The University of North Carolina at Chapel Hill
Cecil G. Sheps Center for Health Services Research

Advancing Behavioral Health Workforce Research and Policy

Health Workforce Technical Assistance Center

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May 23, 2023

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Carolina Health Workforce Research Center

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UNC Behavioral Health Workforce Research Center

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Behavioral Health Workforce Research Center (BHWRC) at the University of North Carolina at Chapel Hill

from THE WELL

NEWS & INFORMATION FOR THE CAROLINA COMMUNITY

Friday, Oct. 7, 2022

UNC social workers to lead new Behavioral Health Workforce Research Center

Sheps Center-School of Social Work partnership will help decision-makers understand the needs of those who treat mental health and substance abuse.

5-year cooperative agreement jointly funded by SAMHSA and HRSA

Must complete at least 8 projects each year on the behavioral health workforce

1 of 9 federally funded national workforce centers

OHWRC Oral Health Workforce Research Center

center for health workforce studies UNIVERSITY of WASHINGTON

CHWS Center for Health Workforce Studies Celebrating 20 Years of Research · 1996-2016 at the University at Albany, SUNY

UCSF

Fitzhugh Mullan Institute for Health Workforce Equity THE GEORGE WASHINGTON UNIVERSITY

Carolina HEALTH WORKFORCE Research Center

HWTAC Health Workforce Technical Assistance Center

SCHOOL OF PUBLIC HEALTH UNIVERSITY OF MINNESOTA

UNC-BHWRC Aims and Priorities

To improve the BH and well-being of the U.S. by strengthening the current and future BH workforce

Priority 1

Evaluating disparities in BH occupations to reduce BH disparities

Priority 2

Investigating workforce composition, data, needs, sufficiency, distribution

Priority 3

Assessing service delivery methods

UNC-BHWRC Team

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Consortium Members

FACES & VOICES OF RECOVERY
ADVOCATE. ACT. ADVANCE.

ABHW

CSWE

CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

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UNC-BHWRC Year 1 Projects

- BH Screening for Transitional Age Youth
- Tele-BH at FQHCs
- Burnout of Recovery Support Specialists
- Harm Reduction Workforce
- BH Providers in Areas of Disadvantage
- Preparing & Retaining the BH Workforce
- Pipeline to Graduate Social Work Education
- Adequacy of Peer Training
- Child MH Physician Workforce
- Perinatal MH Workforce

Behavioral Health Crisis in the US

CNN health Life, But Better Fitness Food Sleep Mindfulness Relationships

90% of US adults say the United States is experiencing a mental health crisis, CNN/KFF poll finds

By Deidre McPhillips, CNN
Updated 11:17 AM EDT, Wed October 5, 2022

The New York Times

'It's Life or Death': The Mental Health Crisis Among U.S. Teens

Depression, self-harm and suicide are rising among American adolescents. For one 13-year-old, the despair was almost too much to take.

CONSIDER THIS FROM NPR

What's Really Causing America's Mental Health Crisis?

September 24, 2022 · 5:56 PM ET

12-Minute Listen + PLAYLIST

A youth mental health crisis was already brewing. The pandemic made it worse, surgeon general says.

U.S. Surgeon General Vivek H. Murthy takes questions Dec. 6 after visiting the King/Drew Magnet H School of Medicine and Science in Los Angeles. (Damian Dovarganes/AP)

A Blog by Valerie Barton

Administration

MARCH 01, 2022

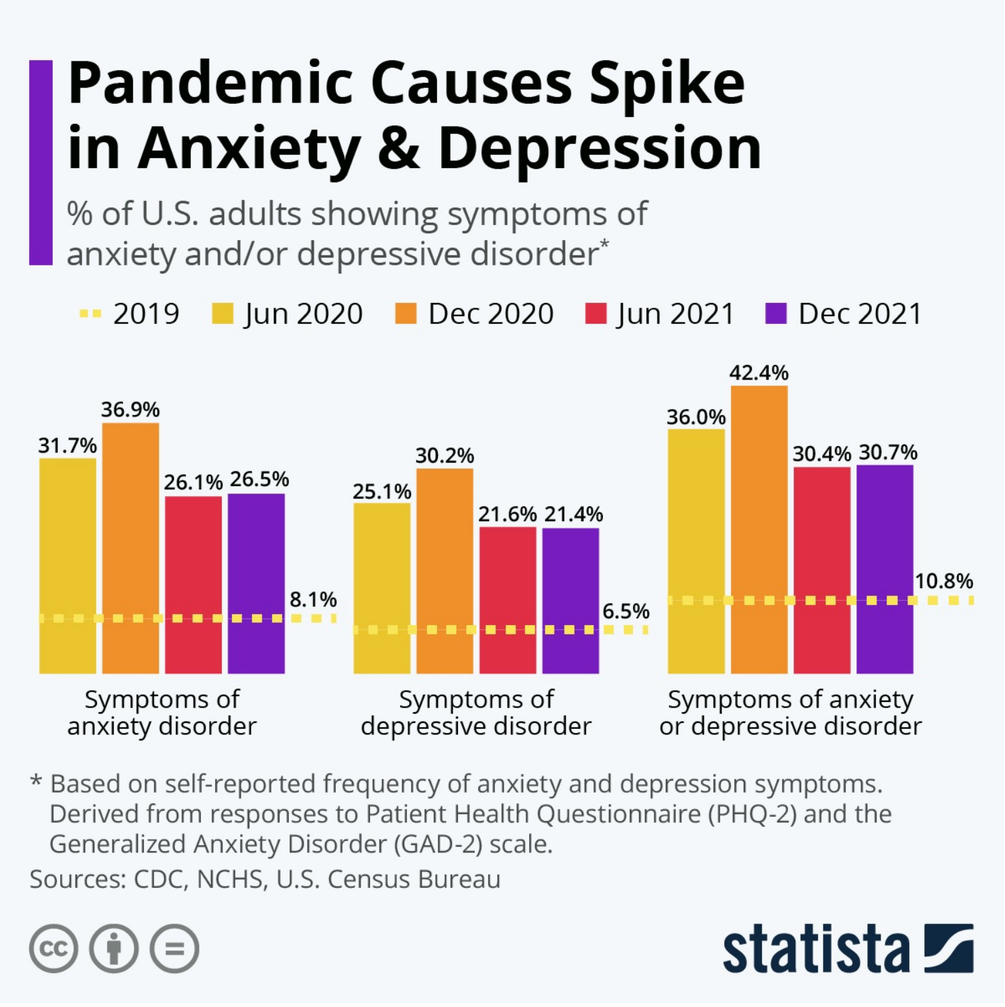
FACT SHEET: President Biden to Announce Strategy to Address Our National Mental Health Crisis, As Part of Unity Agenda in his First State of the Union

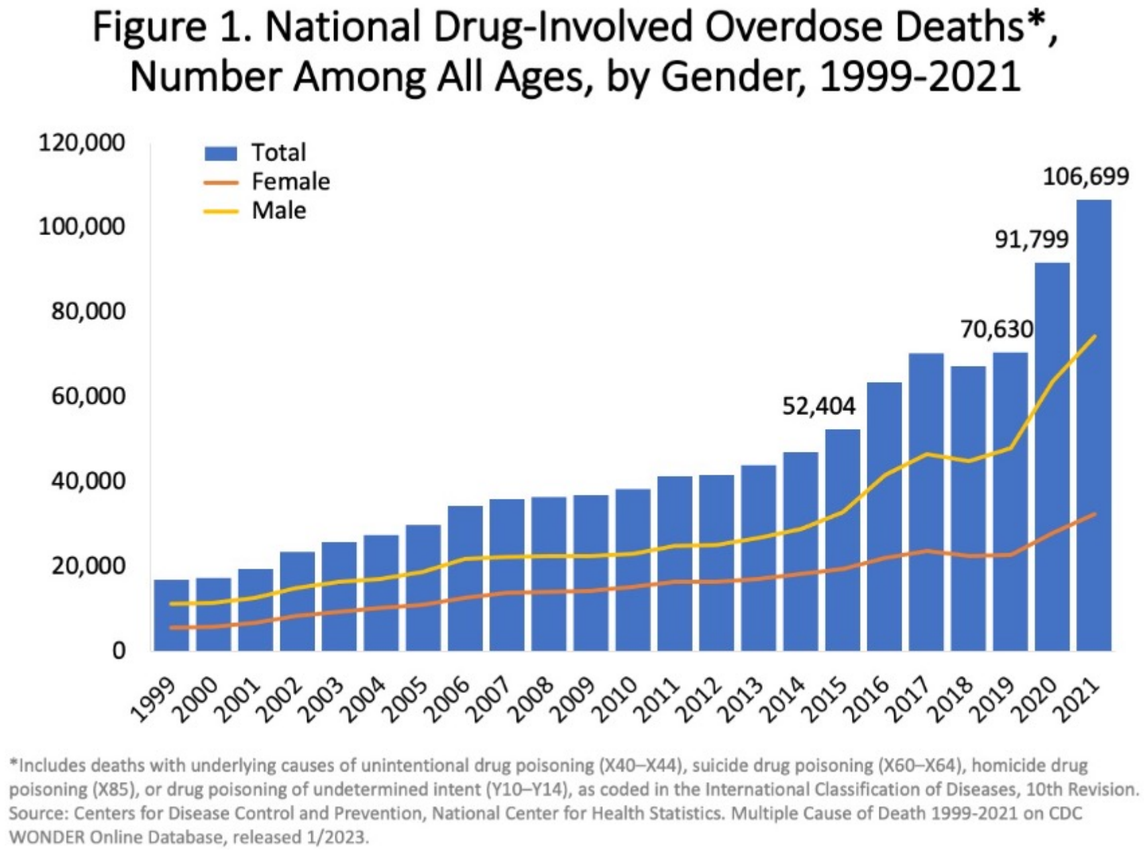
BRIEFING ROOM ▸ STATEMENTS AND RELEASES

In his first State of the Union, the President will outline a unity agenda consisting of policy where there has historically been support from both Republicans and Democrats, and call on Congress to send bills to his desk to deliver progress for the American people. As part of this unity agenda, he will announce a strategy to address our national mental health crisis.

Our country faces an unprecedented mental health crisis among people of all ages. Two out of five adults report ↗ symptoms of anxiety or depression. And, Black and Brown communities are disproportionately ↗ ↗ undertreated – even as their burden of mental illness has continued to rise. Even before the

The COVID-19 Pandemic Increased Behavioral Health Needs in the United States



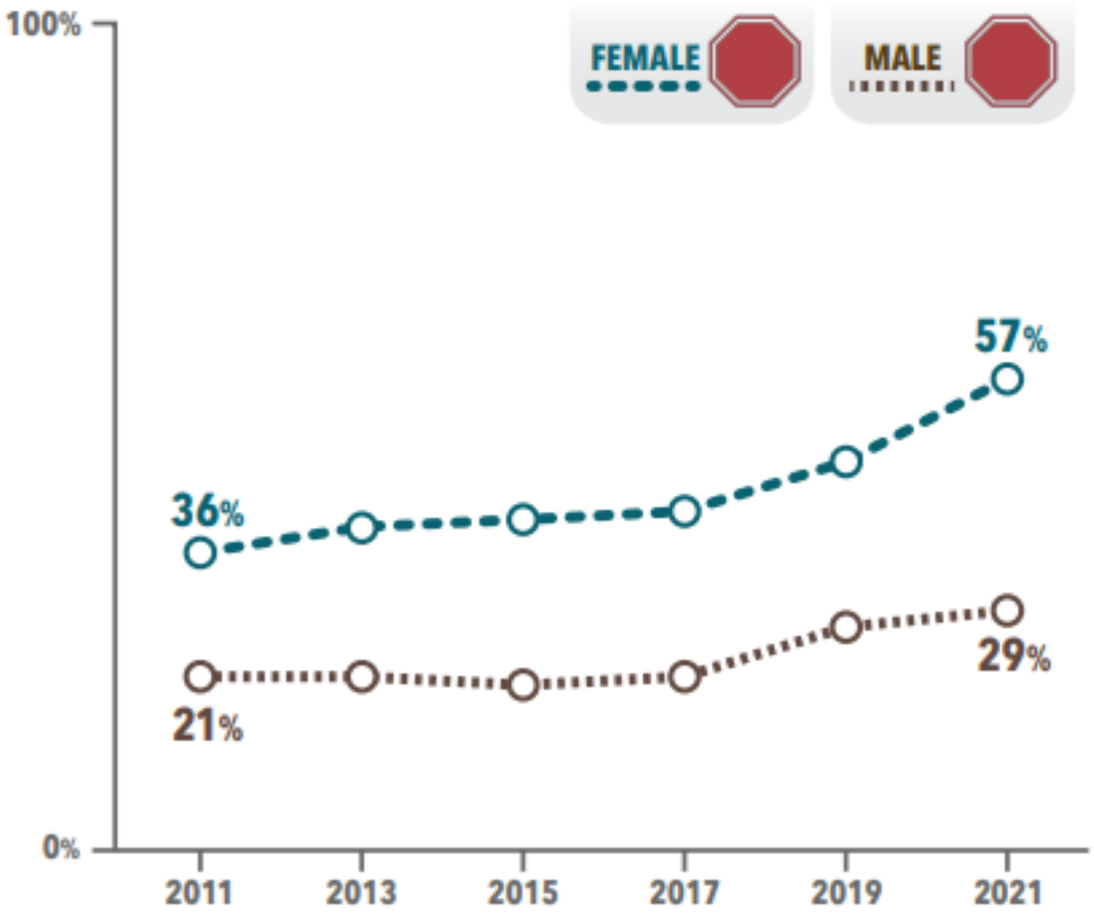


But Behavioral Health Problems Were Showing a Worsening Trend Even Prior to the Pandemic

