



Exploring Behavioral Health Services for Youth & Families in Louisiana- Part 3

Workforce Stability, Opportunities, & Challenges

Introduction

This brief is part of a three-part series describing the findings from a 2024 assessment of behavioral health services for youth and families in Louisiana. The **study*** was performed by the LSU Center for Evidence to Practice as part of its collaboration with the Louisiana Department of Health (LDH)- Office of Behavioral Health (OBH). **This brief describes a mixed-methods study that captured provider perceptions of the workforce which serves youth and families, primarily using Medicaid, across Louisiana.**

The study found that the behavioral health workforce in Louisiana continues to encounter high demand for youth services, workforce shortages, and challenges hiring qualified clinicians. However, readers will also find these providers express interest in remaining in the workforce and report high levels of personal accomplishment. These same providers reported lower levels of emotional exhaustion and depersonalization, both of which are associated with lower risk of burnout.

Gaps and needs assessments are vital for identifying strengths and deficits to guide resource allocation, highlight challenging areas, and consider promising strategies for increasing accessibility of quality care and ultimately improving outcomes. This brief showcases first-hand accounts of agency leaders and providers and is intended to inform LDH, Medicaid Managed Care Organizations (MCOs), and behavioral health providers in planning resource allocation, workforce development, and clinically responsive programming.

Methodology

The findings reported in this brief result from a mixed-methods study, beginning with a [survey](#) of children's behavioral health providers (n=146) and agency leaders (n=87), which was administered in 2024 and included a section examining provider burnout.¹ This was a voluntary, convenience sample and the exact number of those receiving the survey throughout the state is not known. However, the demographics of the respondent sample show a representation of agencies and individual providers from across Louisiana, including a mix of urban and rural locations.

To more accurately interpret results of the survey warranting further exploration, three **focus groups** of providers and agency leaders were conducted to garner their impressions of the survey findings and examine how they believed results might be best understood.

Agency Reach & Workforce Adequacy

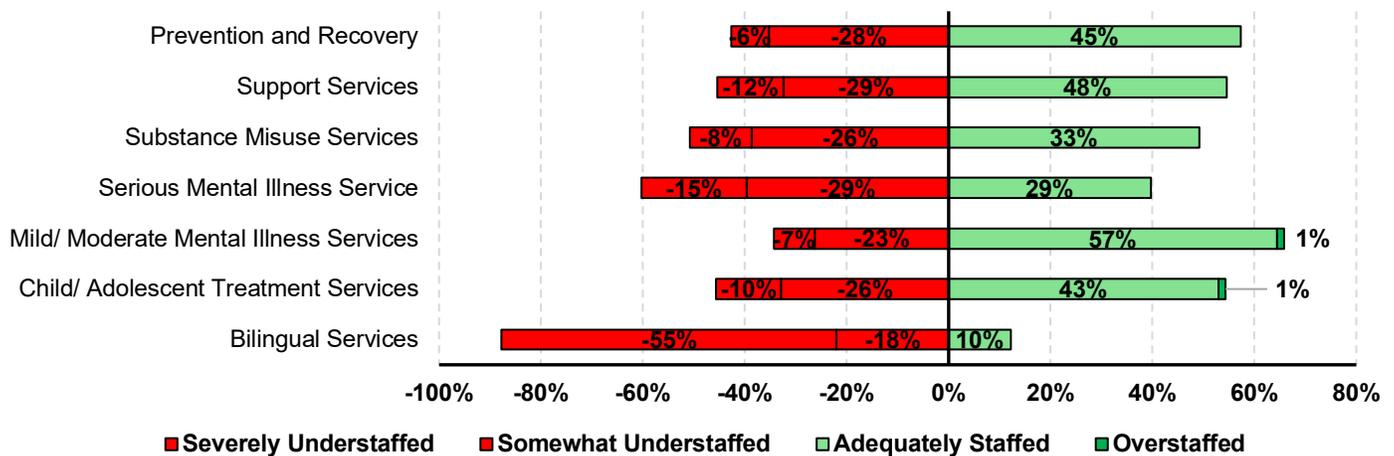
Louisiana's behavioral health provider network includes a mix of small community-based agencies and larger organizations. **Over half of agency leaders (57% n=63) reported having fewer than 20 full-time staff**, while

