



# Behavioral Health Workforce: Challenges, Opportunities & Initiatives

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Substance Use Disorder Workforce**  
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# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover

# Behavioral Health Workforce Projected Growth

3

## Good News: Projected Growth

- The behavioral health workforce is one of the **fastest growing workforce** groups in the country.
- Employment projections for 2024 based on the U.S. Bureau of Labor Statistics show a **rise in employment for substance abuse and mental health counselors** with a 22% increase from 2014 to 2024, greater than the 6.5% projected average for all occupations.
- This projection is based on **increases in insurance coverage** for mental and substance use disorder services brought about by passage of health reform and parity legislation and the rising rate of service members seeking behavioral health services.

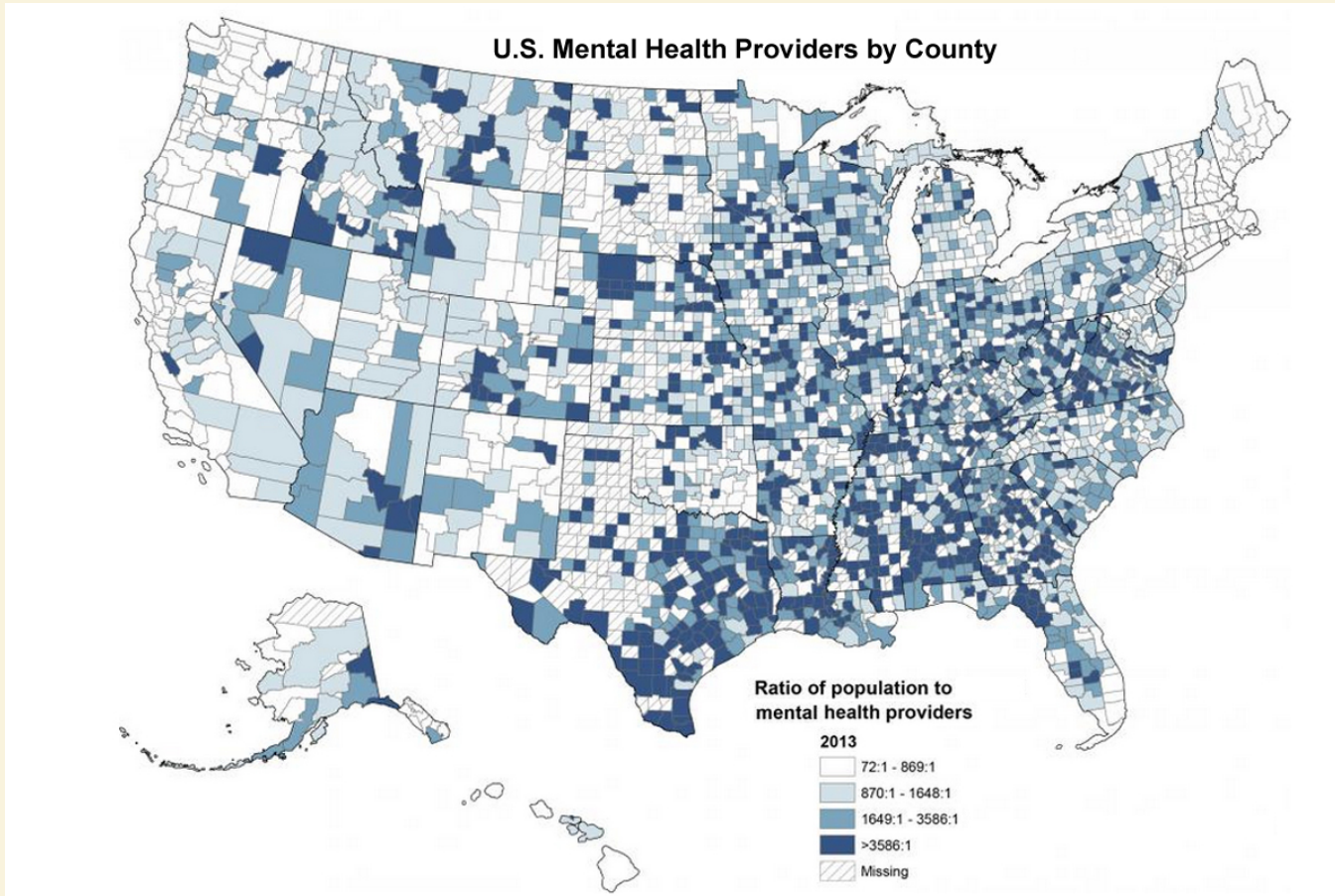