10-Year Trend Description

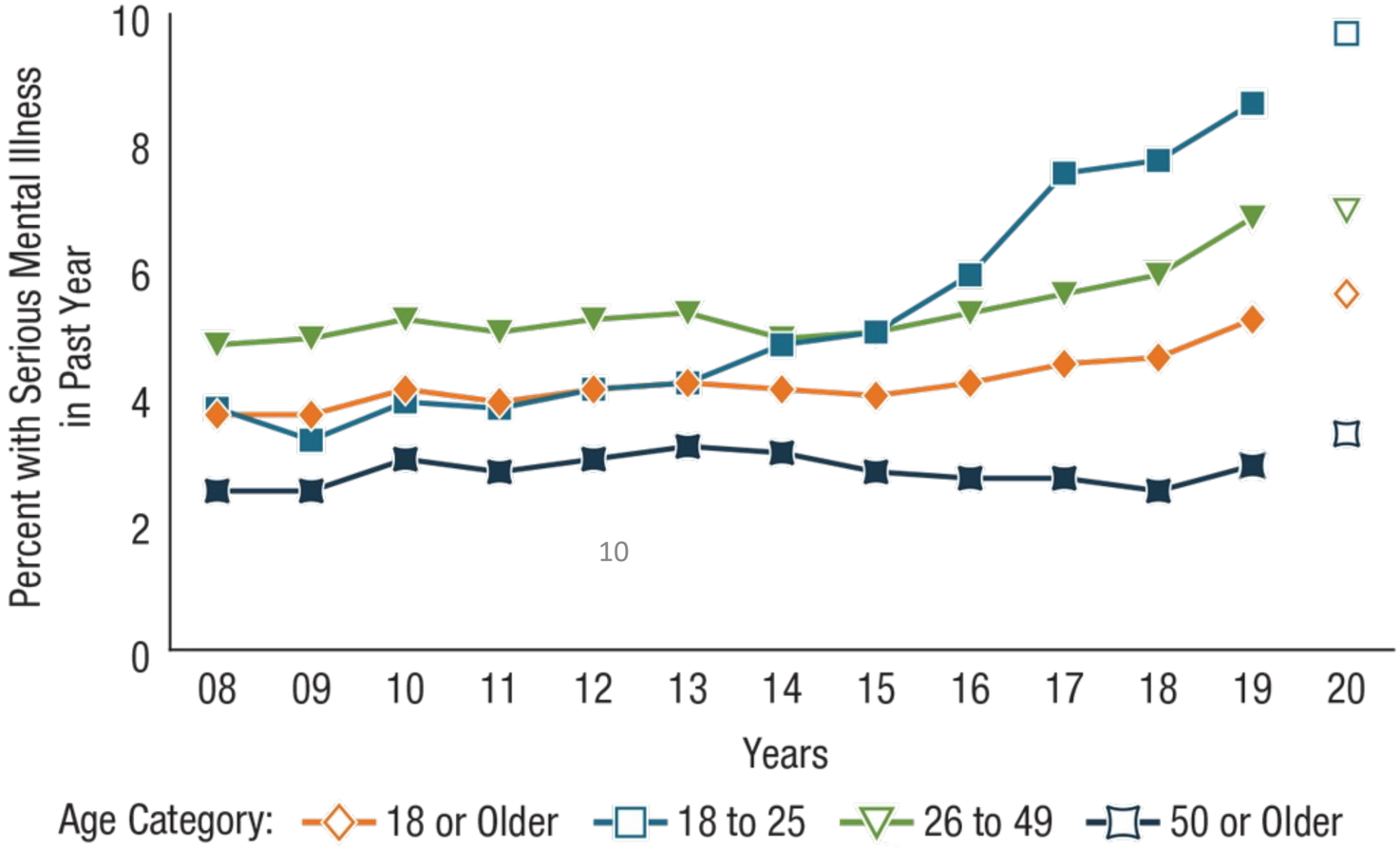
by Sex

The percentage of female and male students who experienced persistent feelings of sadness or hopelessness increased from 2011 to 2021.



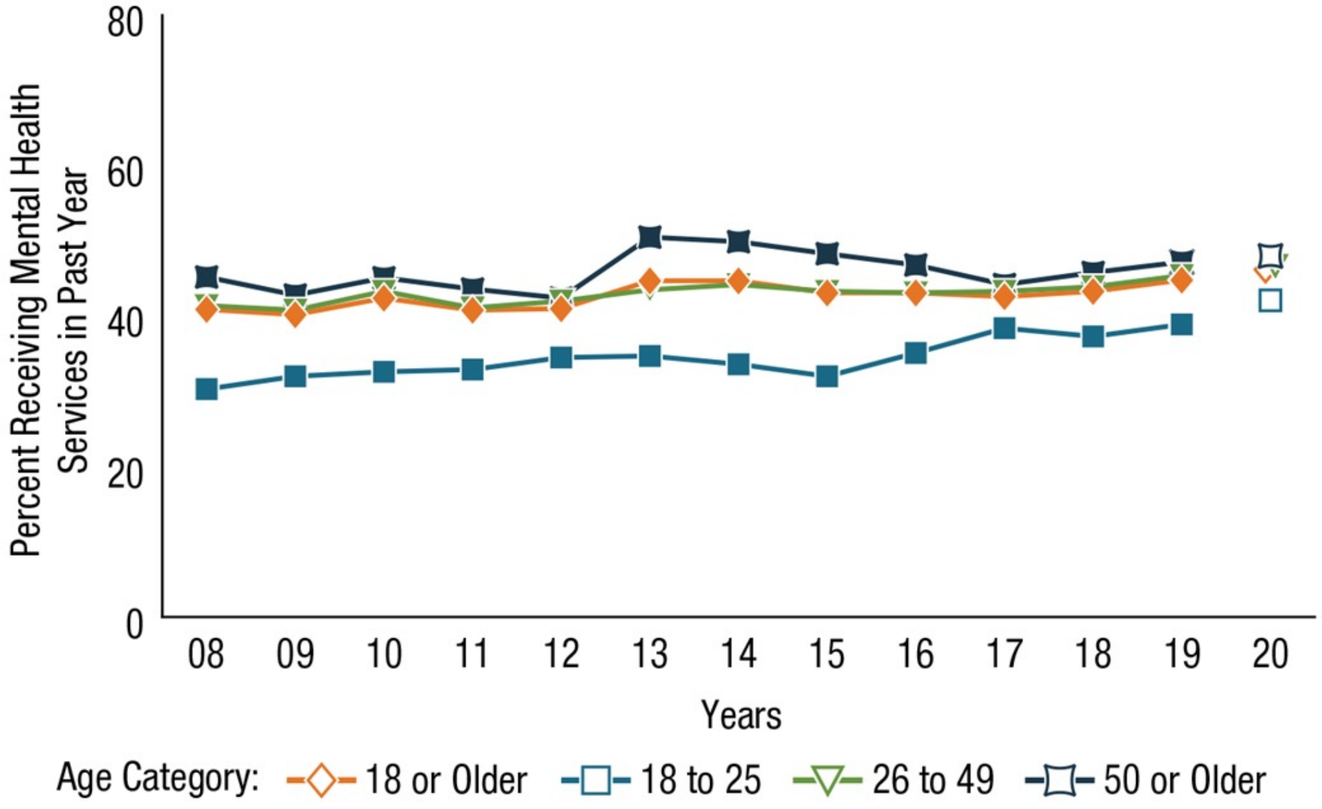
Results from the 2023 YRBS CDC

Serious Mental Illness in the Past Year: Among Adults Aged 18 or Older; 2008-2020



Results from the 2020 National Survey on Drug Use and Health Center for Behavioral Health Statistics and Quality Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

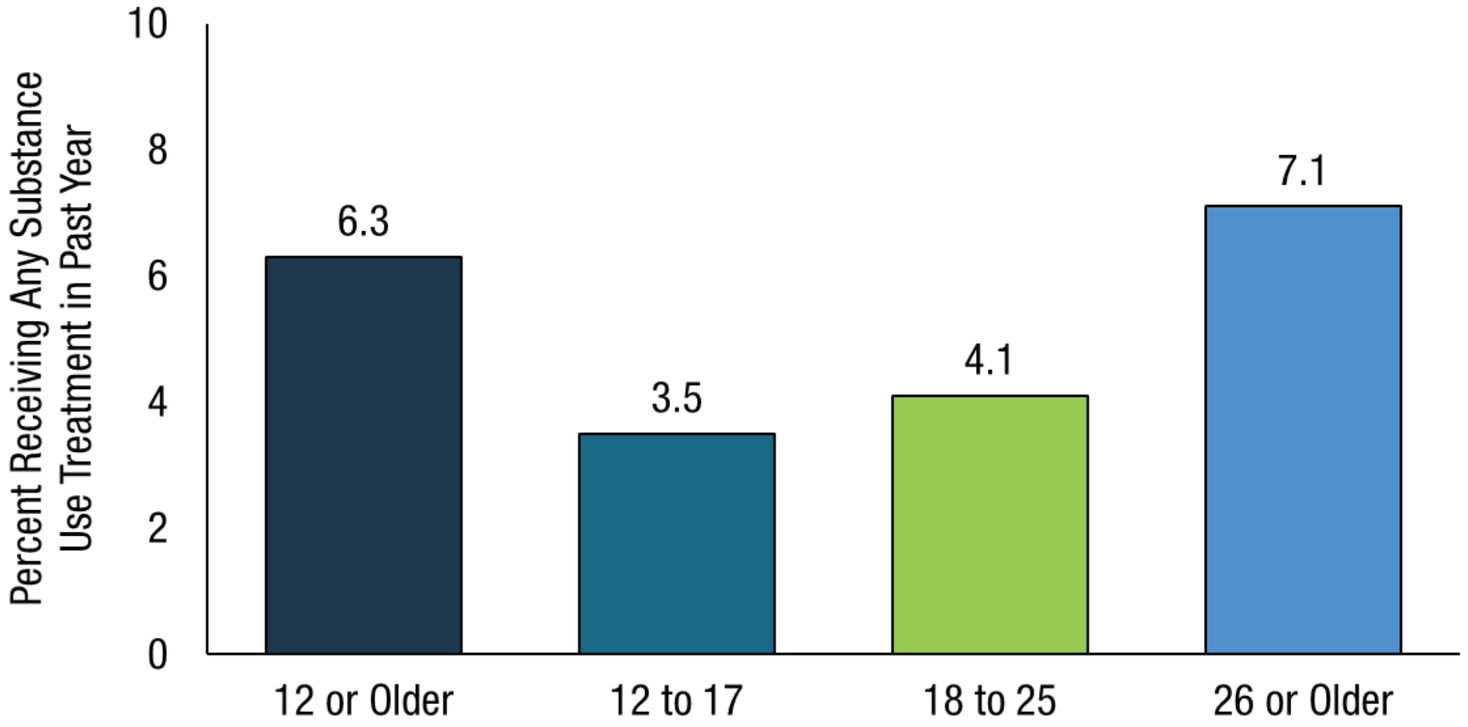
Mental Health Services Received in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness in the Past Year; 2008-2020



Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
18 or Older	40.9	40.2	42.4	40.8	41.0	44.7	44.7	43.1	43.1	42.6	43.3	44.8	*46.2*
18 to 25	30.3	32.0	32.6	32.9	34.5	34.7	33.6	32.0	35.1	38.4	37.3	38.9	*42.1*
26 to 49	41.4	40.8	43.3	41.1	42.0	43.5	44.2	43.3	43.1	43.3	43.9	45.4	*46.6*
50 or Older	45.2	42.8	45.1	43.6	42.4	50.5	49.9	48.3	46.8	44.2	45.8	47.2	*48.0*

Results from the 2021 National Survey on Drug Use and Health Center for Behavioral Health Statistics and Quality Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

Received Any Substance Use Treatment in the Past Year: Among People Aged 12 or Older Who Had an Illicit Drug or Alcohol Use Disorder in the Past Year; 2021



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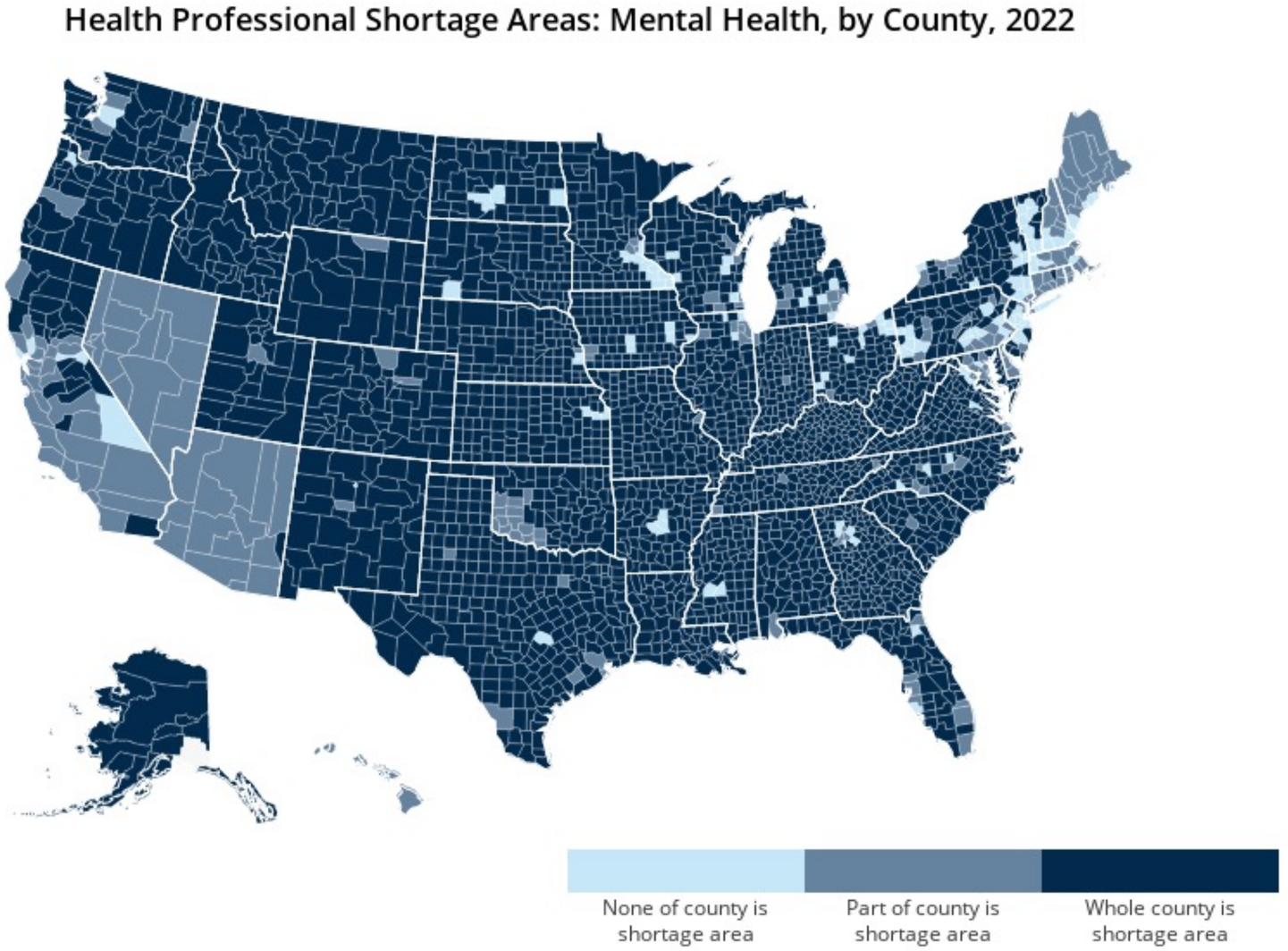
Results from the 2021 National Survey on Drug Use and Health Center for Behavioral Health Statistics and Quality Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

What is the common suggestion to address this crisis?

Behavioral Health Workforce Shortages



Source: data.HRSA.gov, November 2022.

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RHIhub
Rural Health Information Hub

Workforce Shortages: Psychiatrists

- HRSA estimates in 2017 there were approximately 33,650 adult psychiatrists

- By 2030, HRSA projects:
  - 20% decrease in supply of adult psychiatrists to 27,020
  - 22% increase to 9,830 child & adolescent psychiatrists

- By 2030, projected changes in demand:
  - 3% increase in demand for adult psychiatrists (to 39,550)
  - 1% decrease in demand for child & adolescent psychiatrists (to 9,190)

HRSA, n.d.

Workforce Shortages

- Shortages of psychiatrists among other BH providers

- Shortages in rural areas
  - As of June 2022, HRSA designated 6,300+ mental HPSAs, with more than 1/3 of Americans (152 million people) living in these shortage areas.
  - Rural counties lack MH outpatient facilities that accept Medicaid and/or offer specialty MH care (Cummings et al., 2013; 2017)

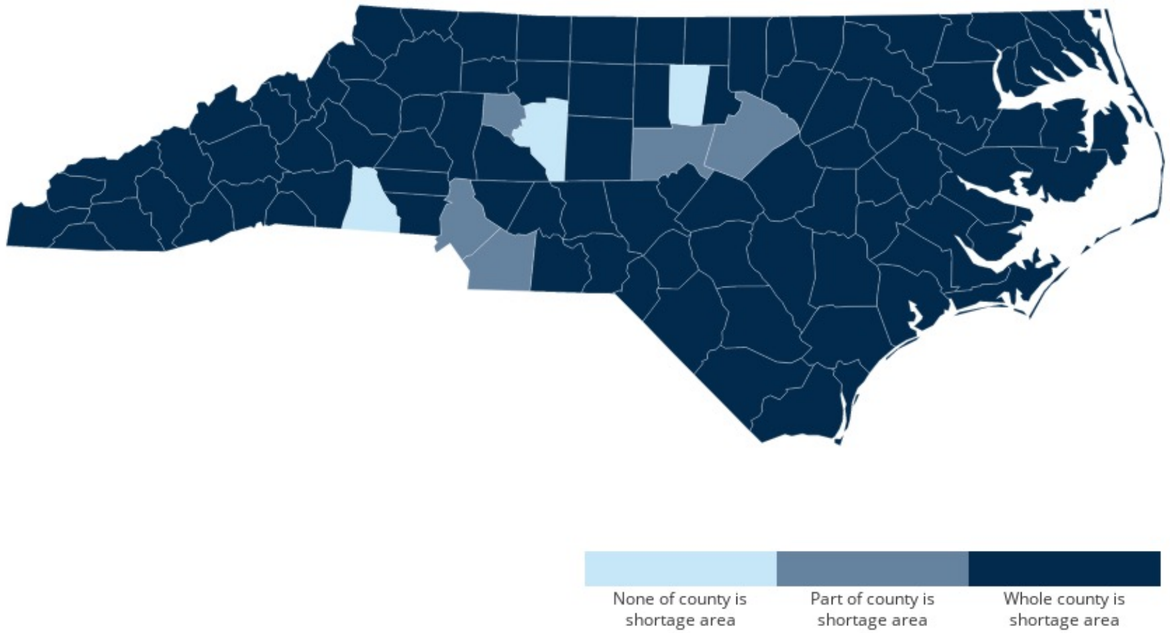
- Significant variation in the rate of behavioral health clinicians (BHCs) per the population between rural and metro counties (Andrilla et al., 2022)
  - **Psychiatrists**: 13 per 100k in metro vs. 9 per 100k in rural
  - **Psychologists**: 40 per 100k in metro vs. 16 per 100k in rural
  - **Social Workers:** 96 per 100k in metro vs. 58 per 100k in rural
  - **Counselors:** 131 per 100k in metro vs. 88 per 100k in rural

Andrilla et al., 2022; Cummings et al., 2013;2017

So we just need more, right?

Increasing Access to Behavioral Health Care Requires More Than Just a Larger Supply of Behavioral Health Clinicians

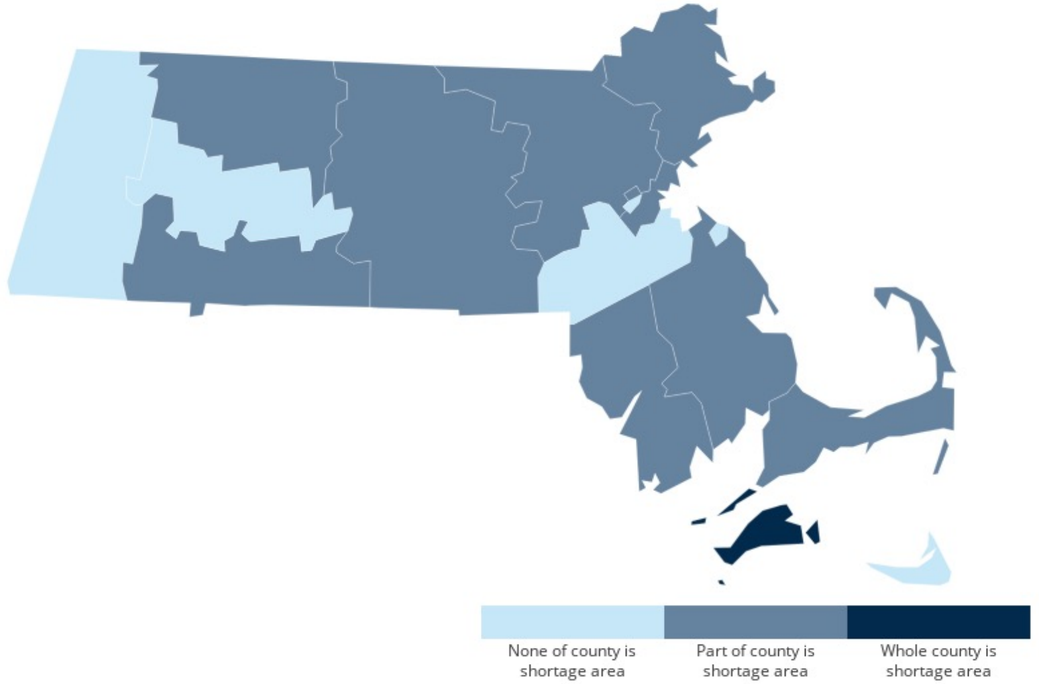
Health Professional Shortage Areas: Mental Health, by County, 2022 - North Carolina



RHIhub Rural Health Information Hub

Source: data.HRSA.gov, November 2022.

