

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Overview of Addictions Workforce

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Overview of the Presentation

- Snapshot of the current workforce
- Changes in the work environment
- Challenges and Opportunities



Need and Demand for Addiction Services

- 23.5 million people aged 12 or older identified with substance use disorders*
- 2.6 million (11.2%) receive treatment in specialty sector*
- 40% indicated lack of health coverage prevented access to services*
- ACA may identify an additional 6-10 million people with behavioral health problems**

Current State of the Addiction Services Workforce

- Paucity of data
- Growing demand but difficulties recruiting and retaining people
- Staff Retention
- Inadequate compensation
- Integration of peer specialists, people in recovery
- Increased emphasis on integration with primary care
- Poorly articulated career pathways

Snapshot of the Current Workforce



Representation of Minorities in Behavioral Healthcare

Although minorities make up approximately 30% of the U.S. population, they currently account for only:

- 24.3% of all psychiatrists
- 5.3% of psychologists
- 14.9% of social workers
- 20% of counselors
- 8.5% of marriage and family therapists



(Duffy et al., 2004)

Gender and Age Data

Occupation	Median Age*	Gender*	
		M	F
Psychologists	50.3	33.3%	66.7%
Psychiatrists	55.7 (46% are 65 +)	70%	30%
Social Workers	42.5	19.2%	80.8%
Counselors	42	28.8% (38%)**	71.2% (62%)**

*Data from Bureau of Labor Statistics 2010-1011;

** Data from 15 certification boards 2012

BLS Salary Information

Median Wages (Date from Bureau of Labor Statistics):

Psychologists	\$64,140
Mental Health & Substance Abuse Social Workers	\$37,210
Substance Abuse & Behavioral Disorders Counselors	\$37,030
Mental Health Counselors	\$36,810
Marriage & Family Therapists	\$44,590
Psychiatrist	\$164, 220

Median Wages by Setting

General medical and surgical hospitals	\$44,130
Local Government	\$41,660
Outpatient care centers	\$36,650
Individual and family services	\$35,210
Residential mental retardation, mental health and substance facilities	\$31,300

BLS 2010-2011 data

More Salary Data

- PayScale.com 2012
 - Chemical dependency counselors median salary - \$38,900
 - Also listed this as one of the five high stress and low paying jobs in the country
- Curtis and Eby (2010) also reported average salaries in the mid \$30,000 range.

Community Behavioral Health Care Workers Salaries

- A recent salary survey of more than 850 mental health and addictions treatment organizations found:
- A direct care worker in a 24-hour residential treatment center has a lower median salary than an assistant manager at Burger King (\$23,000 vs. \$25,589)
- A social worker with a master's degree in a mental health-addictions treatment organization earns less than a peer in the general healthcare agency (\$45,344 vs. \$50,470)
- A registered nurse working in behavioral health earns less than the national average for nurses (\$42,987 vs. \$66,530)

Projected Growth of Specific Occupations

Profession	2008 Workforce	2018 Projection	Increase
Substance Abuse & Behavioral Disorders Counselors*	86,100	104,200	18,100 (21%)
Mental Health Counselors*	113,000	140,400	27,200 (24%)
Mental Health & Substance Abuse Social Workers	137,300	164,100	26,800 (20%)
Psychologists	152,000	168,800	16,800 (11%)
Marriage and Family Therapists	27,300	31,300	3,900 (14%)

- Projected growth rated much higher than average

Recruitment

- #1 reason for recruitment difficulties -\$\$\$
- Applicants don't meet minimum job requirements
- Many agencies report at least 1 FTE position unfilled
- Perception of “lower” status of addiction counselors

Staff Turnover



- Recent studies* found turnover rates:
 - 30-33% for counselors
 - 19-23% for clinical supervisors
- #1 Reason for leaving was better opportunity

*(Eby et al 2010; Carise et al 2005; Knight et al 2012; Garner et al 2012)

Steering a new course



Changing Landscape

- Health care reform
- Integration of care
- Recovery-oriented systems & Recovery principles – peer recovery specialists/coaches
- Medication Assisted Treatment & Evidenced-based practices
- Needs of veterans and their families

The Impact of Health Care Reform

- Influx of millions of new clients into the behavioral health care system.
- Need to implement Health IT
- Greater emphasis on evidence-based practices and outcomes
- Increased emphasis on credentials and education for behavioral health workforce
- Emphasis on early intervention and integrated care (primary and behavioral health)

