

SOUTHEAST PBHCI MEETING

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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover



Behavioral Health Workforce Projected Growth

Projected Growth

- The behavioral health workforce is one of the **fastest growing workforce** groups in the country.
- Employment projections for 2020 based on the U.S. Bureau of Labor Statistics show a **rise in employment for substance abuse and mental health counselors** with a 36.3% increase from 2010 to 2020, greater than the 11% projected average for all occupations.
- This projection is based on an expected **increase in insurance coverage** for mental health and substance use services brought about by passage of health reform and parity legislation and the rising rate of military veterans seeking behavioral health services.

Behavioral Health Workforce Shortages

Workforce Shortages

- In 2011, there were only 2.1 child and adolescent psychiatrists per 100,000 people and 62 clinical social workers per 100,000 people across the United States.
- Average of 32 behavioral health specialists for every 1,000 people afflicted with substance use disorder (2010)
- 62 million people (20-23%) of the U.S. population live in rural or frontier counties; 75% of these counties have no advanced behavioral health practitioners.
- In 2012, the turnover rates in the addiction services workforce ranged from 18.5% to more than 50%.

Strategic Initiative #6: Workforce Development

Objectives

- **To support active strategies to increase the supply** of trained and culturally aware preventionists, health care practitioners, paraprofessionals and peers to address the behavioral health needs of the nation.
- **To improve the behavioral health knowledge and skills** of those health care workers not considered behavioral health specialists.
- **To monitor and assess the needs of:**
 - Youth
 - Young adults
 - Young adult and adult peers
 - Communities
 - Health professionals

Strategic Initiative #6: Workforce Development

Goal 6.1

Develop and disseminate workforce **training and education tools** and core competencies to address behavioral health issues.

Goal 6.2

Develop and support deployment of **peer providers** in all public health and health care delivery settings.

Goal 6.3

Develop consistent **data collection** methods to identify and track behavioral health workforce needs.

Goal 6.4

Influence and support **funding** for the behavioral health workforce.

Partners in Building Solutions

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)

State & Local Government

State Agencies

Education Partners

Local Health Authorities

Health Care Providers

Partnerships with Pre-Service Organizations

Pre-Service Organizations

Health Occupations Students of America (HOSA)

- Working with HOSA to **educate the next generation of medical and public health professionals** about key public health issues surrounding substance abuse and mental health service needs. (2016 Behavioral Health Knowledge Test)

Association of Recovery Schools (ARS)

- Working with ARS to increase engagement of students in Recovery Schools in the **exploration of career paths** in the behavioral health field.

Higher Education

Addiction Curriculum for Physicians

- Working with the Scattergood Foundation, the Coalition for Physician Education (COPE), American Association of Medical Colleges (AAMC), American Medical Association (AMA), education, credentialing and other partners to **increase addiction curriculum nationally in medical schools.**

Schools of Nursing and Social Work

- Working with a collaborative of schools of nursing and social work to **increase behavioral health curriculum** in their degree programs.

Partnerships with Professional Organizations

Credentialing and Licensing

- A key finding in a recent survey of all states found that one of the barriers to increasing the mobility of the behavioral health workforce was the **inconsistent credentialing and licensure requirements** between states.
- SAMHSA is working with professional organizations that set **standards for credentialing and licensing** to improve consistency across the country, and to explore strategies to support cross state movement.
- APA/NAADAC/NAMI/NBCC/IC&RC/MFT/NCPG/
- AMHCA/ASTHO/NGA

Partnerships with HHS Departments

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 BH sites as well.
- Collaborating with the **Regional Public Health Training Centers** (RPHTC) to establish strong linkage w/SAMHSA resources and subject matter experts in the areas of mental and substance use disorders in their professional development and technical assistance outreach to the public health service delivery system.
- 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.

Partnerships with HHS Departments

Center for Disease Control (CDC)

- Collaborating with CDC to include behavioral health in crisis response planning

Assistant Secretary for Planning and Evaluation (ASPE)

- Collaborating on projects looking at the utilization of peers in behavioral and physical health care; and, modeling the demand and access to behavioral health services over the next 5 years.

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Workforce Initiatives

Minority Fellowship Program (MFP)

- Seeks to increase the number of **culturally competent** behavioral health professionals who teach, administer, conduct services research and provide direct mental health/substance abuse services to underserved minority populations.

Professional Development for Peers

- Goal is to **increase the number** of trained peers, recovery coaches, and pre-masters-level addiction counselors working with youth 16 to 25.
- Seeking public feedback on Peer Provider Core Competencies through public comment and regional focus groups.
- Focusing on peer provider development/core competencies and expansion of employment opportunities, including veterans as peers.

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Workforce Initiatives

Behavioral Health Workforce and Education Grants (BHWET)

- Seeks to increase the **number** of:
 - Individuals trained in specific behavioral health related practices;
 - Organizations using integrated health care service delivery approaches;
 - Consumers credentialed to provide behavioral health related practices;
 - Model curriculums developed for bidirectional primary and behavioral health integrated practice; and,
 - Health providers trained in the concepts of wellness and behavioral health recovery.
 - Focus on both para-professional training and Masters/Doctoral levels

Center for Integrated Health Solutions (CIHS)

- A collaboration between HRSA/SAMHSA, the CIHS provides **training and technical assistance** to Primary Behavioral Health Care Initiative (PBHCI) grantees as well as to community health centers and other primary care and behavioral health organizations.

Workforce Resources

- Expanding access to online curricula and other tools to support workforce development.

Workforce Data for a Strategic Approach

- Developing a coordinated data strategy within HHS to improve planning for the future needs of the behavioral health workforce

STATES

Role in Workforce Planning

STATES - Plan for the Future

- Use **employment data** to understand your existing workforce and your future needs.
 - Professional licensed/credentialed staff
 - Peer workforce
- Use **demographic data** for capacity management
 - Population served and projected needs
 - Plan for rural/underserved communities

STATES

Role in Workforce Planning

STATES - Engage partners in workforce planning

- City and county health officials
- Health care delivery systems and provider networks
- Higher education to improve behavioral health curriculum for non-specialty providers.
- Higher education to develop curriculum and education paths for the peer workforce.
- Secondary education to learn about Recovery Schools and include behavioral health in career center materials.

STATES

Role in Workforce Planning

STATES - Encourage flexibility in staffing

- Understand the applicability of CMS **Waivers** and potential benefits of more flexible financing for integrated service teams.
- Work towards having state **credentialing and licensing standards** become more mobile (cross state lines).
- Pilot **integrated service** teams using best practice models
- Increase use of **peers** in the workforce
- Encourage **tele-health** service delivery, particularly in rural or underserved communities

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