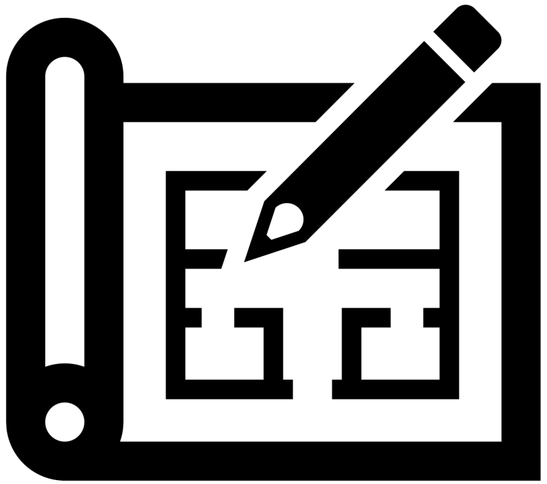
Health Professional Shortage Areas: Mental Health, by County, 2022 - Massachusetts



RHIhub Rural Health Information Hub

Source: data.HRSA.gov, November 2022.

National “Shortage Narrative” Detracts from a Focus on Redesigning the System



Access to Behavioral Health Care is Tied To Workforce

Dimension of Access	What does this look like for workforce implications?
Availability *Demand compared to supply*	Overall shortage of behavioral health providers

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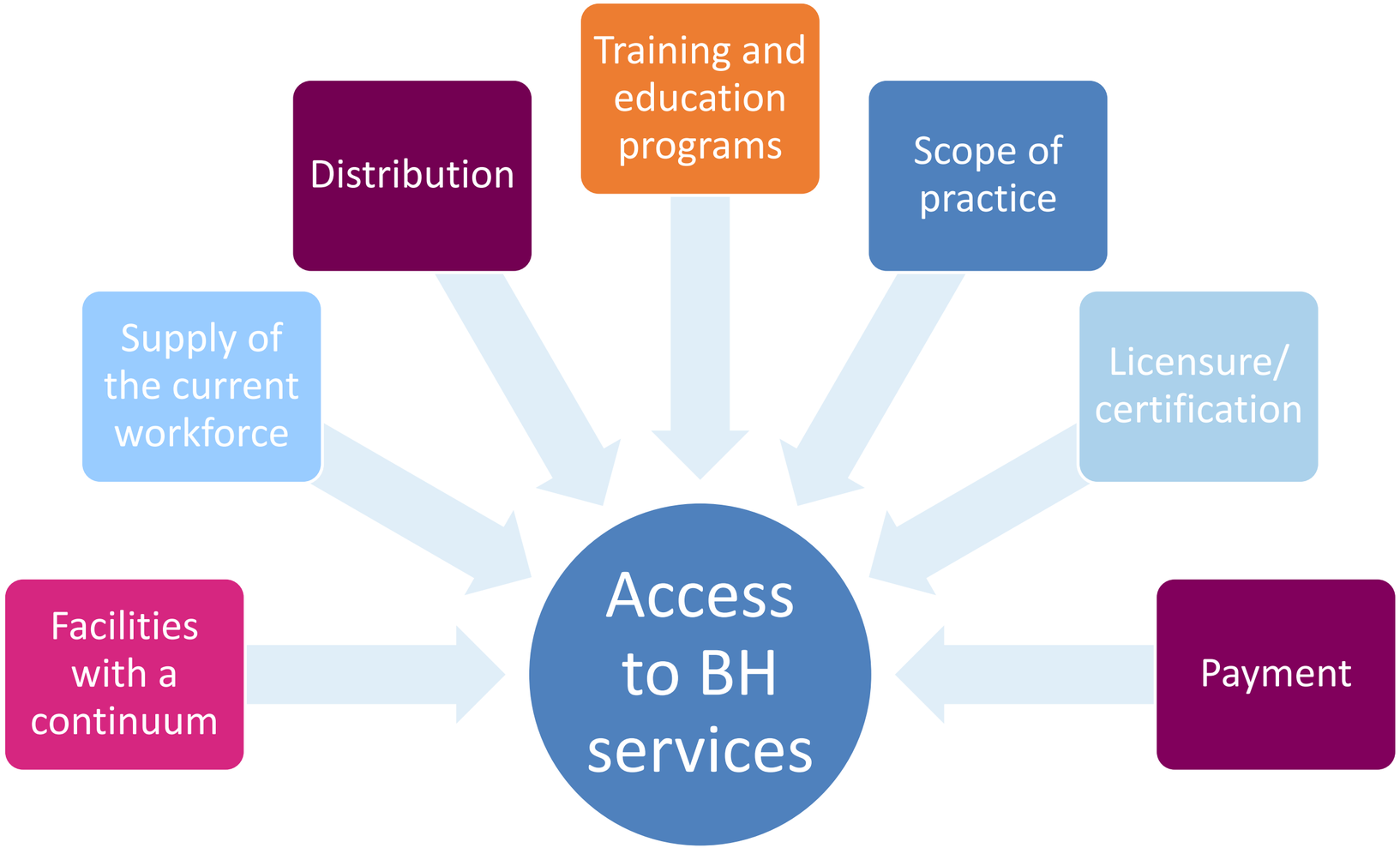
Pechansky & Thomas, 1981

Access to Behavioral Health Care is Tied To Workforce

Dimension of Access	What does this look like for workforce implications?
Availability *Demand compared to supply*	Overall shortage of behavioral health providers
Accessibility *Geographic relationship between the services & the people in need*	Maldistribution of behavioral health providers
Accommodation *Ease of navigating behavioral health services*	Difficulty knowing how to get into services - 24% did not know where to receive care
Acceptability *Perception of behavioral health services*	Stigma and bias continue to impact behavioral health service use
Affordability *Cost of care*	Cost of care is the strongest predictor of the likelihood of receiving behavioral health treatment

Multiple, Interacting, and Compounding Factors Connect Workforce Policy to Access to Behavioral Health Services



Example 1: How training dollars may misalign with payment

RESEARCH NOTE

Social Work Workforce Development and Medicaid Expansion: Mapping Areas of (Mis)alignment

Lisa de Saxe Zerden, Brianna Lombardi, Ting Guan, and Shiyou Wu

Enacted in 2010, the Patient Protection and Affordable Care Act (ACA) included several provisions to increase health insurance coverage for low- and moderate-income individuals (Mazurenko, Balio, Agarwal, Carroll, & Menachemi, 2018). A key mandate of the ACA required states to expand Medicaid eligibility for adults who lived at or below 138% of the federal poverty level (Medicaid and CHIP Payment and Access Commission [MACPAC], 2019). However, a 2012 U.S. Supreme Court ruling allowed states to opt out of Medicaid expansion. To date, 36 states and Washington, DC, have expanded Medicaid eligibility, whereas 14 states have not expanded. Currently, Medicaid serves as the nation's largest source of health coverage, providing care to about one in five Americans (Mazurenko et al., 2018), and recent estimates suggest that over 20 million Americans have gained health insurance access due to Medicaid expansion (MACPAC, 2019).

Despite efforts to dismantle the ACA (Kirzinger, DiJulio, Wu, & Brodie, 2017), Medicaid expansion continues to make advancements in meeting population health needs and more holistically addressing the health of individuals. In a systematic review comparing the effects of Medicaid expansion to the goals of the ACA, Mazurenko and colleagues (2018) found that Medicaid expansion was associated with increases in health care coverage, utilization, and quality. Medicaid expansion has increased access to primary care (Angier et al., 2015; Han, Luo, & Ku, 2017), as well as increased availability of behavioral health services, including treatment for both mental health and substance use disorders (SUD) (Han et al., 2017; McMorrow, Kenney, Long, & Goin, 2016). However, increasing the availability of health and behavioral health services requires an increase in providers. Several federal programs support training providers to meet the growing need of a trained health workforce. This column will evaluate whether one training program supporting MSW specialized training in integrated health care settings is aligned with state Medicaid expansion.

MEDICAID EXPANSION AND ACCESS TO BEHAVIORAL HEALTH SERVICES

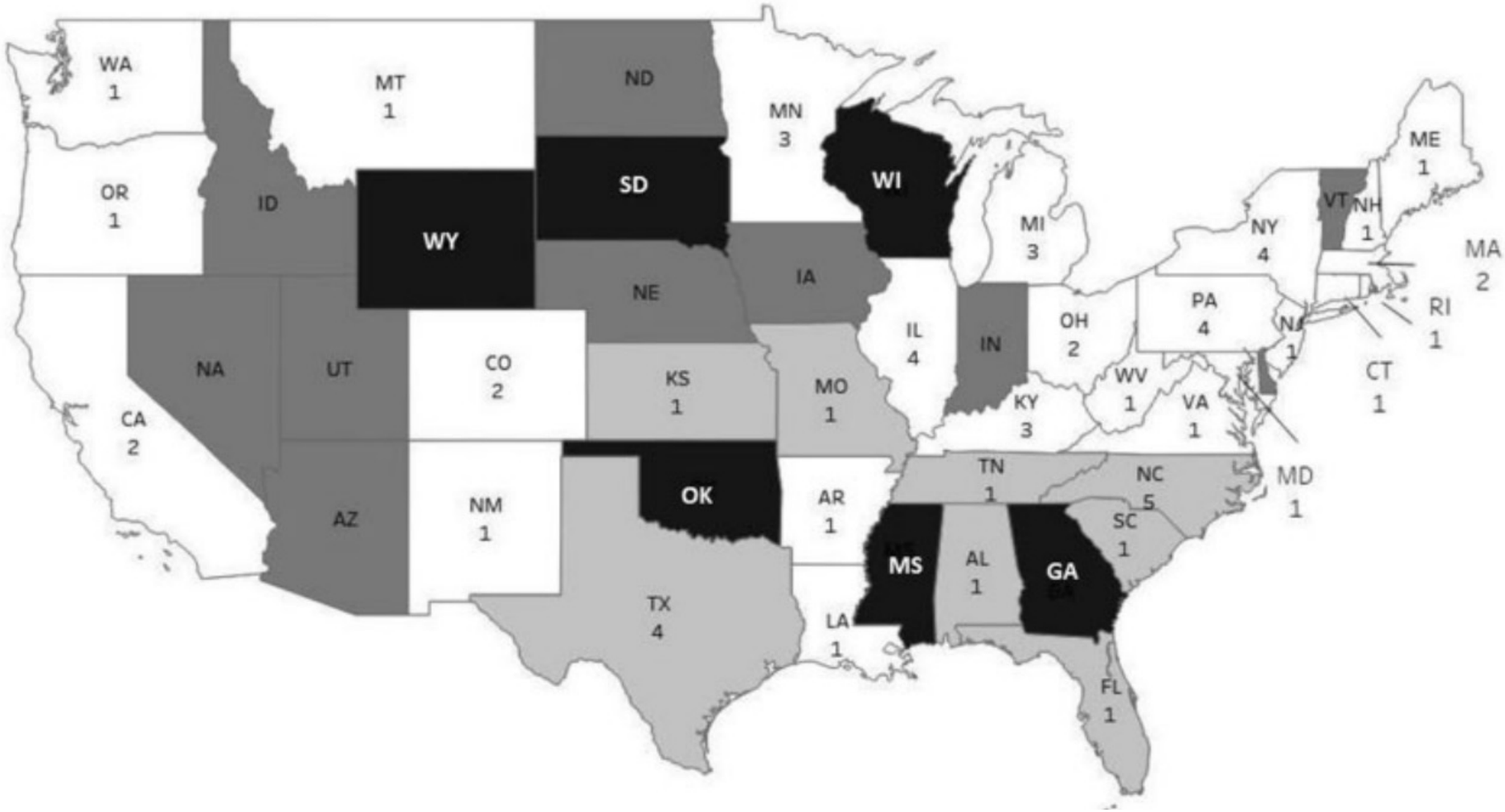
The ACA prioritized the coverage of both physical and behavioral health services, highlighting to health systems the importance of providing comprehensive, "whole health" care. Medicaid expansion is associated with a reduction in unmet behavioral health needs (U.S. Department of Health and Human Services, 2016) and increased mental health services utilization (Han et al., 2017). McMorrow, Gates, Long, and Kenney (2017) found decreased rates of psychological distress among Medicaid patients. One way in which access to behavioral health services has grown is through the integration of physical and behavioral health services, commonly referred to simply as "integrated care" (Waddington & Egger, 2008). Integrated care clinics are typically housed in traditional outpatient primary care settings but incorporate screening and treatment of mental health and SUD by including behavioral providers on the interprofessional team. Evidence supports models of integrated primary care to expand screening and treatment of depression and other mental health diagnoses (Fraser et al., 2018). Integrated services have been further implemented, delivered, and financed with the increased adoption of patient-centered medical homes—a model of integrated care that prioritizes patient-centered,

In 2017, the BHWET mechanism funded 59 MSW programs across 33 states.