Integrated Care

- Health Reform places a greater emphasis on integrated care, including Federally Qualified Health Centers, to meet the behavioral health needs of individuals
- Integrated and collaborative care has been shown to optimize recovery outcomes and improve cost-effectiveness *(Smith, Meyers, & Miller, 2001; Humphreys & Moos, 2001)*
- Cross-training will need to occur for both behavioral health and primary health care workers
- 70 % of FQHCs provided mental health services; 55% provide substance abuse services
- *(NACHC 2010 Assessment of Behavioral Health Services in Federally Qualified health Centers)*

Training and Education Needs

- Substantial training in team competencies and the primary care culture
- Understanding SBIRT including brief interventions and brief treatment
- Care coordination
- Competencies in co-occurring disorders and cross training
- Training and education on Recovery Oriented Care and Principles
- Pre-service and in-service education needs to foster adoption of evidenced-based practices

Staffing Implications

- Staff who can function in primary care settings who are focused on behavior change and on brief counseling (e.g. health educators)
- Certifications for peers working in primary care settings
- Credentialing and licensing for professionals that meets reimbursement standards

Role of Peer Recovery Coaches

- Peer recovery support coaching: non - clinical activities that engage and support individuals as they navigate systems and address barriers to recovery.
- Peer recovery coaches do not diagnose, provide therapy or give advice

Peer Recovery Support Services

- Peer Support Activities include:
 - emotional support (individual and/or group recovery coaching)
 - informational support (life skills, vocational training, educational services;)
 - instrumental support (concrete assistance, e.g. transportation, child care; access to social and health services)
 - affiliational support (pro-social and recreational activities)

What are Peer Recovery Support Services?" <http://store.samhsa.gov/shin/content//SMA09-4454/SMA09-4454.pdf>

Role of Peers in the Workforce

- Recent survey of States (47 responses)
 - 18 states have SUD specific peer/recovery specialist services
 - States claim to have 2,216 peer recovery specialists
 - 29 States offer peer recovery coach training
 - 7 States are in the process of developing a peer recovery specialist program

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Examples of SAMHSA Behavioral Health Workforce Activities in the Strategic Initiatives

- **Prevention:** In addition to SBIRT, training develop and implement training around suicide prevention and prescription drug abuse
- **Trauma:** Technical assistance and training strategies to develop practitioners skilled in trauma and trauma-related work and systems
- **Military Families:** Development and distribution of training curricula and resources for clinicians on needs of returning veterans
- **Recovery Support Services:** Build an understanding of recovery-oriented practices, including incorporating peers into the current workforce to support peer-run services.
- **Health Care Reform:** Joint funding with HRSA of a resource center that promotes integration of primary and behavioral health care.
- **Health Information Technology:** Training of staff on EHR and HIT
- **Data, Quality and Outcome:** Focus on process improvement (NIATx)
- **Public Awareness and Support:** Ensure access to information

SAMHSA's Ongoing Workforce Development Programs

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- Addiction Technology Transfer Centers (ATTCs)
- Regional Leadership Institutes
- Minority Fellowship Program
- Knowledge Application Programs
- SBIRT Medical Residency Grants

Center for Integrated Health Solutions

Training and Technical Assistance Center for Primary and Behavioral Health Care Integration

- A collaboration between SAMHSA and the Health Resources and Services Administration (HRSA).
- A national training and TA center on the bidirectional integration of primary and behavioral health care and related workforce development.
- Provides technical assistance to SAMHSA and HRSA grantees.
- Addresses the health care needs of individuals with mental illnesses, substance use and co-occurring disorders – including individuals seen in FQHCs.

SAMHSA-HRSA Behavioral Health Minimum Data Set Project

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- IAA between SAMHSA and HRSA (National Center for Healthcare Workforce Analysis) to:
 - Develop guidelines for minimum data sets
 - Support and assist stakeholders with the collection of behavioral health professions data
 - Provide technical assistance and resources to enhance stakeholder data collection efforts
 - Build a national behavioral health workforce dataset

Additional SAMHSA-HRSA Collaborations



- SAMHSA and HRSA are working together on a number of workforce development activities, including:
 - Training for NHSC awardees on behavioral health topics
 - Information on the Behavioral health workforce
 - Coordination of education and training opportunities in HBCUs through Morehouse School of Medicine contracts

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Thank you.