***The study was a three-pronged approach** to assessing services for youth and their families in Louisiana. The first approach was to **analyze Medicaid claims** including information on diagnoses, services provided, and location of services throughout Louisiana. The next step was a **statewide behavioral health provider survey** to understand their perceptions of services and on the state of the workforce. Finally, to better understand the findings generated by the survey, three **focus groups of providers** were gathered to explain what they believed the findings suggested.

43% (n=47) had more than 20 full-time staff. Despite size, many of these agencies serve a significant number of clients—**50% (n=96) reported serving between 11-30 clients per week** (range <10 to over 100 per week).

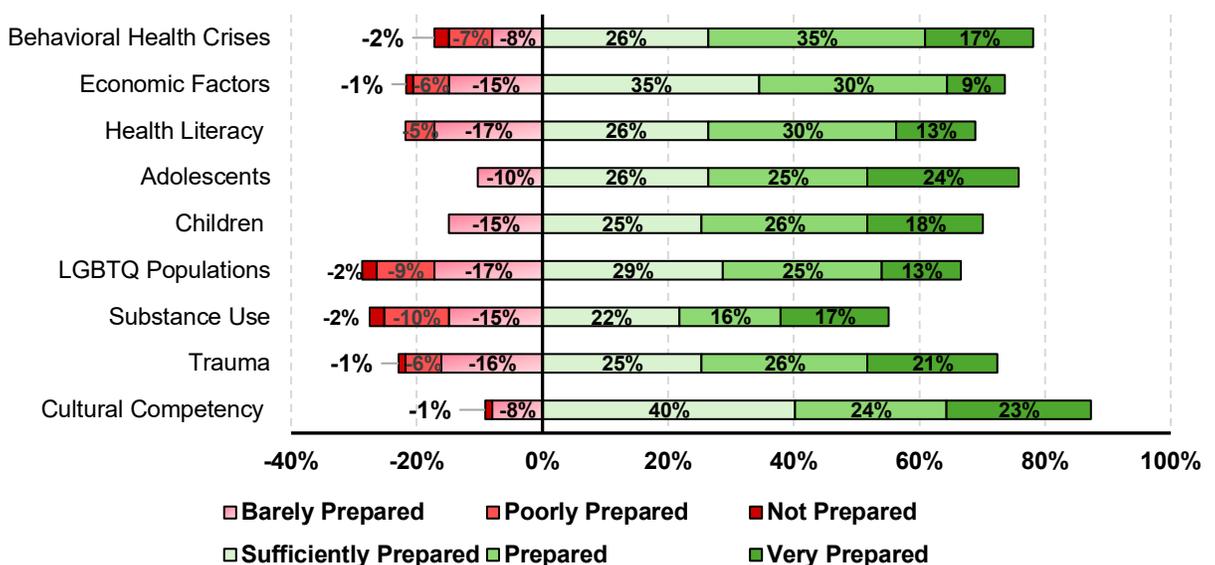
Workforce shortages remain a challenge to serve these clients, particularly in the delivery of specialized services. **Most agency leaders (74% n=64) identified bilingual services as the area in which they were most understaffed.** Other shortages reported included **barriers in staffing to serve individuals with serious mental illness** and/or **substance use disorders**, reported respectively as understaffed by 44% (n=38) and 34% (n=30) of agency leaders. Illustrated below and in other sections of the [survey](#) it was noted, by 30% to 40% of respondents, that **child and adolescent treatment services** were also understaffed. (See Figure 1)

Figure 1: Staffing adequacy reported by agency leaders (n=87)



When asked how prepared the staff were when hired, agency leaders offered a mixed picture of strengths and challenges (Figure 2). There appears to be **high ratings of preparedness for most areas, including cultural competency, readiness to work with people in behavioral health crises, and work with adolescents.** The staff of agencies appear **less ready to engage those with substance use disorders (27% n=23) and LGBTQ communities (28% n=24).**

