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**

* SAMHSA 2011- NSDUH ; ** SAMHSA 2011 Leading Change
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
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

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Median Age*</th>
<th>Gender*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
</tr>
<tr>
<td>Psychologists</td>
<td>50.3</td>
<td>33.3%</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>55.7 (46% are 65 +)</td>
<td>70%</td>
</tr>
<tr>
<td>Social Workers</td>
<td>42.5</td>
<td>19.2%</td>
</tr>
<tr>
<td>Counselors</td>
<td>42</td>
<td>28.8%</td>
</tr>
</tbody>
</table>

*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):

<table>
<thead>
<tr>
<th>Profession</th>
<th>Median Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologists</td>
<td>$64,140</td>
</tr>
<tr>
<td>Mental Health &amp; Substance Abuse Social Workers</td>
<td>$37,210</td>
</tr>
<tr>
<td><strong>Substance Abuse &amp; Behavioral Disorders Counselors</strong></td>
<td><strong>$37,030</strong></td>
</tr>
<tr>
<td>Mental Health Counselors</td>
<td>$36,810</td>
</tr>
<tr>
<td>Marriage &amp; Family Therapists</td>
<td>$44,590</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>$164,220</td>
</tr>
</tbody>
</table>
## Median Wages by Setting

<table>
<thead>
<tr>
<th>Setting</th>
<th>Median Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>General medical and surgical hospitals</td>
<td>$44,130</td>
</tr>
<tr>
<td>Local Government</td>
<td>$41,660</td>
</tr>
<tr>
<td>Outpatient care centers</td>
<td>$36,650</td>
</tr>
<tr>
<td>Individual and family services</td>
<td>$35,210</td>
</tr>
<tr>
<td>Residential mental retardation, mental health and substance facilities</td>
<td>$31,300</td>
</tr>
</tbody>
</table>

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

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

- 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

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](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

“
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

• 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

- 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
Contact Information

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Thank you.