

BEHAVIORAL HEALTH NEEDS ASSESSMENT MONROE COUNTY RETENTION AND DIVERSITY OF WORKFORCE

Monroe County already has shortages of behavioral health professionals, and the demand for providers and services continues to grow. A focus is needed on supporting, training and retaining the current behavioral health workforce while simultaneously expanding and diversifying the future workforce pipeline.

Why Focus Here?

Resource Gaps: Most of the City of Rochester and some suburban areas within the county are currently designated as Mental Health Professional Shortage Areas (HPSAs) for the Medicaid eligible population.¹ Additionally, demand for all fields of behavioral health professionals is increasing. The workforce pipeline is not growing at a rate fast enough to meet projected needs.²

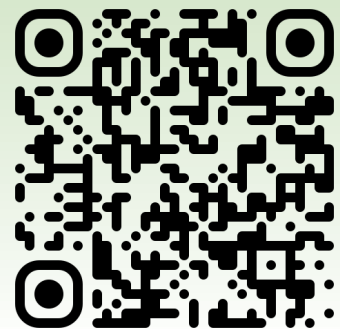
Burnout and Vicarious Trauma: An advisor described vicarious trauma as, “We do what we can...we hold space, but that stays with us. It can bring up our own stuff, re-traumatize things we’ve been through... trying to figure out how to keep showing up for others, while we don’t always have the support we need ourselves. That alone can be traumatizing.” Burnout and vicarious trauma impact providers’ own mental well-being influencing the care patients receive while also leading to a decrease in workforce retention.

Lack of Workforce Diversity: There is a mismatch between the racial, ethnic, and cultural makeup of the provider pool and the people seeking help. This makes it hard to establish “precision of fit,” or

This brief is part of a Behavioral Health Needs Assessment completed in July 2025. This is one of six issue briefs summarizing findings.

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a good match, between client and provider. The needed diversity extends beyond demographics including different life experiences and perspectives as well.

Funding and Reimbursement Challenges:

Low reimbursement rates, specifically disparate rates for behavioral health services, make it difficult to sustain programs and meet existing demand. Another consequence is it dissuades providers from accepting insurance and thereby limits accessibility of services to patients. Additionally, gaps in funding lead to competition between organizations for resources rather than fostering collaboration. This competition can result in fragmented patient care.

Insufficient Data: Currently, we are unable to track the percentage of providers that are accessible to those with public insurance or have training in culturally responsive and trauma-informed practices. These are a few examples of data that would be valuable in assessing “precision of fit” between provider and client. Additionally, many datasets only provide data at a state level. Local and/or regional data is critical for monitoring needs and developing solutions.

Key Opportunities

Support the Current Behavioral Health Workforce:

The behavioral health workforce can benefit from an array of supports. These supports help improve the mental health of staff and retain the workforce. Such supports include trainings (culturally responsive care, avoiding burnout, etc.), reflective supervision, and affinity groups, as well as encouraging work-life balance and self-care.

Advance Diversity in Training and Hiring:

Increase diversity within the behavioral health workforce pipeline through programs providing stipends and tuition forgiveness. Continue to assess credentialing entities for

equity in licensing requirements. Practicing professionals could benefit from training in culturally responsive and trauma-informed care.

Expand Use of Trained Peers and Support Professionals:

Increased use of family care advocates, navigators, peers with lived experience, and community health workers would benefit the system. They assist with cultural fit, system navigation and improved care for patients. They could also reduce the workload on providers to allow more time spent on patient care.

Advocate for Equity in Reimbursement: This is needed for mental and behavioral health professionals to be able to effectively treat patients. It will also help sustain practices, contributing to workforce retention.

Collect and Monitor Workforce Data:

Consistently collect and monitor workforce data to provide more current and accurate assessments of the workforce’s ability to meet public need.

“[There’s a] spiritual pain that comes with this work because we’re being asked to do things and to try to interface with people who we know we cannot meet [all] their needs...If we’re honest, these systems weren’t designed to heal people.”

—Behavioral Health Needs Assessment Advisor

¹ Health Resources and Services Administration (HRSA)

² Department of Health and Human Services, Health Resources and Services Administration, Health Workforce Projections