Behavioral Health Workforce Development:
2016 and Beyond

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Vision: A Nation/Community Free of Substance Abuse & Mental Illness & Fully Capable of Addressing BH Issues that Arise from Events and Physical Conditions

Mission: to reduce the impact of substance abuse and mental illness on America’s communities

Roles:
- Voice and leadership
- Funding - service capacity development
- Information and communications
- Regulation and standard setting
- Practice improvement
Behavioral Health Workforce Projected Growth

Good News: Projected Growth

• The behavioral health workforce is one of the fastest-growing workforce groups in the country.

• Employment projections for 2020, based on U.S. Bureau of Labor Statistics, show a rise in employment for substance use and mental health counselors with a 36.3 percent increase from 2010 to 2020, greater than the 11.0 percent 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.
Strategic Initiatives 2015 – 2018
Leading Change 2.0

1. Prevention of Substance Abuse and Mental Illness
2. Health Care and Health Systems Integration
3. Trauma and Justice
4. Recovery Support
5. Health Information Technology
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
Defining the Behavioral Health Workforce

- States generally define the behavioral health workforce as:
  - Anyone whose primary function is to provide treatment, support, or assistance to individuals and their families experiencing behavioral health challenges including but not limited to: clinical, medical and psychiatric staff, case managers, peers, natural supports, prevention and early identification specialists.
  - Inclusive of peer and prevention services that cross all age groups children to senior populations.
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
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.
Innovation

• Expansion Plans

– State with shortages in a variety of disciplines: social workers, prescribers, psychologists, etc. Expansion includes peers, prevention specialists, “extenders”

– A state just invested $1 million in peer certification programs. They have had several success stories in expanding these positions in all aspects of care.

– State expanding the peer workforce, using an 1115 Medicaid waiver. Mental health peers are required to be a part of all ACT teams.
Recruitment & Retention

• **Health Resources and Services Administration (HRSA)**
  – Bureau of Behavioral Health Workforce Development
  – National Health Services Core

• **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.**
Opportunity:

- Peer work can be funded through Mental Health and Substance Abuse Prevention and Treatment Block Grants, and can include:
  
  • non-reimbursable services provided by prevention specialist, recovery support specialist, and community engagement specialist.

Challenge:

- States can apply for the 1115 waiver to take advantage of flexible funding to pay for peer providers.
Training the BH Peer Workforce

• Promising Practices Include:
  
  – Training Academy that developed a provider based learning collaborative and also are providing school internships.
  
  – Yearly conferences that supplement academic community trainings and include topics supporting para-professionals.
  
  – Substance abuse peer supervision training done with the clinical supervision toolkit by the ATTC.
  
  – Peer-operated Peer Academy with broad range of trainings, including appropriate supervision.
Supervision & Leadership Capacity

- **Addiction Technology Transfer Centers**
  - Clinical Supervision & Advanced Supervision Trainings
  - Technology based clinical supervision draft guidelines workgroup
  - NIDA blended product: Motivational Interviewing & Clinical Supervision
  - Webinar based clinical supervision with case studies
  - Addiction Leadership Institutes
    - To include cultural specific opportunities

- **Project Leadership Initiatives For Tomorrow (LIFT)**
  - Details on those funded? Next funding opportunities?

- **BHbusiness – Behavioral Health Business**
THANK YOU!   QUESTIONS??

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Resources:

ATTC, Addiction Transfer Technology Center, Brown University, http://attcnetwork.org
Basecamp:  http://www.basecamphq.com,  MARINE CORPS BASE CAMP

NAADAC, National Association for Addiction Professionals, naaadac@naadac.org,  800.548.0497