Expanding Medicaid requires a well-trained workforce to provide integrated care that focuses on behavioral health services. Yet the extent of state-level coordination of workforce planning needs and Medicaid expansion has not been extensively examined.

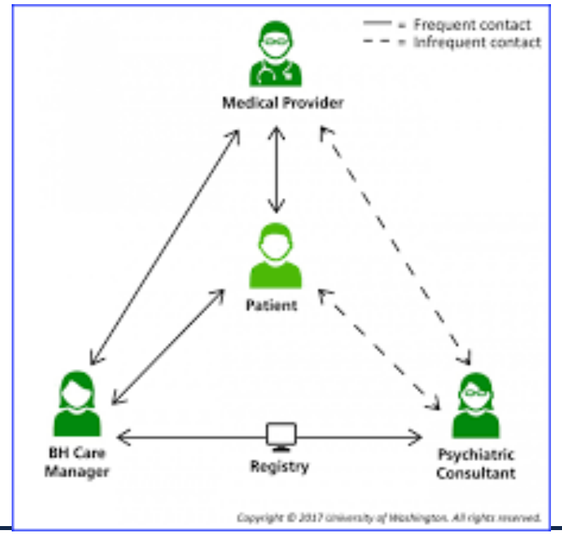
Evaluated whether and where Medicaid expansion aligned with social work workforce training initiatives to build the capacity of the social work behavioral health workforce.

Figure 1: Comparing State Medicaid Expansion and Number of Funded BHWET Social Work Programs (2017)



Example 2: How payment impacts implementation of integrated behavioral health models

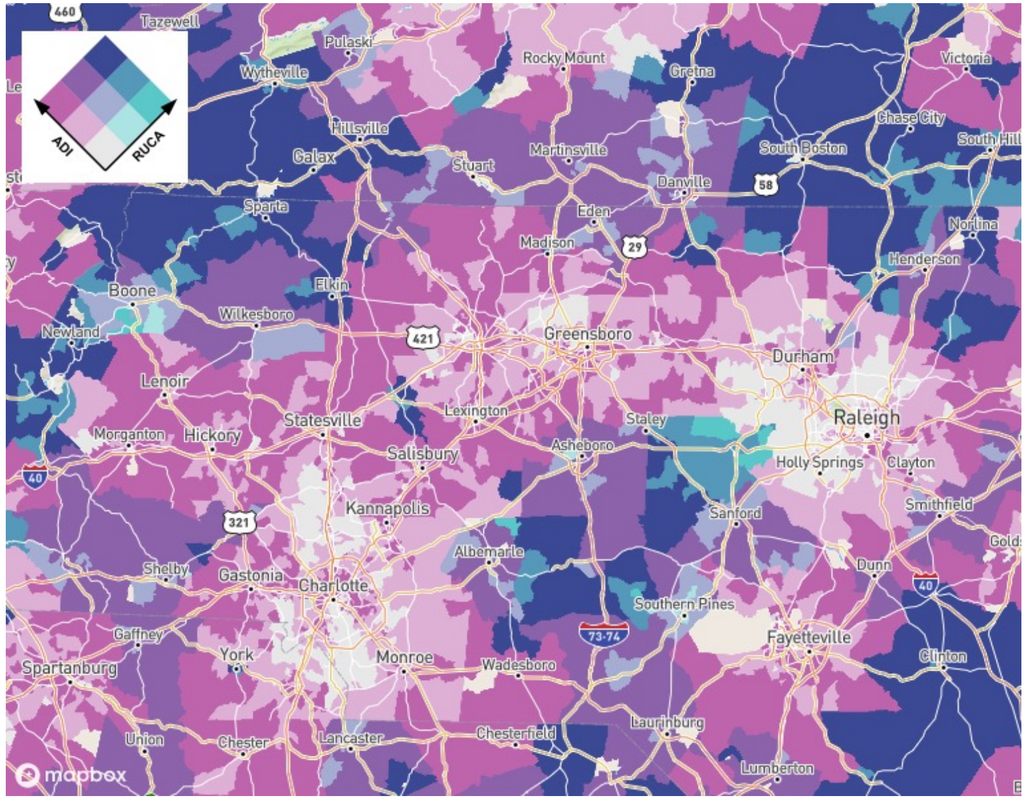
The uptake of CoCM and BHI codes has been slow and underuse is well-documented.
Financing is critical to the continued expansion of IBH.
Mixed method study aimed to provide clarity on the implementation of IBH in FQHCs and the use of CoCM/BHI codes, as well as identify barriers to utilizing these codes and IBH models.



	Yes	No	Unsure
Use CoCM codes (n=46)	6 (13.0%)	36 (78.3%)	4 (8.7%)
Use BHI Codes (n=46)	8 (17.4%)	27 (58.7%)	11 (23.9%)
	Yes	No	
Aware of CoCM Codes(n=36)	10 (27.8%)	26 (72.2%)	
Aware of BHI Codes (n=27)	8 (29.6%)	19 (70.4%)	

CoCM is Difficult to Implement	*"It is very difficult to make it work and not even from a reimbursement perspective it's just difficult to find the humans and the whole team that can understand it and really make it successful."*
CoCM Codes are "not self-sustaining"	• *"…it becomes a cost benefit analysis of how much additional money does it bring in for us to deploy these codes for these 15-minute chunks of time we use here and there…at a certain point we just kind of go 'It's not worth it.'"*
FQHCs Fund BH Time in Alternative Ways	*"…again, with cost involved we can't just set up a therapist or a social worker upstairs in an office and wait for the possibility that maybe somebody might want us to come in."*

Example 3: Location matters for behavioral health provider type



- This study analyzed the geographic location of three behavioral health professions across a standardized index of area disadvantage
- Area Deprivation Index (ADI) originally developed by HRSA and now is at University of Wisconsin Purpose was to rank neighborhoods by socioeconomic disadvantage
- Draws information from the American Community Survey (ACS) at block group level
- Includes 17 indicators of economic, education, and community SDOH
  - E.g., % aged 25 or older with a high school diploma; % employed; Median home value; Median gross rent; % of occupied housing with more than one person per room; % of occupied housing units without a vehicle

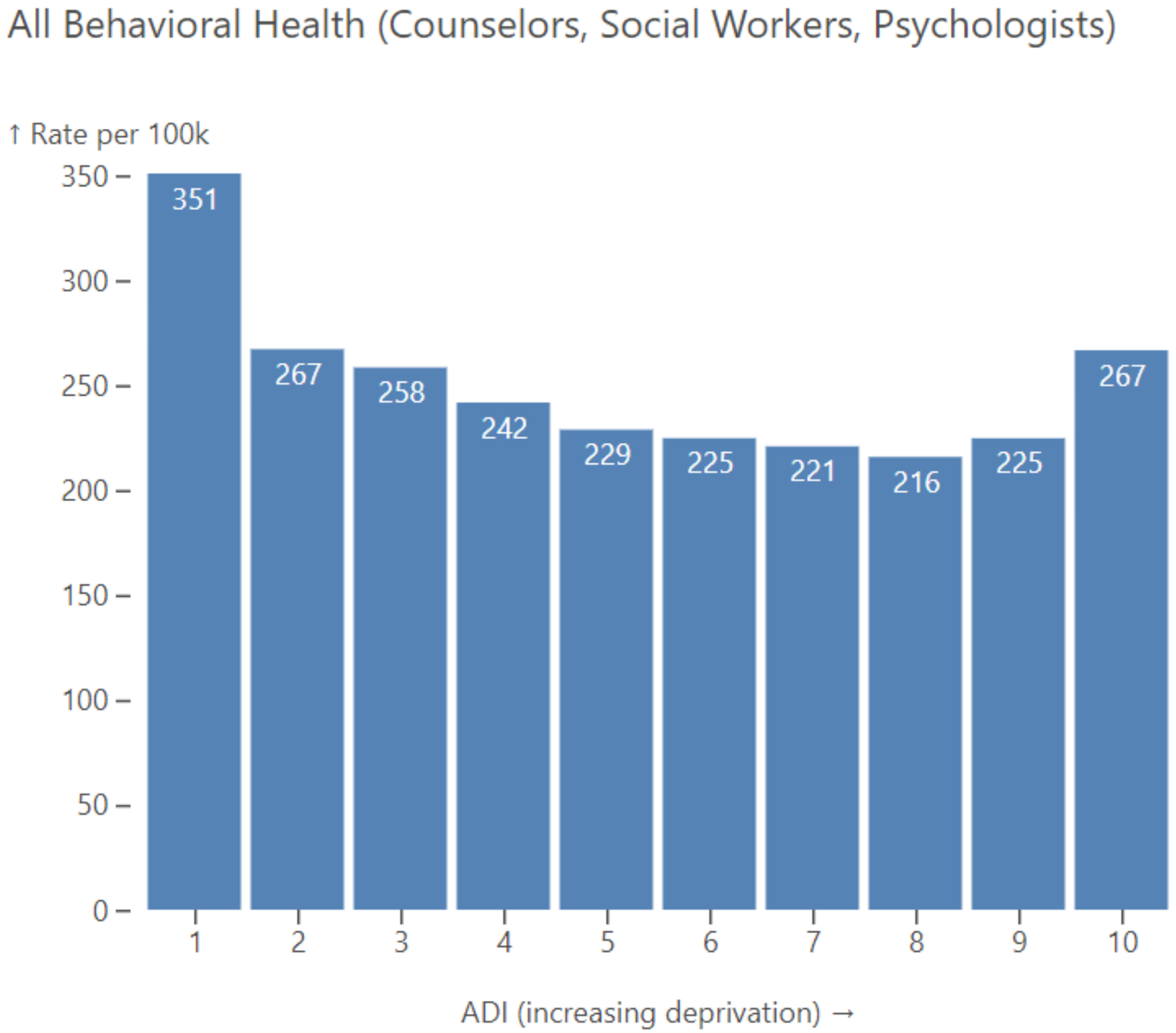
(Kind & Buckingham, 2018)

Method Data Source: NPPES

Classification Behavioral Health Type	Behavioral Health Count (%)
Counselor	432,608 (51.4%)
Psychologist	118,648 (14.1%)
Social Worker	290,109 (34.4%)
Total	841,365

- NPPES (National Plan and Provider Enumeration System)
  - Managed by CMS
  - Providers that bill services to CMS are required to obtain an NPI
  - Taxonomy codes for social workers; psychologists; and counselors were used
  - Includes practice address
- Geocoded practice addresses and placed in block groups