# Behavioral Health Workforce Shortages

## The Challenge: Workforce Shortages

- 62 million people (20-23%) of the U.S. population live in rural or frontier counties; 13% of these counties have no advanced behavioral health practitioners.
- 9 percent of all US counties have NO mental health professionals and so have no access whatsoever.
- In 2012, the turnover rates in the addiction services workforce ranged from 28.5% to more than 50%.
- States with highest rates of M/SUD and lowest rates of access are in South and West.



# Scope of the Problem

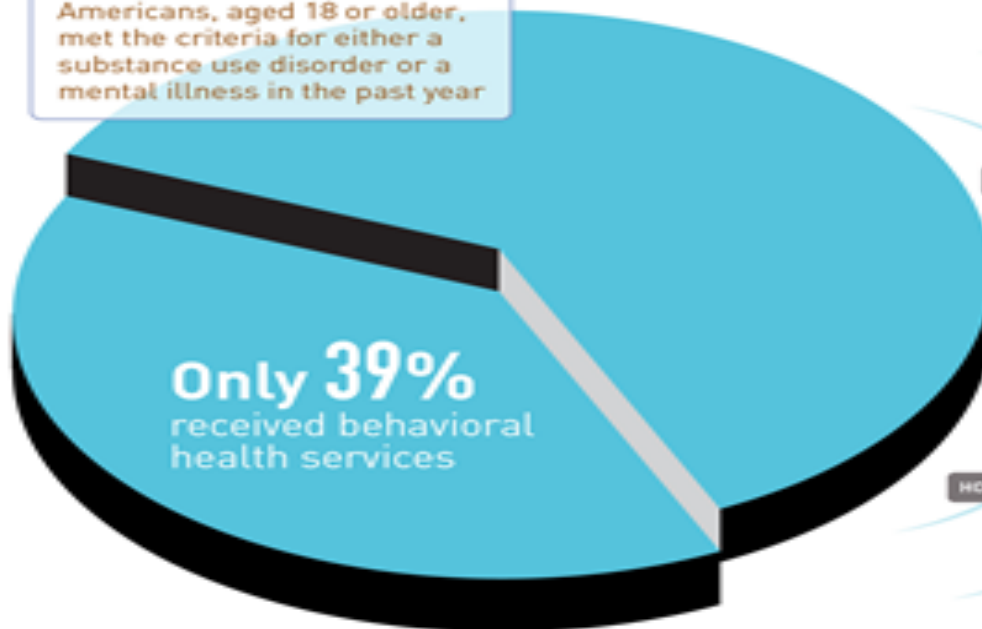


# Scope of the Problem

## BEHAVIORAL HEALTH: A PUBLIC HEALTH STORY

**1 IN 5 OR 54.9 MILLION**

Americans, aged 18 or older, met the criteria for either a substance use disorder or a mental illness in the past year



# Scope of the Problem

## Behavioral Health Workforce Shortages

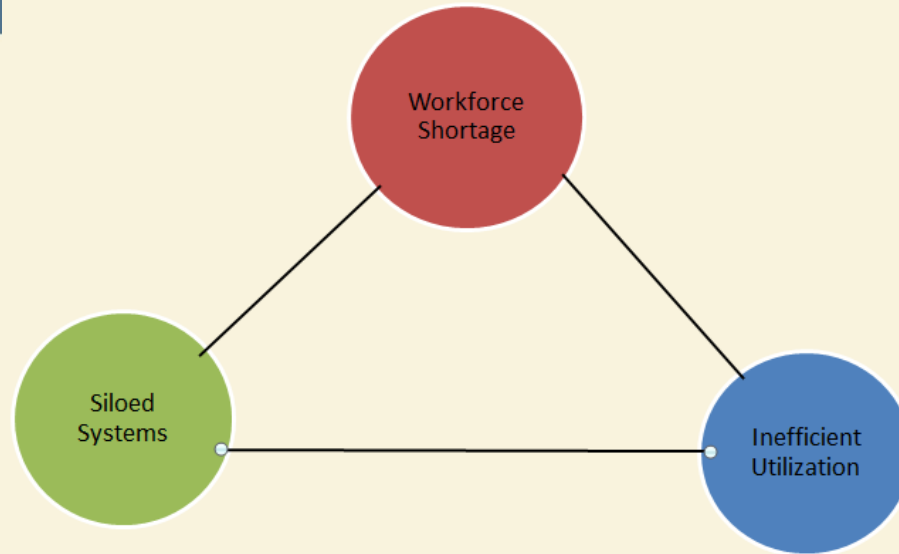
Projected Growth of Specific Behavioral Health Occupations

