%	10%	7%	40%	0%	0%
Region Ten	55%	44%	35%	40%	20%	25%	10%	33%
Richmond	17%	38%	35%	38%	30%	67%	0%	0%
Southside	0%	20%	0%	0%	40%	20%	0%	0%

Valley	0%	25%	29%	17%	33%	0%	0%	0%
Virginia Beach	0%	43%	10%	44%	18%	54%	10%	65%
Western Tidewater	13%	27%	27%	36%	39%	40%	0%	0%

Appendix C

Related reports for historical or background information.

Report	**Date and Origin**	**Link/Summary**
CSB Funding Study	2019. JLARC	http://jlarc.virginia.gov/landing-2019-csb-funding.asp This study summarized that large scale changes to how CSBs are funded can and should be considered, but only after the scope and domain of the CSBs in the post-Expansion/Carve in landscape is clarified.
RD828 - Report on Who Should Conduct Temporary Detention Order (TDO) Evaluations in Virginia – December 14, 2021	2021 Legislative Appropriation Act - Item 320 II. (Special Session I, 2021)	Report on Who Should Conduct Temporary Detention Order (TDO) Evaluations in Virginia – December 14, 2021 The final report laid out two possible pathways to expansion of TDO evaluators in Virginia, including: 1. Adding new categories of eligible professionals within the CSB system; and 2. Expanding the categories of evaluators to include clinicians in emergency rooms.
Report on the State Hospital Discharge Process	2022 Legislative Chapter 249 Enactment Clause 2. (Special Session I, 2021)	Report on the State Hospital Discharge Process – Tuesday, January 11, 2022 (virginia.gov) The workgroup reviewed current discharge processes for efficiencies and further discussed several areas where improvement or potential changes could be made: overall system, responsibility for discharge planning, training, discharge planning and continuity of care, and discharge placement options.
CSB Funding and Medicaid Expansion	Quarterly reporting (2021 most recent) Appropriation Act - Item 310 Y.3.	Report on Community Services Boards (CSB) Funding and Medicaid Expansion – March 2, 2021 (virginia.gov)

	(Regular Session, 2019)	
STEP-VA RD800 - Annual Report on the Implementation of Chapter 683 of the 2017 Acts of Assembly and Item 322.S of the 2020 Appropriation Act – December 1, 2021	General Assembly 2019-present, annual report	Most recent: Annual Report on the Implementation of Chapter 683 of the 2017 Acts of Assembly and Item 322.S of the 2020 Appropriation Act – December 1, 2021 (virginia.gov)
Virginia's Human Sercvices Workforce – Strategic Investment Report	Claude Moore Charitable Foundation	No link available; the final report outlined prioritized recommendations to recruit and retain enough qualified staff for the behavioral health workforce by addressing compensation inequities, regulatory barriers, worker burnout and secondary trauma, and worker safety.