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
• 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.
• 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
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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