Profession	2024 Projection	Increase over 2014
Mental Health & Substance Abuse Social Workers	140,000	22,300 (19%)
Substance Abuse & Behavioral Disorders Counselors	116,200	21,200 (22%)
Mental Health Counselors	160,900	26,400 (20%)
Psychologists	206,400	32,500 (19%)
Marriage and Family Therapists	38,700	5,000 (15%)
Psychiatrists	32,400	4,200 (15%)

SOURCE: Bureau of Labor Statistics: Occupational Outlook Handbook, 2015

# Scope of the Problem

8



- Low salaries compared to other health professionals
- Aging workforce
- Mal-distribution
- Lack of access
- Lack of integration



# National Projections of Supply and Demand for Selected Behavioral Health Practitioners, 2013-2025

1. Psychiatrists
2. Behavioral health nurse practitioners
3. Behavioral health physician assistants
4. Clinical, counseling, and school psychologists
5. Substance abuse and behavioral disorder counselors
6. Mental health and substance abuse social workers
7. Mental health counselors
8. School counselors
9. Marriage and family therapists

# Factors Driving Demand for BH Care Providers

1. Emphasis on integrating BH services with primary health care
2. Increased utilization of health care services
3. Advances in medicine and technology
4. Growing emphasis on BH wellness, prevention of mental and substance use disorders, BH care coordination, and BH care management

# SAMHSA Strategic Initiative #5: Workforce Development

11

## Goals:

1. Develop and disseminate workforce training and education tools and core competencies to address behavioral health issues.
2. Develop and support deployment of peer providers in all public health and health care delivery settings.
3. Develop consistent data collection methods to identify and track behavioral health workforce needs.
4. Influence and support funding for the behavioral health workforce.



# Partners in Building Solutions

12

## National Partners

- Pre-Service Partners
- Higher Education
- Professional Organizations

## Federal Government

- Assistant Secretary for Planning and Evaluation (ASPE)
- Health Resources and Services Administration (HRSA)
- Center for Disease Control (CDC)
- Department of Defense and Veterans Administration (DOD, VA)

## State & Local Government

- State Agencies
- Education Partners
- Local Health Authorities
- Health Care Providers

# Partnerships w/ HHS Departments

13

## Health Resources and Services Administration (HRSA)

- Working with HRSA to expand the **National Health Service Corps** to behavioral health provider sites. Exploring expansion of **Nurse Service Corps** to M/SUD sites as well.
- Collaborating with the **Regional Public Health Training Centers (RPHTC)** to establish strong linkage w/SAMHSA in the professional development and technical assistance outreach to the public health service delivery system (<1M)

## Health Resources and Services Administration (HRSA)

- Coordinating with **Tele-Health Education Centers** and the **Addiction Technology Transfer Centers (ATTC)** to enhance the availability of resources to the behavioral health provider systems.



# SAMHSA's Work w/ Behavioral Health Workforce Research Center at University of Michigan

14

## ❖ Initial projects:

- Development of a Minimum Data Set
- Examine Workforce Characteristics and Practice Settings
- Explore Scopes of Practice for different professions

# SAMHSA

## Workforce Development Technical Assistance

15

**SAMHSA's 23 TA centers provide BH skills training.**

**Some of these:**

- Addiction Technology Transfer Centers (ATTCs)
- Center for Integrated Health Solutions (CIHS)
- Center for the Application of Prevention Technology (CAPT)
- Bringing Recovery Supports to Scale TA Center (BRSS-TACs)
- GAINS Center
- Service Members, Veterans & Families TA Center
- Suicide Prevention Resource Center

# States:

## Workforce Discussion Findings

16

### Behavioral Health Workforce Issues -Leadership in the States in:

- State Departments of Health Care Services
- State Departments of Administrative Services
- State Departments of Health
- Governor's Office
- Departments of Economic Development
- Departments of Employment & Higher Education & Labor
- Multi-partnered Behavioral Health Workgroups