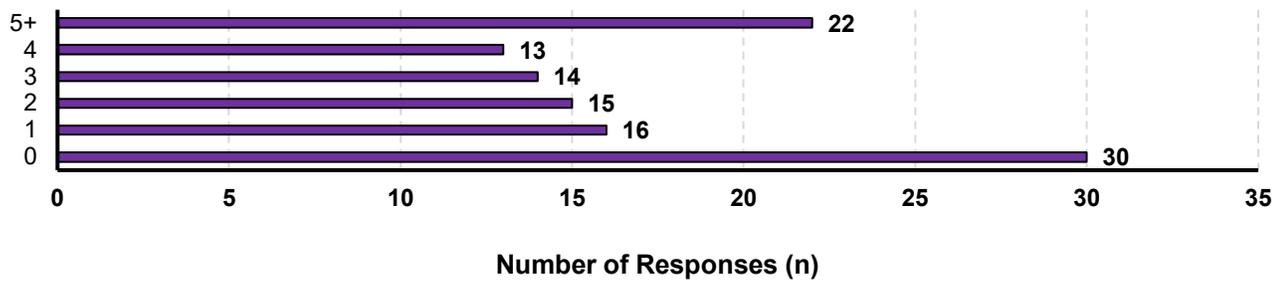
Figure 2: Perception of readiness in relation to behavioral health services (n= 87)



Workforce Pipeline from Students to Supervision to Licensure

Agency leaders report opportunities to strengthen the behavioral health workforce while also recognizing challenges they face. Nearly **three-quarters** (73% n= 80) stated that they **offer college/graduate student internship placements** of which **20%** (n= 22) reported **offering at least five placements per year** at their agency location (Figure 3). This is an area that could catalyze growth for a more sustainable workforce pipeline. As noted in [Brief 2](#) about EBP utilization, the caveat remains that **supervision infrastructures** in many agencies appear to be low, particularly when it comes to supervision associated with learning and offering models of research driven care.

Figure 3: Number of college/ graduate student internship placements (n=110)

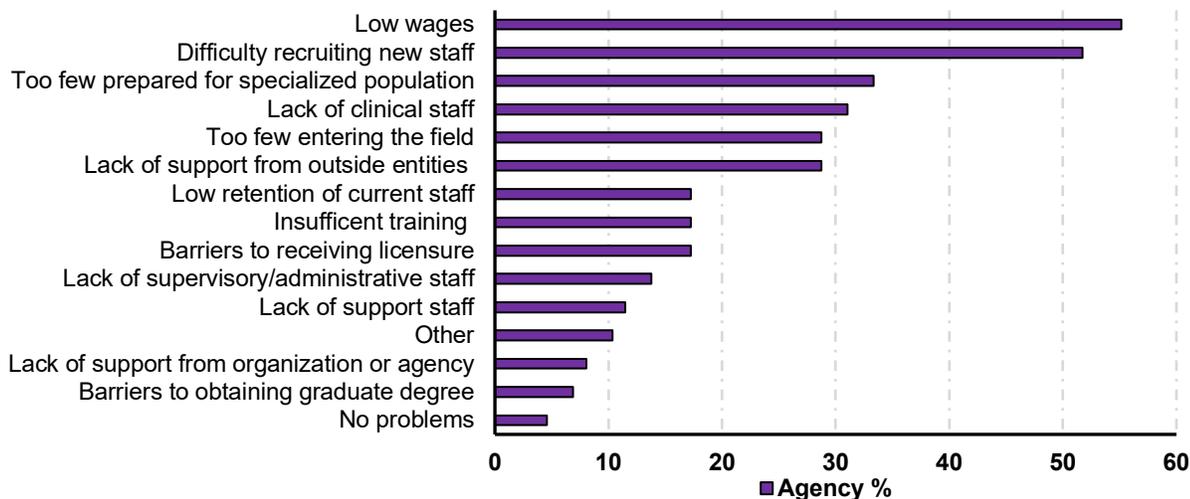


As agencies hire graduates, **more than half of agency leaders** (57% n= 50) also stated they **provide support for achieving licensure**. This can be a benefit which maintains the provisionally licensed clinical workforce while they continue to develop clinical skills and earn their own licensure. Aligning supervision with EBP training is another way to increase both the sustainability of the workforce overtime and the quality of care for the youth and families served.