Average Rate per 100k of Behavioral Health Clinicians by ADI



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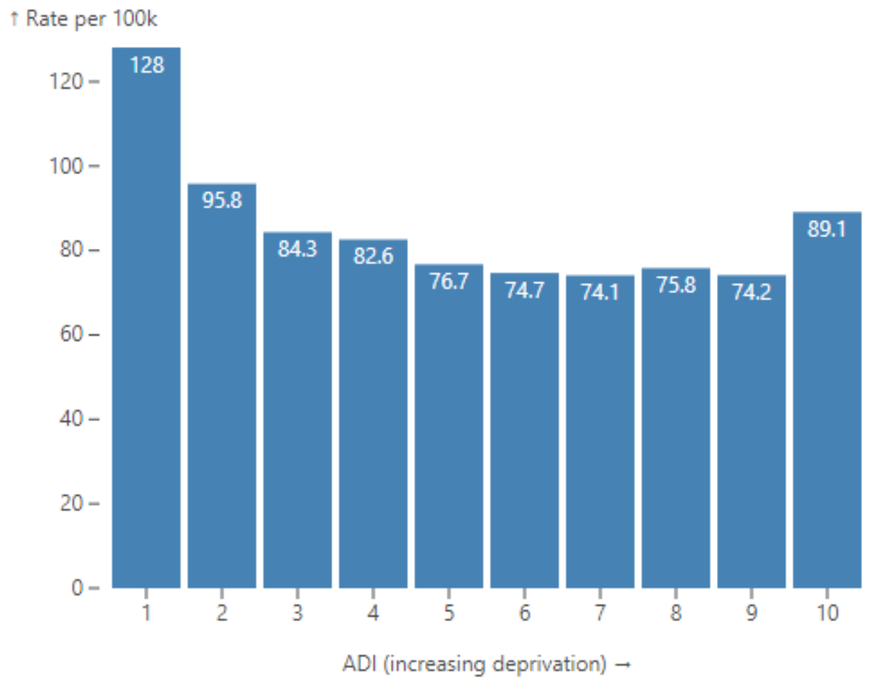
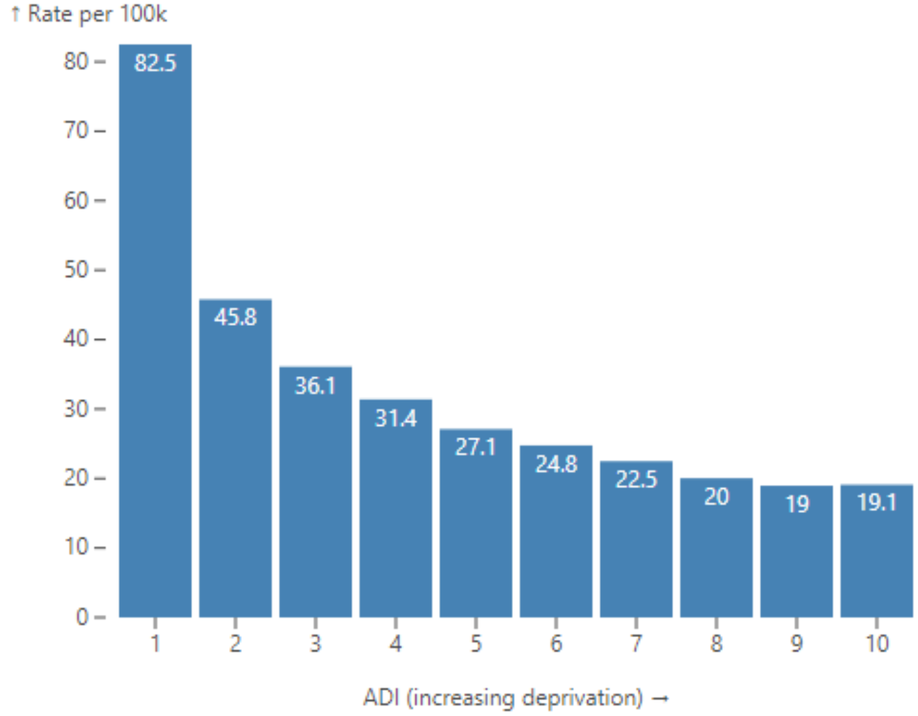
Variation by Behavioral Health Provider Type

Social Workers

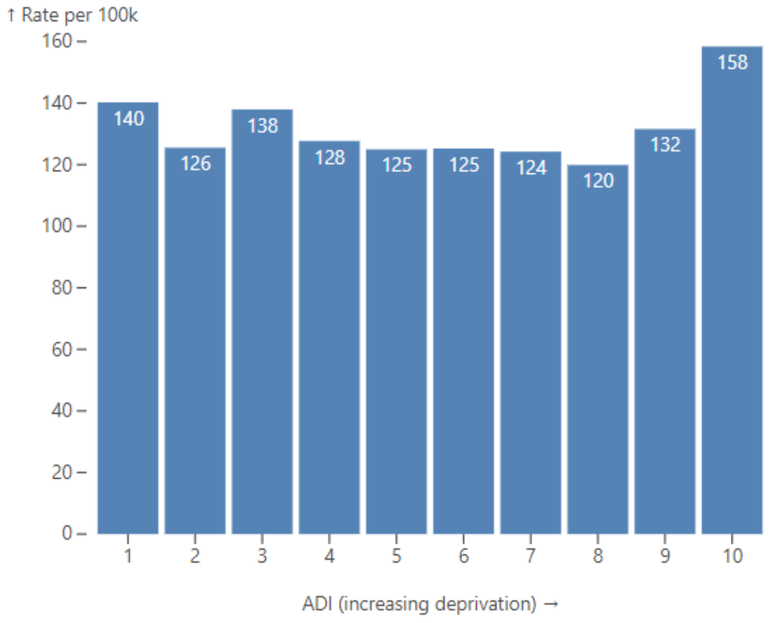


Psychologists

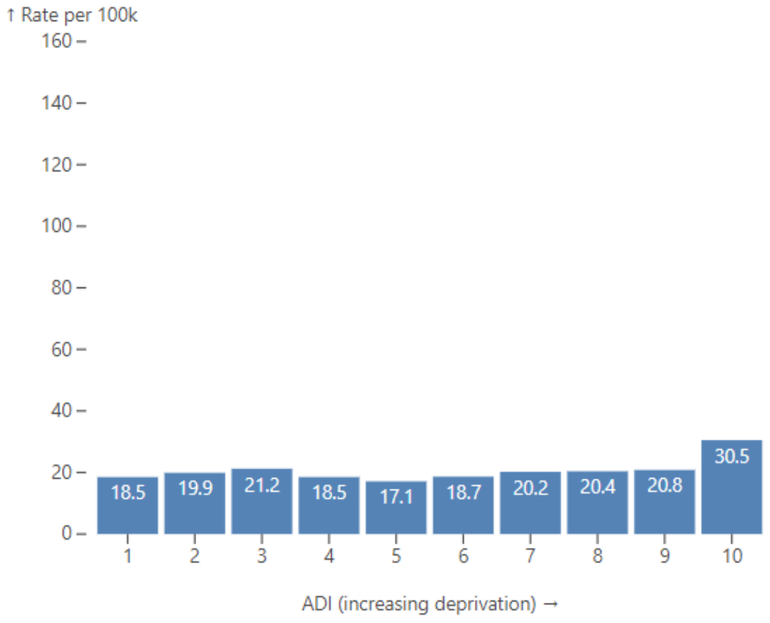


Variation by Behavioral Health Provider Type

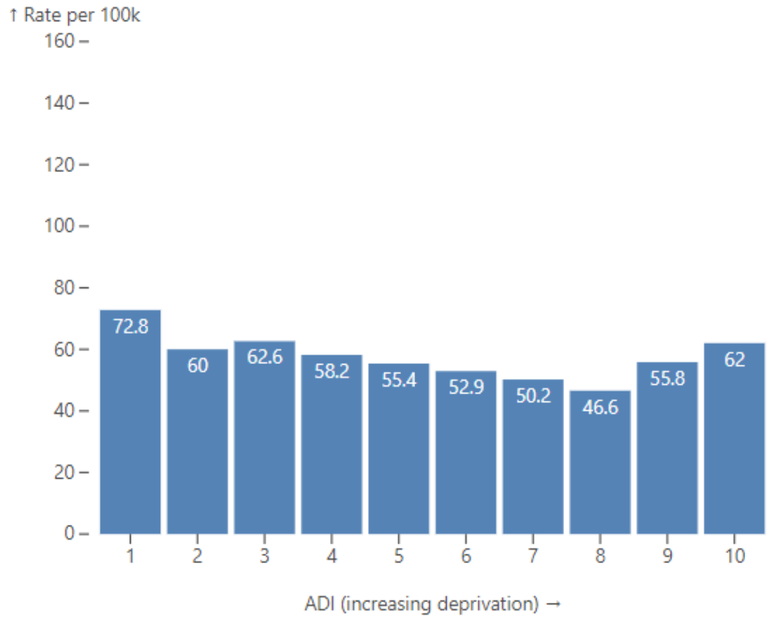
Counselors (All)



Counselor - Addiction (Substance Use Disorder)



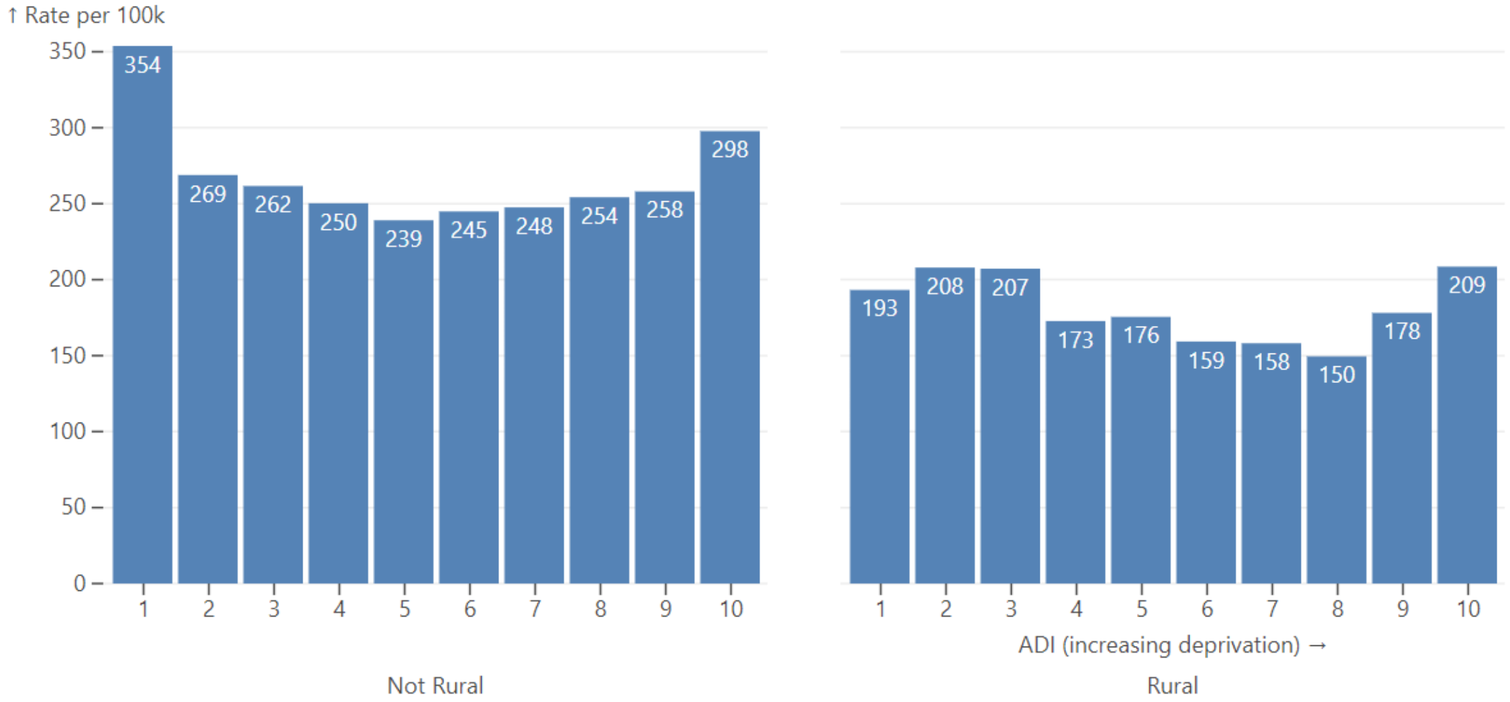
Counselor - Mental Health



And areas that are rural AND high need, have significantly lower behavioral health clinicians per capita

Behavioral Health Providers per 100k Population by FORHP Rural and ADI

FORHP	ADI 1	ADI 2	ADI 3	ADI 4	ADI 5	ADI 6	ADI 7	ADI 8	ADI 9	ADI 10
Not Rural	353.795	268.873	261.64	250.298	239.09	244.886	247.574	254.24	258.05	297.763
Rural	193.23	207.945	207.217	172.742	175.501	159.318	158.158	149.522	178.131	208.576



Thinking Outside the Traditional Workforce Policy Box: Promising Practices to Advance the Behavioral Health Workforce

