NACCHO’s 2016 Profile Study: Behavioral Health

Key Findings

Few LHDs employ behavioral health staff as part of their workforce

- 13% LHDs that employ behavioral health staff
- 2% LHD workforce that is comprised of behavioral health staff

Many LHDs partner with behavioral health providers to support services

- Provided services directly: 10%
- Performed primary prevention activities: 17%
- Partnered with providers: 87%

Large LHDs are most likely to be involved in behavioral health policy efforts

- All LHDs: 27%
- Small (<50,000): 22%
- Medium (50,000–499,999): 36%
- Large (500,000+): 40%

Since 2010, the number of LHDs engaged in assuring access to behavioral health services has increased

- Medical: 71% to 77%
- Dental: 55% to 56%
- Behavioral health: 40%

The most common assurance activities for behavioral health services include:

- Assessing gaps in access to behavioral health services
- Increasing accessibility of existing services
- Targeting the needs of underserved populations

NACCHO Recommendations

- Identify ways to support LHD involvement in behavioral health services, such as through direct service provision or partnerships with other providers
- Explore the impacts of LHD policy advocacy efforts related to behavioral health
- Promote promising practices related to LHDs assuring access to behavioral health services in their communities

Background and Methods

NACCHO conducts the Profile study every three years to develop a comprehensive description of local health department (LHD) infrastructure and practice. The 2016 Profile study included a total of 2,533 LHDs in the United States, of which 76% completed the survey.

In the Profile study, NACCHO assesses the public health workforce, programs, and policy advocacy efforts related to behavioral health services.

For more information about the Profile study, email profileteam@naccho.org.