Barriers to Recruitment & Retention

Recruitment and retention challenges persist across Louisiana's behavioral health system. **More than half of agency leaders** (55% n=47) and **60%** (n=87) of providers cited **low wages as a top barrier** to maintaining a stable workforce (Figure 4). This may help explain why 52% (n=45) of agency leaders reported difficulty recruiting new staff and 31% (n=27) noted general staffing shortages overall. These shortages are particularly acute in roles that require specialization: 33% (n=29) cited **lack of clinicians trained to serve specific populations** (e.g., substance abuse, bilingual, children and adolescents, etc.). Thus, training and supervising the pipeline of new clinicians entering the field is an opportunity for both recruitment and retention.

Figure 4: Current workforce barriers (check all that apply) (n= 87)

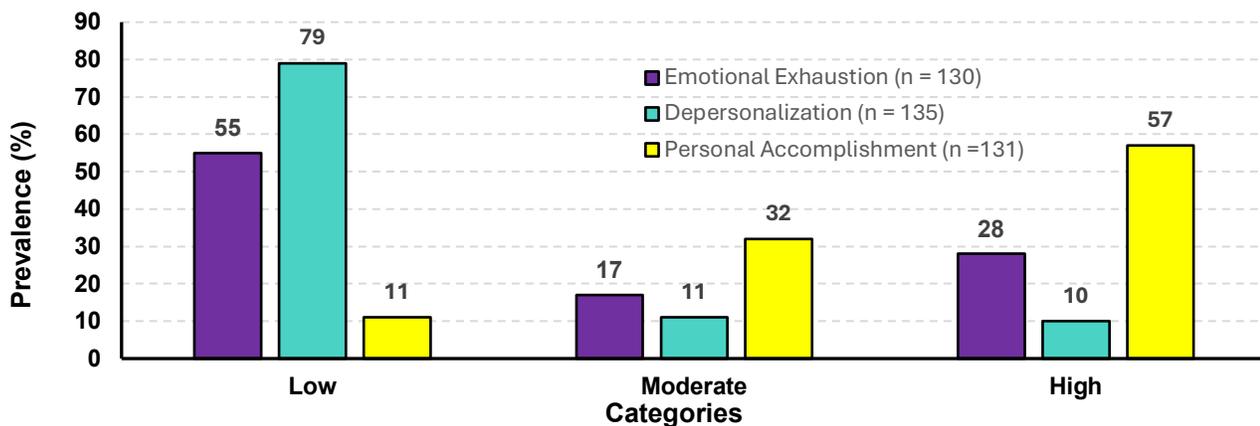


Among front-line providers themselves, 40% (n=58) reported they did not have enough colleagues to meet demand. Focus group participants reinforced these findings, pointing to **workforce turnover as a persistent obstacle** to continuity of care and treatment consistency. These challenges appear **magnified in rural areas**, where geographic isolation compounds staffing shortages and limits peer support networks.

Sense of Accomplishment Higher & Burnout Lower for Many Providers

Louisiana providers responding to this survey (i.e., primarily Medicaid providers for youth and families) reported **moderate to high levels of personal accomplishment** (89% n=117) and many reported **lower levels of emotional exhaustion and depersonalization**, both of which are associated with lower risk of burnout. On a validated screen, over half of respondents (55% n=72) reported low levels of emotional exhaustion and more than three-quarters (79% n=107) reported low levels of depersonalization (See Figure 5). High emotional exhaustion and depersonalization are associated with burnout, which, according to national statistics, is experienced by an estimated 50% of behavioral health providers in the U.S.² In this sample of Louisiana providers, the majority reported that they believe their work positively contributes to improving mental health outcomes in Louisiana; a sentiment that was further echoed by **75% (n=109) of providers who reported no desire to change their career trajectory in the coming year**. This sample included many providers reporting the use of EBPs and who are connected to the LSU Center for Evidence to Practice, so this may also reflect an aspect of being involved in direct clinical support and providing care with a higher likelihood of improved outcomes for youth and families.

