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# Center for Healthcare Integration & Innovation

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Community Mental Health Association of Michigan

2025 Michigan Behavioral Healthcare Workforce  
Shortage Survey Analysis

March 2025

Blake Webb

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## Abstract

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The 2025 Michigan Behavioral Healthcare Workforce Shortage Study highlights ongoing staffing challenges in the behavioral healthcare sector. The findings reveal significant vacancy rates, with positions such as BCABAs, Psychiatrists, and Masters-level Psychologists experiencing the highest percentage of unfilled roles. Direct Care Workers, Licensed Social Workers, and Limited License-level staff represent the highest number of unfilled positions overall. Turnover rates are particularly high among BCABAs, Doctoral-level Psychologists, and Registered Nurses, further exacerbating the shortage. The length of vacancies varies significantly, with some key roles remaining unfilled for over a year. The study also explores hiring strategies, revealing that referral bonuses, university collaborations, and professional development are widely used, whereas incentives like loan forgiveness and retention stipends are less common. Employee departures are primarily driven by salary concerns, work-life balance issues, and burnout, posing a persistent challenge for workforce stability.

The study also assesses the impact of workforce shortages, with organizations reporting severe consequences such as shift coverage deficits, delayed response times, and lost program revenue. A notable 73.2% of organizations experience shift coverage gaps, while 63.4% report longer response times. The inability to retain staff has also led to program closures, administrative inefficiencies, and a decline in adherence to best practices. Despite salary increases for new hires over the past four years, ranging from less than 10% to over 25%, recruitment and retention challenges persist. Addressing these shortages will require enhanced compensation structures, improved benefits, and more strategic workforce planning to mitigate the long-term effects of staffing deficits on service delivery.

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## Background

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The healthcare sector has long struggled with workforce shortages, exacerbated by increasing demand for services, evolving healthcare needs, and economic fluctuations. Professionals such as psychiatrists, psychologists, and registered nurses play a critical role in delivering care, but high vacancy rates continue to strain healthcare institutions. Recent data from the Workforce Shortage Survey provides valuable insight into the current state of staffing deficits, allowing for targeted interventions to improve recruitment and retention.

## Methods

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In January 2025, an electronic survey was sent consisting of 11 questions assessing the level of behavioral healthcare workforce shortages during the 2024 fiscal year. This survey was sent out to all Community Mental Health Association (CMHA) members' senior leadership, with the objective of gathering information regarding the healthcare integration efforts of Michigan's Community Mental Health centers (CMHs), Prepaid Inpatient Health Plans (PIHPs), and providers. A total of 41 CMHA member organizations filled out the survey, which helped the Association capture diverse organizational settings. The results were analyzed to identify patterns, workforce trends, and areas requiring urgent attention.

## Findings & Analysis

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The 2025 study resulted in several key findings:

- I. **Vacancy Rates, Turnover Rates, & Durations**
  - A. The positions with the highest percentage of unfilled positions were BCaBAs (25%), Psychiatrists (24%), Masters-level Psychologists (21%), and Limited License-level staff (20%)
  - B. The positions with the highest number of unfilled positions overall were Direct Care Workers (437), Licensed Social Workers & Licensed Professional Counselors (109), Limited License-level staff (99), and Bachelor's degree-level staff (66)
  - C. The highest turnover rates were reported to be BCaBAs (37.5%), Doctoral-level Psychologists (30%), Registered Nurses (28%), Limited License-level staff (27.4%), Peer Support, Mentors, & Recovery Coaches (25%), Psychiatrists (24.1%), and Masters-level Psychologists (20.7%)
  - D. Longest average length of vacancies varied greatly, but the average longest reported were Licensed Social Workers & Licensed Professional Counselors (15

months), Limited License-level staff (13 months), Masters-level Psychologists (10 months), and Direct Care Workers (8 months)