Don’t go at it alone

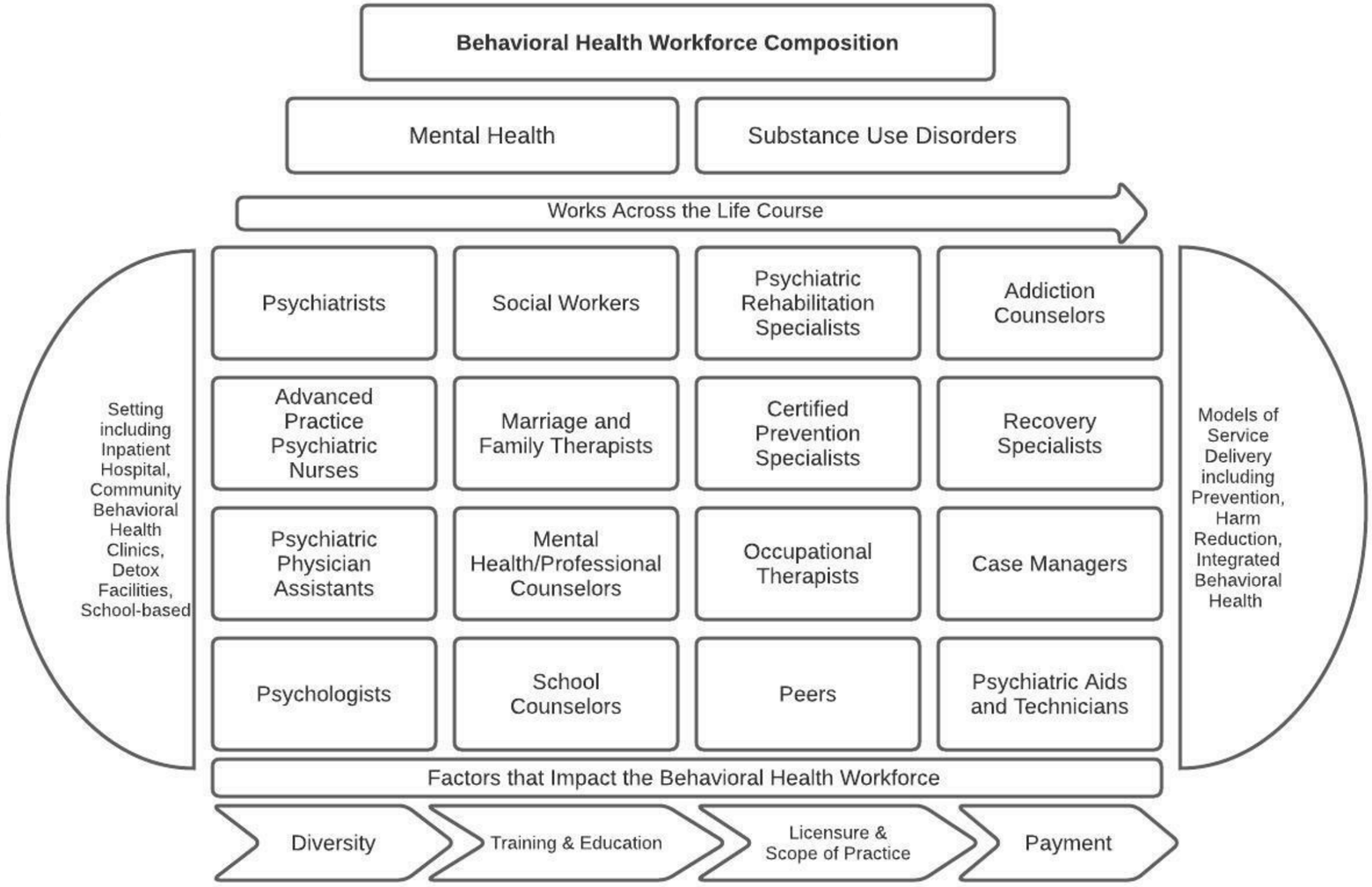
Don’t be constrained by setting

Look across professional and personal trajectories

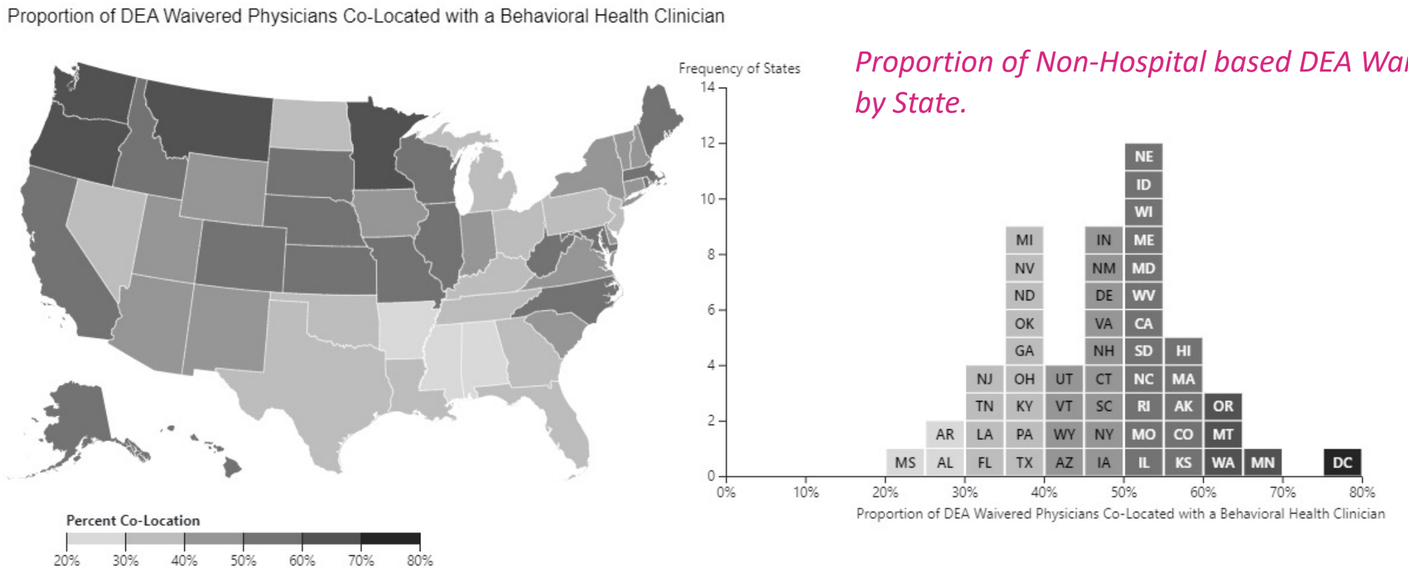
Don’t Go it Alone

But there is data challenges:

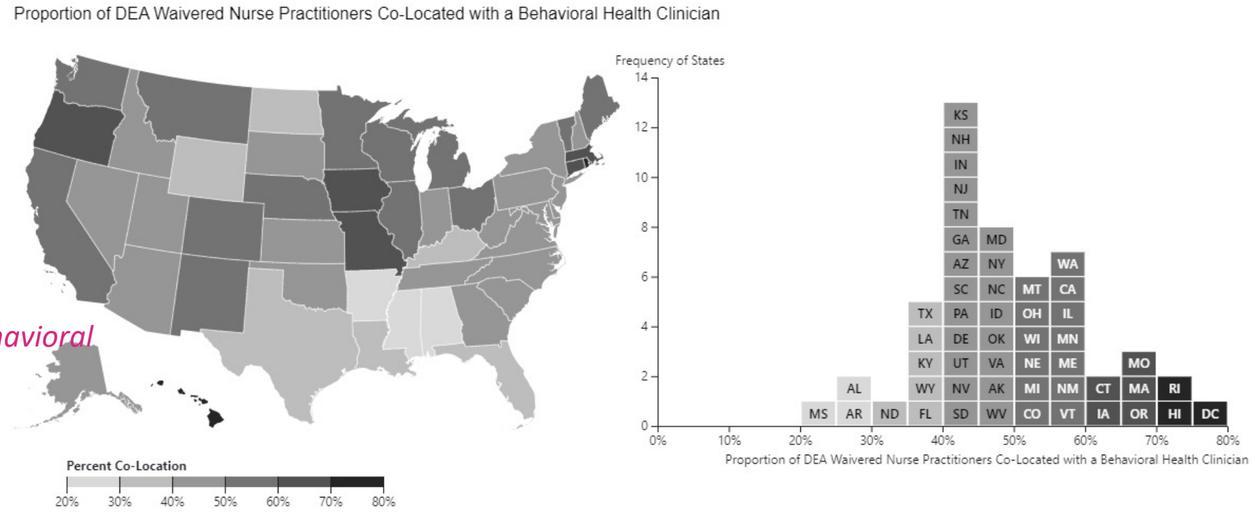
- BH workforce is broad while most data sources focus on siloed professions;
- BH workforce spans sectors while most administrative data is restricted to one setting;
- Field includes unlicensed and para-professionals who cannot be tracked via licensure or graduate data



Expanding Team-Based Cared for Behavioral Health



Proportion of Non-Hospital based DEA Waivered Physicians (N=45,484), Co-Located with a Behavioral Health Clinician by State.



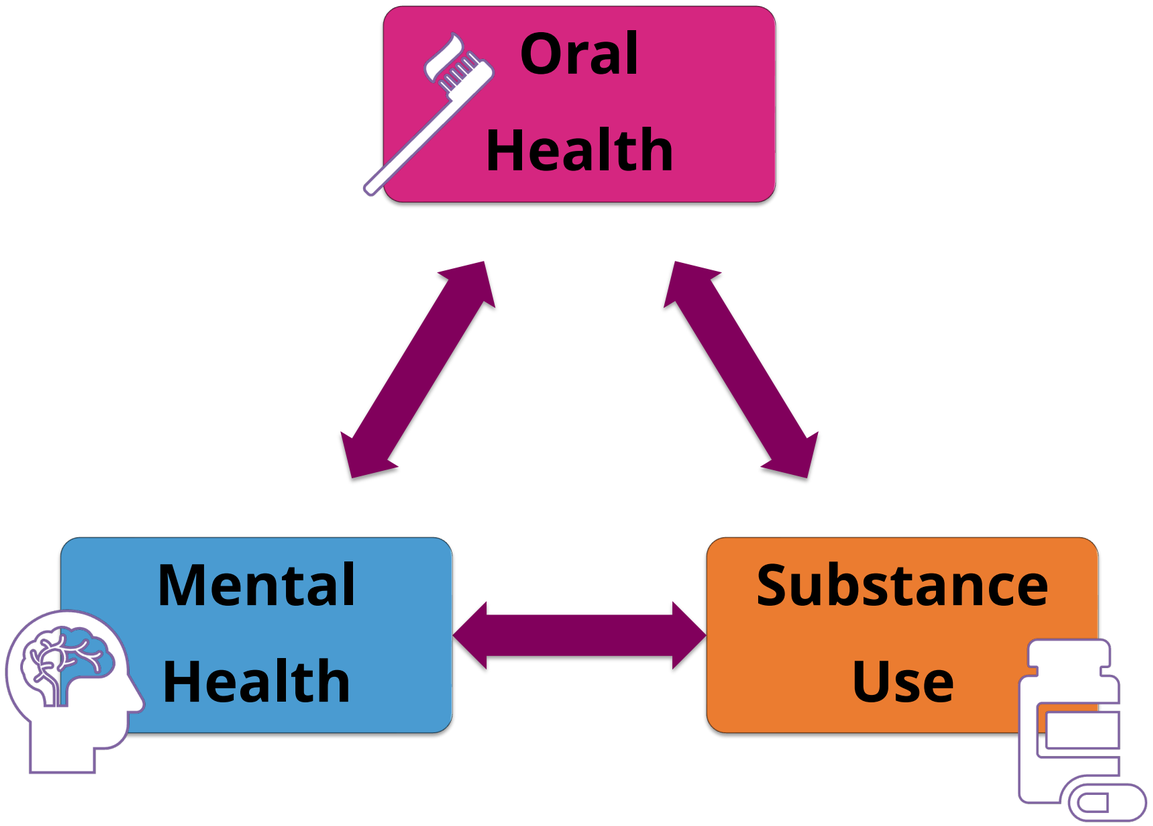
Proportion of Non-Hospital based DEA Nurse Practitioners (N=20,903), Co-Located with a Behavioral Health Clinician by State.