Figure 5. Maslach Burnout Inventory- Human Services Survey of Emotional Exhaustion, Depersonalization, and Personal Accomplishment



Through both survey responses and qualitative interviews with focus group participants, several themes emerged that appear to buffer against burnout. Many clinicians expressed a **strong sense of purpose**, citing deep emotional investment in their work with youth and families. This intrinsic motivation was further supported by **team cohesion and informal support systems**— especially in smaller agencies where peer connection and collaboration were frequently described as sources of resilience. In addition, providers who reported **access to meaningful work**, such as engaging in evidence-based practices like CBT, DBT, and TF-CBT, shared feelings of greater confidence, structure, and impact ([Brief 2](#)). These models not only enhance clinical effectiveness but also reinforce a sense of efficacy and empowerment. Lastly, **professional growth opportunities**, including training pathways and support for licensure, were noted as key drivers of morale and retention.

Policy and Practice Recommendations to Build the Behavioral Health Workforce

Findings from the Gaps and Needs Study represent the perceptions of a workforce worthy of investment and support. Louisiana’s Medicaid behavioral health providers report high levels of investment and accomplishment while working in a system with noted challenges. To strengthen this workforce several recommendations are offered below.

1. Strengthen Workforce Pipeline Development

While many agencies appear to support student internships, fewer provide paid placements or provide training in research driven practices for these interns. Regional partnerships with graduate programs and support for training in specific practice models could help develop skills early in career paths. A student internship may last one to two years, and, if hired, could continue for another few years as they work towards their own license.

2. Support Supervision and Licensure

Just over half of agencies reported offering supervision for licensure for a small number of individuals (e.g., two) per year. This can be an attractive benefit as most professions require two or more years of clinical supervision to achieve full licensure. Attracting these individuals to Medicaid serving agencies while they are working toward licensure extends their time in the workforce. To share the expense of supervision, smaller agencies (including rural providers) could join in shared supervision models that can also increase fidelity to models of care if done as EBP specific approaches to supervision.

3. Boost Compensation and Retention Incentives

Agencies cited low wages and staff recruitment challenges as primary barriers. Adjusting Medicaid reimbursement rates to better reflect wage expectations for social work and counseling professions could help. Offering retention bonuses or EBP provider incentive payments might also help recognize this hardworking group of professionals and retain them in Louisiana’s workforce to extend Louisiana’s gains after initial investments in their training.

4. Build a Workforce Data System

A centralized state system to track workforce indicators — including job satisfaction, burnout, vacancy rates, licensure supervision access, and regional differences — would provide essential data to inform priorities and guide long-term workforce development planning.

Conclusion

Louisiana’s behavioral health workforce is demonstrating resilience under pressure — but resilience alone is not a strategy. To prevent a future workforce crisis, this moment represents an opportunity to **invest in and strengthen the infrastructure** that supports providers and ensures sustainable increases in access to quality care. By addressing issues related to workforce development, supervision, and compensation, the state can better grow and sustain a dedicated group of providers who are the foundation of Louisiana’s mental health system and needed to improve outcomes for the children and families they serve.

References

¹ Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach Burnout Inventory Manual* (3rd ed.). Consulting Psychologists Press.

² Kelly, R.J., Hearld, L.R. Burnout and Leadership Style in Behavioral Health Care: a Literature Review. *J Behav Health Serv Res* **47**, 581–600 (2020). <https://doi.org/10.1007/s11414-019-09679-z>.

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The Center’s partnership with the state focuses on creating a trained workforce, increasing access to EBPs, and examining improved utilization of EBPs to better serve the behavioral health needs of youth and families throughout Louisiana. More information on the Center is available at <https://laevidencetopractice.com/>