## II. **Hiring Strategies**

A. When asked about 16 different hiring strategies, the following results were collected:

1. Most used: Referral bonuses (80%), Collaborating with universities for more interns (80%), Professional development opportunities (74%), Competitive raises (69%), Sign-on bonuses (67%), Alternative work schedules (58%), Hybrid workspace (52%), Free or discounted clinical supervision (52%)
2. Least used: Considering cost of living and inflation (48%), Loan forgiveness (48%), Retention stipends (45%), Improved health plan (45%), Wellness incentives (41%), Intern-to-Employee pipeline with incentives (39%), Free or discounted continuing education (37%), Tuition stipends or reimbursement (35%)

## III. **Reasons for Leaving**

A. When asked about 16 possible reasons for employees leaving their positions, the following results were collected and calculated based on an average percentage:

1. Most common: Desire for better pay (25%), Desire for better work/life balance (23%), Burnout and/or emotional toll (20%), Getting away from paperwork or administrative issues (20%), Stress from the complexity of needs of persons served (17%), Leaving for another position in a different behavioral health system (15%), High work load (15%), High number of hours demanded by work (13%)

B. Two other figures of note with regards to reported reasons for employees leaving positions were:

1. Retirement (4%)
2. Leaving the field of behavioral health (9%)

## IV. **New Hire Pay Increases**

A. When asked about how much salaries for new hires increased between the 2020 and 2024 fiscal years, the following results were reported:

1. 6 members reported a <10% increase
2. 10 members reported a 10-15% increase
3. 10 members reported a 16-20% increase
4. 7 members reported a 21-25% increase
5. 15 members reported a >25% increase

## V. **Effects of Workforce Shortages**

A. When asked about 12 possible effects workforce shortages were having on their organizations, the following results were collected (based on percentage of organizations reporting):

1. Shift coverage deficits/gaps (73.2%)
2. Lengthened response times (63.4%)
3. Lost program revenue (53.7%)
4. Insufficient administrative support (51.2%)

5. Loss of face time with clients (46.3%)
6. Program closure (34.1%)
7. Non-compliance with best practices/model fidelity (31.7%)
8. Negative audit findings (31.7%)
9. Recipient rights violations (24.4%)
10. Increase in crisis/emergency services by persons unable to obtain non-crisis services (19.5%)
11. Temporary non-compliance with licensing/accreditation standards (12.2%)
12. Shorter length of stay for clients (discharged sooner than in the past) (7.3%)

## Conclusion

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The 2025 Michigan Behavioral Health Workforce Shortage Study underscores the severity of staffing deficits in healthcare, particularly within behavioral health services. High vacancy and turnover rates for critical roles such as BCABAs, Psychiatrists, and Social Workers continue to strain healthcare organizations, limiting their capacity to provide effective care. While hiring incentives such as referral bonuses and university collaborations are widely used, financial constraints and the lack of long-term retention strategies hinder sustainable workforce stability. The leading causes of workforce attrition—salary dissatisfaction, work-life balance concerns, and emotional toll—highlight the urgent need for systemic improvements in compensation and working conditions. Without intervention, these workforce challenges will continue to disrupt service delivery and patient outcomes.

Organizations face increasing operational difficulties as workforce shortages lead to gaps in shift coverage, longer response times, and financial losses. Many facilities are struggling to maintain compliance with best practices and accreditation standards, further complicating efforts to deliver high-quality care. While salary adjustments for new hires have been implemented, they alone are insufficient to resolve the crisis. A comprehensive approach, including expanded loan forgiveness programs, wellness initiatives, and strategic workforce investments, is essential to reversing the trend. Addressing these issues proactively will ensure a more stable and resilient healthcare workforce, ultimately improving service accessibility and quality for the communities that depend on these critical services.

