

The Behavioral Workforce



Challenges and Initiatives

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What is the composition of the behavioral workforce?

- The role of the PCP providers
- The role of peers and peer run programs
- Specialty providers

Why is there a need to grow the behavioral health workforce?

- Unmet needs
- Geographical shortage areas
- Compensation issues
- Recruitment and retention issues
- Licensing and credentialing issues
- Aging workforce

Who develops and licenses the workforce?

- Clinical training programs
- Non-professionals/Peer to Peer
- State standards
- Guild and other credentialing groups
- Payers and networks

What SAMHSA is doing to build the SUD Workforce

- Continuing education for SUD professionals
- Developing and publishing competencies for SUD professionals
- Minority Fellows Grant Program
- Historically Black Universities and Colleges Grant Program
- Technical Assistance to behavioral health professionals
- Addiction Technology Transfer Centers (ATTC's)

SUD Workforce efforts continued

- Screening, Brief Intervention and Referral to Treatment (SBIRT) Student Training Grantees
- State Targeted Response to the Opioid Grants
- Utilization of Peers in traditional SUD treatment
- Collaboration with HRSA to fund the Behavioral Workforce Research Center
- SAMHSA-HRSA Center for Integrated Health Solutions
- Efforts of SAMHSA Regional Administrators

SUD Prevention Workforce

Need a workforce that can adapt to new territory and operate effectively.

- Multiple health care settings
- Integrated care
- Recovery-oriented systems & recovery principles
- Use of evidenced-based practices
- Address population health

SBIRT-Purpose

- Develop & Implement training programs to teach SBIRT to Medical Professionals: Social Work, Nursing, Counseling and Medical Residents (30%).
- Teach skills in evidence based screening, brief intervention, brief treatment & referral to treatment.
- Serve patients who have or are at risk for a substance abuse disorder.
- Promote SBIRT to local and statewide medical communities.
- Aimed at PCP groups most likely to actually do SBIRT services in medical settings.

Behavioral Health Financing Research

- SAMHSA does do behavioral health financing research
- Part of the SAMHSA Strategic Plan (HCHSI)
- Large scale analysis and technical assistance through SAMHSA's Center for Behavioral Health Financing and Innovation
- For the purposes of this presentation – a look at workforce incentives

Workforce Incentives

- Psychiatrists receive lower in-network reimbursement than other medical doctors for the same commonly provided treatments for patients with behavioral health diagnoses.
- Differential reimbursement may explain why psychiatrists are more likely to forego participation in insurance networks relative to other medical doctors.
- This dynamic can increase patients' need to go out of network to receive psychiatrist services, resulting in higher out-of-pocket costs.
- In the long run, differential reimbursement may be an important access barrier and long-term barrier to psychiatrist workforce entry.
- These are important considerations to understand about the incentives in workforce development, and ultimately, access to care.

Thank you!

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