# Partners in Building Solutions

13

- **A Behavioral Health Workforce Plan**
- **The Need for Better Data & Improved Technology**
- **Peer Recovery Specialists**
- **Credentialing/Licensing & Reciprocity Issues**
- **Concerns About Parity**
- **Integration of Care & the Continuum of Care**

# States: Workforce Best Practices

18

## Peers in the Workforce

- States recognize the value added when peers are integrated into the workforce and are using them in **as many domains as possible**; correctional, primary care, emergency medicine, pre-release, crisis, and housing.
- Peers are used as navigators and bridges to facilitate care transitions.
- Training and certification is increasing in most states for peer specialties.



# States: Workforce Best Practices

19

## Tele-health Investments for improved provider and quality access

- Improved access to specialty services
- Traditional face-to-face visits using video
- Mobile applications using smartphones and providing education, interventions, GPS alerts, on-demand advice
- States identified particular effectiveness with youth, including: outreach, services on-demand, texting supports.

# States: Workforce Best Practices

20

## CEUs/Training Distance Learning:

- Range from self-directed courses and curricula to interactive Webinars to mental/substance use disorder specific **ECHO** sites.
- Offered by a range of TA providers, professional organizations, community colleges and universities.
- Most providers are familiar with and accept use of technology for education/training.

# Engaging Key Influencers

21

## Successful Collaborations in operation with:

- Pre service organizations (i.e. HOSA, ARS)
- Higher Education
- Federal Agencies (HRSA, CMS, DOD, VA)
- Professional Organizations
- Inclusion of M/SUD in NHSC, Nurse Corps, loan repayment
- Philanthropic Organizations
- Private sector service delivery, insurers

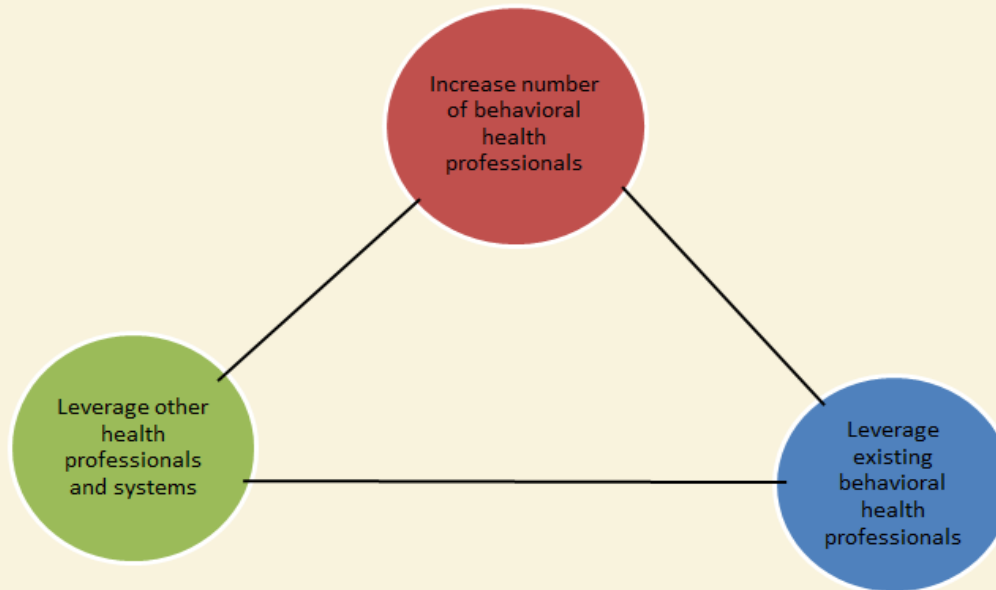
# SAMHSA's: Current Initiatives

22

- Behavioral Health Workforce Education & Training; Minority Fellowship Program
- National Technical Assistance Centers; Behavioral Health Workforce Research Center
- Screening, Brief Intervention, and Referral to Treatment Training Programs; Mental Health First Aid; Center for Integrated Health Solutions

# Strategies

23



- Scholarship/stipend programs; BH Curricula/programs in universities; loan repayment; residency slot number and type expansion
- Hub and spoke models; collaborative care; Medicaid rate increase for behavioral health interventions
- Integrated care expansion; license mobility; peer program expansion



# Thank you! Questions?

24



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