**Annex**

	A	B	C (B/A)	D	E (D/A)	F
<b>Position</b>	<b>Total Positions</b>	<b>Unfilled</b>	<b>% Unfilled</b>	<b>FY24 Vacancies</b>	<b>Annual Turnover Rate</b>	<b>Average Longest Vacancy (Months)</b>
Psychiatrists	54	13	24%	13	24.1%	7
MA Psychologists	87	18	21%	18	20.7%	10
PhD Psychologists	10	1	10%	3	30.0%	5
RNs	165	27	16%	47	28.5%	5
PAs & RNPs	67	6	9%	10	14.9%	1
LMSWs & LPCs	626	93	15%	109	17.4%	15
OTs	24	1	4%	1	4.2%	3
BCBAs	72	13	18%	12	16.7%	6
BCaBAs	8	2	25%	3	37.5%	1
Limited License MSW or BSW	361	72	20%	99	27.4%	13
BA Staff	376	50	13%	66	17.6%	7
Unlicensed BA or LPN	400	29	7%	58	14.5%	5
Peer Support, Mentor, Recovery Coach	144	18	13%	36	25.0%	5
DCWs	3706	367	10%	437	11.8%	8
Only MCBAP	79	4	5%	2	2.5%	0
First Line Admin	891	46	5%	4	0.4%	3
Director Admin	267	13	5%	1	0.4%	4
<b>Total:</b>	<b>7337</b>	<b>773</b>	<b>11%</b>	<b>919</b>	<b>12.5%</b>	

Hiring Strategies Used (>50%)	Hiring Strategies (<50%)	Reasons for Leaving	Average Percent	Effects of Staff Shortages (>40%)
Referral bonuses (80%)	Consider cost of living/inflation (48%)	Need for better work/life balance	23	Shift coverage deficits/gaps (73.2%)
Collab w/uni for more interns (80%)	Loan forgiveness (48%)	Desire for better pay	25	Lengthened response times (63.4%)
Professional development (74%)	Retention stipends (45%)	Desire for better benefits (health insurance, vacation, etc.)	8	Lost program revenue (53.7%)
Competitive raises (69%)	Improved health plan (45%)	Desire for better retirement benefits	9	Insufficient administrative support (51.2%)
Sign-on bonuses (67%)	Wellness incentives (41%)	They retired	4	Loss of face time with clients (46.3%)
Alt Work Schedule (58%)	Intern-to-Employee pipeline w/incentive (39%)	To get away from a high work load	15	Program closure (34.1%)
Hybrid workspace (52%)	Free/discounted continuing ed (37%)	To get away from a high number of hours demanded by work	13	Non-compliance with best practices/model fidelity (31.7%)
Free/discounted clinical supervision (52%)	Tuition stipends/reimbursement (35%)	Stress of complexity of needs of persons served	17	Negative audit findings (31.7%)
		To get away from paperwork/administrative issues	20	Recipient rights violations (24.4%)
		As a result of burnout/emotional toll	20	Increase in crisis/emergency services by persons unable to obtain non-crisis services (19.5%)
		To get away from being "on-call"	9	Temporary non-compliance with licensing/accreditation standards (12.2%)
		To get away from conflict with fellow employees	5	Shorter length of stay for clients (discharged sooner than in the past) (7.3%)
		To get away from conflict with supervisors	10	
		Accepted position at any of the following:	0	

		A different behavioral health system	15	
		A public school system	12	
		A long-term care facility	1	
		Exited the field of behavioral health	9	
		Unknown/did not report reason	16	

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*The Center for Healthcare Integration and Innovation (CHI<sup>2</sup>) is the research and analysis office within the Community Mental Health Association of Michigan (CMHA). The Center, in partnership with the members of the CMH Association, leaders, researchers, consultants and advisors from across Michigan and the country, issues white papers and analyses on a range of healthcare issues with a focus on behavioral health and intellectual/developmental disability services.*

*The Community Mental Health Association of Michigan (CMHA) is the state association representing Michigan’s public mental health system – the state’s Community Mental Health (CMH) centers, the public Prepaid Inpatient Health Plans ((PIHP) public health plans formed and governed by the CMH centers) and the providers within the CMH and PIHP provider networks. Every year, these members serve over 300,000 Michigan residents with mental health, intellectual/developmental disability, and substance use disorder needs. Information on CMHA can be found at [www.cmham.org](http://www.cmham.org) or by calling (517) 374-6848.*