Don’t be Constrained by Setting or Delivery or System

Behavioral Health Occurs Across Setting Types:

- Health settings, primary care, pediatric, clinics, emergency departments, perinatal care
- Schools
- Prisons
- Dental
- Community health centers
- Community-based organizations
- Harm reduction

Behavioral Health and Oral Health Settings



Oral Health and Social Work Integration: Advancing Social Workers' Roles in Dental Education

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Lisa de Saxe Zerden ✉, Melanie Morris, Jamie Burgess-Flowers

Health & Social Work, Volume 48, Issue 1, February 2023, Pages 43–53,
https://doi.org/10.1093/hsw/hlac038
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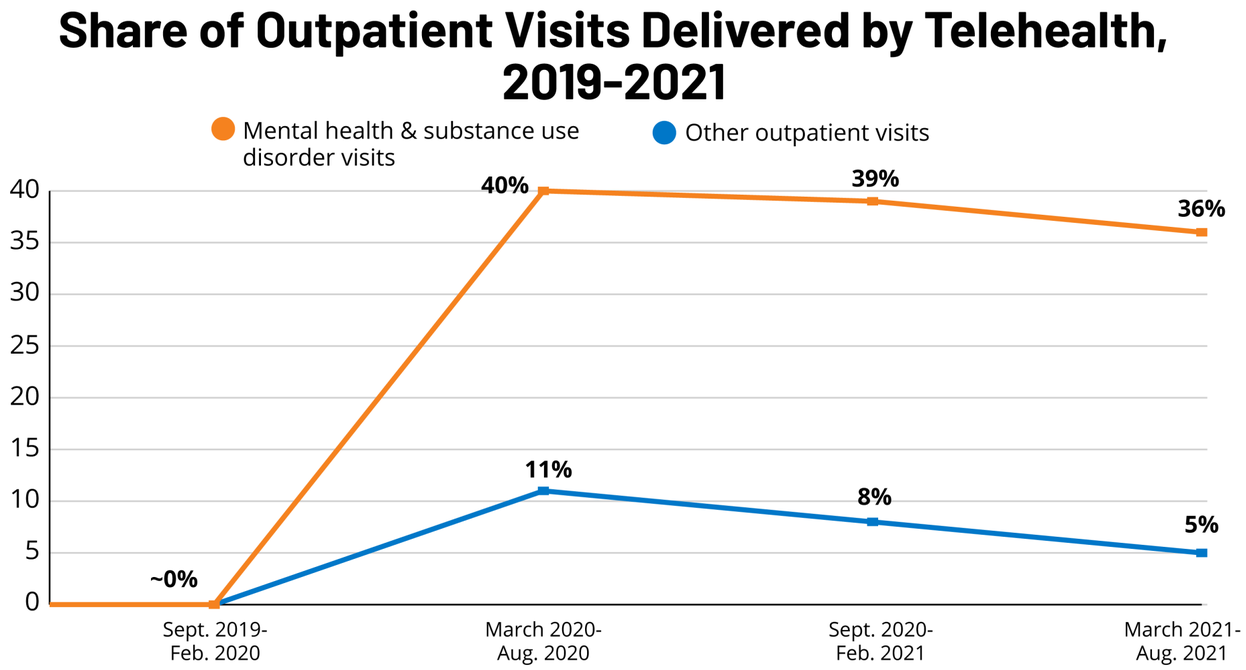
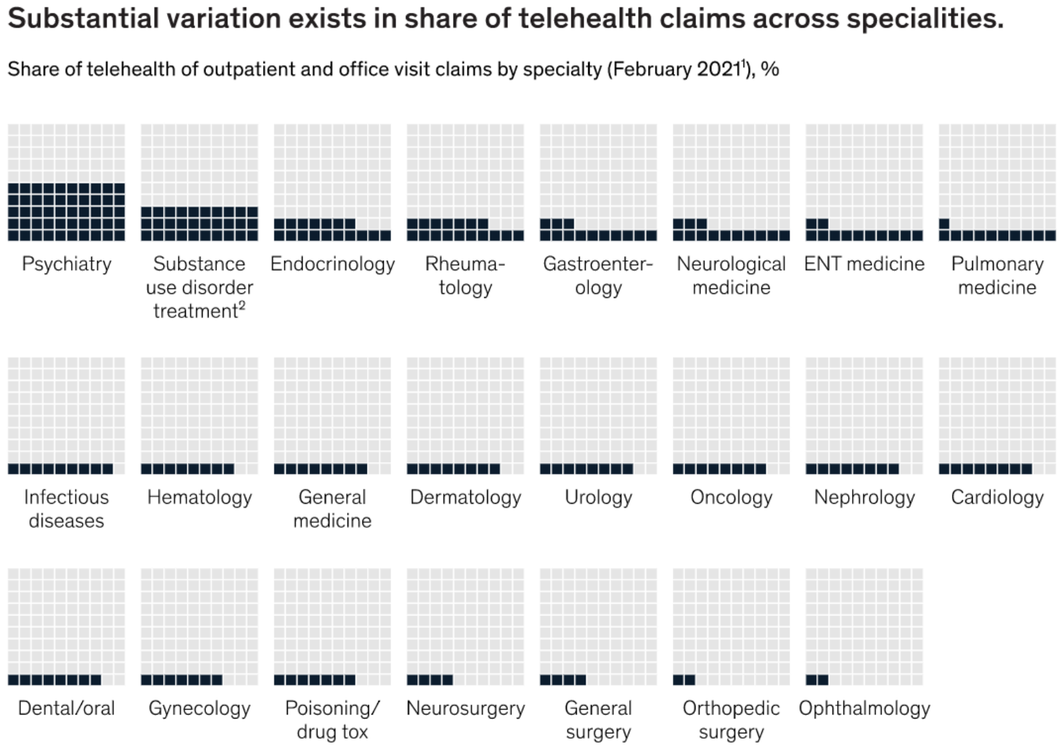
Oral Health and SBIRT– *soon*!

Tele-Behavioral Health Remains Higher than Other Types of Services

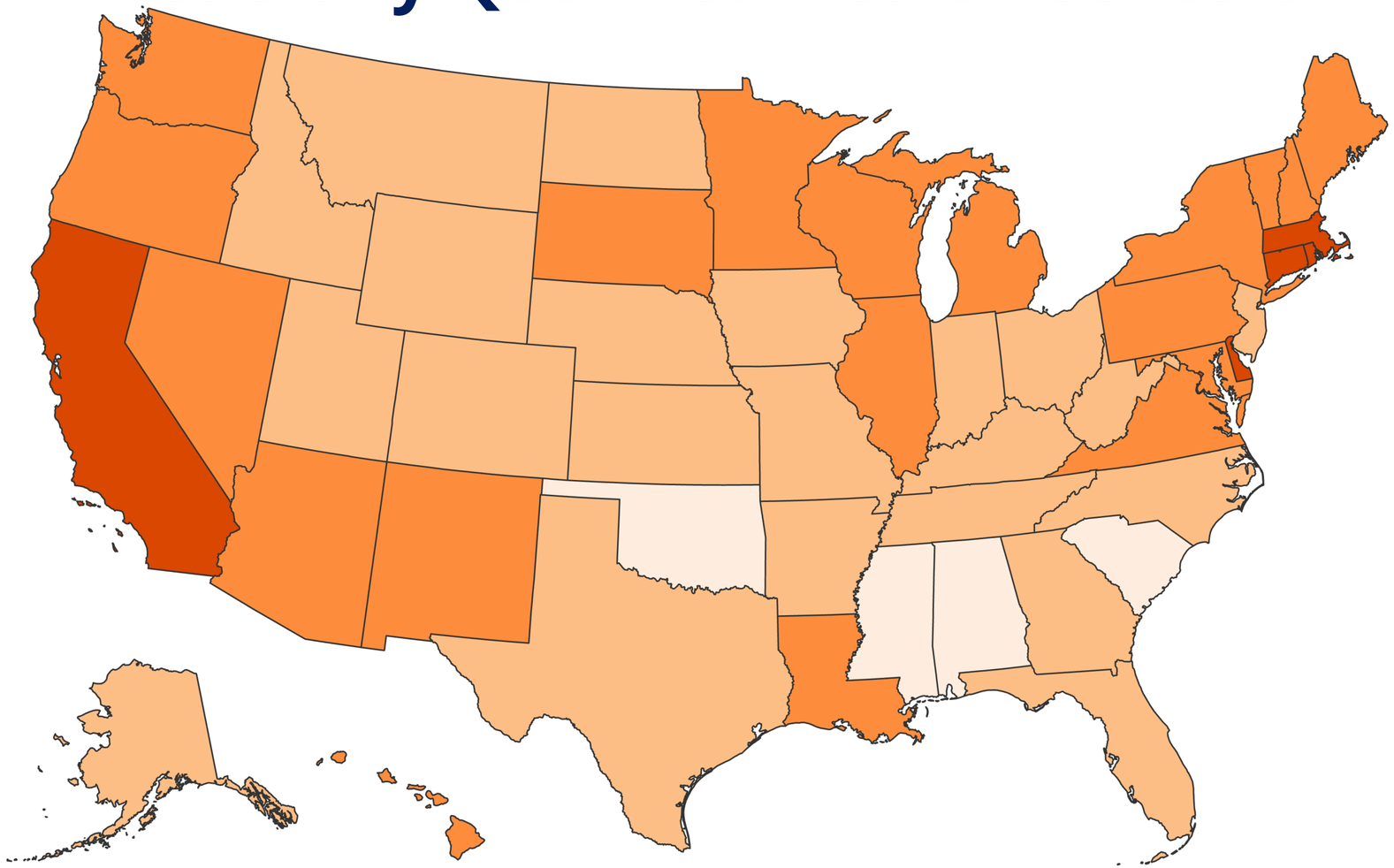


KFF (2022)



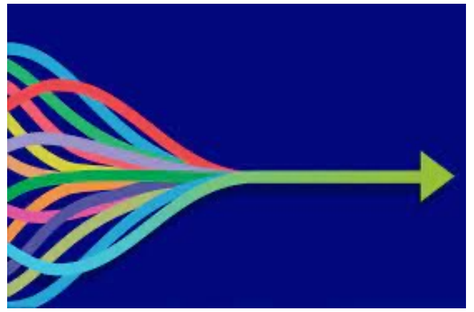
McKinsey, 2021

Proportion of Tele-Mental Health of Total Mental Health at Federally Qualified Health Centers



Think Across Personal and Professional Trajectories

- Educational pathways
  - Loan repayment investments may be too late in the trajectory
- Licensure and supervision
  - Apprenticeship or employer based
- Mid-career (retrain/re-tool)
  - Focus on retention
- People with lived experiences and non-licensed workforces
  - Ways to advance career that does not include formal education



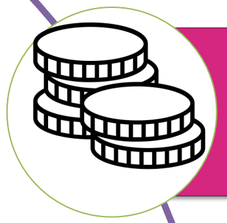
We have more than one lever

What are the workforce policy barriers that keep folks from receiving care?

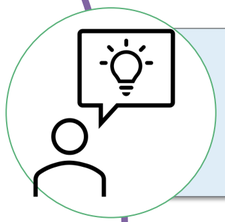
Looking at the barriers to practice, service, and education policies that impact workforce

Consider local, state, and federal policies

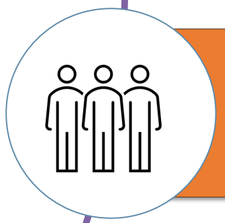
Advancing Research and Policy



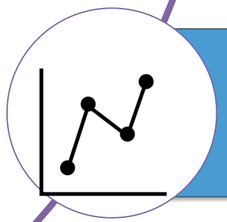
Expanding behavioral health workforce requires broad policy levers that considers payment, reimbursement and financing



BH care delivery requires supporting traditional and ‘outside the box’ settings



Incentivizing new entrants and current BH providers while supporting and valuing those with lived experiences



Investing in BH workforce tracking, data, and outcomes

Questions?

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UNC-BHWRC Website

https://www.shepscenter.unc.edu/programs-projects/workforce/behavioral-health-workforce-research-center/

Contact us

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